



MASS PUBLIC SOCIAL WELFARE PROGRAMME FOR DISABLES

INTRODUCTION

Disability is a part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities. Every epoch has faced the moral and political issue of how best to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more people live to an old age. Responses to disability have changed since 1970, Prompted largely by the self-organization of people with disabilities and by the growing tendency to see disability as a human rights issue.

Disability is complex, dynamic, multidimensional, and contested. Over recent decades, the disabled people's movement – together with 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. The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems arising from their health condition. A balanced approach is needed, giving appropriate weight to the different aspects of disability.

A person's environment has a huge impact on the experience and extent of disability. Inaccessible environments create disability by creating barriers to participation and inclusion. Examples of the possible negative impact of the environment include:

- A deaf individual without a sign language interpreter
- A wheelchair user in a building without an accessible bathroom or elevator
- A blind person using a computer without screen-reading software.

Health is also affected by environmental factors, such as safe water and sanitation, nutrition, poverty, working conditions, climate, or access to health care. As the World Health Organization (WHO) Commission on Social Determinants of Health has argued, inequality is a major cause of poor health, and hence of disability. The environment may be changed to improve health conditions, prevent impairments, and improve outcomes for persons with disabilities. Such

changes can be brought about by legislation, policy changes, capacity building, or technological developments leading to, for instance:

- Accessible design of the built environment and transport;
- Sign age to benefit people with sensory impairments;
- more accessible health, rehabilitation, education, and support services;
- More opportunities for work and employment for persons with disabilities.

Environmental factors include a wider set of issues than simply physical and information access. Policies and service delivery systems, including the rules underlying service provision, can also be obstacles.

New emphasis on environmental factors

The International Classification of Functioning, Disability and Health (ICF) advanced the understanding and measurement of disability. It was developed through a long process involving academicians, clinicians, and – importantly with persons with disabilities. The ICF (International Classification of Functioning, Disability and Health) emphasizes environmental factors in creating disability, which is the main difference between this new classification and the previous International Classification of Impairments, Disabilities, and Handicaps (ICIDH). In the ICF (International Classification of Functioning, Disability and Health) problems with human functioning are categorized in three interconnected areas:

- Impairments are problems in body function or alterations in body structure – for example, paralysis or blindness;
- Activity limitations are difficulties in executing activities – for example, walking or eating;
- Participation restrictions are problems with involvement in any area of life – for example, facing discrimination in employment or transportation.

A public health approach distinguishes:

- Primary prevention – actions to avoid or remove the cause of a health problem in an individual or a population before it arises. It includes health promotion and specific protection (for example, HIV education).
- Secondary prevention – actions to detect a health problem at an early stage in an individual or a population, facilitating cure, or reducing or preventing spread, or reducing or preventing its long-term effects (for example, supporting women with intellectual disability to access breast cancer screening).

- Tertiary prevention – actions to reduce the impact of an already established disease by restoring function and reducing disease related complications (for example, rehabilitation for children with musculoskeletal impairment).

Disability and human rights

- People with disabilities experience inequalities – for example, when they are denied equal access to health care, employment, education, or political participation because of their disability.
- People with disabilities are subject to violations of dignity – for example, when they are subjected to violence, abuse, prejudice, or disrespect because of their disability.
- People with disability are denied autonomy – for example, when they are subjected to involuntary sterilization, or when they are confined in institutions against their will, or when they are regarded as legally incompetent because of their disability.

Social Welfare Programme For Disables

The grant of the rights and privileges for disabled persons shall be guided by the following principles:

(a). Disabled persons are part of the society, thus the Senate (Legislative Assembly) shall give full support to the improvement of the total well-being of disabled persons and their integration into the mainstream society. Towards this end, the State shall adopt policies ensuring the rehabilitation, self-development and self-reliance of disabled persons. It shall develop their skills and potentials to enable them to compete favorable for available opportunities.

(b). Disabled persons have the same rights as other people to take their proper place in society. They should be able to live freely and as independently as possible. This must be the concern of everyone, the family, community and all government and non-government organizations. Disabled person's rights must never be perceived as welfare services by the Government.

(c). The rehabilitation of the disabled persons shall be the concern of the Government in order to foster their capability to attain a more meaningful, productive and satisfying life. To reach out to a greater number of disabled persons, the rehabilitation services and benefits shall be expanded beyond the traditional urban-based centers to community based programs that will ensure full participation of different sectors as supported by national and local government agencies.

(d). The State also recognizes the role of the private sector in promoting the welfare of disabled persons and shall encourage partnership in programmes that addresses their needs and concerns.

(e). To facilitate integration of disabled persons into the mainstream society, the State shall advocate for and encourage respect for disabled persons. The State shall exert efforts to remove all social, cultural, economic, environmental and attitudinal barriers that are prejudicial to disabled persons.

Definition of Terms For purposes of this Act, these terms are defined as follows:

(a). Disabled Persons are those suffering from restriction of different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being;

(b). Impairment is any loss, diminution or aberration of psychological, physiological, or anatomical structure or function;

(c). Disability shall mean

(i) A physical or mental impairment that substantially limits one or more psychological, physiological or anatomical functions of an individual or activities of such individual;

(ii) A record of such impairment;

(iii) Being regarded as having such impairment;

(d). Handicap refers to a disadvantage for a given individual resulting from an impairment or a disability, that limits or prevents the functions or activity, that is considered normal given the age and sex of the individual;

(e). Rehabilitation is an integrated approach to physical, social, cultural, spiritual, educational and vocational measures that create conditions for the individual to attain the highest possible level of functional ability;

(f). Social Barriers refer to the characteristics of institutions, whether legal, economic, cultural, recreational or other, any human group, community, or society which limit the fullest possible participation of disabled persons in the life of the group. Social barriers include a negative attitude which tends to single out and exclude disabled persons and which distort roles and interpersonal relationship;

(g). Auxiliary Aids and Services include:

i) Qualified interpreters or other effective methods of delivering materials to individuals with hearing impairments;

ii) Qualified readers, taped texts, or other effective methods of delivering materials to individuals with visual impairments;

iii) Acquisition or modification of equipments or devices; and

iv) Other similar services and actions or all types of aids and services that facilitate the learning process of people with mental disability;

(h). Reasonable Accommodation include

(i) Improvement of existing facilities used by employees in order to render these readily accessible to and usable by disabled persons;

(ii) modification of work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustments or modifications of examinations, training materials or company policies, rules and regulations, the provisions of auxiliary aids and services, and other similar accommodations for disabled persons;

(I). Sheltered Employment refers to the provision of productive work for disabled persons through workshop providing special facilities, income producing projects or homework schemes with a view to give them the opportunity to earn a living thus enabling them to acquire a working capacity required in open industry.

CONCLUSION

Disability is a development issue, because of its directional link to poverty: disability may increase the risk of poverty, and poverty may increase the risk of disability. A growing body of empirical evidence from across the world indicates that people with disabilities and their families are more likely to experience economic and social disadvantage than those without disability. The onset of disability may lead to the worsening of social and economic well-being and poverty through a multitude of channels including the adverse impact on education, employment, earnings, and increased expenditures related to disability.