Psychosocial Problems of Disabled children and Need for Social Work Intervention

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Disability is a complex phenomenon which “results from the intersection between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis”. The prevalence of disability among children calls for the attention of educational policy makers to consider their specific needs. In India we have 1.8% of disabled children, for whom the nation has the responsibility of meeting their educational requirements. Since 2005 the government of India has been making efforts to meet the educational requirements of the disabled by adopting the ideology of Inclusive Education. However, the disabled children do have some psycho social issues which have to be addressed along with the formal education. Unless the psycho social issues are addressed the learning cannot takes place. Learning cannot take place when the child has emotional problems and low self esteem. In this background the author suggests that the appointment of social workers in schools would facilitate the learning of disabled children. The appointment of social workers in schools is mandatory in most of the parts of the world. Similar approach will help India also to achieve the goals of Inclusive Education.

Key Words: Disabled, Psycho Social Problems, Social Work Interventions

Disability is a complex phenomenon which “results from the intersection between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis” (United Nations, 2008). It is also an umbrella term covering three levels of disability changes in body structure or functioning such as social, mental, intellectual, sensory and physical impairments that may lead to activity limitations and/or participation restrictions. An ‘impairment’ is a problem in body function or structure; an ‘activity limitation’ is a difficulty encountered by an individual in executing a task or action; while a ‘participation restriction’ is a problem experienced by an individual in involvement in life situations.

Disability among Children in India

As per 2011 census 1.8% of the children belonging to the age group of 0-19 are disabled. Among which 1.9% are male and 1.7% are female. Prevalence of disability calls for the nations to have policies and programmes to
address their specific needs. The prevalence of disability among children calls for the educational programmes to meet the needs of the disabled children. In India a survey estimated the share of disabled children not enrolled in school at more than five times the national rate, even in the more prosperous states. In Karnataka, the best performing major state, almost one quarter of children with disabilities were out of school (World Bank: 2009).

However till the recent past there was a practice of teaching the disabled children in the separate schools. But the UN convention on the Rights of Persons with Disabilities calls for inclusive education of the disabled children. UNESCO supports various international Human Rights Treaties and Conventions that uphold the right to education of all persons, including Article 26 of the Universal Declaration of Human Rights (1946), the Convention against Discrimination in Education (1960), the Convention on the Rights of the Child (1989), and Article 24 of the UN Convention on the Rights of Persons with Disabilities (2006). As per the international guidance and directions India also made several efforts for meeting the educational requirements of the disabled children.

In 2005, the Ministry of Human Resource Development implemented a National Action Plan for the inclusion in education of children and youth with disabilities. Furthermore, in 2009 IEDC was revised and named ‘Inclusive Education of the Disabled at the Secondary Stage’ (IEDSS). The IEDSS scheme provided the opportunity to all students with disabilities who had completed eight years of elementary schooling to complete four years of secondary schooling in an inclusive environment. Inclusive education is the term used to describe the process of teaching children with special needs in mainstream schools. Inclusive education is based on the ideology that excludes any discrimination against children, guaranteeing equal treatment of all people, and creates special environment for children with disabilities. In tune with the international standards the government of India also asserts that the disabled children must have to be educated in the same schools. Meeting the goal of inclusion and full participation requires that all structures and community-based services, transportation, information and communication are accessible to all members of the community without discrimination. It is in this background the author would like to raise some issues relating to inclusive education. Mere physical entry to or removal physical barriers in the form of providing transportation facilities and other required aids will not make the education inclusive. Along with the creation of physical facilities there is a dare need for meeting the psychosocial requirements of the children.
Psycho Social Issues of Disabled Children:

Numerous researchers from the social and health sciences have identified the role of social and physical barriers in disability. The transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a “medical model” to a “social model” in which people are viewed as being disabled by society rather than by their bodies. Children with disabilities and their caregivers are particularly vulnerable to stress (WHO, 2011). Parental Distress and family functioning impacts on children’s psychosocial wellbeing in numerous ways and affects their cognitive, behavioral and social development. In addition, environmental and social barriers to participation in society increase the social vulnerability of families and children with disabilities. The United Nations Convention on the Rights of Persons with Disabilities (2009) says “disability results from the intersection between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. The UN report states that (2006) More than one billion people around the world, of whom nearly 93 million are children, live with some form of disability. Societies’ misperception of different forms and types of disability and the limited capacity of social actors to accommodate special needs often place people on the margin. Persons with disabilities experience inequalities in their daily lives, and have fewer opportunities to access a quality education that takes place in an inclusive environment. Children with disabilities are less likely to be sent to school because it is physically not possible. Financial issues, fears of not coping, worries in regards to stigma and its effect on the wider family, such as siblings, might influence parents’ decision not to send their child to school (Ashcraft, 2006).

