Chapter - VIII

FINDINGS AND CONCLUSIONS, SUGGESTIONS AND RECOMMENDATIONS
Although Physically Challenged is common in all classes, its incidence among lower socio-economic strata is reported to be high. Several socio-economic reasons lead to Physically Challenged in a disproportionately large number of cases. Often factors leading to Physically Handicapped are traced to condition of poverty.

In the last chapter the researcher recapitulate the main findings and conclusions of the present research on “Problems of Physically Challenged Children and Social Work Intervention – A Study with Reference to Nanded District” in a more orderly manner and attempts to derive major conclusions on various aspects covered in the study. An attempt is also made to suggest the policy recommendations flowing from the present study.

8.1 Findings and Conclusions:

1. It is found from the present study that, 40% of the respondents are in the age group of 9 to 12 years. 30% of the respondents are from the age group of 7 to 9 years. Therefore in the
residential school the children between the age group of 7 to 12 years are in more number.

2. It is found from the present study that 75% of the respondents are male, whereas 25% of the respondents are female. Thus, in the residential schools for handicapped the male children are more and the female children are less.

3. It is found from the present study that, 70% of the respondents are from Rural areas and 30% are from the urban setting. Thus, in these residential school for physically challenged children more number of children are from the rural areas and belonging to the marginalized families. Thus, the handicapped children of the rural marginalized families belonging to the different cross sections of the society, the handicapness has became the general problem which creates many other general and specific problems related to rural lifestyle.

   The objective No. 1 set for the present study is achieved by this finding related to many general and specific problems and the Hypothesis No. 4 regarding “the NGO’s implementation of the problem will give higher outputs in the process of rehabilitation” proved to be correct.

4. It is found from the present study that, 80% of the respondents are coming from the nuclear family and 20% are from the joint family. That means most of the respondents coming from the rural areas are also from nuclear families. This shows that the joint family fabric of the rural society has also started breaking. Some of the respondents were also blaming the behaviour of
the members in the joint family regarding the handicaps. They also said that, it was a severe problem for them and their parents and contributing to the severity of their problem. Thus on the basis of this, the objective No. 2 set for the present study regarding the severity of the problem is achieved.

In the same manner, where such physically challenged children admitted in the residential schools and when they got better facility, the severity of the problem is reduced. Thus the hypothesis No. 2 of the present study regarding “better facilities for rehabilitation will lessen the severity of the problem” is proved.

5. It is found from the present study that, 50% of the respondents belongs to the SC, ST and backward classes. 29% of the respondents were from the Muslim minority class. 19% respondents belonged to the Hindu religious faith. Thus the problem is more seen in the backward classes and Minority classes of the society.

If we go by the definition of the word “Hindu” as given in the Hindu Marriage Act, 1955, then 70% of the respondents belongs to the Hindu religious faith.

6. It is found from the present study that, a respondents belonging to the “Quraish” minority Muslim committee has lost his forehand fingers while cutting the meat in his meat shop supplementing his family business. But such child was admitted in one of the residential school.
This finding focuses on the Hypothesis No. 4 of the present study, regarding 'better utility of NGO's implementation programmes leading to higher outputs in the process of rehabilitation and keeping away from social exclusion' is proved.

7. It is found from the present study that, 23% of the respondents father are illiterate and 45% of the respondents father are literate up to primary education. 12.5% of the respondents father are educated up to matriculation. Only 1.5% of the respondents father are graduates. Thus the education of the father also influence the attitude, beliefs and behavior of the individuals. Therefore, the low education level of the father of respondent is the social determinant for the severity of the problem. The objective No. 2 set for the present study regarding the severity of the problem and its socio-economic causes is achieved. This is because the low education of the father has become the socio-economic cause of the severity of the problem of handicapness.

