WDRC

The 11th World DISABILITY AND REHABILITATION CONFERENCE 2026

BOOK OF ABSTRACTS

"The Sustainable Advantage: Human relations, Technology, and mental health for Disability Inclusion"

10th–11th August 2026

BALI, INDONESIA

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THE 11TH WORLD DISABILITY AND REHABILITATION CONFERENCE

(WDRC 2026)

10th – 11th August 2026

Bali, Indonesia

Committee of the WDRC - 2026

The International Institute of Knowledge Management (TIIKM)

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MESSAGE FROM THE CONFERENCE CO - CHAIRS – WDRC 2026

It is my honor to serve as a co-chair for the WDRC 2026 conference in Bali. I have had the privilege to be a Chairperson for the event for the last ten years. I have learned that the individuals and presenters who attend the conference are dynamic advocates and have an excellent understanding of the needs and issues surrounding persons with disabilities and overall mental health concerns. I have witnessed the creativeness, outstanding research and publications that are a result of the conference's activities. From a cultural point of view the event affords individuals to meet and interact with people from all over the world. Colleagues frequently develop professional friendships and end up doing virtual workshops, university classroom presentations and other international activities. A number of attendees come to each annual conference because of the positive and productive experiences they have had at the conference. Again, thank you so much for attending the conference and I hope you have a wonderful time. Take care!

Dr. Loren O'Connor
Conference Co-Chair - The 11th World Disability and Rehabilitation Conference 2026
President of WDRPA
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MESSAGE FROM THE CONFERENCE CO - CHAIRS – WDRC 2026

As Co-Chair, it is my distinct privilege to welcome you to this year's conference as we explore our pivotal theme, "The Sustainable Advantage: Human Relations, Technology, and Mental Health for Disability Inclusion." True progress in global rehabilitation requires us to look beyond isolated interventions and instead build an interconnected ecosystem of care. By intentionally bridging the gap between cutting-edge technological advancements, comprehensive mental health support, and the deeply human relationships that ground our work, we unlock a truly sustainable advantage for inclusion. This gathering represents a unique opportunity for global practitioners, researchers, and advocates to dismantle traditional professional silos and co-create an equitable, resilient future. Thank you for bringing your expertise, passion, and voice to these critical conversations.

Dr. Thierry Kolpin
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Table of Content Page No

PHYSICAL ORAL PRESENTATIONS

EDUCATION EMPLOYMENT AND ECONOMIC EMPOWERMENT

ASSISTIVE TECHNOLOGY AND INNOVATION FUTURE DIRECTIONS IN DISABILITY AND REHABILITATION

PHYSICAL POSTER PRESENTATIONS

VIRTUAL ORAL PRESENTATIONS

MENTAL HEALTH AND WELL-BEING IN DISABILITY COMMUNITIES

VIRTUAL POSTER PRESENTATIONS

PHYSICAL ORAL PRESENTATIONS

A1 **[01]**

REFRAMING REHABILITATION WITHIN HOLISTIC INCLUSIVE EDUCATION: AN EVIDENCE-BASED MODEL FOR CHILDREN WITH DISABILITIES IN INDIA

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ABSTRACT

The global shift toward inclusive education has renewed attention to the role of rehabilitation in supporting children with disabilities within mainstream schooling; however, rehabilitation practices continue to be predominantly delivered through segregated or pull-out models, limiting participation, belonging, and long-term empowerment. This study addresses the problem of fragmented service delivery by reframing rehabilitation within a holistic, inclusive education paradigm through an evidence-based case study of a Systems-Based Inclusive Education Model implemented in India. The purpose of the study is to examine how integrated rehabilitation, inclusive pedagogy, pre-vocational skill development, and parental training collectively contribute to educational participation, functional independence, and pathways toward employment and economic empowerment for children with disabilities, in alignment with the United Nations Sustainable Development Goal 4 (inclusive and equitable quality education) and its linkage to future livelihood outcomes. Guided by an integrated theoretical framework drawing on bioecological theory, inclusive pedagogy, Universal Design for Learning, and the International Classification of Functioning, Disability and Health, the study adopts a mixed-methods case study design. Participants included children with cross-disabilities, general and special educators, rehabilitation professionals, and parents within an inclusive school ecosystem. Quantitative data were collected using pre–and post–measures of functional participation, adaptive competencies, and pre-vocational readiness, while qualitative data were generated through classroom observations, document analysis, and semi-structured interviews with teachers, therapists, and parents. Findings demonstrate that holistic practices—characterised by classroom-integrated therapy, structured pre-vocational training, and systematic parental capacity-building—resulted in enhanced participation, improved functional and work-related skills, strengthened school–home continuity, and greater preparedness for future employment pathways. The study concludes that rehabilitation, when embedded within holistic inclusive education and supported by family engagement, can effectively advance educational inclusion, employability, and economic empowerment for children with disabilities.

Keywords: inclusive education, holistic rehabilitation, disabilities, systems-based inclusive education

A2 **[02]**

INCLUSIVE EDUCATION FOR LEARNERS WITH VISUAL IMPAIRMENT IN MALAYSIA: POLICY, PRACTICE AND CHALLENGES

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ABSTRACT

Inclusive and equitable quality education is a central commitment under the United Nations Sustainable Development Goal 4 (SDG4) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD), both of which frame education as a fundamental human right rather than a privilege. Within this global agenda, learners with visual impairment (VI) remain a particularly vulnerable group, facing distinct educational barriers despite growing policy attention. This paper discusses the extent to which Malaysia's legislative and policy frameworks support inclusive education for VI persons. Discussion is particularly focused on the structural, legal, and implementation challenges concerning the Persons with Disabilities Act 2008 (PWDA), the Education (Special Education) Regulations 2013, and the Malaysia Education Blueprint (MEB) 2013–2025. The paper situates these policies within Malaysia's broader disability landscape, presenting national statistics on VI and the educational provisions for learners with VI. More importantly, persistent gaps between policy and practice are highlighted. The paper also presents an ongoing research work with regards to STEM education specifically. This research which investigates the challenges faced by the VI in STEM education in Malaysia involves focus group discussion, thematic analysis and classroom observations at the special education schools and integrated schools within the country.

Keywords: inclusive education, Malaysia education blueprint, persons with disabilities act, qualitative research, zero reject policy

A3 **[03]**

WHOSE HAND WRITES MY THOUGHTS? LIVED EXPERIENCES OF SCRIBING SUPPORT FOR STUDENTS WITH QUADRIPLEGIA

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ABSTRACT

Quadriplegia from C2–C4 injury impairs control of all four limbs, making independent handwriting unfeasible for many students (Lieberman et al., 2003). In interviews with five university students recalling secondary school and current higher-education assessments, all described relying on personal assistants to scribe in tests and exams. While scribing enabled access, participants reported frequent cognitive disruptions: loss of train of thought when assistants misheard, requested repetition, or hesitated to interpret intended meaning. Mediating ideas through another person added latency, reduced precision, and sometimes produced mismatches between spoken intent and written output. Students valued the accommodation yet felt ambivalent about its quality and impact on autonomy. Practice implications include: (1) standardised recruitment, training, and ethics for scribes; (2) interfaces that give students real-time oversight and rapid correction of transcribed text; (3) provision of quiet rooms and noise-robust speech-to-text or switch-access alternatives; and (4) embedded feedback loops for continuous improvement. Prioritising communication accuracy and student control can reduce cognitive load and protect the integrity of original thought.

Keywords: quadriplegia, scribing, assistive technology, inclusive assessment, autonomy, higher education

A4 **[04]**

EMPLOYMENT FOR PERSONS WITH DISABILITY IN TIMOR LESTE

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ABSTRACT

Employment rates for people with disabilities are significantly lower than those for persons who do not identify as disabled. Recent approaches to disability employment supports recognise the need to address broader social and contextual issues. Our team has partnered with Disabled Persons Organisations other colleagues in Timor Leste, focusing on growing awareness and capacity of employers to increase the opportunities for employment of persons with disabilities in Timor Leste. Method: The project is funded by the Australian Research Council and will be carried out over the next three years. We are conducting a mixed methods study, with a large community survey of 1000 respondents as our first round of data collection to understand attitudes towards persons with disabilities, including attitudes towards employment. We are also conducting interviews and focus groups with key stakeholders and individuals with lived experience of disability. The third phase will include interviews and focus groups with employers. Results: The survey has demonstrated a clear commitment to the rights of persons with disabilities, but also reveals some inconsistencies with attitudes towards employment of persons with disabilities across different disability groups. The interviews with key stakeholders are continuing, but early themes explore the importance of education access, networks, training and overcoming barriers from the social and physical environment. Implications: The project will apply the findings from the three data collection phases to develop resources and materials in partnership with our Timor Leste collaborators for training and awareness raising with employers to promote employment of persons with disability. The team will also provide insights to relevant government and community organisations to influence future policy and program development.

Keywords: disability, employment, ableism

A5 **[05]**

DISABILITY AND LEADERSHIP

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ABSTRACT

The problem is minimum course teaching content for an instructor with a disability does not exist, resulting in additional demands on instructors to comply with scuba diving certification requirements. This lack of minimum course content is a social imperative to compare untended outcomes for instructors with a disability and to discover whether unintended consequences exist. Research questions sought to understand how operators of scuba diving agencies and adaptive diving professionals understand disability and leadership and whether a teaching content gap exists between instructors with and without disabilities. The research method was a qualitative study, and the research design was a needs assessment. The population was from the scuba diving community, with a sample size of eight participants representing the community with over 100 years of experience. Open coding identified, analyzed, and interpreted the results from interview responses. The overarching result of the study was the need for an evaluation of minimum course teaching content for an instructor with a disability. Conduct research that deepens the understanding of social inclusion for organizational leaders and recognizes and rewards organizations with the capacity to imagine better lifestyles for persons with disabilities. Research is needed to view the person with a disability through the lens of critical disability theory and complexity leadership theory, viewing the person in a new set of terms tuned to the negative and positive interpretations of themselves.

Keywords: disability, leadership, empowerment, freedom, fulfilment

A6 **[06]**

EDUCATION, EMPOWERMENT, AND EMPLOYMENT IN THE BLUE ECONOMY: DISABILITY-INCLUSIVE OCEAN LITERACY AND ACCESSIBLE OCEAN TOURISM FOR THE 2030 SDGs

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ABSTRACT

Globally, 1.3 billion people (16% of the population) live with disabilities, yet they remain underrepresented in education, employment, and climate action. Within the expanding blue economy, opportunities for persons with disabilities in ocean literacy, marine conservation, and coastal tourism remain limited. This study presents a rights-based education-to-employment framework built on three pillars: inclusive ocean literacy, participatory marine conservation and citizen science, and accessible ocean tourism. Using a mixed-methods approach, the research draws on participatory action research, adaptive scuba and ocean engagement training, stakeholder interviews, accessibility audits, and program evaluations conducted across India and Southeast Asia. Participants included youth and adults with visible and invisible disabilities engaged in marine education, conservation, and inclusive dive programs. Qualitative thematic analysis and program evaluation examined vocational readiness, self-efficacy, environmental stewardship, and workforce participation. Findings demonstrate that disability-inclusive marine education and adaptive ocean training strengthen confidence, environmental leadership, and employability. Participants progressed into roles as marine education assistants, citizen science volunteers, accessible tourism advocates, and conservation outreach leaders, while tourism operators improved awareness of universal design and inclusive service delivery. The results support the social model of disability, showing that inaccessible systems, rather than impairment, remain the primary barrier to participation. Embedding disability-inclusive ocean literacy within education, coastal tourism, and blue economy policies can expand equitable employment, strengthen sustainable marine stewardship, and advance SDGs 4, 8, 10, 13, and 14. The framework offers a scalable model for integrating disability inclusion into marine education, conservation, and accessible ocean tourism worldwide.

Keywords: disability inclusion, ocean literacy, blue economy, accessible marine tourism, marine conservation

A7 **[07]**

EXPLORING THE CONTRIBUTION OF COMMUNITY-BASED INCLUSIVE DEVELOPMENT TO SUPPORT YOUTH WITH DISABILITIES IN MARGINALIZED CONTEXTS

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ABSTRACT

Promoting community-based inclusive development offers opportunities to move rehabilitation services away from their clinical, individualised, and facility-based focus. These shifts challenge professions to rethink their roles in enabling persons with disabilities to participate and experience inclusion in everyday life. This paper presents a community-based research and practice project that explores how youth with disabilities can benefit when disciplines such as Physiotherapy, Occupational Therapy, and Speech and Language Therapy intentionally pursue transdisciplinary disability inclusive approaches. We describe how we employed the critical use of the concepts of movement, occupation, and communication to redesign community-oriented services in a low socio-economic neighbourhood in Cape Town, South Africa. We discuss our approach to co-design with youth with disabilities, illustrating the value of the Occupation-based Community Development Framework for generating iterative processes that generate questions and actions supporting change. Key insights into how occupation, movement and communication shape identity, belonging, opportunity and possibilities are described. Using a process-oriented approach, we reflect on how we might harness youth agency as a means to understand how youth can contribute to meaningful work. The work places emphasis on the value of transdisciplinarity, community development and critical theory in reshaping the potential contributions of the professions toward disability inclusion.

Keywords: youth agency, transdisciplinarity, disability inclusion, community development, rehabilitation

A8 **[08]**

DISABILITY INCLUSION AS HUMAN CAPITAL DEVELOPMENT: THE NATIONAL DISABILITY NETWORK FOR INTEGRATION (NDNI) FRAMEWORK

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ABSTRACT

Traditional disability policies often rely on welfare-based systems that focus on limitations rather than potential, leading to high unemployment among persons with disabilities. This paper introduces the National Disability Network for Integration (NDNI) model, a governance framework designed to help governments systematically transition disability management from a fiscal liability into an effective pathway for sustainable economic contribution. This study utilizes a policy-analysis framework, drawing on international disability policy, vocational integration literature, and workforce participation models, to create a practical, three-part system for integrating individuals into the workforce. The model is centered on the "Physician-Registrar," a clinical advisor responsible for vocational oversight. Central to the model is the Tri-Zonal Framework, which differentiates support requirements based on individual capability: Green Zone: Focuses on direct vocational alignment for individuals ready for education and employment. Yellow Zone: Provides adaptive integration and environmental accommodations for those requiring ongoing support. Red Zone: Offers strategic protection and targeted risk management for individuals with complex, high-support needs. This system is supported by a Centralized Clearinghouse to coordinate government and private sector collaboration and is grounded in the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The NDNI model is designed to provide a measurable tool for policymakers to align functional capability with job requirements, replacing outdated, label-based assessments with active vocational-maturation pathways. The framework offers a policy-ready approach to advance the United Nations Sustainable Development Goals (SDGs), particularly targets 3, 4, 8, 9, and 10. While this model is presented as a conceptual governance framework, its structured design provides a foundation for future empirical evaluation and validation. Future research will focus on pilot implementation and empirical validation to measure long-term health, economic outcomes, and individual vocational success.

Keywords: public health, human capital investment, disability rehabilitation, vocational alignment, economic integration

A9 **[09]**

ENHANCING EMPLOYMENT AND SOCIOECONOMIC OUTCOMES OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES THROUGH STRUCTURED VOCATIONAL TRAINING: THE VT@USM APPROACH

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ABSTRACT

Individuals with intellectual disabilities continue to face persistent barriers in accessing sustainable employment, social inclusion, and economic independence. Since 2012, a structured vocational training program has been implemented to address these challenges by providing work-based skill development through simulated workplace environments and supported employment strategies. This study seeks to assess the program's long-term effects on sustained employment, social participation, and economic outcomes. A descriptive retrospective analysis was conducted using program records and follow-up data of participants. The findings reveal that 170 individuals with intellectual disabilities have successfully secured employment, with sustained job retention over time. On a social level, participants showed heightened confidence, stronger interpersonal skills, and increased community involvement, reflecting the principles of inclusive development. From an economic perspective, stable employment allowed participants to earn a steady income, contribute to their families' well-being, and attain significant life milestones, including owning a home and purchasing a vehicle. At the macro level, the program contributes to economic growth by enhancing workforce participation, reducing reliance on social assistance, and promoting inclusive productivity. These results indicate that structured vocational training offers a scalable and sustainable approach to enhancing employment outcomes and promoting socioeconomic inclusion for individuals with intellectual disabilities, aligning with global disability inclusion priorities.