Additionally children with disabilities may face other challenges, for example, barriers to physical access to services, negligence and negative attitudes from peers and adults. The latter might be connected to misinterpretations, myth, stigma and traditional beliefs surrounding disability. Peoples’ reactions to these misinterpretations might reduce social support and foster exclusion and through this limit opportunities for education, employment or participation in the community. These factors facilitate the isolation of children with disabilities which have the potential to lead to increased levels of stress and lower self esteem (UNICEF, 2005). Social isolation and restrictions of opportunities can also lead to anxiety and feelings of a lack of control over life situations. Disability can affect the physical, emotional and cognitive development. A person’s physical, social, emotional and cognitive capacities are a fundamental part of their self-image and identity. The experience of disability can lead to negative self-image and low self-esteem, a feeling of being less competent than others (Hills, 2007). Children who are not encouraged to explore their environment and potential however will eventually doubt their capacity which may lead to low self esteem, feelings of inferiority and helplessness.
Some cultures or communities believe that a child with disability is a product of a curse, an incestuous relationship, or a sin committed in a previous incarnation which has angered the ‘gods’. Some communities believe that such a child is evil and will bring misfortune to the family or the community. A child with disability in a community where such beliefs exist is at risk of physical, emotional, and verbal abuse (UNICEF, 2005). Helander (1994) also stated, ‘Perhaps the most important reason for the difficulties disabled people are facing lies in the negative attitude towards them, an attitude based on ignorance and prejudice’. Attitudinal handicaps are pervasive and often far more devastating than the environmental handicaps. Whether the negative attitudes are of aversion, fear, guilt, anger, pity or sympathy, there is a need to change these attitudes to ensure better social integration of persons with disability. The process of integration is a continuous one, and should manifest in the level of participation of persons with disability in community life. It should also manifest in the community’s participation in rehabilitation activities. A major barrier to learning is the absence of essential social-emotional skills, not necessarily a lack of sufficient cognitive skills (Koller & Bertel, 2006). Women with disabilities experience the combined disadvantages associated with gender as well as disability, and may be less likely to marry than non-disabled women. (Nagata 2003).

Emotional and behavioral disorders may adversely affect a child’s successful participation in a range of school activities, including classroom work and social participation during lunch and recess. Disabled people are heterogeneous people and suffer from multiple deprivations. They are subject to strong social stigma within community and families which is often internalized. It is evident from the above discussion that unless we address the psycho social requirements of the disabled children we may not be able to achieve the objective of educating the disabled children. The problems that are existed in their lives calls for additional support. The gaps in policy that are commonly encountered include a lack of financial and other targeted incentives for children with disabilities to attend school – and a lack of social protection and support services for children with disabilities and their families (kwazula natal 2005).Limited or inappropriate resources are regarded as a significant barrier to ensuring inclusive education for children with disabilities (Rao;2004)Teachers may not have the time or resources to support disabled learners (Wright, Sigafos:1997)The attitudes of teachers, school administrators, other children, and even family members affect the inclusion of children with disabilities in mainstream schools (Mpika and Manchester: 2003). Some school teachers, including head teachers, believe they are not obliged to teach children with disabilities (Kvam and Braathen : 2006).Violence against students with disabilities – by teachers, other staff, and fellow students – is common in educational settings. Students with disabilities often become the targets of violent acts including physical threats and abuse, verbal abuse, and social isolation. The fear of bullying can be as great an issue for children with disabilities as actual bullying (Watson N et al.1998). Ensuring the inclusion of children with disabilities in education requires both systemic and school level change (McGregorge and Vogelsberg 1998). As with other complex change, it requires vision,
skills, incentives, resources, and an action plan (Villa: 2003) therefore, in country like India mainstreaming of these people is challenging issue. For achieving this task it’s necessary to change public attitudes, remove social stigma, provide barrier free environment, and needs reformation in the area of policy and institutional level.