8. It is found from the present study that, 30% parents of the respondents are having four children. 25% of the parents of respondents have three children. 20% of the parents of the respondents have two children. 20% of the parents of the respondents have five children. It is reported that, the parents having 5 children are from the Muslim Minority class and from the backward classes of the community.
9. It is found from the present study that, 35% of the respondents' fathers are working as agriculture workers. 15% of the respondents' fathers are working as construction workers or Mason workers. 13.5% of the respondents' fathers have meat shop and business of buying and selling animals. 12.5% of the respondents' fathers are auto rickshaw drivers. Only 5% of the respondents' fathers have agriculture land and they are farmers. Very less i.e. 1%, 1.5% and 1.5% of the respondents' fathers are working as teacher, clerk and watchman respectively.

10. It is found from the present study that, 75% of the respondents' fathers are the only earning member in their family. 20% of the respondents' fathers and mothers both earn by working as the agricultural Labour. In the case of 5% respondents along with father and mother, their small brother also works as a child labour.

11. It is found from the present study that, 55% of the respondents' family income is between Rs. 25000-50000/- per annum. 12.5% of the respondents' family annual income is very low up to Rs. 10,000/-. 19% of the respondents' family income per annum is between Rs. 10000/- to Rs. 25000/-. This shows that, the income of the family will definitely become the Socio-economic determinant of the family's Life and problems.

12. It is found from the present study that, 65% of the respondents have complete rural background that means they are living in the village from the generations together. The family members of many respondents reported that they very rarely visit the
Taluka place. They never stayed in the urban place. Some of the respondents also reported that, they visit and seen the urban place only when the school takes them to hospital (yearly once) for the medical check up as per government rules.

13. It is found from the present study that, 33 % of the respondents family belongs to Below Poverty Line (BPL). 44.5 % of the respondents family belongs to above poverty line or poor. 11.5% of the respondents family belongs to Middle class. 8.5 % of the respondents belongs to Higher class Socio-economic background.

14. It is found from the present study that, 55 % of the respondents have very rare communication with their parents. 22.5 % of the respondents have very often or regular communication with their parents. 7.5 % of the respondents have no communication with their parents. The main reason for regular communication is that, the parents who are interested in their children and who are concerned with the problem of the child, they have good communication with the child. The parents who always think that, the handicapped child is a burden on them, they have rare communication.

15. It is found from the present study that, 48 % of the respondents are dissatisfied with their family. 21.5 % of the respondents are satisfied with their family members. 18 % of the respondents are less satisfied with their family members. The main reason for dissatisfaction was the carelessness and negligence of the family members towards the physically challenged children.
16. It is found from the present study that, 52.5% of the father of respondents perception is that the handicappers is a physical problem. 62%, 90%, 85%, 95% respondents father perceive the handicappness as the Biological, Social, Cultural and emotional problem respectively. Thus, it can be interpreted that majority of the father of respondents regard handicappness as the problem of total health.

17. It is found from the present study that, 85% of the parent and family members of the respondents regard God's will as the belief for handicapness. 80% parents feel Sin of earlier work done by them, as the factor for the handicapness of their child. 75% of the parents do also regard Curse of someone as the belief for the handicapness of their ward. 50% of the respondents parent believe that the sins of their earlier life has made their child handicapped.

18. It is found from the present study that, 100% respondents parents said that they are visiting to temples, Shrines and Durgahs for the treatment and healing of the handicappness of their child. 90% of the parents took the help of Magico spiritual healing as alternative therapy for the treatment of handicapness of their child. 80%, 75%, 60% parents also admitted that they have believed in Jaddi Buti, wearing of Gems, Consulting Astrologer as the alternative therapy for curing the problem of their child.

19. It is found from the present study that, the WHO has recommended weight-for-age, height-for-age and weight-for-
height as measures to assess the nutritional status of the children. But this formula is not found in the school under study.

20. It is found from the present study that, successful rehabilitation of a person largely depends upon his socio-psychological adjustment and acceptance of his potentialities by society. The importance of formal education for such children is generally realized and accepted. Nevertheless, markedly different modalities have been evolved to meet their educational needs: home-bound informal instruction, specialized and often residential schooling, integrated schooling, etc. Integrated or residential schooling is often viewed as an innovation. Is it really so?