Keywords: intellectual disability, vocational training, employment outcomes, social inclusion, economic empowerment, workforce participation

A10 **[10]**

VALIDATION OF A MODIFIED BROCKPORT PHYSICAL FITNESS TEST FOR NATIONAL PARA-ATHLETE TALENT IDENTIFICATION IN INDONESIA

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ABSTRACT

The absence of validated, function-based talent identification systems represents a critical barrier to optimizing para-athlete development and fostering social integration through sport. Particularly in emerging Paralympic nations, heterogeneous impairment profiles limit the applicability of conventional fitness assessments, hindering sustainable disability inclusion. This study aimed to establish and validate a Modified Brockport Physical Fitness Test (BPFT) as a national screening framework for para-athlete identification and empowerment in Indonesia. Developed and implemented by the National Paralympic Committee (NPC) Indonesia, the model integrates impairment-specific fitness testing, functional classification principles, and sport-specific performance profiling into a scalable assessment system. A multi-center cross-sectional validation study was conducted across 20 provinces, involving 2547 individuals with disabilities, including 1300 with physical impairments, 465 with visual impairments, and 776 with intellectual impairments. The modified BPFT protocol assessed aerobic capacity, muscular strength, flexibility, and body composition, complemented by functional measures such as balance, coordination, and postural control, alongside performance indicators including speed, agility, and power. Construct and criterion-related validity were established by assessing the model's discriminative capacity across functional performance levels and its predictive ability for progression into competitive pathways. The results demonstrated clear differentiation between performance groups and consistent progression trends among high-potential individuals. The model also showed strong practical validity, as evidenced by the progression of 13 identified athletes into international competitions across para athletics (n = 2), para table tennis (n = 2), para swimming (n = 2), para badminton (n = 1), boccia (n = 1), and powerlifting (n = 5), achieving 4 gold, 9 silver, and 2 bronze medals. Beyond elite performance, this systematic screening and engagement provide a sustainable framework to foster human connection, well-being, and broader social inclusion for individuals with disabilities. These findings support the translational applicability of the Modified BPFT framework as a tool for both athletic excellence and societal empowerment. This study introduces a classification-informed, data-driven, and scalable model with implications for strengthening inclusive sport systems, promoting sustainable disability inclusion, and enhancing Paralympic performance pathways.

Keywords: rehabilitation, para-athlete, Brockport, talent identification, Paralympic

A11 [11]

IMPLEMENTATION OF RIGHTS OF DIFFERENTLY ABLED PERSONS IN INDIA

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ABSTRACT

The present study examines the implementation of the rights of differently abled persons in India within the framework of national and international human rights instruments. Despite progressive legal provisions, persons with disabilities continue to face structural and social barriers that affect not only their participation in society but also their mental health and overall well-being, particularly due to stigma, discrimination, and social exclusion. The study aims to analyse the effectiveness of constitutional safeguards, statutory laws, and welfare schemes in promoting inclusion, dignity, and socio-economic empowerment, especially in the domains of education and employment. A descriptive research design has been adopted, using both primary and secondary data. Primary data were collected through structured questionnaires to assess awareness, access, and utilization of rights and benefits, while secondary data were derived from policy documents, legal frameworks, and academic literature. The findings reveal that although India has established a comprehensive legal and policy framework, including reservation policies, educational rights, and social security measures, significant gaps persist in implementation due to limited awareness, infrastructural constraints, and persistent societal attitudes. The study also indicates that inclusive healthcare and support systems remain unevenly accessible, thereby reinforcing existing inequalities. It concludes that strengthening enforcement mechanisms, promoting awareness, and ensuring institutional accountability are essential for advancing holistic inclusion, improving well-being, and enabling meaningful socio-economic participation of persons with disabilities.

Keywords: disability rights, inclusion, accessibility, social justice, employment, well-being

A12 **[12]**

KASAMA KA SA QC: A MODEL CITY FOR EQUAL ACCESS TO ECONOMIC INCLUSION FOR PERSONS WITH DISABILITIES

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ABSTRACT

For years, Persons with Disabilities have faced systemic barriers to economic participation, including limited workforce accommodations, social stigma, and a reliance on inconsistent welfare assistance. Home of the Philippines' largest PWD population—with 99,277 active registrants—Quezon City faces a significant challenge: over 50,000 individuals with disabilities remain unemployed. The Kasama Ka sa Kyusi (QC) Inclusive Economic Empowerment Program is the city's flagship initiative designed to transition PWDs from welfare dependency to economic self-reliance. Using a holistic, rights-based, and multi-stakeholder approach, the program integrates legislative policy reform with practical employment and entrepreneurship pathways. Key mandates, including City Ordinance SP-3200, mandating the incremental increase in the positions reserved for persons with disabilities in the LGU. From 2023 to 2026, a total of 520 individuals were employed, 294 were females, 125 were males, and 101 were people with diverse SOGIESC, eight of them are now in permanent positions. As a result of this initiative, Quezon City's workforce surpassed the mandated 1% requirement. Thus, establishing the city as a benchmark for inclusive employment in the National Capital Region. In collaboration with private corporations, such as Cabalen, Jollibee and Shakey's, the partnerships led to the employment of 173 individuals, 90 are female, 64 are male, 19 are LGBTQIA+. Also, through our partnership with other departments, 30 merchants with disabilities through AccessAble Market generated total sales of Php 2,115,150.00 in one year, helping sustain their livelihoods. Quezon City's "whole-of-city" approach demonstrates that legislative commitment combined with private-sector collaboration effectively removes barriers to inclusion. These opportunities have fostered self-worth and financial independence for PWDs and their families, establishing a replicable model for inclusive governance in the National Capital Region.

Keywords: employment, sustainability, inclusion, partnership, and policies

A13 **[13]**

TRANSFORMING MARGINALISATION TO TOURISM LEADERSHIP: DISABILITY EMPOWERMENT THROUGH INCLUSIVE TOURISM IN INDONESIA

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ABSTRACT

Person with disabilities sustain to face barriers in employment, social exclusion and low participation in tourism industries. In tourism destinations, disability inclusion is still limited to physical accessibility rather than active participation and empowerment. This study explores how inclusive tourism can support disability empowerment through DifaTravelX program in Indonesia, a community-based program to train people with physical disabilities to be the tour guides. Previous research on inclusive tourism also still focuses on accessibility than empowerment of people with disability in tourism sector. This research aims to analyse the role of inclusive tourism in promoting participation, leadership and social inclusion among the people with disabilities. Utilising a mixed method case study approach, in which the quantitative data will be collected through questionnaire from beneficiaries of DifaTravelX training participants while qualitative data will be collected through in-depth interviews, participant observation, and documentation involving DifaTravelX program beneficiaries, tour participants, and tourism stakeholders in Yogyakarta, Indonesia. This paper explores that inclusive tourism can function not only as an accessible tourism practice but also as a catalyst for social transformation and economic empowerment. The preliminary findings demonstrate that participating in disability inclusive initiative increases self-confidence, public speaking skills, communication skills, community engagement and leadership opportunities for people with disabilities. Moreover, DifaTravelX indicates how disability-led tourism initiatives can contribute to the development of sustainable and community-based tourism. Through presenting a practical model of disability participation in tourism in tourism leadership, the findings of this study are expected to provide recommendations for tourism stakeholders, policymakers, and communities in developing more inclusive and sustainable tourism practices.

Keywords: difatravelx, inclusive tourism, disability empowerment, sustainable tourism, tourism leadership

A14 **[14]**

IMPACT OF COMMUNICATION AND SOCIAL SKILLS PROGRAM FOR INCLUSION AND FUTURE EMPLOYMENT: A CASE STUDY IN TAARANA, MALAYSIA

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ABSTRACT

This case study focuses on differently abled students (Autism, Down Syndrome, GDD, and LD) undergoing a communication and social skills program at Taarana, Malaysia. This programme emphasizes the development of communication and social skills, which are important for independence, inclusion, and future employment readiness or prerequisite skills among differently abled students. The students, aged 6 to 17 years, demonstrate limited communication abilities such as requesting, expressing themselves, and answering questions, as well as challenges in social skills including turn-taking, greeting others, ordering, buying, decision-making, and cooperating within the school setting. The teaching methods implemented in the program are based on real-life simulations, experiential learning, and multi-sensory approaches aimed at improving their communication and social skills. Six months of qualitative observation include classroom observations, Individualized Education Plans (IEPs), and progress reports. The findings indicate that the communication and social skills program shows improved vocabulary, independence, an increase in communication, and an increase in social engagement (turn-taking, group participation, functional social skills, emotional and social awareness). The program positively influences students' abilities and meaningful participation in school and enhances readiness for community-integrated settings and future employment opportunities.

Keywords: communication, social skills, future employment, inclusion

A15 **[15]**

A TRAINING NEEDS ANALYSIS OF PHILIPPINE SPACE AGENCY (PhilSA) ON DEAF ACCESSIBILITY AND INCLUSION

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ABSTRACT

Inclusive access to science education is a critical driver of equitable participation in emerging knowledge economies, particularly in the rapidly advancing space sector. This study examines the accessibility of the Philippine Space Agency (PhilSA) including their conducted outreach activities and identifies institutional training needs related to Deaf accessibility and inclusion. The study will help identify the gaps in accessibility that may constrain awareness, skills development, and eventual employment opportunities in the space sector and other STEM Government institutions in the Philippines. Using an explanatory sequential mixed method research design, the study conducts an accessibility audit of PhilSA's infrastructure, policies, modules, multimedia content, and outreach materials through a systematic state of affairs and document analysis. This is complemented by a training needs analysis involving the PhilSA Staff on Deaf accessibility and inclusion to identify key competencies, resource gaps, and communication barriers in current outreach efforts. The findings aim to produce a comprehensive accessibility report and evidence-based recommendations to improve the inclusivity of science communication initiative. By enhancing access to space science education, the study contributes to the United Nations Sustainable Development Goals, particularly in inequalities and promoting quality education. Furthermore, it supports workforce inclusivity by identifying pathways that enable Deaf professionals to engage in STEM education-to-employment linkages and fostering broader social and economic participation.

Keywords: deaf career, STEM, inclusion, accessibility, deaf Astronaut, deaf Education

A16 **[16]**

COMMUNICATION AS PARTNERSHIP: AN EXPLORATION OF WORKPLACE COMMUNICATION PRACTICES BETWEEN HEARING AND DEAF PROFESSIONALS

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ABSTRACT

Although research has increasingly examined Deaf employment, workplace accessibility, and disability inclusion, limited studies have explored how Hearing and Deaf Professionals communicate and collaborate in everyday workplace settings within the Philippine context. Addressing this gap, this study examined workplace communication practices between Hearing and Deaf Professionals across six organizations in Metro Manila, focusing on Filipino Sign Language (FSL), interpreter-mediated interactions, technology-supported communication, and organizational practices that facilitate equitable workplace collaboration. Grounded in Communication Accommodation Theory and the Social Model of Disability, the study conceptualized workplace communication as a negotiated and shared process shaped by interpersonal interaction and organizational accessibility. Employing a qualitative descriptive research design, the researchers collected data using a self-administered qualitative questionnaire consisting of semi-structured, open-ended questions administered to approximately 12 participants selected through criterion sampling. Participants were recruited from six organizations in Metro Manila that employ both Hearing and Deaf Professionals. Data were analyzed using reflexive thematic analysis. The findings revealed that effective workplace communication was fostered through mutual respect, communication accommodation, the use of Filipino Sign Language (FSL), interpreter-mediated interactions, technology-supported communication, and organizational support. These communication practices contributed to equitable workplace collaboration by enhancing accessibility, strengthening professional relationships, and promoting meaningful participation among Hearing and Deaf Professionals. The study provides evidence-based insights to strengthen communication accessibility, optimize interpreter services, integrate assistive technologies, and cultivate workplace environments that support equitable participation and meaningful partnerships between Hearing and Deaf Professionals.

Keywords: deaf–hearing collaboration, inclusive communication, Filipino Sign Language, workplace accessibility, professional strategies

A17 **[17]**

FROM EARLY INTERVENTION TO ECONOMIC INDEPENDENCE: A COMMUNITY-BASED INCLUSIVE DEVELOPMENT MODEL FOR CHILDREN WITH SPECIAL NEEDS

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ABSTRACT

Children with special needs frequently encounter fragmented support systems in which early intervention, education, rehabilitation, and employment services operate independently, limiting opportunities for lifelong independence and meaningful community participation. This paper proposes the **Early Intervention to Economic Independence (E2EI) Model**, a community-based inclusive development framework that establishes a continuous pathway from early childhood intervention to sustainable economic empowerment. The model integrates early developmental screening, individualized intervention, inclusive preschool education, family empowerment, life skills development, vocational education, digital literacy, entrepreneurship, and employment readiness through coordinated partnerships among government agencies, educational institutions, healthcare professionals, Self-Help Groups (SHGs), industry, and community organizations. Developed as a conceptual implementation framework, the model emphasizes a life-course approach in which intervention extends beyond school inclusion to prepare individuals for independent living, productive employment, entrepreneurship, and active social participation. The proposed framework highlights the importance of multi-sector collaboration in improving developmental outcomes, educational attainment, workforce participation, family resilience, and long-term economic self-reliance. By connecting early intervention with inclusive education, skill development, entrepreneurship, and community-based support systems, the E2EI Model offers a practical and scalable approach for policymakers, educators, rehabilitation professionals, and development organizations seeking to create inclusive ecosystems that enable children with special needs to transition from dependence to dignity, independence, and sustainable economic participation throughout their lives.

Keywords: early intervention, inclusive education, special needs, economic empowerment, entrepreneurship, community-based rehabilitation

A18 **[18]**

COMMUNICATION BARRIER AND CAREER CONSTRUCTION: LIVED EXPERIENCES OF HEARING PARENTS SUPPORTING DEAF LEARNERS IN RURAL SOUTH AFRICA

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ABSTRACT

Language, education, and career construction are fundamentally interconnected and shape long-term economic participation. Delayed language exposure is associated with poor academic outcomes and restricted employment opportunities. Deaf learners in the Eastern Cape Province of South Africa are often employed in manual labor or remain unemployed despite completing secondary education. Parents play a critical role in shaping their children's educational and career trajectories, particularly through communication. However, limited research exists on the lived experiences of hearing parents supporting their Deaf children's education and career development. These challenges are especially pronounced in rural contexts, where poverty, inadequate infrastructure, and limited access to specialized services exacerbate existing inequalities. This study explored the communication experiences of hearing parents of Deaf learners, focusing on their role in supporting career construction. A descriptive, constructivist qualitative case study design was employed. Nineteen hearing parents of learners attending high schools for the Deaf were purposively sampled and participated in in-depth interviews. Thematic analysis identified three interrelated themes: silent struggles arising from communication barriers, parental uncertainty in providing educational and career guidance, and missed opportunities for discussions about future aspirations and career pathways. Findings revealed that communication challenges within families constrain not only educational support but also the development of career aspirations and access to economic opportunities. The study contributes to knowledge on disability, education, and economic empowerment in low-resource settings and proposes family-centered interventions, including expanded access to South African Sign Language training and strategies to strengthen inclusive communication within households. Addressing these gaps is critical for enabling Deaf learners to transition into meaningful employment and participate equitably in the economy.

Keywords: hearing-parents, deaf-education, sign-language, education-support, career-construction, communication-challenges

A19 [19]

THE FORGOTTEN GENERATION: POLICY EXCLUSION OF CHILDREN WITH SEVERE DISABILITIES AND THE IMPERATIVE FOR CAREGIVER EMPOWERMENT IN INCLUSIVE HEALTHCARE SYSTEMS

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ABSTRACT

Children with severe disabilities constitute a persistently overlooked population within global disability policy and inclusive healthcare systems, frequently rendered invisible by frameworks designed predominantly around adult disability experiences, mild to moderate impairment categories, or administrative eligibility thresholds that fail to capture the realities of complex care. This paper argues that this population represents a forgotten generation, systematically excluded from the protections, funding structures, and developmental investment afforded to other disability cohorts, with consequences that extend directly to the caregivers who sustain their daily survival and wellbeing, in direct tension with the UN Sustainable Development Goals' commitment to leaving no one behind. Through a critical review of disability policy frameworks across both Global North and Global South contexts, alongside an examination of caregiver-reported experiences in providing complex, round-the-clock care, this study identifies recurring patterns of exclusion: severe disability cases are frequently absorbed into generic disability categories without tailored provision, caregivers are rarely recognised as essential care partners with corresponding rights, and inclusive healthcare reform efforts consistently prioritise independence-oriented outcomes inapplicable to many severe disability presentations. Findings indicate that this exclusion produces compounding harm, constraining caregivers' capacity to deliver consistent, quality care irrespective of their commitment or skill. The paper concludes that meaningful progress toward SDG-aligned inclusive healthcare requires a fundamental policy shift that explicitly recognises children with severe disabilities and formally empowers their caregivers as a precondition for quality care.

Keywords: severe disability, policy exclusion, caregiver empowerment, sdg agenda, inclusive healthcare

A20 **[20]**

BETWEEN LAW AND LECTURE HALLS: AN RTI-BASED ANALYSIS OF INDIAN SIGN LANGUAGE ACCESS IN HIGHER EDUCATION

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ABSTRACT

This study investigates the ongoing disparity between institutional policies and legal requirements for access to Indian Sign Language (ISL) in Delhi region higher education institutions. Even with the Rights of Persons with Disabilities Act of 2016's statutory provisions of accessibility, Deaf students still encounter systemic obstacles to meaningful academic engagement and classroom instruction. The study intends to engage with judicial developments on accessibility and reasonable accommodation while evaluating the degree to which ISL-based accessibility measures have been operationalised and identifying systemic shortcomings in implementation. It uses a doctrinal and empirical approach, combining data from Right to Information applications submitted to public authorities and universities with legal analysis. The paper talks about the availability of ISL interpreters, institutional policies, budgetary allocations, and awareness of accessibility duties, along with an analysis of the RTI replies. The results show that ISL infrastructure is severely neglected, with insufficient institutional readiness, a lack of interpreters, and poor policy compliance, indicating that accessibility is reduced to a voluntary requirement. Although assistive technologies are often offered as alternatives to sign language, the study contends that these methods run the risk of pedagogical isolation because they restrict students' ability to participate in class discussions and academic debate in real time, especially in traditional settings, and they are still dependent on unequal financial access. It also emphasises how ISL frequently serves as an essential communication tool, while universal design is still primarily aspirational at the policy level. The study argues for better regulatory monitoring, enforceable standards, and recognition of ISL as essential to substantive equality in higher education and that this implementation gap is a reflection of a larger failure of institutional responsibility.

