Application of Social Work Methods with Care Takers of Special Children as Perceived by Social Work Student

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Abstract
The term ‘Special Children’ in general specifies the physical and developmental disability or behavioural problem. Some of the commonly seen disabilities are cognitive disorder (MR), vision impairment, mental health condition, intellectual disability, acquired brain injury, Autism, speech and language disorder. Physical disability may be a temporary one or a permanent one in order to a person’s physical capacity or mobility they include Cerebral palsy, Epilepsy and muscular dystrophy. Developmental disability is Down Syndrome, Autism, Dyslexia and processing disorder, the behavioural problems are Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder and others which require additional assistance for the individual from the caretakers. A special School provides special education for the children with severe learning disabilities and other disabilities. According to the census of 2011, more than one million people in the world live with some form of disability. In India out of 121cr population 2.68cr (2.21%) population are disabled among that 56% are male and 44% are female in particular 69% of disabled persons are from a rural background and 31% from an urban background. In India, Uttar Pradesh is the state which has highest of persons with disability and the state which has the lowest number of persons with disability is Jammu and Kashmir. In Tamil Nadu, the statistics of 2011 has 4.4% of persons with disability. The problems faced by the disabled are conveyance, poverty, lack of family support and public support likewise the care takers of disabled persons also face problems such as stress, depression and also difficulty in coping up with society. The interventions which can be implemented to the care takers are family system programmes, instructional programmes, interactional programmes, counselling and motivation.

Keywords: Special Children, Disability, Care Taker, Intervention.

Introduction
The term ‘special children’ in general specifies the Physical and developmental disability or behavioural problem. Some of the commonly seen disabilities are cognitive disorder (Mental Retardation), Vision Impairment, Mental Health condition, Intellectual disability, acquired brain injury, Autism, Speech and language disorder. Physical disabilities include Cerebral Palsy, Epilepsy and Muscular Dystrophy. Developmental disabilities are Down syndrome, Dyslexia and processing disorder. The behavioural disabilities are Attention Deficit Hyperactivity disorder (ADHD), conduct disorder and others which make other activities difficult and require additional assistance for the individual from care takers. The ‘care taker’ is the one who takes care of the children who need special attention or assistance, a care taker can be a member of the family or a paid person from outside the family. Most of the care takers of the special children are their mother who take them to school for training and who stands as a support for the children both mentally and physically.

The present paper attempts to portray various problem experienced by the care takers of special children which were observed by the student in the school where the student was placed; the present paper is fully about the field work experience and observation of the student. The main problem faced by the care takers which was observed by the student in the field work agency are conveyance, poverty, lack of public and family support, stress, depression and acceptance.

1.1. Classification of special children
Special children are classified into 13 categories which include,

- Autism
- Specific learning disability
- Developmental disability
- Deaf – blind
- Visual Impairment
- Intellectual impairment
- Emotional / Behavioral disability
Hearing Impairment
Speech & language disability
Orthopedic or Physical Impairment
Multiple disability
Other Health Impairment (Attention Deficit Disorder)
Traumatic Brain injury
Depending upon the individual children disability training will be provided by the special educators.

1.2. Census of Special Children
1.2.1 World census of special children
The percentage of special children is 10% of total world’s population or roughly 650 million people live with disability. According to census females have higher rates of disability than males. 80% of persons with disabilities live in developing countries in were reported by UN development program (UNDP).

1.2.2. Population of the differently abled persons in India as per the census 2011 of government of India

<table>
<thead>
<tr>
<th>Residence</th>
<th>Persons</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2,68,10,557</td>
<td>1,49,86,202</td>
<td>1,18,24,355</td>
</tr>
<tr>
<td>Rural</td>
<td>1,86,31,921</td>
<td>1,04,08,168</td>
<td>82,23,753</td>
</tr>
<tr>
<td>Urban</td>
<td>81,78,636</td>
<td>45,78,034</td>
<td>36,00,602</td>
</tr>
</tbody>
</table>

Table 2. Percentage of Disabled to total population in India as on 2011

<table>
<thead>
<tr>
<th>Residence</th>
<th>Persons</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>2.24</td>
<td>2.43</td>
<td>2.03</td>
</tr>
<tr>
<td>Urban</td>
<td>2.17</td>
<td>2.34</td>
<td>1.98</td>
</tr>
</tbody>
</table>

Table 3. Proportion of Disabled Population by Type of Disability in India as on 2011