21. It is found from the present study that, incidence of handicap is high among lower socio-economic strata. Children belonging to these groups do not only suffer from malnutrition but also from ill-health. Quite a sizeable proportion of them are also found afflicted with disabilities.

22. It is found from the present study that, lack of resources and proper knowledge of preventive health care regarding the children have added to the problem of physically challenged children.

23. It is found from the present study that, the problem of physically challenged among children is also due to the fact that many people do not even recognize the importance of
counseling, family welfare planning and ante-natal, pre-natal and post-natal care.

24. It is found from the present study that, generally speaking, the purpose of rehabilitation of the handicapped is to make them self-reliant. Attitudes of people towards the handicapped also need to change. In contemporary times, quite a few of them also require economic protection. Like many underprivileged sections, most of them face lack of opportunities of progress in life. Progress of handicapped children will thus depend greatly upon the social milieu.

25. It is found from the present study that, exploitation of the handicapped by families and organizations is not uncommon. Like scheduled castes and other backward classes, programmes for their selective upliftment are needed. Better economic condition is likely to give them a better social status. This is what may explain policy changes which have been mooted and are under active consideration of the Government of India and Government of Maharashtra through welfare schemes for physically challenged children.

26. It is found from the present study that, the education of handicapped girls appears to be even more neglected. Due to religious attitudes of particular communities, often a girl remains confined to the four walls of her house throughout her life. In this situation, she confronts either indifference or overprotectiveness. Furthermore, a girl child belonging to a
lower caste may, at times, face discrimination in the matter of educational opportunities.

27. It is found from the present study that, Social customs develop in a religious context. As such every community prescribes its own form of religious education from ancient times, handicapped children were supposed to memories sacred texts and hymns and recite them on religious and ceremonial occasions. In modern times, the situation has changed a little. The handicapped are offered formal education. Modalities have also been evolved to provide them technical training and employment oriented education.

28. It is found from the present study that, the issue of social competency assumes a pointed significance in relation to handicapped children. Indeed, social competency depends much on training opportunities in activities of daily living, sharing of responsibilities and participation in educational games.

29. It is found from the present study that, the NGOs working for the handicapped children do not have a perfect understanding about the needs of the disabled children. A valuable philosophy and policy about them is not present. Thus an attitudinal change is called for in this matter with regards to physically challenged children.

30. It is found from the present study that, the problems of physically challenged are myriad and there causes are also diverse. There is lack of appreciation of their abilities and the
prejudices against the negative cultural responses to them are also found as a degrading factor in the path of their development.

31. It is found from the present study that, there are multiple factors which are responsible as major barriers to their socio-physiological and economic adjustment with the mainstream of social life and social development.

32. It is found from the present study that, even after 60 years of independence, it is depressing picture that the disabled children experiencing the feelings of inadequacy, dependency and insecurity (even after such a huge expenditure of the government and efforts of NGOs).

33. It is found from the present study that, education, vocational training, counseling and guidance services are of great value to the physically handicapped children. Only through proper education and training the physically handicapped children are able to overcome their handicap and can give expression to their abilities and talents. (Such services as provided by the NGO’s in the present study are not found up to the mark.)

34. It is found from the present study that, (while discussion with the parents of the handicapped children) even today some parents believed and revealed that the birth of their disabled child is the punishment for sins committed by them in their previous life.

35. It is found from the present study that, social integration begins and ends in the family. If the parent thinks that the
disability of their child is overwhelming calamity which makes life worthless, the child will also think likewise (on the basis of discussion with parents). If the parent thinks and acts bitter against an unjust fate, then the handicapped child do also think so too. Thus the present study found that the parental response to the disability of the child is to a much extent responsible for creation of problems.