Keywords: Indian sign language, higher education, disability rights, accessibility, reasonable accommodation, deaf students, India

A21 **[21]**

FULFILLMENT OF HEALTH RIGHTS FOR PEOPLE WITH DISABILITIES, CHILDREN AND YOUNG PEOPLE AS A SOCIAL PROTECTION EFFORT

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ABSTRACT

Access to inclusive reproductive health information and services often falls short of children and adolescents with disabilities. This situation can increase the risk of health problems, perpetuate discriminatory practices, and reduce independence in decision-making regarding their bodies and futures. If left unaddressed, this vulnerability can increase the risk of sexual violence and hinder the quality of life and social participation of children and adolescents with disabilities, particularly in Cilacap and Boyolali Regencies, Central Java Province, which have a high prevalence of disability. This program aims to increase access to disability-friendly reproductive health information and understanding and strengthen social protection for children and adolescents with disabilities in Cilacap and Boyolali Regencies, Central Java. The primary target group is children and adolescents with disabilities aged 10–24, involving families, integrated health post (Posyandu) cadres, health workers, organizations for people with disabilities, and social service institutions as key actors. The approach used is community-based, social inclusion, and integrated social protection through interventions at the individual, family, and system levels (adaptation of inclusive Posyandu services and integration with social protection programs). Key activities include providing disability-friendly reproductive health information, training inclusive integrated health post (Posyandu) cadres, establishing family and community forums for reflection and collective action, and strengthening social service referral mechanisms. The expected outcomes are increased awareness, independence, and healthy behaviors among adolescents with disabilities, reduced stigma and discrimination, and the establishment of inclusive and sustainable Posyandu services. This program also contributes to the achievement of the Sustainable Development Goals (SDGs), specifically goals 3 (healthy and well-being), 5 (gender equality), and 10 (reduced inequality).

Keywords: inclusive Posyandu, reproductive health, disability

A22 **[22]**

BUILDING THE MID-LEVEL REHABILITATION WORKFORCE: GRADUATE EXPERIENCES FROM THE HIGHER CERTIFICATE IN DISABILITY PRACTICE

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ABSTRACT

The Higher Certificate in Disability Practice (HCDP) is an accredited programme offered at the University of Cape Town, addressing rehabilitation service gaps as per the Western Cape Department of Health's 'Healthcare 2030' strategy. HCDP graduates, or rehabilitation care workers (RCWs), improve community-based disability services in South Africa. Despite the need for mid-level workers like RCWs, their numbers remain low due to insufficient accredited programmes and limited professional development opportunities. The one-year program teaches rehabilitation interventions, health promotion, advocacy, and disability information management, with a focus on care, inclusivity, and human agency to integrate persons with disabilities. Simultaneously, students must adjust to university, learn the curriculum, and train as RCWs by engaging with complex concepts, developing professionalism, and core care values. This qualitative study aims to explore how elements of a university-accredited qualification facilitate graduates' personal and professional capabilities in rehabilitation care work. This PhD has four objectives and preliminary findings related to objective two, viz. To explore the experiences of HCDP graduates in relation to developing their personal capabilities, and professional capabilities to do rehabilitation care work, will be presented. Theoretical frameworks underpinning the study include Mezirow's Transformative Learning Theory, Sen's Capability Approach, and Held's Ethics of Care Theory. Data for objective two will be collected through focus group interviews and narrative interviews linked to participant drawings. Data will be analysed thematically. Preliminary results following data collection and analysis will be presented. Understanding how the mid-level worker curriculum builds graduate capabilities is vital for supporting student development and inclusive rehabilitation care.

Keywords: rehabilitation, mid-level workers, accredited training, disability inclusion

A23 **[23]**

BEYOND ACTIVITIES: DESIGNING STRUCTURED ART-BASED INTERVENTIONS FOR PSYCHOSOCIAL DEVELOPMENT IN CHILDREN WITH DISABILITIES

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ABSTRACT

Art-based programs are often positioned as supplementary or recreational activities in inclusive education. However, their potential as structured psychosocial interventions remains underexplored. This study examines how a corporate social responsibility (CSR)-based dance program, Sahabat Istimewa, functions as a structured intervention to support psychosocial development among children with disabilities. Using a qualitative descriptive approach, this study involved 32 children with diverse developmental conditions, including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), Down syndrome, and other learning differences, participating in a 14-week program. Data were collected through participatory observation, in-depth interviews with instructors, and clinical documentation by psychologists. The data were analyzed using thematic coding supported by NVivo software. Findings reveal consistent improvements across key psychosocial domains, including emotional regulation, social interaction, self-confidence, motor coordination, and cognitive engagement. More importantly, the study identifies that structured and repetitive art-based activities—when facilitated within a safe, inclusive, and community-supported environment—function as a form of embodied learning that strengthens adaptive capabilities and behavioral regulation. This study contributes by reframing art-based CSR initiatives from activity-based approaches into structured, intentional psychosocial interventions. It highlights the importance of integrating design, facilitation, and continuity in developing inclusive programs that generate sustainable developmental outcomes for children with disabilities.

Keywords: art-based intervention, psychosocial development, children with disabilities, inclusive education, CSR

B1 **[24]**

BRIDGING UNDETECTED LITERACY GAPS: EVALUATING THE EFFECTIVENESS OF THE OTIKA COMMUNITY-BASED EARLY INTERVENTION PROGRAMME

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ABSTRACT

Early literacy challenges frequently go unnoticed in children without formal diagnoses, leading to delayed intervention and increasing developmental disparities. The OTIKA programme was designed as a community-based early literacy intervention to meet this need by enhancing reading and writing skills among children from diverse educational and developmental backgrounds. This study sought to assess the effectiveness of the OTIKA programme and examine factors linked to literacy development. A total of 64 children participated, and data were analysed using univariate (Pearson chi-square) and multivariate (binary logistic regression) methods. Univariate analysis revealed significant associations between literacy outcomes and academic placement ($p = 0.037$), diagnosis ($p = 0.027$), and programme duration ($p \approx 0.049$), with a clear dose–response relationship indicating that longer participation (4–5 months) was associated with higher proportions of children achieving combined reading and writing skills. Multivariate analysis identified age (OR = 1.437, 95% CI: 1.049–1.969, $p = 0.024$) and gender (OR = 0.121, 95% CI: 0.018–0.801, $p = 0.029$) as significant independent predictors, while academic placement retained partial significance, reflecting the influence of educational context. Notably, nearly one-quarter of participants attained both reading and writing gains, even though most had no formal diagnosis at baseline, underscoring the programme's effectiveness as a platform for early detection and intervention. Overall, these results offer statistically supported evidence that OTIKA is a practical, inclusive, and effective community-based intervention that can deliver meaningful literacy improvements.

Keywords: undiagnosed children, early literacy, community-based intervention

B2 **[25]**

REHABILITATION SERVICES IN A REMOTE HIMALAYAN REGION: A QUALITATIVE STUDY OF KARGIL, LADAKH

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ABSTRACT

Rehabilitation services are basic rights for person with disability and essential for their quality of life, however their availability and accessibility remain a significant concern in geographically remote region. Against this backdrop, this study examines the delivery and accessibility of rehabilitation services in Kargil a remote district of Ladakh in Indian Himalayan Region. It raised question on how rehabilitation services are delivered and accessed in Kargil, and what factors influence in their provision? The present study adopted qualitative descriptive research design, using snowball sampling to recruit rehabilitation professionals across organizations working for person with disabilities in the district and caregivers of person with disabilities. Thematic analysis was employed against semi-structured interview. This method helps in identifying emerging trends in the services provision. Findings reveals that only few types of rehabilitation services are available and largely inaccessible in the remote areas. Further this study reveals that a significant shortage of braille teacher, occupational therapy, speech therapist in the entire district. Additionally, the study identifies multiple barriers such as geographical constraints, lack of rehabilitation professionals, transportation constraints, absence of institutions offering rehabilitation courses. In conclusion, rehabilitation services in Kargil are inadequate and concentrated in urban area. There is need to introduce rehabilitation courses so to have more trained professionals and make services easily accessible in both rural and urban spaces.

Keywords: rehabilitation, person with disabilities, accessibilities, barriers, Ladakh

B3 **[26]**

ASSOCIATION BETWEEN NATIONAL INSTITUTES OF HEALTH STROKE SCALE AND FUNCTIONAL INDEPENDENCE MEASURE SCORES IN PATIENTS WITH ISCHEMIC STROKE FROM CONVALESCENT REHABILITATION OUTCOMES

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ABSTRACT

We investigated the associations among neurological severity, activities of daily living (ADLs), and clinical factors in patients with ischemic stroke in convalescent rehabilitation outcome. The study sample included 723 patients with ischemic stroke (484 men and 239 women; mean age, 73.2 ± 8.5 years) for inpatient convalescent rehabilitation. National Institutes of Health Stroke Scale (NIHSS) was used to measure the neurological severity, and Functional Independence Measure (FIM) was used to assess ADLs at discharge. Leukoaraiosis was graded based on periventricular hyperintensity (PVH) and deep white matter hyperintensity (DWMH) on magnetic resonance imaging. The correlations between NIHSS scores and total FIM scores were significant but relatively mild ($r = -0.684$, $P < 0.001$). Multiple regression analysis revealed that age and PVH grade significantly decreased their total FIM scores and affected the discrepancies between NIHSS scores at discharge ($P < 0.001$), but DWMH scores did not affect these results. Factors such as positive history of heart disease ($P = 0.008$) and bilateral infarction ($P = 0.038$) additionally decreased their total FIM scores and affected the discrepancies between NIHSS scores. These findings suggest that age, PVH, history of heart disease positive, and bilateral infarction in patients with ischemic stroke affected their performance of ADLs and the discrepancies between their neurological severities in convalescent rehabilitation outcomes, probably because the pathophysiological background of leukoaraiosis and these factors strongly decrease their ADL performance in post-phase ischemic stroke.

Keywords: functional independence measure, national institutes of health stroke scale, convalescent rehabilitation, ischemic stroke, leukoaraiosis

B4 **[27]**

EXPLORING QUALITY OF LIFE AMONG WHEELCHAIR USERS WITH PARAPLEGIA THROUGH ADL PERFORMANCE, SOCIAL PARTICIPATION, AND OCCUPATIONAL ROLES IN SHANGHAI

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ABSTRACT

Wheelchair users with paraplegia face multidimensional challenges in activities of daily living (ADL), social participation, and productivity (Occupational Roles), yet culturally responsive assessment tools remain limited in mainland China. This study explored quality of life among 100 wheelchair users with paraplegia in Shanghai (mean age 41.2 years, 51% male) and tentatively proposed a preliminary culture-integrated assessment framework. A mixed-methods design employed the Modified Barthel Index (MBI) to measure ADL independence and the Canadian Occupational Performance Measure (COPM) to assess social participation and productivity, with thematic analysis of 600 activity entries coded within the Person-Environment-Occupation (PEO) and Kawa models. Mean MBI total score was 83.08 (SD=5.8), with 99% classified as moderately dependent; stair climbing was universally impossible (100% dependent). Social participation performance declined from 8.2 (Activity 1) to 4.2 (Activity 3), while productivity declined from 7.3 to 5.1. Thematic analysis identified social isolation (83 entries) as the most pervasive barrier, followed by inaccessible environments (38 entries). Leisure and hobby engagement (98 entries) and online work and learning (72 entries) emerged as the strongest facilitators. A preliminary PEO-Kawa integrated framework was proposed as a potential assessment tool, embedding collectivist cultural norms and Shanghai-specific urban barriers. This framework may offer a culturally responsive reference for clinical rehabilitation, policy formulation, and community support.

Keywords: spinal cord injury, paraplegia, wheelchair users, PEO model, Kawa model

B5 **[28]**

INTEGRATIVE REHABILITATION PRACTICES AND THERAPEUTIC APPROACHES FOR INCLUSIVE EDUCATION: THE DEWA INSTITUTE MODEL

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ABSTRACT

Persons with disabilities frequently encounter fragmented rehabilitation pathways that limit educational participation, functional independence, and long-term social inclusion. This presentation examines the rationale, structure, and practical outcomes of an integrative rehabilitation model implemented at DEWA Institute of Special & Inclusive Education, Pakistan, with a particular focus on hearing-impaired, neurodiverse, and other children with special needs. The purpose of this work is to demonstrate how coordinated therapeutic interventions can strengthen inclusive education and improve rehabilitation outcomes in resource-constrained settings. The presentation is based on institutional practice, program observations, and service integration across multidisciplinary units that include speech and language therapy, Audio Verbal Therapy, occupational therapy, physiotherapy, behavioral support, audiological services, and parent guidance. The DEWA model links rehabilitation with classroom readiness, communication development, mobility, psychosocial well-being, and family engagement rather than treating therapy as a parallel service. Observed outcomes indicate improved student participation, enhanced communication and functional skills, stronger parent confidence, and better continuity between therapeutic goals and educational planning. The presentation argues that disability rehabilitation is most effective when therapeutic practice is embedded within a holistic institutional framework that connects health, education, assistive support, and advocacy. This model offers a practical framework for institutions, policymakers, and disability practitioners working to advance inclusive systems and sustainable rehabilitation services.

Keywords: inclusive education, rehabilitation, therapeutic approaches, disability, multidisciplinary services, DEWA

B6 **[29]**

PRINCIPLES OF FAMILY-CENTRED EARLY INTERVENTION IN LOW-RESOURCE SETTINGS: INSIGHTS FROM 17 YEARS OF BEST PRACTICE

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ABSTRACT

Early intervention for children with developmental delays remains significantly under-resourced in low- and middle-income countries, where financial constraints restrict access to specialised therapy. This paper presents insights from 17 years of implementing a family-centred early intervention model tailored for low-resource settings, with relevance to India and similar contexts. The model is grounded in the principle that each activity simultaneously addresses multiple developmental domains, including cognitive, social-emotional, communication, motor, self-regulation, and self-care skills. Centre-based interventions use simple, play-based, and group activities designed to promote holistic development and enable skill generalisation to everyday contexts. Routine activities, such as snack time, are intentionally structured to foster independence and functional learning. A key feature of the model is the seamless integration between centre and home. As children acquire skills, caregivers are trained to replicate these interventions using household materials and daily routines, eliminating the need for specialized resources and equipping them as confident facilitators of their child's development. This approach ensures continuity of care, making intervention sustainable and accessible. By embedding trans-disciplinary therapy within natural environments and empowering caregivers as active facilitators, the model addresses systemic barriers to access. It demonstrates that effective early intervention can be delivered without reliance on high-cost infrastructure, thereby promoting equity and inclusion.

Keywords: family-centred, early intervention, caregiver, play-based, equity, inclusive, trans-disciplinary, developmental disabilities

B7 **[30]**

FROM ACCESS TO WELL-BEING: DESIGNING INCLUSIVE FINANCIAL PRODUCTS AND SERVICES FOR WOMEN MSME WITH DISABILITIY IN INDONESIA

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ABSTRACT

In Indonesia, approximately 1.4 million persons with disability run their own businesses, largely as a response to persistently high unemployment rates and limited opportunities in the formal labor market. Yet they remain largely excluded from formal financial systems, with only 22% holding formal bank accounts. These barriers not only threaten their day-to-day survival but also undermine their overall financial well-being, encompassing the ability to meet daily obligations, withstand financial shocks, and maintain a sense of security over their financial future. For women with disability, their well-being is disproportionately undermined by compounded barriers at the intersection of gender and disability, limiting their ability to access and benefit from financial products and services that meet their needs. This paper examines how Financial Service Providers (FSPs) can design more inclusive financial products and services to improve the financial well-being of women MSME entrepreneurs with disability in Indonesia, drawing on secondary data analysis and a comparative case study across banks, microfinance institutions, and fintech companies. Despite the existence of OJK's SETARA guidelines, FSPs have yet to demonstrate sufficient institutional commitment to mainstream disability inclusivity across all levels, resulting in gaps in staff awareness and capacity, product inclusivity, and end-to-end customer experience. The absence of tailored products and loan assessment mechanisms suited to businesses owned by women with disability further compounds these gaps, leaving them systematically underserved. The paper concludes with evidence-based recommendations, urging regulators to strengthen the enforcement of SETARA guidelines and mandate GEDSI-disaggregated data collection and reporting, while calling on FSPs to invest in GEDSI sensitization, leverage disaggregated data to inform product development, and meaningfully engage people with disability in the design of relevant financial products and services.