<table>
<thead>
<tr>
<th>Proportion of Disabled Population by Type of Disability India: 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Seeing</td>
</tr>
<tr>
<td>In Hearing</td>
</tr>
<tr>
<td>In Speech</td>
</tr>
<tr>
<td>In Movement</td>
</tr>
<tr>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Mental Illness</td>
</tr>
<tr>
<td>Any Other</td>
</tr>
<tr>
<td>Multiple Disability</td>
</tr>
</tbody>
</table>
Table 4. The district population of disabled in India as of 2011 census

<table>
<thead>
<tr>
<th>District</th>
<th>Total</th>
<th>District</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chennai</td>
<td>90064</td>
<td>Ramnad</td>
<td>23432</td>
</tr>
<tr>
<td>Coimbatore</td>
<td>52452</td>
<td>Salem</td>
<td>43668</td>
</tr>
<tr>
<td>Cuddalore</td>
<td>42632</td>
<td>Sivagangai</td>
<td>24122</td>
</tr>
<tr>
<td>Dharmapuri</td>
<td>25283</td>
<td>Thanjavur</td>
<td>36312</td>
</tr>
<tr>
<td>Dindugal</td>
<td>32953</td>
<td>Trichy</td>
<td>40276</td>
</tr>
<tr>
<td>Erode</td>
<td>35361</td>
<td>Theni</td>
<td>20976</td>
</tr>
<tr>
<td>Kanchipuram</td>
<td>69061</td>
<td>Thiruvurur</td>
<td>26276</td>
</tr>
<tr>
<td>Kanyakumari</td>
<td>35352</td>
<td>Thiruvannamalai</td>
<td>38172</td>
</tr>
<tr>
<td>Karur</td>
<td>14042</td>
<td>Thiruvallur</td>
<td>74549</td>
</tr>
<tr>
<td>Krishnagiri</td>
<td>28691</td>
<td>Tirunelveli</td>
<td>51547</td>
</tr>
<tr>
<td>Madurai</td>
<td>46848</td>
<td>Thoothukudi</td>
<td>31370</td>
</tr>
<tr>
<td>Nagapattinam</td>
<td>28223</td>
<td>Virudhunagar</td>
<td>28814</td>
</tr>
<tr>
<td>Namakkal</td>
<td>26345</td>
<td>Villupuram</td>
<td>58533</td>
</tr>
<tr>
<td>Nilgiris</td>
<td>10020</td>
<td>Vellore</td>
<td>61158</td>
</tr>
<tr>
<td>Perambalur</td>
<td>10386</td>
<td>Ariyallur</td>
<td>15076</td>
</tr>
<tr>
<td>Pudukottai</td>
<td>24478</td>
<td>Tiruppur</td>
<td>33491</td>
</tr>
</tbody>
</table>

In India, out of the 121cr population, 2.68cr persons are disabled, 69% of disabled persons are from a rural background and remaining 31% are from an urban background. Highest Number of disability is from the state Uttar Pradesh and lowest number of disability is from Jammu and Kashmir. The table below will show the reference.

1.3. Problems faced by caretakers of special children

- Financial concerns
- Poverty
- Lack of public & family support
- Stress
- Depression
- Acceptance
- Emotional Issues

1.3.1. Financial concerns:
Raising a special child is more expensive than raising a normal child. These expenses can arise from medical equipment and supplies, medical care, private education and etc. The care of the special children may last a lifetime instead of 18 years so parents have to set aside a prominent amount of money for their child care before they pass away.

1.3.2. Poverty:
Parents of special children who are economically poor in background find difficult to take care of the child. They are unable to give nutritious food to their child and attention as they are in poverty. They struggle to take children to the school because it is necessary for both the parents of the child to work daily, so proper attention and training are not given to the children. Most of the parents are illiterate hence there is not much of awareness like how to take care of these children and they are deprived of the welfare schemes provided to the special children especially from the government side.

1.3.3. Lack of public and family support:
Parents of special children face various problems like taking them to shops, streets and parks because the parents of normal children hesitate to allow their children to play with special children, many parents are not aware that special children will not harm other children, only some special children have behavioural problems and not all the children. The parents of special children who live in rented house face many problems and it is difficult for them to search a rented house, they are forced to leave the rented house at least once in 6 months.

There is lack of family support also; the parents of special children are ignored from all family functions because the family members themselves are not ready to accept the child as it is, and start annoying the parents of special children ‘why’ did you bring the child to the function and they never accept the child.