36. It is found from the present study that, majority of the handicapped children and even their parents use the public health services i.e. Government hospitals for treatment, thus these children comes from the poor families and poor people use private health services much less than those with higher incomes. They also reported that the treatments available in the public hospitals are not up to the mark.

37. It is found from the present study that, one cannot hope to solve the problem of rehabilitation of disabled by 'Zerox-copying' technologies developed in the West. They are inappropriate and too expensive. Most of the aids and appliances used to rehabilitate our disabled are not accessible to our people and also not affordable by them.

38. It is found from the present study that, the genesis of the problem lies in the fact that rehabilitation as an area of national concern has traditionally been a lower priority with planners whether in government or outside. One of the clearest indications of neglect of disability is the inability of the national planners to assess the real magnitude of the problem itself.
especially as it occurs in rural areas. What is the extent of
disability, and what and where its manifestation, etc. is are not
known to planners.

39. It is found from the present study that, another essential
perspective is that the core disability problem in rural areas is
not only in quantitative but also in qualitative terms. The type
of disability in rural areas is vastly different from that
prevailing in the urban. Road and industrial accidents,
environmental hazards, etc., may create a different disability
syndrome than domestic fires, farming accidents, ill-informed
use of agrochemicals, consumption of adulterated food or
drink, etc. Then again, genetic disability acquired as a result of
prenatal and post-natal nutritional care, is far more in the rural
sector.

40. It is found from the present study that, since the causative
syndrome of rural disability is different, it naturally calls for
the requisite specialized approaches in rehabilitation covering
all its basic component areas, viz., prevention, detection,
diagnosis, correction (covering medical and technological
care), restoration, and socio-economic rehabilitation. It should
also be borne in mind that rehabilitation services should be
planned to meet the assessed needs of a nation, not patterns or
requirements transformed from other nations or areas. The
service pattern should be tailored to fit the assessed needs of
each area within the nation.
8.2 Paradigms of Parent child relationship vis-à-vis physically challenged children:

The researcher in the present research has brought forward a modality of factors responsible in aggravating the problem and acting as fuel to fire.

1. Rejection v/s Acceptance
2. Carelessness v/s Over Protection
3. Negligence v/s Over indulgence
4. Strong realism v/s Utopian expectation
5. Lenient standards v/s Severe discipline
6. Total freedom v/s Strict discipline
7. Marital conflicts v/s Marital adjustment
8. Faulty role expectation v/s Realistic role expectation

8.3 Conclusions:

1. Professional Social Worker’s Role:

Many a time the beliefs and ideas of the parents regarding the causes and management of the disability conditions of their child tend to be wrong. This is especially true with physically challenged because the child usually looks normal and yet functions subnormally. Because of the lack of awareness the parents tends to believe that the child would become normal in due course of time. Some parents blame each other for being responsible for the birth of such a child due to lack of awareness on causes. Some parents look for medical, surgical or magical cures for their child’s condition. Some even fell that nothing could be done for such a child.
The professional social workers should give correct information on the nature, causes and management of handicapped persons. He/she should give suitable examples of the other persons with handicap and how they are managed.

Information regarding professional help for treating associated conditions like fits, helpless, hyperactivity or other handicaps must be made available to the parents.

The present study showed that attitude of the parents towards their physically handicapped child and family stress was related to each other. So in order to minimize the family stress, it is imperative to develop right attitudes towards their handicapped child. The suggestions given below are to be taken note of in this regard.

Some parents have faulty attitudes towards their physically handicapped child. This may be due to either over protection or rejection.

2. Attitude of Overprotection:

Shielding the child from any challenging situation and-or doing almost everything for the child before he-she fully attempts to do them should be corrected as it hinders the development of whatever capacities the child may have. Attitude of rejection that is, thinking that the child is good for nothing and ignoring him/her should be changed so that the child can be helped to learn by systematic training.

Some parents push their child too hard expecting them to learn or achieve beyond his/her abilities. This may lead to frustration and
failure in the physically handicapped child. The parents should be
made aware of what capabilities they may expect of their child.