**Measures to be taken to address the Needs:**

Raising awareness and challenging negative attitudes are often first steps towards creating more accessible environments for persons with disabilities. Negative imagery and language, stereotypes, and stigma – with deep historic roots – persist for people with disabilities around the world ((Ingstad and Whyte :1995, Yazbeck , McVilly and Parmenter TR2004). Negative attitudes and behaviors have an adverse effect on children and adults with disabilities, leading to negative consequences such as low self-esteem and reduced participation (Thorneycroft , Rose and Kassam, 2007). Assessing to Address Barriers to Learning; Screening and Referral; Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections; and What Schools Can Do to Welcome and Meet the Needs of all Students and Families. Another is that school policy makers and practitioners recognize that social, emotional, and physical health problems and other major barriers to learning must be addressed if schools are to function satisfactorily and students are to learn and perform effectively (Dryfoos, 1994, 1998; Flaherty, Weist, & Warner, 1996; Tyack, 1992). This calls for the specially trained personnel to work with the schools. The many functions of such specialists can be grouped into three categories: Direct services and instruction; Coordination, development, and leadership related to programs, services, resources, and systems; and Enhancing connections with community resources (Adelman & Taylor, 1993, 1997; Taylor & Adelman, 1996). All efforts are meant to contribute to reduction of problem referrals, an increase in the efficacy of mainstream and special education programs, and enhanced instruction and guidance that fosters healthy development. When given the opportunity personnel addressing mental health and psychosocial concerns can contribute to program development and system reform as well as helping enhance school-community collaborations (Adelman, 1993; Adelman & Taylor, 1997b; Rosenblum, DiCecco, Taylor, & Adelman, 1995). Though not supported with much research evidences the author opines that teaching disabled children in the regular school is also a challenging task for the teachers which requires changes in speed of teaching, temperament of the teacher and organizing skills.

**Suggested Strategies:**

(International Classification of Functioning, Disability and Health (ICF) (17) The ICF contains a classification of environmental factors describing the world in which people with different levels of functioning must live and act. These factors can be either facilitators or barriers. Environmental factors include: products and technology; the natural and built environment; support and relationships; attitudes; and services, systems, and policies. The
ICF also recognizes personal factors, such as motivation and self-esteem, which can influence how much a person participates in society. However, these factors are not yet conceptualized or classified. It further distinguishes between a person’s capacities to perform actions and the actual performance of those actions in real life, a subtle difference that helps illuminate the effect of environment and how performance might be improved by modifying the environment. Despite widespread acknowledgment of the need for interventions related to mental health and psychosocial concerns, Activities not directly related to instruction often are seen only as taking resources away from their primary mission. Most of the nations in the world today are making it mandatory that the schools must have social workers to meet the psychosocial requirement of the children. Psychosocial support is a continuum of love, care and protection that enhances the cognitive, emotional and spiritual wellbeing of a person and strengthens their social and cultural connectedness. Effective psychosocial support enhances individual, family and community wellbeing and positively influences both the individual and the social environment in which people live. Psychosocial wellbeing is the state in which individuals, families, or communities have cognitive, emotional, and spiritual strengths combined with positive social relationships. This state of well being motivates the development of life skills which enables them to understand and engage with their environment, and make healthy choices which leads to hope for the future. Psychosocial support (PSS) aims to address psychosocial wellbeing of children in general. However some children are more vulnerable than others and programmes to support vulnerable children need to take this into consideration through mainstreaming disability as well as through providing disability specific or adapted interventions. Psychosocial support should also be mainstreamed into programmes to support children with disabilities and their families. Progress on improving social participation can be made by addressing the barriers which hinder persons with disabilities in their day to day lives.

**Specific Areas of intervention:**

1. Developing an anti stigma tool kit.
2. To work with the children to address their psychological requirement of care, love and support thus enhancing their self esteem.
3. To work with the children to address their social requirements of belongingness, acceptance and giving an opportunity to participate in community activities.
4. To create a conducive environment at the family through educating parents and community.
5. To prepare the disabled children to face the world in a competitive manner by assessing their strengths and providing them with the necessary support and guidance to pursue the same.
6. To provide necessary information to teachers regarding the child, so that the teacher understands the child and its world.
Social workers’ roles include preventive, curative and rehabilitative services for disabled persons. Disability care includes improving capacity for caregivers and parents to care for their disabled children and facilitating integration of disabled children into mainstream schools and other social settings. In both America and England School Social Worker is a must for any school and they do play the role of facilitator. In England the importance has been recognized way back in 1884. The National Association of Social Workers in Education was established in 1884 in England. This addresses the psychosocial dimensions of education in general and inclusive education in particular. America also creates equal scope for the practice of social work with School Social Work Association of America. India being the colony of England has started the legacy of Social work in 1936 with the Tata Institute of Social Work. But in India we hardly found any schools which appoint social Workers. The paper proposes that social workers must have to be appointed in the schools to address the psycho social problems of the children. The social work which works at individual, group and at community level can make a positive impact in the whole process of inclusion.

References:

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