1.3.4. Stress:
The parents of special children experience more stress than parents of a normal child because each and every moment the special child should be taken care and monitored carefully as the special child is not physically strong and their motor activities are not as of the normal child. Parents who have both normal child and the special child feels more stressed that they are unable to take proper care of the normal child.
1.3.5. Depression:
At some point of time, the parents of the special children get depressed thinking about the child’s future and his/her disability; they make themselves depressed by over thinking about the child and growing up the child in the society where there is no support from others in the family.

1.3.6. Acceptance:
Some parents neglect to accept that their child is a special child and they still blame each other. In some family, the mother accepts the disability of the child but not in case of the father it happens vice versa also in some families where the father accepts the child as a special child but not the mother. In some cases, both mother and father accept the disability of their child but not the other members of the family like siblings. Grandparents, aunts and uncles.

1.3.7. Emotional Issues:
The care takers, especially parents of special children, have a lot of emotional issues, in specific guilt, they believe that they are the reason for child’s disability and blame themselves. In some families, the parents themselves blame each other and even ‘God’. Some parents occasionally feel embarrassed or ashamed that their child is disabled and also they feel disappointed that their child is disabled and cannot become an engineer or doctor as they dreamt of before the birth of the child.

1.4. Social work methods
The social work method is used by the social work student to help the individual and group of individual to face their problems by themselves, to make them stable and find solutions by them in their own way. The social work methods are

- Social Case work
- Social Group work
- Community Organization

1.4.1. Social case work
Definition
According to Safrad “Social Case Work is a method employed by a social worker to help the individual, find a solution to their problem of social adjustment which they are unable to handle in a satisfactory way by their own effort.”

Meaning
The case work is a primary method of social work can be done by a social work trainee also, the trainee develops a good rapport with the client and give them space to share their problems themselves by supporting the client and also by giving space and time for them to share the problem they go through in their mind and life. The trainee used the direct method of social case work with the care takers of disabled children, like counselling, catharsis and motivation.

Case work Experience
The student conducted case work with the care takers of special children in the school. First and foremost, the trainee created a good rapport with the care takers and slowly started interacting with the care takers to find out the problems faced by them, after some sessions conducted by the student to know about the family history of a particular client, they felt free to share their problems in bringing up the child to school, problems in joint family and society. So, according to the client’s problem the student used direct intervention techniques such as motivation, counselling and catharsis.

1.4.2. Social group work
Definition
According to Konapka (1963) “Social group work is a method of social work which helps individuals to enhance their social functioning through purposeful group experience and to cope more effectively with their personal, group or community problems.”

Meaning
Group work is conducted for the group of people who has the same problem, the group work can be conducted by a social work trainee by identifying a set of individual who has a similar problem and bringing them together and giving a solution to the problem faced by them.

Group work Experience
The trainee conducted one recreational group work and one educational group work. To reduce the stress of care takers as well as the special children the student took them to railway museum where the parents and children got space to play together and it strengthened the bond between the children and parents. It helped the parents to feel free to bring the children to the public places in the upcoming days without any kind of hesitation.

The trainee conducted “Awareness programme on First Aid” for the care takers of special children, the student interacted with all the parents of the children in the school to conduct a group work of their present need, as many parents requested to conduct a programme on First
1.4.3. Community Organization

Definition
According to Kramer and Specht (1975) “Community Organization refers to various methods of intervention whereby a professional change agent helps a community action system composed of individuals, group or organizations to engage in planned collective action in order to deal with special problems within the democratic system of values.”

Community Organization Experience
During the interaction with the caretakers of special children, the trainee understood that the caretakers face problems in railway station as well as in the train, the welfare provided by the government to the special children are not properly reached, some authorities misuse it. So to give awareness to the railway authorities and to illustrate the problems faced by special children as well as caretakers in train journey the trainee organized an interaction programme between caretakers, special children and railway employees at the zonal railway training institute. The caretakers shared the problems faced by them while taking their special children on the train and shared all the queries. At the end of the programme, one of the railway employees explained all the welfare facilities available for the special children and caretakers in railways.

2. Conclusion
The social work student observed all these problems of caretakers in the school, the student has spent 8 hours a day and also earned knowledge about the special children and caretakers because of building good rapport between them and conducted social case work, social group work and community organization which enhanced the knowledge of the student in the field work at special School.

Reference
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(The disability experience from the inside out, 1997)
(The social meaning of mental retardation, 1994)
(children and families, 2017)
Table 1. The Disabled Population by Sex in India as on 2011