Some parents suffer from guilt feeling that they are responsible
for their child’s condition. The parents should be given the
explanation that the condition of mental handicap is generally due to
causes over which parents have no direct control.

It is a well-known fact that identifying a disabling condition
early in one’s life and intervening reduces the severity of the
disability. In addition early intervention assists the parents in
understanding their child’s problem and attending on the child
appropriately, thus leading to development of positive attitudes and
prevention of faulty parenting patterns.

The present study showed perceived social support-families
and friends and family stress was related to each other. So in order
to minimize the Family Stress, it is essential to raise the level of
Perceived Social Support.

3. Parents Meeting:

Meetings of the parents of physically handicapped children
who are being helped, with the parents of physically handicapped
children who are newly identified will be helpful. This will offer them
opportunities for mutual support.

Citing successful instances and writing or telling success
stories of mothers has its value in increasing confidence of the
individual. This in effect, is likely to decrease the family Stress of the
mothers. The Social welfare Organizations should give more attention to this approach.

4. **The need for parental training:**

   Studies have shown that parental training could modify parental attitude. Importance of training to manage handicapped children has been emphasized. There is a need for parents and family members to develop a sense of responsibility and satisfaction in ringing up the physically handicapped children. Brothers, sisters and significant others in the family should be tolerant, understanding and helping the child. Parental training should aim at increasing the knowledge about physically handicap and specific management procedures. Parents should be trained as teachers and also as behaviour modifiers for their handicapped children.

   To create awareness in the parents regarding their role in training the physically handicapped child.

   - Once the parents bring their child for consultation, they tend to believe that the management of the child will be taken care of by the persons working for the physically handicapped persons. The Professional Social Worker should explain the effectiveness and role of the parents and other family members in training the physically handicapped child.

   - Some parents believe that training a physically handicapped child needs specialized skills and they may not be able to train their child. The parents should be made aware that training a physically handicapped child does not need complex skills and
that with repeated training in simple Steps, the physically handicapped child can learn.

5. Parental Counseling:

In India parents naturally live and work for their own children. This is the biggest existing strength of our Indian culture. Parents if provided appropriate counseling early and then on continuous basis as per the needs, parents could turn out to be a permanent constructive resource for their physically handicapped children.

The impact of the handicapped child on the family unit is an ongoing problem. As the child grows new problems would arise for example, entering school, finding a job, sexual maturity, etc. Hence, parents need counseling and guidance to handle these children. Generally parents of physically handicapped children require counseling for their emotional reaction and to change it and also for management of the handicapped child.

professional social worker working in the field of mental handicap have come to realize the need for providing constructive counseling at various stages in the child’s life which will enable the parents to cope with their problems more satisfactorily.

6. Support services:

Parents need support services to enable them not only to look after their physically handicapped child and help in its development, but also to be able to lead a life on their own both as individuals and as family members.
7. Short-term care:

In many western countries it has been found possible to provide some short term care for a physically handicapped member of a family, whether child or adult. If possible, respite care should be available to every family: it may take the form of several short periods during the year or a continuous longer period perhaps when other family members have to make a journey, go on a pilgrimage or on a holiday or just in order to provide temporary relief.

8. Day Care:

It is normal for people to leave their homes during the day to go for work, go for school or for partake in leisure activities. The physically handicapped child should also have option, and regular day care has provide to be of great assistance to the family.

9. Financial Support:

It has been shown that families with a physically handicapped member are a disadvantaged group. The income of these families, their chances of attending educational courses or moving to more attractive jobs are limited. In this study it was found out that Family Income and Family stress was related to each other so in order to minimize the Family Stress, it is essential to raise the income level of the family, so that some financial assistance in the form of scholarship can be given to the child for attending educational and other rehabilitation programme.
The most serious concern that parents have about their physically handicapped child is its future i.e. 'What will happen to my child when we are dead? In early years, the physically handicapped child usually lives at home and is entitled to attend special school until the maximum attendance age is reached (often 18 years). At this age the handicapped individual may not function socially and intellectually as an adult but the responsibility of the school has ended. If vocational rehabilitation services are available, than there is some assistance that may continue. Parental concerns often center around where and how the child’s needs ultimately will be met. The thought of forcing the child into an institution after spending a large number of years in the family setting may be difficult for the parents to accept. While normal siblings have frequently been called upon to assume the responsibilities of their parents, it is neither fair to them nor their families to have this responsibility imposed on them unless it is by their own choice.