Keywords: financial well-being, financial inclusion, disability inclusion, women empowerment, MSMEs, Indonesia

B8 **[31]**

REHABILITATION AND WORK REINTEGRATION WITHIN THE DISABILITY CLAIMS MANAGEMENT PROCESS: THE SOUTH AFRICAN PRIVATE INSURER PERSPECTIVE

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ABSTRACT

Work disability presents significant economic and personal challenges for employees, employers, and insurers, with successful return-to-work (RTW) processes depending on an integrated approach across multiple stakeholders. Within South Africa's private insurance sector, disability claims management requires improved understanding of the factors that influence rehabilitation and work reintegration outcomes. This study aimed to explore the principles, role-players, and contextual factors that shape rehabilitation and RTW within insurance-based disability claims management. An exploratory qualitative design was used, involving semi-structured interviews with 26 purposively selected participants representing employers, insurers, rehabilitation professionals, brokers, health risk managers, and occupational health staff. Interviews were audio-recorded, transcribed, and thematically analysed to identify recurring concepts and patterns related to the RTW process. The findings revealed three overarching themes: the essential contribution and interdependence of key role players across the employer, insurer, medical, and family systems; multiple factors that either promote or restrict RTW—including organisational culture, legislation, health resources, insurer processes, and employee psychosocial factors; and best practice principles that support effective disability claims management. These principles include behavioural economics as a central lens for guiding decision-making, supported by governance structures, stakeholder engagement, resource competency, and continuous education and awareness. The study concludes that collaborative, transparent, and coordinated involvement among all stakeholders is essential to facilitate positive RTW outcomes. Strengthening policies, rehabilitation strategies, and workplace structures offers an opportunity to enhance reintegration, improve employee well-being, and reduce long-term disability reliance within the South African insurance context.

Keywords: vocational rehabilitation, work function, disability claims management, role-player collaboration, return-to-work

B9 **[32]**

INCLUSIVE HEALTHCARE AND THE SDG AGENDA IN MALAYSIA: VOICES FROM POLICY AND PRACTICE

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ABSTRACT

Malaysia's commitment to the United Nations Sustainable Development Goals (SDGs) has foregrounded the need for health systems that are both inclusive and equitable, particularly in relation to SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), SDG 10 (Reduced Inequalities) and SDG 11 (Sustainable Cities and Communities). This qualitative study examines how inclusive healthcare is conceptualised and enacted within the Malaysian context, and how these practices align with the SDG agenda. Using a qualitative design, the study combines document analysis of key national policies and plans with semi-structured interviews/focus groups involving healthcare professionals, educators, caregivers and persons with disabilities. The analysis explores three interrelated dimensions: (1) early identification and intervention for children with developmental and learning needs, (2) accessible, community-based rehabilitation and support for persons with disabilities, older adults and caregivers, and (3) the perceived role of schools, universal design and digital platforms in mediating access to health and social services. Data are analysed thematically to identify convergences and disjunctures between policy intentions and lived experiences, as well as participants' perspectives on the shift from a "support-oriented" paradigm to one of empowerment, guided by the principle "nothing about us without us". The study argues that strengthening inclusive healthcare systems, informed by stakeholder voices, is critical for advancing Malaysia's SDG commitments by 2030 and consolidating a more participatory and socially just policy landscape by 2035.

Keywords: qualitative study, inclusive healthcare, Sustainable Development Goals, Malaysia, disability, early identification, community-based rehabilitation, policy analysis

C1 **[33]**

CLUSTERING HOUSEHOLDS WITH DISABILITIES: A CROSS-SECTIONAL STUDY IN INDONESIA

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ABSTRACT

Disability prevalence in Indonesia reaches 1.2% (3.3 million people), yet interventions remain dominated by charity-based and one-size-fits-all approaches. This study aims to identify the characteristics, needs, and vulnerability levels of children and youth with disabilities (CYWDs), including children affected by leprosy (CAL), to support inclusive, rights-based, and risk-responsive programming. Data from 454 households were analyzed using Multiple Correspondence Analysis (MCA) for dimensionality reduction and Ward's hierarchical clustering. The optimal number of clusters was determined using the Calinski–Harabasz pseudo-F statistic. MCA produced two dimensions, resulting in three optimal clusters (pseudo-F = 247.77). Cluster 1 (Most Privileged) consisted primarily of individuals aged 18–25 living in urban areas, mostly out of school, partially employed, and earning the highest incomes, including most respondents with mental disabilities and CAL. Cluster 2 (Most Vulnerable Group), the largest segment, was dominated by children and youths aged 0–17 in rural areas, out of school, living in extreme poverty, has physical, sensory, or multiple disabilities, and exhibiting the highest healthcare needs. Cluster 3 (School-aged Youths) comprised youth aged 13–17 from both urban and rural settings who were actively attending school, unemployed, and concentrated in lower-middle socioeconomic groups. The findings reveal substantial heterogeneity in needs, capacities, and vulnerability levels, indicating that uniform interventions are not recommended. Beyond identifying service needs, this study identifies groups at greater risk of social exclusion, barriers to basic services, neglect, discrimination, and other protection concerns. The results support a transition from charity-based approaches toward disability-inclusive development through twin-track programming, safeguarding principles, and Community-Based Rehabilitation (CBR). These findings provide an evidence base for the Building Effective Networks (BEN) Program and targeted interventions across health, education, social protection, livelihoods, and empowerment sectors.

Keywords: cluster analysis, community-based rehabilitation, safeguarding, social inclusion, disability inclusive development, twin-track approaches

C2 **[34]**

ARE HEALTH SYSTEMS TRULY INCLUSIVE FOR PEOPLE WITH DISABILITY? A CASE STUDY FROM AUSTRALIA

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ABSTRACT

Australia legislated and implemented the Disability Discrimination Act in 1992, more than a decade before signing the United Nations Convention on Rights of People with Disability (UNCRPD). It now also has a fully functional National Disability Insurance Scheme (NDIS) with individualised needs-based funding for support needs for people with disability under the age of 65 years, at a cost of nearly $50 billion per annum. This is in addition to the availability of universal health care (Medicare) through which treatment is provided for specific medical conditions. Although 'person-centred focus' and 'reduction in inequities' have been foundational aspects of all policy reforms and government-funded programmes, this has not translated well for people with disability into cross-sectional practices to deliver personalised healthcare services and good individual outcomes. This has been confirmed by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The Commission was set up by Australian government to examine systemic failures in how people with disability are treated including the NDIS and healthcare systems. Amongst the key findings include widespread inequity and poor access to inclusive healthcare. In this presentation, I will largely focus on two inter-linked key issues: a) Improving inclusive healthcare practices; and b) better training of healthcare and support workers. I will outline how structural barriers at various levels impede progress on implementation of several Sustainable Development Goals (SGDs) associated with developing inclusive healthcare systems for people with disability in Australia.

Keywords: health systems, disability services, inclusive healthcare, inequity, workforce training

C3 **[35]**

THE PRETERM BIRTH RATE IN A RESOURCE-STRICKEN RURAL AREA OF THE LIMPOPO PROVINCE, SOUTH AFRICA

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ABSTRACT

Midwives play a pivotal role in providing primary prevention of preterm birth. Midwives screen and diagnose pre-existing medical conditions, manage all conditions as guided by their scope of practice and refer all cases to other relevant team members.The study aimed to determine and describe factors contributing to the escalating preterm birth rate in Limpopo, South Africa.A descriptive survey was used to determine factors related to increased preterm births. The non-probability purposive sampling selected 55 midwives, and data were collected using self-administered questionnaires. Data were analysed through SPSS version 23. Health facilities in Limpopo province had constrained resources as evidenced by a shortage of midwives, a lack of medical supply, poorly maintained, and old infrastructure. The skills of midwives and their working environment were affected by this constrained resource. The results from midwives that were perceived to affect them were 66% of participants reported lack of equipment, 29.1% participants agreed that pregnant women were presenting after 12 weeks to initiate antenatal care, while 45.3% pointed out they used steroids to prevent preterm labor. Record-keeping was viewed as an essential aspect to manage PTB when providing care. Despite the constrained resources, midwives were providing care to prevent PTB. This was evidenced by 78.2% agreeing that keep records from the first booking until the last antenatal visit, while 96.2% monitored the fetal heart rate, 98.1% screened for infections, and 90.9% referred all women at risk to the doctor. Thus, most of the midwives were competent with a confidence interval of (95%) and a prevalence of 9% and 9.5% that, is 9/10, which could prevent PTB. Lack of resources, including staffing and specialized care, contributed to escalating PTB at health facilities in Limpopo province.

Keywords: midwives, maternal and neonatal care, obstetric units, preterm birth, preterm death

C4 [36]

INCLUSIVE HEALTHCARE FOR PERSONS WITH DISABILITIES IN INDIA: A HUMAN RIGHT ANALYSIS WITHIN THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS FRAMEWORK

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ABSTRACT

The realisation of inclusive healthcare for persons with disabilities remains a significant challenge in India, despite its recognition as a fundamental human right and its centrality within the United Nations Sustainable Development Goals (SDGs), particularly Goal 3 on good health and well-being and Goal 10 on reduced inequalities. Persons with disabilities continue to encounter systematic barriers, including inaccessible Healthcare, Financial constraints, discriminatory practices, and the absence of disability-sensitive healthcare services, which collectively impede equitable access to healthcare. The study aims to critically examine the extent to which India's Healthcare System reflects the principle of inclusion and equality within a human rights and SDGs-oriented framework. The research adopts a doctrinal and analytical methodology, analysing constitutional Provisions, disability-specific legislation, international instruments, and judicial responses to the effectiveness of existing legal policy Frameworks. The finding indicates a persistent gap between normative commitments and their practical realisation, marked by weak implementation, fragmented in situational mechanisms, and limited accountability. It is observed that current health care policies inadequately address structural barriers faced by persons with disabilities, thereby undermining the effective operationalisation of SDGs commitments. The study concludes that a rights-based implementation-oriented approach, supported by a strengthened governance framework and accountability mechanisms, is essential to ensure Equitable and inclusive Healthcare access for persons with disabilities in India.

Keywords: inclusive healthcare, persons with disabilities, rights to health, sustainable development goals, accessibility, India

C5 [37]

NAVIGATING STRUCTURAL BARRIERS AND STIGMA IN ACCESSING HEALTHCARE: INSIGHTS FROM PARENTS OF CHILDREN WITH AUTISM IN BANGLADESH

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ABSTRACT

Stigma associated with having autism or being part of an autistic family is recognised as having a profound impact on life chances and outcomes. Stigma refers to qualities of an individual that differ from the accepted social norms of a given society and can appear in various forms. Structural stigma is generally understood as societal-level conditions, cultural norms, and institutional policies that restrict the opportunities, resources, and well-being of those who are stigmatised. This qualitative study explores experiences of structural stigma and barriers faced by parents in accessing healthcare services for their children. Data were collected through semi-structured interviews with 20 families (27 parents in total) from two locations in Bangladesh (Dhaka and Khulna). Participants were recruited via autism schools, non-governmental organisations, social media, and personal networks. For data analysis, the study employs reflexive thematic analysis, informed by Goffman's theory of stigma and Link and Phelan's concept of structural stigma. The study revealed that parents encounter structural stigma in various ways when accessing healthcare support. They often face institutional inequalities, devaluation, blame, unexpected judgments from healthcare professionals, and negligence. Additionally, they confront institutional barriers such as a scarcity of healthcare support centres at grassroots levels, a lack of autism-specialised professionals, long wait times for therapy sessions, and other difficulties. The results emphasise the importance of raising societal awareness, implementing inclusive policies, and developing culturally sensitive support systems to combat stigma and foster an inclusive environment for families with autism to access healthcare services in Bangladesh, in alignment with SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities).

Keywords: Autism, Stigma, qualitative, devaluation, barriers, inclusiveness

D1 **[38]**

MENTAL HEALTHCARE CONSUMERS' EXPERIENCES OF MENTAL HEALTH CARE: VARIATION IN KNOWLEDGE BY THE FAMILY MEMBERS AND SUPPORT

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ABSTRACT

Knowledge and support by members of the family towards the care of the consumers of mental health services is the core priority and is noticeable by the users as it gives and eases the life of the users during therapy and rehabilitation. However, there have been documented instances of families that neglect their relatives with mental illnesses. This study explored the experiences of mental healthcare consumers regarding family members' knowledge of mental disorders and support. Participants who were granted leave of absence were selected through non-probability, purposive sampling. Data were collected using face-to-face unstructured discussions. Data were analysed using Colaizzi's technique. Findings revealed misconceptions versus insight on the cause of mental disorders, knowledge deficit on the effect of treatment, poor support from family members, financial challenges perceived as a source of poor support, and lack of psychological support and its consequences. Mental healthcare consumers verbalized limited support from family members. They reported variation in terms of family members' knowledge of their mental condition. Training family members on mental health illnesses is critical to the future of health care, as there will be no misunderstanding between them and the consumers of mental health care. Healthcare consumers' feelings of sadness and anxiety could be avoided by avoiding conflicts over their social grants. The government should invest in assisting family members of mental healthcare consumers.

Keywords: consumers' experiences, knowledge disparity, family members

D2 **[39]**

THE FUNDING GAP: BRIDGING THE DIVIDE BETWEEN DISABILITY, ESG CAPITAL NATURE IMMERSION, AND MENTAL WELLBEING

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ABSTRACT

Despite clinical evidence supporting nature immersion as a primary intervention for mental health, the disabled community remains systemically excluded from restorative landscapes. Neurological research demonstrates that a 90-minute nature experience significantly reduces subgenual prefrontal cortex activity associated with rumination and depression, whilst emerging evidence confirms that even a 15-minute stationary urban nature immersion produces measurable psychological restoration. Yet for those with mobility or sensory impairments, structural barriers including inaccessible gates, uneven terrain, and sterile urban planning transform these evidence-based therapeutic resources into sources of frustration and exclusion. Recognising that approximately 74 per cent of S&P 500 companies are currently failing to meet their sustainability targets, this paper addresses the nature gap by proposing the ThriveScape model, a strategic desktop framework for redirecting underperforming corporate Environmental, Social, and Governance (ESG) capital into inclusive, therapeutically designed urban green infrastructure. This study employs a three-phase multi-dimensional desktop documentary audit using a UK-based pilot, utilising exclusively secondary and publicly available data sources including Ordnance Survey topographic data, Natural England environmental quality reports, and FTSE 350 corporate sustainability filings to ensure full replicability and scalability. The procedural framework maps physical friction points against Universal Design parameters, evaluates sensory restorative qualities against established acoustic and visual benchmarks, and triangulates corporate ESG mandates against identified infrastructure gaps to locate specific investment hotspots where corporate social mandates and disability justice needs demonstrably converge. The results demonstrate that corporate ESG mandates and disability justice are not competing interests but a unified, fiscally viable pathway for mental health equity. ThriveScape provides a scalable, evidence-based desktop model for local authorities, urban planners, and corporate ESG officers to ensure that the healing power of nature becomes a universal right funded through sustainable corporate investment.

Keywords: disability inclusion, mental health, ESG investment

D3 **[40]**

MINIMAL INCLUSION, MOSTLY EXCLUSION: UNDERSTANDING THE EXPERIENCE OF DISABILITY INCLUSION IN THE MUSLIM UMMAH (COMMUNITY) IN SOUTH AFRICA

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ABSTRACT

Religion and Spirituality are central to the way many people, including persons with disabilities, make sense of both the world itself, and their place in that world, however, in most scholarship focusing on disability, religion and spirituality, this area is side-lined or absent. The experiences of persons with disabilities within these religious spaces have a significant impact on their lives. This paper will summarise one of the themes of the findings of my Phd study set out to gain insight into the way disability inclusion was enacted within the Muslim Ummah in South Africa. An interpretative qualitative research design with an intrinsic case study method was employed to explore and examine how disability inclusion is interpreted and experienced by people within the Muslim Ummah in South Africa. Four key groups of persons within the Ummah were part of the study viz persons with disabilities, family members of persons with disabilities, the Ulema (Priests) and non-disabled persons from the Ummah. Data generation sources included in-depth, face-to-face interviews with the participants and analysing three Muslim publications. The findings highlighted a case of disability inclusion in the Muslim Ummah that is one of "Minimal inclusion, mostly exclusion." Three themes emanated from the study, viz. "Seen as Inferior," "Carrying the Weight for Inclusion" and "We are not Doing Enough." These themes described how disability and disability inclusion is understood, interpreted and enacted within the Ummah and how this contributes to create a situation of minimal inclusion, mostly exclusion. While the study was carried out within the Muslim community, the findings contribute to a broader discourse around disability inclusion within other religious and spiritual spaces and within disability studies scholarship.