8.4 Preparing Handicapped Children for life (Social Work and Sociological Discussion):

In a highly competitive world where success is judged by achievement, economic status and very often conformity to a highly complex set of social attainments and values, the handicapped child has to learn not only to accept the limitations placed upon him by his handicap, but also how to measure up to all the demands which society places upon him. Very often his task is made even more difficult by the preconceived notions that society itself has of the
handicapped, and the handicapped person then finds himself in a situation in society in which he has to prove himself in his own writes as an ordinary human being. The business of learning is for most people a life-long occupation which beings the moment the child is born. Although the child learns much from his parents, he also spends many of the formative years of his life at school and therefore the obligation of preparing the child for adult life falls heavily not only upon the parents but upon the staff of the school which the child attends.

If one asks staff in the school what they see as the main purpose of education, the answer will often be that it is a preparation for life. In the research that I have been undertaking, I have tried to disentangle the more specific means which are used to prepare children for the outside world. I have in fact been trying to identify in school life those procedures, not associated with specific subject-teaching, which are used to acclimatize a child to the demands of adulthood.

The problems of the future for many of these children are an interesting one. The staff naturally enough is worried about their pupil's future though they are right in thinking that generally the pupils themselves are not. It was suggested to me that once a family succeeded in having their child admitted to a special school, charity, or the state would look after the child for life. Maybe this attitude transmits itself to the children, though I have no evidence for assuming this.
8.5 Problems of Teaching and Teachers:

The problems of ‘teaching the teachers’ about the child with a handicap are almost identical with the problems of preparing a short paper of this description – just where one begins? Inevitably it seems, one is forced into making vast generalization in the interests of brevity, knowing full well that such procedures can be misleading, if not downright dangerous, for all concerned – not least for those children in whom our interests lie.

The child with special learning difficulties has, in recent years, become the subject of numerous conferences, conventions, books and articles. It is not surprising to find some confusion amongst conscientious teachers striving for success within the classroom, when they turn to the literature for advice – for such literature tends to indicate not so much the volume of new information available but rather the intensity of the search for new information throughout the world.

Too frequently the handicap has been the facet of the child’s life by which he has become know to his teachers, to his friends, and even to his parents. Perhaps we have carried this preoccupation into our teaching (and our teacher training) and failed to see the behaviors that are constructively relevant to the learning processes. Putting it another way, if we know more about those things that the child cannot do than those things he might well be able to do, we are not likely to decide the best teaching (or training) programme for the individual child.
Such are the effects of 'labels'. It is the teacher's trade to consider the needs of the 'whole' child – not merely that part of him which appears to confirm the label which has enabled him to be 'classified' or 'categorized in some' way or other as physically challenged.

Understanding the handicapped child means first understanding him as child – and only then understanding the ways in which his disability may influence his development and behaviour.

8.6 Implications of the Study:

- Knowledge about the impact of type of school setting on self-esteem and adjustment of Physically Challenged Children can provide insight into the changes that needs to be incorporated in the various educational policies and programmes, such as mainstreaming and training. Further studies can be made in this area to facilitate in-dept understanding of their problems and complexities.

- Study of self-esteem and adjustment can prove helpful in installing guidance and counselling programmes for Physically Challenged Children. Since enhancement of self-concept and adjustment of handicapped children constitutes an important goal in education, hence each case must be properly monitored to determine their benefit.