Keywords: disability, spirituality, Ummah, inclusion, exclusion

D4 **[41]**

BRIDGING THE GAP: A MULTI-CITY DEAF-HEARING COLLABORATIVE WORKSHOP ON MENTAL HEALTH IN INDONESIA

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ABSTRACT

Deaf mental health remains underexplored in Indonesia, despite global evidence showing higher rates of anxiety and depression among Deaf populations, often linked to communication barriers and limited access to appropriate care. In Indonesia, the only available study reported 66.4% prevalence of anxiety/depression, consistent with global finding, highlighting gaps in accessible services and workforce preparedness. This study evaluated a multi-city Deaf-hearing collaborative workhop designed to improve mental health knowledge, strengthen Deaf-hearing collaboration, and identify mental health needs among Deaf participants. A community-based workshop was conducted in Jakarta, Bandung, and Yogyakarta involving 50 Deaf adults and 32 hearing mental health professionals recruited through purposive sampling. Deaf-led seminars were delivered in Bahasa Isyarat Indonesia (BISINDO) with professional interpreters and included mental health education, self-reflection, mental health screening using the Self-Reporting Questionnaire (SRQ-20), group discussions, and group-specific pre- and post-tests. A high proportion of Deaf participants screened positive for common mental health problems (77% in Jakarta, 79% in Bandung, 80% in Yogyakarta), while suicidal ideation was reported by 32% participants in Jakarta, 32% in Bandung, and 45% in Yogyakarta. Among Deaf participants, written knowledge scores showed small changes but no statistically significant improvement following the workshop. In contrast, hearing mental health professionals demonstrated significant knowledge improvement in Jakarta ($p = 0.003$) and Yogyakarta ($p = 0.019$), while Bandung showed a positive but non-significant trend. Self-reflection and group discussions indicated increased awareness of mental health, improved understanding of Deaf mental health terminology, greater confidence in supporting Deaf peers, and stronger recognition among professionals of the importance of Deaf culture and accessible communication. These findings support collaborative Deaf-led education as a promising strategy for improving accessible mental health care while highlighting the need for repeated, culturally and linguistically appropriate educational programs for Deaf communities.

Keywords: community, culture, deaf, language, BISINDO, mental health

D5 **[42]**

LEGAL PROTECTION FOR PERSONS WITH MENTAL DISORDERS: PERSPECTIVES FROM BALINESE CUSTOMARY LAW

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ABSTRACT

This study examines the legal protection of persons with mental disorders (ODGJ) within the tourism sector of Bali by analysing the complex interaction between Balinese customary law (awig-awig) and international health standards. Rooted in the profound philosophy of Tri Hita Karana, Balinese customary law emphasizes communal responsibility and spiritual balance, yet it frequently lacks formal, codified safeguards aligned with modern human rights principles. In contrast, the global framework developed by the World Health Organization (WHO) strongly promotes a rights-based, community-oriented mental health system. Using comprehensive normative and comparative legal methods, this research identifies critical structural gaps in practice, including persistent social stigma, unregulated informal care practices, and the continuous use of traditional restraint measures known as pasung. Consequently, this study proposes a novel hybrid legal model that carefully integrates local cultural wisdom with universal international standards to strengthen inclusive tourism governance. This proposed framework contributes directly to sustainable tourism development by actively ensuring human dignity, physical accessibility, and social inclusion for vulnerable groups. Ultimately, these findings highlight the urgent need for harmonizing traditional customary norms with national legislation and global human rights legal frameworks to provide adequate legal certainty for all individuals involved.

Keywords: legal protection, persons with mental disorders, customary law, inclusive tourism, Tri Hita Karana

D6 **[43]**

TAILORING AN EVIDENCE-BASED SEXUAL HEALTH INTERVENTION FOR IDD YOUNG ADULTS: PARENTAL, CAREGIVER, AND PROVIDER PERSPECTIVES

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ABSTRACT

Teens and young adults with IDD face often unrecognized risk for adverse sexual health outcomes including HIV, STIs and unplanned pregnancy, as well as sexual coercion and repercussions from inappropriate responses to sexual situations or relationships. Frequently ignored or not included in sexual health interventions, they lack accessibility to any sexual health programs that are evidence-based and prepare them for sexual risk reduction and protective skills. The Health Improvement Project for Teens (*HIPTeens*) is a CDC- and DHHS-recognized evidence-based sexual health intervention being adapted for IDD adolescents and young adults. As a first step to understand the accessibility and prioritization of sexual health programming needs, we engaged parent/caregiver/provider stakeholders in group concept mapping (GCM) where they asynchronously complete three focus group activities - brainstorming, sorting, and rating. Using this participatory mixed-methods protocol, they responded to this prompt - What sexual health programming is needed by IDD teens/young adults? and then assessed all group responses on importance and availability. Using those data, GroupWisdom™ provided multidimensional scaling and hierarchical cluster analysis to display results visually. Results indicated a massive gap in available sexual health programs for this population, and that across all content areas coded as important, none were readily accessible or tailored for these teens and young adults. In addition to essential information and developing skillsets in contraception, STI/HIV prevention, decision-making, and communication skills, there was a pressing need for programs that address sexual coercion. These data will inform next steps for *HIPTeens* tailoring with IDD-diagnosed teen and young adults in individual interviews. Participants stressed their urgent need for support on this topic as they try to assist their children or clients in navigating sexuality.

Keywords: sexual health, teens, pregnancy, HIV, STIs, intervention

D7 **[44]**

TRAUMA-INFORMED PEDAGOGY FOR EFFECTIVE PSYCHOSOCIAL WELL-BEING AND INCLUSION OF LEARNERS WITH NEURODEVELOPMENTAL DISABILITIES IN THE ENGLISH SPEAKING REGIONS OF CAMEROON

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ABSTRACT

Learners with neurodevelopmental disabilities in conflict-affected settings like the English speaking regions of Cameroon are at heightened risk of compounded psychosocial distress due to intersecting challenges of disability, stigma, socio-economic scarcity, and exposure to adverse experiences and needs trauma-informed pedagogy to be psychosocially whole and effectively included in all sphere of the society. The study adopts a mixed-methods design to explores teachers' awareness and implemtation of trauma-informed practices like physical, emotional, social, & academic safety, trustworthiness & transparency, collaboration & mutuality, voice, choice & social Justice and resilience & Growth, on the effective psychosocial wellbeing of learners with neurodevelopmental disabilities. Data were collected through structured questionnaire, classroom observations, standardized psychosocial well-being measures, and complemented by focus group discussions with learners and was analysed descriptively and inferentially. Findings indicate that while awareness of trauma-related behavioral presentations exists among educators, structured application of trauma-informed pedagogy remains limited due to inadequate training, large class sizes, and insufficient institutional support. However, schools that practice trauma-informed pedagogy reported effective psychosocial wellbeing for learners with neurodevelopmental disabilities than those who did not. It was concluded that trauma-informed pedagogy significantly contributes to the psychosocial well-being of learners with neurodevelopmental disabilities when systematically integrated into school and classroom practices. The study proposed a Cameroon-specific trauma-informed pedagogic model which integrates trauma informed culturally responsive practices, inclusive teaching strategies and community support systems for the enhancement of the psychosocial well-being of learners with neurodevelopmental disabilities in conflict affected areas.

Keywords: inclusion, neurodevelopmental disabilities, psychosocial well-being, trauma-informed pedagogy

D8 **[45]**

WOMEN'S SOCIAL WORLDS IN AUTISM CARE: MENTAL WELL-BEING, SUPPORT AND IDENTITY IN URBAN UTTAR-PRADESH

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ABSTRACT

Autism Spectrum Disorder remains an under-explored field in India's Sociological landscape, particularly in Uttar-Pradesh, where socio-cultural values impose rigid gendered expectations on women. This research examines how cultural norms and socio-economic values influence the social participation and support networks of women caregivers of autistic children in urban centres of Uttar Pradesh. Driven by the significant research gap concerning region-specific experiences, the study intends to understand how social expectations shape caregiving responsibilities, social isolation, and access to support. This paper is framed around major sociological theories, namely, Symbolic Interactionism and Feminist perspective employing a mixed-methods approach. The study integrates semi-structured interviews, case studies, and surveys with purposive and snowball sampling techniques to explore parents' lived experiences that trace Helicopter Parenting at its core. Thematic analysis provides qualitative insights, while quantitative surveys highlight key trends in social participation and access to formal and informal support systems.Preliminary findings suggest that societal stigma, limited institutional support, and traditional role expectations significantly constrain women's ability to maintain social networks, often resulting in emotional distress and social withdrawal. The study brings into focus the importance of culturally contextualised policy measures aimed at empowering women caregivers and promoting inclusive support structures. By contributing a regionally grounded understanding of the intersection between autism, gender, and social support in Uttar Pradesh, this research aims to inform policy reforms and expand academic discourse on caregiving in marginalised contexts.

Keywords: autism spectrum disorder, support networks, social inclusion and social isolations, stigma, mental health.

D9 **[46]**

PROMOTING HEALTH AMONG NEPALESE MOTHERS OF CHILDREN WITH INTELLECTUAL DISABILITIES: A FEASIBILITY STUDY OF STRESS MANAGEMENT INTERVENTION USING YOGA AND COMPASSION MEDITATION

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ABSTRACT

Caring for children with intellectual disabilities (ID) is widely associated with elevated stress and psychological distress, particularly among mothers. In Nepal, where formal services are limited, mothers often carry the primary caregiving burden. Little is known about the experiences of these mothers within Nepali sociocultural contexts, and evidence-based, culturally appropriate interventions to support them remain scarce. To address these gaps, this research explored the caregiving experiences of mothers caring for their children with ID in Nepal and evaluates the feasibility of a culturally adapted stress-management intervention. Using multiphase mixed-methods design, the research proceeded in three sequential phases. Phase 1, research began with qualitative interviews to explore the emotional, and socio-economic challenges of caregiving within a context shaped by stigma, discrimination, and limited access to services. Phase 1 findings informed the contextual adaptation of yoga and compassion meditation program (Phase 2), grounded in Nepali cultural and spiritual practices. The intervention was subsequently evaluated in a randomized feasibility study (Phase 3) involving 103 mothers. This study integrated quantitative assessments of mental health symptoms with qualitative evaluations of acceptability and feasibility. Quantitative analyses indicated decrease in anxiety and depression symptoms and improvement in selected domains of family quality of life (e.g. emotional well-being and parenting satisfaction), while qualitative findings highlighted improved emotional regulation, perceived usefulness etc suggesting acceptability and feasibility. This study contributes to the limited evidence on caregiver mental health in low-resource settings. It demonstrates the feasibility of culturally grounded stress-management intervention to support mothers' well-being and family quality of life. The findings can inform public health policy, disability-support programs and future research in Nepal and similar low-resource contexts.

Keywords: intellectual disability, caregiver mental health, stress management, mixed/methods feasibility study, Nepal

D10 **[47]**

MENTAL HEALTH OF ADOLESCENTS AND ADULTS WITH CEREBRAL PALSY IN URBAN SOUTH AFRICA

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ABSTRACT

This case-control study aimed to determine the prevalence of mental health outcomes in individuals with cerebral palsy (CP) compared to typically developing (TD) peers matched for age, gender and socio-economic status (SES) and to explore associations with individual characteristics. A total of 61 participants with CP (31 adolescents and 30 adults; gross motor classification system (GMFCS) Levels I–V) were recruited alongside matched TD controls. Mental health and related constructs were assessed using the Hospital Anxiety and Depression Scale (HADS), the General Self-Efficacy (GSE) Scale and the mental component summary (MCS) of the Short-Form Health Survey (SF-36v2). Findings indicated no significant differences in mental health outcomes (HADS, GSE, and MCS) between participants with CP and their TD peers. Correlational analysis (Spearman's rho) revealed a significant association between higher gross motor function and higher mental health-related quality of life (MCS) ($p = 0.018$). Despite the physical challenges associated with cerebral palsy, adolescents and adults in this urban South African cohort demonstrated mental health outcomes comparable to their typically developing peers. This may reflect adaptive resilience within resource-constrained, low- to middle-income settings. In alignment with global priorities on mental health and disability inclusion, these findings highlight the importance of sustaining positive mental health and well-being across the lifespan. Strengthening equitable access to mental health support within rehabilitation services is essential to advancing inclusive health systems and contributing to Sustainable Development Goals focused on health, well-being, and reduced inequalities.

Keywords: cerebral palsy, anxiety, depression, self-efficacy, low-to-middle-income country

D11 **[48]**

PARENTAL STRESS AND MENTAL HEALTH IN SPECIAL NEEDS CAREGIVING: CHALLENGES AND COPING STRATEGIES

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ABSTRACT

Parenting a child with special needs places significant psychological, emotional, and physical demands on caregivers, particularly mothers who often assume the primary caregiving role. This paper examines parental stress and its impact on mental health within the context of special needs caregiving. Common stressors include increased caregiving responsibilities, financial strain, social isolation, and concerns regarding the child's future. Prolonged exposure to these stressors may lead to adverse psychological outcomes such as anxiety, depression, and caregiver burnout, ultimately affecting both parental well-being their relationship and caregiving quality. This paper focuses on two different cases where in one mother of a newly diagnosed child of age 2.8 yrs old committed suicide after having some arguments with spouse. Maybe right kind of help which she needed like counselling could have helped her to go through the phase of diagnosis and early intervention. Where as in the other case mother of a 11 year old boy along with his son jumped from 13th floor of her house after fighting a long battle after the diagnosis and years of intervention stating she is freeing her husband from all his responisibilities, this shows really concerning level of the mental health of the mother as she tried for so many years to help the child but ultimately due to lack of support system she better chose to give up on two lives. The paper further explores coping strategies employed by caregivers, including problem-focused coping, emotional regulation, and reliance on social support systems. The importance of family involvement, community resources, and access to professional mental health services is highlighted as key factors in mitigating stress and promoting resilience. The findings emphasize the need for structured interventions, awareness programs, and accessible support systems tailored to caregivers of children with special needs. Supporting parental mental health is essential not only for caregiver well-being but also for enhancing developmental outcomes in children.

Keywords: parental stress, mental health, special needs caregiving, coping strategies, caregiver burden, resilience

D12 **[49]**

EPILEPSY AND LEARNING DISORDERS: THE COGNITIVE IMPACT IN INDIAN SCHOOL-AGE CHILDREN

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ABSTRACT

Epilepsy is a major source of cognitive, educational and psychosocial impairments with the problem being among the most prevalent neurological disorders in children worldwide. School-age children with epilepsy in India often have impaired learning with respect to seizure activity, antiepileptic medication, and neurodevelopmental issues. This article is developed in the form of a narrative review of the Indian and international literature that studies the connection between epilepsy, cognitive functioning and academic performance in school-age children. The research articles that were published in 2000-2025 were reviewed to determine the importance of cognitive, educational, and psychosocial outcomes resulting in childhood epilepsy. The evidence reviewed shows that frequent seizures and extended time periods of epileptic activity can have a detrimental effect on attention, memory, language development, executive functions, and classroom activity. The social stigma, late diagnosis, lack of neuropsychological evaluation and services in educational support even worsens academic problems. Another significant finding is that multidisciplinary intervention is important and that the team of neurologists, psychologists, educators, and families are needed. Cognitive and educational development of Indian school-age children has major implications on epilepsy. By availing early cognitive screening, individualized educational planning, teacher-sensitization programs and inclusive educational policies, it is possible to enhance academic performance, psychosocial performance, and general quality of life of affected children.

Keywords: epilepsy, learning disorders, cognitive development, Indian children, school-age children, neuropsychology, academic performance, pediatric neurology

D13 **[50]**

HOLDING THE UNHEARD: A CASE STUDY OF ABUSE, DISABILITY AND JUSTICE

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ABSTRACT

Children with disabilities are more likely to face sexual abuse, yet they remain less protected in our justice systems. Perpetrators often target children with cognitive or communication disabilities, actively exploiting legal systems that require direct verbal communication. Present studies indicate that children with disabilities face a higher risk of sexual abuse, with elevated prevalence rates among minors with communication impairments. Furthermore, many researchers highlight a systemic failure within judicial frameworks where law enforcement and forensic investigators blend speech impairments or non-verbal trauma responses with "silence" or an absence of credible evidence. Even within the Indian context, where the Protection of Children from Sexual Offences (POCSO) Act statutorily mandates the assistance of special educators and interpreters, qualitative evaluations highlight a vast implementation gap due to the absence of formalized, standardized multimodal forensic tools, ultimately resulting in delayed justice. By employing the qualitative case study method, this study focuses on the case of a 14-year-old minor girl from a low-socioeconomic background who presents with physical disabilities resulting from polio and speech impairment and examines how law enforcement often fails to establish a diagnosis when a disabled minor cannot provide a direct verbal statement, often mistaken for "silence" in the courtroom. This usually results from inaccessible investigative methods due to special needs, not from a lack of evidence. The ultimate goal of the case study findings is to emphasize the need to bridge gaps in investigative techniques that lead to the underrepresentation of these cases and advocate for independent, multimodal frameworks that integrate disability and mental health rights, as well as sex education principles, directly into the justice process. The study also aims to provide recommendations to move towards inclusive protection, ensuring the right to safety and psychological healing is accessible to all children, regardless of their abilities.

Keywords: disability, inclusion, investigation, justice gap, sexual abuse

D14 **[51]**

FROM TRAUMA TO ADAPTATION: A COMPARATIVE STUDY OF PSYCHOLOGICAL RECOVERY FOLLOWING ACCIDENTAL DISABILITY ACROSS DIFFERENT AGE GROUPS AND GENDER

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ABSTRACT

Accidental disability is a life-altering event that affects not only an individual's physical functioning but also their psychological well-being, identity, relationships, and everyday life. Although advances in medical care have improved survival and physical rehabilitation, psychological recovery remains a complex and deeply personal process. Existing research has largely focused on rehabilitation outcomes and symptom reduction, while comparatively less attention has been given to understanding how recovery is experienced across different stages of adulthood and between men and women, particularly within diverse socio-cultural contexts. The present study aims to explore the lived experiences of psychological recovery following accidental disability and to understand how these experiences vary across different age groups and gender. Specifically, the study seeks to examine the emotional, cognitive, and social aspects of recovery, identify the coping strategies adopted by individuals, and explore the personal, familial, and environmental factors that facilitate or hinder psychological adaptation after disability. A qualitative phenomenological research design will be employed to gain an in-depth understanding of participants' experiences. Six individuals who have acquired an accidental disability will be recruited through purposive sampling. The participants will be divided into three age groups (18–30 years, 31–50 years, and 51–70 years), with one male and one female participant representing each age group. Data will be collected through semi-structured, in-depth interviews, allowing participants to share their recovery journeys in their own words. The interview data will be analysed using Braun and Clarke's thematic analysis to identify recurring themes and patterns across participants while preserving the uniqueness of individual experiences. As this is an ongoing study, the findings are expected to provide a nuanced understanding of how age, gender, and social context shape psychological recovery after accidental disability. The study is anticipated to highlight both shared and unique pathways of adaptation, including the influence of resilience, social support, self-identity, and access to rehabilitation resources. By giving voice to individuals' lived experiences, the research aims to contribute to a more holistic understanding of recovery beyond physical rehabilitation. The findings are expected to inform psychologists, rehabilitation professionals, healthcare providers, and policymakers in developing age-sensitive, gender-responsive, and culturally relevant psychosocial interventions that support long-term psychological adaptation following accidental disability.

keywords: accidental disability, psychological recovery, psychological adaptation, lived experiences, coping strategies, qualitative research

D15 **[52]**

PURSUING JUSTICE FOR VICTIMS OF BLAST-INDUCED INJURIES AND DISABILITIES

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ABSTRACT

Illegal use of explosives continues to cause devastating injuries and disabilities among mineworkers, mining-affected communities, and civilians in South Africa. Uncontrolled detonations linked to illegal mining, automated teller machine (ATM) bombings, and cash-in-transit (CIT) robberies frequently result in traumatic amputations, burns, fractures, and long-term psychological trauma. Blast injuries occur in three forms: primary injuries from blast overpressure, secondary injuries from high-velocity fragments, and tertiary injuries from blunt force trauma. In rural mining provinces such as Limpopo, the diversion of explosives has intensified community harm, yet perpetrators are seldom held accountable, and victims outside the immediate blast radius are often overlooked during investigations. This qualitative study combined a literature review with semi-structured interviews involving government inspectors, mining supervisors, and explosives distributors. Professional reflections from a retired Inspector of Explosives provided additional insights from bomb disposal investigations. The study revealed systemic gaps in justice for victims of blast-induced harm. Victims face neglect in crime scene investigations, limited access to compensation, and inadequate recognition of long-term disabilities. Weak regulatory enforcement and poor accountability mechanisms further exacerbate civilian vulnerability. Binding legal reforms are needed to secure victims' rights and compensation. CIT companies, explosives manufacturers, and mining entities should be held vicariously liable for harm caused by inadequate control of explosive materials. Mining communities must be equipped with technological monitoring systems to detect excessive blast effects, alongside integrated mental health and rehabilitation services to support recovery and inclusion.

Keywords: blast-induced injuries, explosives accountability, mining communities, civilian harm, disability justice

D16 **[53]**

CAREGIVER STRESS AND COPING MECHANISMS IN FAMILIES OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

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ABSTRACT

Caregiving for children with developmental disabilities constitutes a chronic psychosocial stressor that significantly impacts caregiver mental health and family functioning. Elevated levels of caregiver burden are often associated with emotional dysregulation, reduced well-being and compromised caregiving efficacy. The present study aims to examine the levels of perceived stress and burnout among caregivers, while also identifying predominant coping mechanisms and their relationship with contextual variables such as child symptom severity, duration of caregiving and access to structured support systems. A cross-sectional, correlational research design is employed involving sixty primary caregivers of children receiving therapeutic services. Standardized measures including the Parenting Stress Index (PSI), the Caregiver Burnout Inventory (CBI) and the Brief COPE Inventory are administered to assess stress, burnout and coping patterns respectively. Demographic and clinical variables are collected to examine their predictive association with caregiver outcomes. Statistical analyses includes descriptive statistics, correlation coefficients and group comparisons. Findings indicated moderate to high levels of perceived stress and burnout among a significant proportion of caregivers. Maladaptive coping strategies such as avoidance and denial were positively correlated with higher stress levels, whereas adaptive coping strategies including problem-focused coping and social support seeking were associated with comparatively lower stress. Caregivers with access to support interventions demonstrated significantly better psychological outcomes than those without such resources. Additionally, greater child symptom severity and longer caregiving duration were linked to increased caregiver distress. The study indicates the critical need for integrating caregiver-focused psychological interventions within child developmental services. Enhancing adaptive coping and providing structured support systems may significantly buffer caregiver stress and improve overall family well-being.

Keywords: Caregiver stress, Coping mechanisms, Developmental disabilities, Burnout, Psychological Well-being, Family functioning

E1 **[54]**

STRENGTHENING THE ROLE OF PHYSICAL THERAPISTS IN DISASTER PREPAREDNESS, EMERGENCY RESPONSE AND RECOVERY INITIATIVES: A REGIONAL STUDY AND ACTION FRAMEWORK IN CAGAYAN VALLEY, REGION II, PHILIPPINES

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ABSTRACT

This study examined the role of physical therapists in disaster preparedness, emergency response, and recovery initiatives in Region II (Cagayan Valley), Philippines, with the objective of developing a contextualized action framework to strengthen their integration into Disaster Risk Reduction and Management (DRRM) systems. Despite the global recognition of rehabilitation as an essential component of disaster care, physical therapists remain underutilized and insufficiently integrated into disaster management structures. The study utilized a descriptive-developmental research design involving forty-seven (47) registered physical therapists from public and private healthcare facilities in Cagayan and Isabela, selected through purposive sampling with elements of convenience sampling. Data were gathered using a researcher-developed and content-validated questionnaire that assessed disaster preparedness, emergency response, recovery initiatives, challenges and barriers to participation, and the need for an action framework. A 4-point Likert scale was used, and data were analyzed using weighted mean and standard deviation with corresponding descriptive interpretations. Findings revealed that physical therapists demonstrated a moderate to agree level of preparedness and perceived competence, with an overall weighted mean of 2.69 (SD = 0.488), while their actual involvement in disaster planning and response remained limited, with a lower composite weighted mean of 2.48 (SD = 0.786). Major barriers included lack of disaster-specific training, insufficient institutional support, unclear role delineation, and weak interprofessional collaboration. The proposed action framework was positively evaluated, with an overall weighted mean of 3.02 (SD = 0.701), indicating its perceived effectiveness in enhancing disaster preparedness, response, and recovery efforts. The study concludes that strengthening the role of physical therapists in DRRM requires policy integration, structured training, institutional support, and improved interprofessional collaboration. It is recommended that rehabilitation services be institutionalized within disaster management systems to promote a more inclusive, resilient, and patient-centered healthcare system.

Keywords: strengthening, physical therapists, disaster preparedness, emergency response, recovery initiatives

E2 **[55]**

ROBOTIC LOCOMOTOR TRAINING IN A LOW-RESOURCE SETTING: A RANDOMIZED PILOT AND FEASIBILITY TRIAL

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ABSTRACT

Activity-based Training (ABT) represents the current standard of neurological rehabilitation. Robotic Locomotor Training (RLT), an innovative technique, aims to enhance rehabilitation outcomes. This study aimed to conduct a randomized pilot and feasibility trial of a locomotor training program within South Africa. Individuals with chronic traumatic motor incomplete tetraplegia (n = 16). Each intervention involved 60-minute sessions, 3x per week, for 24-weeks. Outcomes included feasibility measures and functional capacity. 17 out of 110 individuals initiated the program (recruitment rate = 15.4%) and 16 completed the program (drop-out rate = 5.8%) and attended sessions (attendance rate = 93.9%). Both groups showed a significant increase in upper extremity motor score (MS) and abdominal strength post intervention. Only the RLTgroup showed a significant change in lower extremity MS, with a mean increase of 3.00 [0.00; 16.5] points over time. Distance walked in the Functional Ambulatory Inventory (SCI-FAI) increased significantly (p = 0.02) over time only for the RLTgroup. Feasibility rates of the intervention and functional outcomes justify a subsequent powered RCTcomparing RLTto ABTas an effective rehabilitation tool for potentially improving functional strength and walking capacity in people with incomplete SCI

Keywords: robotic locomotor training, incomplete spinal cord injury, neurological rehabilitation, feasibility trial, functional ambulation

E3 **[56]**

FINGER TRAINING FOR FINGER PARALYSIS USING A MIDI-BASED iPAD APPLICATION

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ABSTRACT

In Japan, individuals with finger paralysis often have limited access to continuous post-discharge rehabilitation. To address this issue, we developed a rehabilitation support system integrating a MIDI keyboard with an iPad application. The system quantifies both Accuracy (pitch-correct note rate) and MIDI velocity (keystroke force). This study aimed to establish reference improvement patterns in healthy adults and to examine Pre–Post changes in individuals with finger paralysis relative to these reference data. Fifteen healthy adults and seven individuals with finger paralysis completed a keyboard task consisting of ten sessions and sixty trials using three songs of varying difficulty. To examine generalization, we also conducted fine-motor assessments using a number-connection task and a coin-stacking task, in which ceiling effects were suggested for healthy adults. Healthy adults showed clear improvement in Accuracy, with the index and middle fingers demonstrating the most pronounced gains. In contrast, MIDI velocity showed no measurable change, indicating that improvements in Accuracy occurred without detectable alterations in force output. In the patient group, average Accuracy showed a positive trend, although substantial individual variability was observed. Finger-specific patterns suggested that the little finger exhibited changes in the opposite direction from healthy adults, whereas the index and ring fingers showed the most similar tendencies. In the fine-motor assessments, neither group showed notable mean changes, and correlations with changes in MIDI-based Accuracy were weak. These findings support the feasibility of comparing patient performance with healthy reference patterns while highlighting that heterogeneous recovery profiles and small sample size limit statistical detectability. The system provides a quantitative means of capturing changes in finger-movement accuracy and may contribute to future home-based or remote rehabilitation. Additional patient data (target n = 3) will be presented.

Keywords: MIDI keyboard, finger paralysis, rehabilitation, accuracy, velocity, fine-motor skills

E4 **[57]**

RETHINKING LANGUAGE AND COGNITION IN NONSPEAKING AUTISM: EARLY FINDINGS FROM A NOVEL NEUROIMAGING AND CLINICAL FRAMEWORK

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ABSTRACT

Communication is central to participation in society, yet millions of individuals cannot rely on speech as their primary mode of expression. In nonspeaking autism, the absence of reliable speech has often been misinterpreted as limited cognitive or receptive language abilities, largely because assessment methods depend on motor output. Currently, there are no reliable methods to evaluate comprehension or intellect that do not require complex motor responses. This ongoing, first-of-its-kind study applies functional magnetic resonance imaging to examine language processing in nonspeaking autistic individuals without requiring overt output. By adapting protocols to address motion, sensory tolerance, and communication barriers, this work begins to identify patterns of brain activity associated with high-level language comprehension during cognitively demanding tasks. Early findings demonstrate the feasibility of capturing meaningful neural responses in this population and represent some of the first direct evidence of language network engagement independent of motor performance. From a clinical perspective, communication is understood as a motor-based process, where differences in praxis, initiation, and sensory-motor integration can disrupt the translation of thought into action. Traditional assessments may therefore underestimate ability by measuring motor execution rather than cognition. Integrating emerging neuroimaging methods with clinical insight highlights the need to decouple speech from intelligence, expand inclusive research practices, and adopt frameworks that presume competence, with important implications for more equitable access to communication supports, education, and full participation in society.

Keywords: nonspeaking autism, neuroimaging, receptive language, motor differences, praxis, communication

E5 **[58]**

ACCESSIBLE MUSICAL INSTRUMENTS: RESEARCH, DESIGN AND DEVELOPMENT

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ABSTRACT

This paper will apply multiple models of disability to better understand how to approach designing Accessible Musical Instruments (AMIs) that widen access to the arts for Disabled, d/Deaf, and neurodivergent people of all musical abilities. The research begins examining the application of the social model of disability to creative processes, and moves towards inclusion of the cultural and human rights models as well. Using research conducted during my PhD at Manchester etc University, This talk will explore the design and creative applications of Accessible Musical Instruments, presenting the case for widening their use in professional and educational settings, as well as the need for more focus on their development. Using case studies including EyeGaze instruments such as The Clarion and Headspace, as well as MIDI controllers such as MiMU Gloves and Electronic Wind Instrument from both professional and young Disabled, deaf, and neurodivergent musicians, it will considers the benefits and challenges of both Universal Design and co-design processes for adaptive technology. The presentation will include interrogation of current practice-based research from across the UK and Northern Ireland, as well as recordings of new compositions for Disabled, d/Deaf, and neurodivergent musicians using Accessible Musical Instruments.

Keywords: music, design, creativity, arts, participation

E6 **[59]**

HIGH LEVERAGE PRACTICES FOR COLLABORATION & THE IMPLEMENTATION OF UNIVERSAL DESIGN FOR LEARNING: A REVIEW OF RESEARCH AND IMPLICATIONS FOR PRACTICE

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ABSTRACT

Universal Design is a method used to ensure that environments and systems are accessible to broad range of individuals, including individuals with disabilities. Universal Design for Learning (UDL) extends those concepts to schools and curriculum. UDL consists of three principles: Multiple Means of Engagement; Multiple Means of Represeantation; and Multiple Means of Action & Expression. These principles work together to ensure students are able to access and participate in meaningful learning with their peers. High Leverage Practices (HLPs), like UDL, are designed to provide individuals with disabilities the ability to effectively access and progress meaningfully in inclusive educational settings. HLPs contain four domains: collaboration; data-driven planning; instruction in behavior and academics; and intensify and intervene as needed. The domain of collaboration consists of two pillars: HLP 1: Collaborate with professionals to increase student success, and HLP 2: Collaborate with families to support student learning and secure needed services. Through effective collaboration with professionals and families, special education personnel can better ensure that UDL is impactfully implemented in schools and curriculum, leading to broader inclusion and positive education outcomes for individuals with disabilities. This presentation will present a review of the literature and evidence-based resources for UDL and HLPs and their implications for practice. Participants will engage in discussion as to how these principles and practices can be implemented in their own schools and communities.

Keywords: high leverage practices, universal design, collaboration

PHYSICAL POSTER PRESENTATIONS

P1 **[60]**

PHYSICAL ACTIVITY OF COMMUNITY-DWELLING ADULTS WITH TRAUMATIC SPINAL CORD INJURIES IN THE CAPE METROPOLE

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ABSTRACT

Physical activity (PA) is an important indicator for disease prevention in adults with spinal cord injuries (SCIs). Regular PA can improve functioning, community reintegration, economic participation and overall wellbeing. This study aimed to determine PA levels of community-dwelling adults with traumatic spinal cord injury (TSCI) in the Cape Metropolitan, South Africa. A quantitative, cross-sectional design was used in the Cape Metropole. The population included all community-dwelling adults with TSCIs, regardless of mobility status. PA levels were measured using an ActiGraph wGT3X-BT accelerometer, classified by intensities: sedentary behaviour (SED), light intensity PA (LIPA) and moderate-to-vigorous PA (MVPA). Participants were required to wear the device during their waking hours for a period of 7 consecutive days. Descriptive and analytical statistical tests described PA intensities and investigated group differences. The results included a total of 76 participants (mean age 36 years, SD 10.93), mainly males (88.2%), were recruited. Time spent in SED, LIPA and MVPA among wheelchair users were 761.12 minutes/day (77.6%), 203.11 minutes/day (20.7%) and 16.96 minutes/day (1.7%), respectively. Ambulatory individuals spent 972.47 minutes/day (98.1%) in SED/LIPA and 18.80 minutes/day in MVPA (1.9%). Time since injury ($p=0.005$) and age ($p<0.001$) resulted in more MVPA for older wheelchair users and ambulatory individuals with recent injuries. In conclusion, participants spend most time sedentary, followed by LIPA. The study further highlighted that adults with SCI are not meeting the recommended PA levels to attain health enhancing benefits. Thus, a need exists to understand barriers underlying PA levels found in this study more comprehensively to aid in the development of targeted interventions to help optimise PA levels, including the removal of barriers.

Keywords: traumatic spinal cord injuries, community-dwelling, physical activity, sedentary behaviour, LIPA, MVPA

P2 **[61]**

A QUALITATIVE EVALUATION OF A MODEL TO IMPROVE MENTAL HEALTH IN ADOLESCENTS ABUSING SUBSTANCES: PSYCHIATRIC NURSES' PERSPECTIVES

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ABSTRACT

A model was developed to improve the mental health of adolescents abusing substances. Its implementation by psychiatric nurses was evaluated for effectiveness. The study aims to evaluate the impact of the model to improve the mental health of adolescents abusing substances. A qualitative, exploratory, descriptive, and contextual approach was used. Psychiatric nurses working in hospital wards with adolescents who abuse substances were selected through purposive sampling. Data was collected via in-depth phenomenological interviews and focus group discussions, supported by field notes. Thematic coding was used to analyze and classify data into themes and sub-themes. Trustworthiness and ethical standards were maintained throughout. Analysis of transcribed interviews and focus group discussions revealed that both nurses and adolescents benefited from the model. Nurses expressed increased interest in the model, viewing it as a guiding framework. They reported gaining valuable skills and interventions to improve adolescents' mental health. However, challenges were also encountered during interactions with adolescents, highlighting areas for further support and refinement. The shared experiences revealed that adolescents' mental health had improved, as evidenced by their achieving a sense of maturity, exhibiting positive emotions, experiencing subjective well-being, attaining emotional intelligence, and showing resilience. Evaluation of the model with psychiatric nurses demonstrates its efficacy and may be used as a framework of reference for improving mental health in adolescents abusing substances. Psychiatric nurses' insights were crucial for evaluating and improving the model's implementation.