- Knowledge about differences in self-esteem and adjustment patterns and their impact on academic achievement of
Physically Challenged Children in integrated and non-integrated schools can be helpful to educators, administrators, curriculum planners to understand the educational needs of these children and direct efforts towards their effective implementation and Rehabilitation.

- Knowledge of Physically Challenged Children reflects the critical need to educate parents regarding psycho-social well-being of their children. This is because parents were found to be a powerful force in monitoring the progress of children. One such programme could be to provide total communication training to the parents. They should be encouraged to keep regular contact with teachers in order to ensure their child's psychological and academic progress.

- Knowledge of psycho-social development of Physically Challenged Children can make able siblings and other members of the society conscious and sensitive to their needs and problems and help to ensure their healthy development.

- As teachers require special training to cater to the needs of Physically Challenged Children knowledge of their psycho-social development can be used to organize their training programmes accordingly. Teachers should be trained as teacher-counsellors. Appropriate teachers training programmes should be organized and existing programmes such as those provided by national Council for Teacher Training, Rehabilitation Council of India, etc. should be reviewed and strengthened.
8.7 Suggestions and Recommendations:

1. It is suggested from the present study that, it has been observed that the response of the non-governmental organization is more encouraging in this regard. They are more willing to give the disabled persons an opportunity to show their worth. The staff of school are by and large happy with the Physically Challenged Children because of their undivided attention towards their studies and other crafts.

2. It is suggested from the present study that, much of human disability is preventable and this constitutes the silver lining to the dark clouds. But this is allowed to continue by neglect, ignorance, apathy and sheer-cursedness, which needs change.

3. It is suggested from the present study that, viewing all the perspectives in hand, total rehabilitation of the handicapped has received only limited attention from the public, policy makers and the medical specialists in India.

4. It is suggested from the present study that, the disabled children of Mother Earth have a rightful demand on the resources of the International order so long as mankind is committed to human justice and human law. All the types of disabilities warrant a social security, health care and rehabilitative programmes as well. Unfortunately no comprehensive rational legislation on the subject exists so as to render effective aid, assistance and guidance to the handicapped persons.
5. It is suggested from the present study that, social justice should be justice in action not one on the papers. We have activist administrators, judges and legislators, but social justice still remains a mirage. One has to agree with Justice Krishna Iyer of the Supreme Court (Retd) that the society is deaf, dumb and blind towards the welfare of the handicapped.

6. It is suggested from the present study that, it is never too late to make a beginning. But deep involvement at the level of our parliamentarians, legislators and administrators is a must.

7. It is recommended from the present study that, the school within which physically handicapped children will be placed must be selected with care – and through discussion with all concerned. The design of the building, its locality, and its type of neighborhood are only some of the choice factors to be considered. The attitudes of the head-teacher and his staff, the atmosphere of the school, social relationships, etc. have all to be borne in mind.

8. It is recommended from the present study that, there must be the physical resources to cater for these children’s needs—special equipment to give mobility or to enable them to take part in educational programmes. Special accommodation which is part of the school is essential to the founding of a physically handicapped unit. To expect the teaching staff to undertake the care of children with special needs simply as an act of faith is just not good enough. It would overstrain staff to undertake the care of children with special needs simply as an
act of faith is just not good enough. It would overstrain staff not especially trained for the task, and impose strains on the other children who have an equal right to demand the teacher's time and energy. The cost of providing adequate accommodation, necessary equipment, transport services and food in a residential school for handicapped is very much less. It should be increased for best results.

9. It is recommended from the present study that, there must be adequate staffing-including welfare assistants. Without this the school is placed at risk.

10. It is recommended from the present study that, there must be communication clear and effective communication-between all concerned with the development and educational endeavor of physically challenged children in mind.

11. It is recommended from the present study that, placing of physically challenged children in proper school, this must apply before a child is placed in a school, and must continue throughout the Primary/Middle school period. The main agencies are: the medical services, the local education authority, and social services (particularly when the child's family is in difficulty or over-stressed) and the head teacher of the school should act as a family head.