Keywords: adolescents, mental health, psychiatric nurses, qualitative evaluation, substance abuse

P3 **[62]**

INTEGRATING ASSISTIVE TECHNOLOGIES IN INCLUSIVE AGRICULTURAL MODELS FOR ECONOMIC EMPOWERMENT OF NEURODIVERSE INDIVIDUALS IN SMALL ISLAND CONTEXTS

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ABSTRACT

Small Island Developing States face persistent challenges in creating inclusive livelihood opportunities for persons with disabilities due to limited access to assistive technologies, high import costs and scarce specialized services. These barriers are compounded for neurodiverse individuals, particularly women, girls, parents and caregivers, who experience restricted access to education, employment and markets alongside significant caregiving burdens. This study aims to develop and assess a community-based inclusive agricultural model that integrates low-cost, locally adaptable assistive technologies to enhance economic empowerment and social inclusion. The model was implemented through participatory engagement of neurodiverse youth and women in structured agricultural activities, including crop cultivation, value-added processing and skills-based training within sensory-friendly and accessible environments. Adaptations such as modified farming tools, task segmentation and supportive learning frameworks were introduced to facilitate participation and independence. Preliminary findings indicate improved engagement, increased livelihood skills, enhanced social interaction and greater awareness of neurodiversity within communities. Participants demonstrated measurable progress in task completion, confidence and economic contribution potential. The study concludes that integrating assistive technologies within inclusive agricultural systems offers a scalable and sustainable pathway for economic empowerment in resource-constrained island contexts. This approach contributes to advancing inclusive development frameworks and aligns with global priorities on inclusion of persons with disabilities, health equity and sustainable livelihoods, offering a replicable model for similar settings.

Keywords: neurodiversity, assistive technology, inclusive agriculture, women empowerment, small island states, sustainable livelihoods

P4 **[63]**

CONSTRUCTING MASCULINITY AND SEXUALITY AMONG BLACK VISUALLY IMPAIRED MEN IN RURAL SOUTH AFRICA

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ABSTRACT

Black visually impaired men (BVIM) living in rural South Africa remain largely underrepresented in disability, masculinity, and sexuality research. When recognised, they are often framed through deficit-based assumptions that position them as asexual, dependent, or incapable of intimate relationships. This study explores how BVIM in the Vhembe District of Limpopo Province construct and negotiate masculinity and sexuality within these dominant social and cultural narratives. Guided by Bourdieu's theory of practice, the study examines how social structures, cultural expectations, and lived experiences shape identity and participation. A qualitative research design was employed, using semi-structured interviews with seven BVIM. Data were analysed thematically. The findings reveal that participants actively resist and reconstruct dominant understandings of disability and masculinity. Sexuality is described as natural, embodied, and relational, although participants navigate challenges such as stigma in dating, financial expectations, limited sexuality education, and restrictive societal beliefs. These factors influence emotional wellbeing, self-perception, and participation in intimate and social life. Despite these barriers, participants demonstrate agency by redefining masculinity through communication, emotional awareness, relational responsibility, and adaptive strategies. They also draw on informal sources such as social media, peers, and personal experience to access knowledge about sexuality. The study contributes to disability and rehabilitation by highlighting the importance of inclusive, context-sensitive, and sexuality-aware approaches that recognise identity, agency, and social participation as central to functioning among visually impaired men.

Keywords: masculinity, sexuality, disability, visual impairment, rural South Africa

P5 **[64]**

FROM *"CANFEI"* TO *"CANZHANG"*: LANGUAGE EVOLUTION, DISABILITY IDENTITY, AND MENTAL WELL-BEING IN CHINA'S EQUALITY MOVEMENT

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ABSTRACT

The evolution of disability terminology in Chinese from *canfei* (残废, "handicapped and useless") to *canji* (残疾, "disabled") and ultimately *canzhang* (残障, "persons with disabilities") charts a profound transformation in how Chinese society constructs disability identity and recognizes the equal humanity of persons with disabilities (PWD). Grounded in the Politics of Recognition Theory, this paper offers a theoretical analysis of how two landmark periods of linguistic change, catalyzed first by the United Nations' disability rights agenda in the 1980s and later by China's commitments under the Convention on the Rights of Persons with Disabilities after 2008, reshaped public consciousness around disability inclusion. This study argues that language is not merely a mirror of social change but an active mechanism shaping the mental well-being and self-identity of PWD. Stigmatizing labels such as *canfei* have been linked to internalized shame, social marginalization, and diminished psychological dignity; the gradual adoption of rights-affirming terminology reflects, and reinforces, a cultural shift toward recognition and belonging. Media directives to adopt respectful language further institutionalized this shift, fostering greater social engagement among PWD. Aligned with the UN Sustainable Development Goals' imperative to leave no one behind, the findings illuminate how terminological reform can serve as a sustainable, low-barrier lever for advancing disability inclusion at the societal level. Implications for civic education, critical language awareness, and inclusive public communication are discussed, offering pathways for empowering both PWD communities and allied professionals.

Keywords: expression change, politics of recognition, disability identity and mental well-being, China disability inclusion, education

P6 **[65]**

CONTRIBUTION OF DERMATOGLYPHICS TECHNIQUES IN ASSESSING AUTISTIC INDIVIDUALS FOR CAREER GUIDANCE IN MAURITIUS: AN ONGOING PROJECT

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ABSTRACT

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by considerable diversity in cognitive abilities, learning styles, communication skills, and vocational potential. Conventional intelligence and career assessment methods often rely heavily on verbal communication and standardized psychometric testing, which may not adequately capture the strengths and abilities of autistic individuals. This study investigates the contribution of dermatoglyphic techniques, specifically the Dermatoglyphics Multiple Intelligence Test (DMIT), in assessing the multiple intelligences of autistic children for career guidance purposes in Mauritius. The study adopts a mixed-methods research design that integrates qualitative and quantitative approaches to examine the potential role of dermatoglyphic analysis as a complementary, strengths-based assessment tool. Data are collected from autistic children aged 6 to 16 years through DMIT fingerprint reports, supported by interviews with parents, educators, and professionals working with autistic children. The research further explores stakeholders' perceptions of the usefulness, reliability, and practical application of DMIT reports in educational planning and career guidance. Qualitative data are analyzed using thematic analysis, while quantitative findings are presented using descriptive statistical techniques to identify patterns and relationships. The study is grounded in the theoretical premise that fingerprint ridge patterns and neurological development occur concurrently during prenatal development, thereby providing a biological basis for investigating potential associations between dermatoglyphic characteristics and individual learning preferences. However, the research does not seek to establish dermatoglyphics as a diagnostic tool for autism or as a definitive predictor of intelligence. Instead, it critically evaluates whether DMIT can serve as a supplementary resource alongside established educational and psychological assessment methods. The findings are expected to contribute to the growing body of knowledge on non-verbal assessment strategies for autistic individuals while addressing the limited evidence available within the Mauritian context. The research aims to provide insights for educators, psychologists, career counsellors, policymakers, and parents regarding the potential role and limitations of dermatoglyphic techniques in supporting individualized educational planning and career development. Ultimately, the study seeks to promote a strengths-based approach to understanding autistic learners and to encourage evidence-based practice in career guidance and educational decision-making.

Keywords: Autism Spectrum Disorder, Dermatoglyphics, Dermatoglyphics Multiple Intelligence Test (DMIT), multiple intelligences, career guidance, autism, educational assessment, mauritius, neurodevelopment, strengths-based assessment.

VIRTUAL ORAL PRESENTATIONS

F1 **[66]**

EVALUATING THE USE OF ANXIETY PATIENT-REPORTED OUTCOME MEASURES (PROMS) IN DEMENTIA CLINICAL TRIALS: A SYSTEMATIC REVIEW

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ABSTRACT

Anxiety is a common but under-recognised symptom in dementia, affecting quality of life and care outcomes. Despite the growing emphasis on inclusive mental healthcare, the use of patient-reported outcome measures (PROMs) in dementia trials remains unclear. This systematic review examined how validated PROMs are used to assess anxiety in dementia trials, including measurement tools, methods, demographic representation, and evidence gaps. The review followed PRISMA and Cochrane Handbook guidance, with protocol registration on PROSPERO (CRD42025649920). Randomised controlled trials published between January 2015 and February 2025 were included if they assessed anxiety in mild to moderate dementia using validated PROMs within pharmacological or non-pharmacological interventions. Searches were conducted across MEDLINE, Embase, PsycINFO, Cochrane Library, and ClinicalTrials.gov, supplemented by citation tracking. Two reviewers independently undertook study selection, data extraction, and risk of bias assessment. Due to heterogeneity, findings were narratively synthesised. Of 2,328 records screened, 29 trials (n=5,697) met inclusion criteria. While 93.1% used validated anxiety measurement tools, only 44.4% employed PROMs, most frequently the Hospital Anxiety and Depression Scale, mainly in non-pharmacological trials. Women and individuals of White ethnicity were overrepresented, and no studies examined PROM effectiveness by sex and ethnicity. Most trials showed moderate to high risk of bias, and evidence was confined to high-income countries. Findings highlight that anxiety outcomes in dementia trials remain largely proxy-reported, with existing anxiety PROMs being generic and unvalidated for this population. There is a critical need for validated dementia-specific, culturally sensitive anxiety PROMs, improved demographic reporting, and integration of anxiety assessment within dementia core outcome sets. Meaningful involvement of people with dementia and care partners is essential to ensure outcome measures are relevant, acceptable, and representative.

Keywords: dementia, anxiety, patient-reported outcome measures, inclusivity

F2 **[67]**

PSYCHOSOCIAL DETERMINANTS OF QUALITY OF LIFE AMONG PERSONS WITH LOCOMOTOR DISABILITY: THE MODERATING ROLE OF EMPLOYMENT

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ABSTRACT

It is essential to empower and assist marginalized communities to build a society that is more egalitarian and equitable. This community includes a vulnerable subset of persons with disabilities (Divyangjan) who experience various forms of prejudice and stigma from people everywhere. Their feeling of isolation and discrimination in society has a detrimental effect on their mental health and general wellbeing. So, there is a need to shift from vulnerability to empowerment in order to bring about community inclusion with the help of the approach of positive psychology. Differently abled people may improve their self-perception and feel more empowered by addressing and nurturing their latent positive psychological attributes. The present study aims to examine the psychosocial factors such as self-efficacy, perceived social support, employment and quality of life and to ascertain the significant relationship among these variables. A correlational and cross-sectional study was designed to obtain a sample of 215 persons with locomotor disabilities through purposive sampling in India. Results suggested a significant positive association among the study variables namely self-efficacy, perceived social support and quality of life. Results also revealed that employment played a substantial role as a moderator in the relationships between study variables. This study discusses the relevance of psychosocial factors in the lives of Divyangjan in order to increase their overall quality of life, mental health, and well-being. Furthermore, the findings of this study have practical implications for planning therapeutic intervention in various rehabilitation programs, while offering recommendations for understanding diversity and commonalities.

Keywords: Divyangjan, self-efficacy, perceived social support, employment, quality of life

F3 **[68]**

RESILIENCE DURING PRE-AMPUTATION: A REFLECTIVE AUTOETHNOGRAPHY OF PSYCHOLOGICAL EXPERIENCES PRIOR TO LIMB LOSS IN SRI LANKA

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ABSTRACT

Amputation is predominantly examined within post-operative rehabilitation, framing recovery as a process that begins after physical loss. This study challenges that assumption by examining psychological processes that emerge prior to amputation. Using a reflective autoethnographic approach, personal narratives were systematically documented through structured journaling during the pre-operative period following a diagnosis of chondrosarcoma and preparation for above-knee amputation. Data were analysed using an inductive thematic analysis, enabling the identification of recurring emotional and cognitive patterns across time.Findings indicate that anticipatory grief, identity disruption, decisional uncertainty, and social anxiety are central to the pre-amputation experience. Critically, these experiences were not static; rather, they interacted dynamically with processes of meaning-making, emotional regulation, and adaptive coping, through which resilience began to emerge prior to surgery. Sustained reflective engagement functioned as a mechanism for psychological organisation and readiness, highlighting the individual's active role in early-stage adjustment.The study identifies a critical gap in clinical practice, namely the absence of structured psychological support during the pre-amputation phase. Addressing this gap is essential to facilitate early psychological adaptation and optimise subsequent rehabilitation outcomes. By foregrounding lived experience, this research reconceptualises resilience as a dynamic, temporally extended process that begins before physical loss, offering a necessary shift in how rehabilitation trajectories are understood and supported.

Keywords: pre-amputation psychology, resilience, autoethnography, rehabilitation, coping

F4 **[69]**

DEVELOPING A REPOSITORY OF PSYCHOLOGICAL STRATEGIES FOR EMOTIONAL RESILIENCE AND SOCIAL INCLUSION IN DISABILITY REHABILITATION

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ABSTRACT

Persons with disabilities often face significant barriers to emotional well-being and social participation. Heightened external competition, individualistic social norms, cultural divisions, and economic disparities can disrupt psychological equilibrium and impede integration into mainstream society. While the importance of psychosocial support in disability rehabilitation is widely recognized, there is a notable gap in consolidated, evidence-based psychological resources that practitioners and policymakers can readily apply. This study addresses that gap by developing a structured repository of psychological strategies aimed at strengthening emotional resilience and social cohesion among persons with disabilities. This study adopted a structured review combined with qualitative interviews. A systematic review of peer-reviewed studies published between [2019 to 2024] was conducted, with inclusion criteria covering psychological interventions, emotional resilience, and social inclusion outcomes for persons with disabilities. In parallel, semi-structured interviews were conducted with persons with disabilities, caregivers, and rehabilitation professionals. Thematic analysis was used to identify recurring strategies and principles. The analysis identified core psychological strategies grouped into four thematic categories: (1) cognitive behavioral approaches for resilience-building, (2) community-based interventions promoting social cohesion, (3) culturally adapted counseling frameworks, and (4) peer-support and family-engagement mechanisms. Findings suggest that strategies grounded in social and cultural context are most effective in reducing emotional and mental isolation. Participants consistently highlighted the role of accessible support networks, inclusive cultural practices, and family involvement in sustaining well-being. The proposed repository provides a structured, evidence-based resource for rehabilitation practitioners, policymakers, and educators. By integrating psychological principles with sociocultural considerations, it offers practical guidance for designing interventions that enhance emotional resilience and social inclusion among persons with disabilities. Future work should validate these strategies through longitudinal implementation studies across diverse rehabilitation settings.

Keywords: Disability inclusion, emotional resilience, social cohesion, mental well-being, social integration, rehabilitation psychology

F5 **[70]**

LIVING WITH TRAUMA: EVERYDAY EXPERIENCES OF SPINAL CORD INJURY SURVIVORS

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ABSTRACT

Spinal Cord Injury (SCI) is a life changing traumatic experience. It significantly affects an individual's physical, psychological, and social well-being, reshaping identity and everyday life after trauma. The impact of such an injury often extends beyond the individual, influencing family dynamics, livelihood opportunities, and long-term quality of life. Individuals with SCI frequently undergo a process of adjustment as they learn to navigate new physical limitations, altered social roles, and emotional challenges. According to the World Health Organization (2024), more than 15 million people globally live with SCI, highlighting the need for deeper contextual understanding. The life of SCI survivors is not a cake walk and the support they need is often not offered to them. In many contexts, particularly in developing countries, rehabilitation services, assistive technologies, and social support systems remain limited or unevenly distributed. From public space accessibility to personal life support, SCI survivors are facing challenges everyday in their lives. Physical barriers in infrastructure, limited accessible transportation, and lack of inclusive public services often restrict their mobility and independence. Social stigma, lack of awareness, and dependency on caregivers further complicate the process of social participation and integration. This study explores the post-traumatic experiences of SCI survivors in Delhi NCR, with a gender-sensitive perspective. The study adopts a phenomenological approach to capture lived experiences, including the researcher's own experience as an SCI survivor. Snowball sampling was used to select participants across diverse socio-economic backgrounds, genders, and injury levels. Data were collected through in-depth interviews and analysed thematically. The findings reveal key themes such as everyday struggles, stigma, autonomy versus dependency, infrastructural inaccessibility, coping mechanisms, and challenges in social reintegration. The study contributes to theoretical understanding and provides practical insights for social workers, policymakers, and rehabilitation professionals working in disability and trauma care.