12. It is recommended from the present study that, there must be co-operation borne of the realization that no single agency can meet all the needs of a physically challenged child, and that each child will benefit from the shared expertise of the
professional who will also offer their skills on his behalf from birth to maturity.

13. It is recommended from the present study that, the researcher feels that, the professional co-operation of the social workers and other concerned is more essential prior to placing physically challenged children in a residential school for the handicapped children. Everything like accommodation, food and special equipment's should be brought up with up with enthusiasm, expertise and well pre-planning in order to prove successful and fruitful in the exercise of rehabilitation of the very lot of physically challenged children.

14. It is recommended from the present study that, in the course of the present research an idea stuck in the mind of the researcher and the same new idea is being recorded here. i.e. "Even a journey of 10,000 Miles. Starts with a Step" in the same manner for the rehabilitation and development of the physically challenged children the residential schools in Maharashtra is a single step which has to go miles and miles.

15. It is recommended from the present study that, in the view of the researcher and present study the Residential School for physically challenged need to provide for:

1. The extension of home/school relationships;
2. Student teachers and social workers relationship should be strengthened.
3. Children with special needs in school should adjust with the children of neighborhood, and
4. Good hospitality to visitors and guests drawn from any of the education and social services fields.

8.8 Suggestions for Future Action:

In the light of discussion made in previous chapters the present research identified the following suggestions for future action:

a) There is need for spelling out clearly, the scope of special educations so as to avoid controversies and complications. A committee could be appointed to look into this problems and offer specific dimensions to be covered under special education programme for physically challenged children.

b) A special grant in aid code may be prepared to make the special education programme more intensive for physically challenged children.

c) A scheme for a special teacher education programme may be drawn to cater to the training programme of teachers teaching the disabled children as well as to those who are interested in taking up the profession.

d) Need for parental education is of utmost importance; wide publicity through mass media is needed to make the public utilise the educational facilities offered to the physically disabled children.

e) The state government can help in the preparation of the text book especially for physically challenged children. It may also start a press to serve the Physically Challenged children of Maharashtra.
f) A detailed research programme can be chalked out to go into the depth of the problems faced by all those involved in the educational programme to get real insight into the intensity of the problem of physically challenged children in each area.

g) Government and Public participation can be sought for solving the problems regarding transport, reader services, library services etc. specially for the physically challenged children.

h) At least during the second decade of 21st century an attempt to cover more physically challenged children should be made; there can be more grants released for voluntary organizations to start and run special institutions. The general consensus of problems faced by heads, teachers, students, parents, experts and welfare associations should be attended, which is recommended in the form of “9N’s Module” which struck the researchers mind from the present research as given below:

1. Need for special education programmes in rural areas should be met.


3. Need for parental education to understand disabled child.

4. Need for special teacher training programme in the state for disabled children.

5. Need for research into the problems of the disabled children.

6. Need for text books and equipment’s for Physically Challenged Children.
7. Need for special equipments in school for dumb, deaf, blind and physically challenged children.

8. Need for expansion of schemes of scholarship for Physically Challenged Children.

9. Need for adequate and suitable transport, medical and hostel facilities for Physically Challenged Children.

The responsibility of special education programme and welfare for the physically disabled children should be vested at high level by having a separate Ministry of handicapped welfare.

To sum up and end the present research work it has been suggested that social work as a profession has paid little attention to the physically disabled up to the present time, but this has perhaps been fortunate for social work, like all other professions, has not adopted the wrong model of disability. There are indications now of a shift from an individual to a social model of disability and an attempt has been made to explore some of the implications of this. This shift has thus far been effected largely by disabled people individually and collectively with some help from individual professionals. The time has now come for the social Work professionals, Sociologist, Social scientist, Voluntary workers, Activists, planners and policy makers to actively engage themselves to take part honestly in this noble and holy work and play a crucial role towards the rehabilitation, development, progress, survival and existence of the physically challenged children who are the glooming flowers of our Indian society.