Keywords: spinal cord injury, gender and disability, lived experiences, post-traumatic adaptation, social reintegration

F6 **[71]**

DETERMINANTS OF ADJUSTMENT IN ORTHOPEDICALLY DISABLED CHILDREN: A STUDY OF PARENTAL ATTITUDE AND NEED PATTERNS

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ABSTRACT

Adjustment among orthopedically disabled children is critical for their psychological well-being and social integration, yet it is strongly influenced by family dynamics and underlying motivational forces. This study investigates the predictive role of parental attitude and need patterns in the adjustment of orthopedically disabled children. A sample of 100 orthopedically disabled children was assessed using standardized measures: the Adjustment Inventory (Mittal, 1965), Parental Attitude Research Inventory (Saxena,1970), and the Needs Scale (Aijaz & Quadri, 1984), covering achievement, affiliation, aggression, dominance, and abasement. Stepwise multiple regression and t-tests were employed for analysis. Findings revealed that mother's attitude and need dimensions—affiliation, achievement, dominance, and abasement—significantly predicted adjustment outcomes. Children exposed to positive parental attitudes demonstrated significantly higher adjustment levels ($p < .05$). Additionally, significant differences were observed between high and low adjusted groups across all need dimensions ($p < .05$), with adaptive needs (achievement, affiliation) linked to better adjustment and maladaptive needs (abasement, dominance) associated with poorer outcomes. The study underscores the central role of parental attitude and motivational need structures in shaping adjustment. Interventions targeting parental awareness and adaptive need development can substantially enhance psychological well-being and quality of life among orthopedically disabled children.

Keywords: orthopedically disabled children, adjustment, need patterns, parental attitude, psychological well being

F7 **[72]**

ACCESS TO HEALTHCARE IN THE CRIMINALIZED SYSTEM: RETHINKING SEX WORK, DISABILITY AND SECTION 27 IN SOUTH AFRICA

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ABSTRACT

Ongoing debates in respect of decriminalisation of sex work in South Africa remains a concern, more specifically when considered against the constitutional right of access to healthcare services under Section 27. This paper adopts a desktop-based approach in order to examine whether the continued criminalisation of sex work limits meaningful access to healthcare and how this limitation is linked to disability and the need for rehabilitation. This paper argues and interrogates that criminalisation does not only regulate sex work, but it also creates conditions that discourage sex workers from seeking medical assistance. The paper argues that sex workers are part of the vulnerable groups in South Africa and are disadvantaged by lack of access to healthcare. Their livelihood is attached to multiple fears, including fear of arrest, stigma, and negative experiences within healthcare spaces. Due to these, sex workers end up resulting in delayed or avoided treatment causing more harm to their health care. In many instances avoidance to health care facilities leads to untreated health conditions amongst sex workers such as HIV/AIDS, reproductive health complications and mental health challenges. The paper undertakes to show that over time these conditions may develop into long-term impairments or disabilities. In this way the paper argues that criminalisation indirectly contributes to the production and worsening of disability. The paper will then conclude that a reconsideration of the current legal framework including decriminalisation alongside disability sensitive healthcare and rehabilitation measures is necessary to ensure meaningful access to health care for everyone within the Republic of South Africa.

Keywords: sex work, criminalization; disability, access to healthcare, mental health, South Africa

F8 **[73]**

BEYOND THE SHADOWS: SIBLING CAREGIVING, IDENTITY, AND MENTAL HEALTH IN FAMILIES OF INDIVIDUALS WITH SEVERE AUTISM

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ABSTRACT

Siblings of individuals with profound autism often experience significant lifestyle changes that affect their mental health and identity development. Despite growing awareness of autism, neurotypical siblings, commonly known as “glass children,” remain overlooked. This presentation examines how caregiving responsibilities and family dynamics shape the psychological well-being, identity, and developmental trajectories of siblings of individuals with profound autism. Using a qualitative autoethnographic approach, this study draws on the lived experiences of a 25-year-old sibling caregiver and special education teacher in Singapore. Key caregiving challenges in Singapore include behavioural management, establishing routines, limited access to post-18 services, and the stigma associated with having a disabled family member. Due to the priority placed on the needs of the autistic individual, the "glass child" phenomenon reveals patterns of emotional neglect, heightened responsibility, perfectionism, and psychological distress. There are several recommendations, including establishing peer support networks, providing mental health screenings and counseling in schools, and implementing flexible workplace policies for siblings. This presentation contributes to a growing understanding of sibling experiences by offering culturally grounded insights and practical strategies to support the well-being of “glass children.”

Keywords: autism, siblings, mental health, caregiving

F9 **[74]**

THE COMPARISON OF DOG ABILITY TO SNIFF OUT CRIMINALS AND BLIND PERSONS' ABILITY TO SMELL HUMAN ODOUR:-A PROPOSAL TO EXPAND THE HORIZON OF SECTION 37(1)(C) OF THE SOUTH AFRICAN CRIMINAL PROCEDURE ACT 51 OF 1977 AND ENABLE BLIND PERSONS IDENTIFY PERPERTRATORS, IN SEXUAL ASSAULT CASES

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ABSTRACT

The South African law of evidence is part of procedural law. The law of procedure in South Africa, bears its origions from English law hence much of the set standards in the law of evidence bear historical English law perspective. As early as 1800 evidence based on sniffing criminals by dos out was developed under English law. This law as it was particularty expert evidence based only on dogs ability to sniff and identify individuals under investigation, it was never part of the statutorily entrenched laws. It remained common law principle, evolving through case law. As such it maintained a thwarted developmental status. For example, the South African section 37(1)(c) of the South African Criminal Procedure Act 51 of 1977 (herein after CPA) dealing with identity of perpertrator was never thought to encapsulate identity through smell. By comparing ability of animal sniffing and human smelling, in this paper, it will be discovered that visually impared persons can be able to identify perpertrators, in cases such as sexual assault. The paper will then propose that there should be policies and laws that strengthen the broad nature of Section 37(1)(c) of the CPA. It argues that through such developments, new ways will be taught to blind persons to protect themselves against rapists and to enable them to give evidence and report perpertrators before courts of law. The paper follows desktop-based methodology where related literature will be sourced from books and articles both online and hard copy. Both reported and unreported cases on sexually assaulted blind persons will be referred to. The ensued injustices deciphered from these cases will be addressed in the light of the arguments pertaining to the extention of section 37(1)(C) of the CPA.

Keywords: evidence of identity, identity through smell, visually impaired persons, access to justice
Biography: Since 2014 after 10 years

G1 **[75]**

THE USE OF TELEREHABILITATION FOR SPINAL CORD INJURY IN LOW- AND MIDDLE-INCOME SOUTH AFRICA

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ABSTRACT

TR has potential to address unmet rehabilitation needs of individuals with spinal cord injury (SCI) in low- and middle-income countries (LMICs). However, evidence regarding utility, feasibility, and implementation for SCI within LMICs remains limited. This scoping review aimed to describe the utility of TR in the management of SCI and identify barriers and facilitators to implementation. A comprehensive literature search was conducted across four databases. Following screening, data were extracted, charted and synthesized using a narrative approach. Outcomes in included studies were mapped against the International Classification of Functioning, Disability and Health (ICF) core set for SCI in the long-term context. Fifteen studies met inclusion criteria. Findings suggest that TR has potential to support SCI rehabilitation in LMICs by addressing geographical barriers and improving access to care. However, significant barriers to implementation exist, including limited infrastructure, patient and caregiver-related challenges, and legal and cybersecurity concerns. Key facilitators included supportive policy, expanding mobile connectivity, and positive user and provider experiences. Most interventions focused on activity and participation outcomes, with notable gaps in the assessment of body function, structure, and environmental factors. TR represents a promising adjunct to in-person rehabilitation for individuals with SCI in LMICs. Addressing contextual barriers, and strengthening the evidence base through context-specific research are essential to support sustainable implementation.

Keywords: telerehabilitation, spinal cord injury, low- and middle-income countries, rehabilitation, digital health

G2 **[76]**

STRENGTHENING DISABILITY-INCLUSIVE HEALTHCARE SYSTEMS THROUGH PROVIDER PREPAREDNESS AND ATTITUDINAL CHANGE

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ABSTRACT

People with disabilities experience persistent disparities in healthcare access, quality, and outcomes, undermining progress toward the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities). Provider attitudes—including stigma, diagnostic overshadowing, and diminished expectations of capability—are increasingly recognized as structural determinants shaping clinical decision-making, patient engagement, and continuity of care across the lifespan. This paper examines the role of healthcare provider preparedness in advancing disability-inclusive healthcare systems aligned with the SDG agenda. The work draws on a structured synthesis of international literature on disability-inclusive healthcare and rehabilitation, integrated with comparative observational insights from Fulbright fieldwork in South Africa. This approach identifies consistent patterns in how disability is conceptualized within clinical environments and analyzes the downstream implications for patient autonomy, participation, and long-term inclusion in education and employment, aligning with SDG 4 (Quality Education) and SDG 8 (Decent Work and Economic Growth). As a practical outcome, a healthcare provider checklist was developed to support equitable communication, reduce attitudinal bias, and promote strengths-based, person-centered care. The checklist addresses communication practices, clinical assumptions, environmental accessibility, shared decision-making, and continuity of care, and is adaptable for training and routine practice. Strengthening provider preparedness through scalable tools represents a feasible entry point for advancing disability-inclusive healthcare while acknowledging the need for sustained, system-level commitment.

Keywords: disability equity, inclusive healthcare, stigma, rehabilitation systems, provider attitudes, person-centered care

G3 **[77]**

GOVERNING INCLUSION: TECHNOLOGY, INSTITUTIONS, AND PATHWAYS FOR DISABILITY EQUITY IN THE GLOBAL SOUTH

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ABSTRACT

Disability inclusion in the Global South faces persistent structural and institutional challenges despite advances in technical rehabilitation. This study examines the concept of Sustainable Advantage in disability inclusion, emphasizing alignment of socio-technical interventions with India's constitutional principles. Institutional inertia, fragmented policy implementation, and uneven governance structures are identified as key barriers to meaningful participation for persons with disabilities. Using qualitative policy analysis and comparative review of national and sub-national strategies, the research investigates how human-centered socio-technical governance can bridge administrative and social divides. Findings highlight that coordinated institutional action, capacity-building within local governance bodies, and mechanisms for social accountability are essential to sustain inclusion even in resource-constrained contexts. Integrating human rights principles, community engagement, and policy coherence emerges as critical for achieving durable and context-sensitive advantage in disability inclusion. The study also underscores the importance of context-specific approaches that extend beyond mere technical compliance, addressing structural and procedural dimensions of governance simultaneously. Implications for policymakers, civil society actors, and academic stakeholders include developing interventions that are scalable, rights-based, and socially inclusive. This research contributes a practical framework for Sustainable Advantage, providing strategies to enhance long-term participation, equitable access, and resilience of disability support systems in the Global South.

Keywords: disability inclusion, global south, governance, socio-technical systems, accessibility, rights-based approach

G4 **[78]**

A PERFORMANCE-BASED AHP -MAUT FRAMEWORK FOR VISUAL ACCESSIBILITY IN INCLUSIVE EDUCATIONAL BUILDINGS

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ABSTRACT

Visual accessibility in higher education environments is often assessed using mobility-based criteria that don't fully address perceptual needs of students with low vision. This study develops a performance-based, multi-criteria decision-support framework using the Analytic Hierarchy Process (AHP) to evaluate building performance for users with visual acuity (VA) of 0.1. The framework translates design principles from ISO 21542 and DIN 32975 into a hierarchy of architectural indicators for lighting quality, luminance contrast, and spatial legibility. Criterion weights were determined through expert judgment from low-vision rehabilitation specialists. The framework was applied to a school teaching applied humanities and social sciences, which achieved an overall visual accessibility score (2.302/5). This result stems from strong performance in "Indoor Public Services" (4.43/5) and "Design Principles" (4.02/5), suggesting that its architectural uniformity and adequate ambient lighting support cognitive mapping. The assessment identified deficiencies in transparent elements' visibility and directional signage consistency. The findings indicate that achieving meaningful inclusion for students with 0.1 VA requires targeted interventions, particularly improving luminance contrast to 70% on stair treads and transition points, and using matte, slip-resistant flooring to minimize glare. These modifications directly influence safety, independence, comfort, and participation for low vision students. This study is important in Jordan, where comprehensive architectural guidelines for persons with low vision remain limited. Without regulations educational institutions may overlook critical aspects of visual accessibility in campus buildings. Students with low vision may face barriers affecting their independence and participation. Ensuring their right to study in a safe, supportive environment is an issue of equity, inclusion and educational justice. This research provides architects and decision-makers with a practical framework to identify deficiencies and create inclusive university environments.

Keywords: analytic hierarchy process, visual accessibility, low vision, inclusive design, inclusive building

G5 [79]

DEVELOPMENT AND VALIDATION OF A UNIVERSAL DESIGN-BASED FRAMEWORK FOR ACCEPTANCE AND SUSTAINABILITY OF ASSISTIVE TECHNOLOGY AMONG PEOPLE WITH PHYSICAL DISABILITIES

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ABSTRACT

Assistive technology (AT) is central to the independence, participation, and quality of life of people with physical disabilities, yet global evidence consistently shows that a substantial proportion of AT devices are rejected, underused, or abandoned after acquisition. This paper reports the development and empirical validation of the Universal Design-Based Assistive Technology Acceptance and Sustainability (UD-ATAS) framework, an integrated model that combines the seven principles of Universal Design with constructs drawn from the Technology Acceptance Model (TAM), the Unified Theory of Acceptance and Use of Technology (UTAUT), and Scherer Matching Person and Technology (MPT) model. The framework was developed in two phases. In Phase 1, a structured literature synthesis and a three-round Delphi consultation with 21 rehabilitation and design experts were used to identify and refine the frameworks constructs and hypothesized relationships. In Phase 2, the framework was operationalized as a 42-item survey instrument and administered to 342 adults with physical disabilities (spinal cord injury, cerebral palsy, amputation, muscular dystrophy, multiple sclerosis, and other physical impairments) who were current users of at least one AT device. Exploratory and confirmatory factor analyses supported a six-factor measurement structure with strong internal consistency (Cronbach alpha 0.79–0.91), and structural equation modeling demonstrated an acceptable model fit (χ^2/df = 2.14, CFI = 0.951, TLI = 0.943, RMSEA = 0.058, SRMR = 0.049). Universal Design compliance was significantly associated with perceived usefulness/ease of use ($\beta = 0.52$) and facilitating conditions/social influence ($\beta = 0.38$), which in turn predicted acceptance intention ($\beta = 0.44$ and $\beta = 0.29$, respectively) and, ultimately, sustainability of use ($\beta = 0.61$). Participants using AT devices independently rated as Universal-Design-compliant reported substantially higher continued-use rates at 12 months (88% vs. 61%) and satisfaction (81% vs. 54%) than users of conventional, non-UD devices. These findings provide empirical support for embedding Universal Design principles into AT development and provisioning pathways as a strategy for reducing device abandonment and improving long-term sustainability of AT use.

Keywords: universal design, assistive technology, technology acceptance, device abandonment, sustainability of use, physical disability, matching person and technology, structural equation modeling

G6 **[80]**

GOOD GOVERNANCE PRACTICES OF THE ILOCOS SUR HOPE ORDINANCE FOR PERSONS WITH DISABILITIES

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ABSTRACT

Persons with disabilities (PWDs) remain among the most vulnerable sectors, often experiencing economic insecurity, limited access to services, and social exclusion. Consistent with the principles of good governance and inclusive public administration, effective social protection programs require transparency, accountability, responsiveness, and equitable service delivery to ensure that vulnerable populations are not left behind. In response, the Province of Ilocos Sur implemented the HOPE Pension Ordinance as a localized social protection mechanism designed to promote disability-inclusive social welfare and improve beneficiaries' quality of life. Using a descriptive–correlational design, the study involved 287 respondents selected through proportionate and convenience sampling across 34 local government units. Proportionate sampling ensured representation from participating LGUs, while convenience sampling facilitated the inclusion of qualified beneficiaries who were available during the data collection period. Data were collected using a validated questionnaire and analyzed using frequency, percentage, mean, and Spearman's rho correlation coefficient. Governance practices were assessed in terms of accessibility, regularity and timeliness, sufficiency, transparency, and responsiveness. Findings revealed that the implementation of the HOPE Ordinance was rated very high (M = 4.32), while the living status (M = 3.98) and financial stability (M = 3.97) of beneficiaries were rated high. Results further showed a strong and significant relationship between governance practices and both living status and financial stability ($r = 0.75$, $p = 0.00$). Qualitative responses supported these findings, highlighting improvements in daily living conditions and reduced financial burden among beneficiaries. The study concludes that effective governance practices significantly enhance the impact of social protection programs. Strengthening transparency, responsiveness, and timeliness can further improve outcomes. This research contributes to the discourse on disability-inclusive governance and provides evidence for policy enhancement in local social protection programs.

Keywords: good governance, persons with disabilities, social protection, HOPE ordinance, financial stability, living status

G7 **[81]**

FROM REALITY TO MIRAGE: AN EMPIRICAL AND APPLIED ANALYSIS OF INCLUSIVE INSURANCE FOR PERSONS WITH DISABILITIES

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ABSTRACT

An insurance product is a mechanism of social solidarity; it saves you from health and financial crises. The legal frameworks obliged the insurance sector to align its business operations with human rights commitments. Yet the persons with disabilities (PwDs) face exclusion from insurance services by the insurer. Insurance plays a crucial role in enabling individuals to participate meaningfully in socio-economic activities, and insurers also ensure that their policies, underwriting practices, and service delivery mechanisms do not result in the exclusion of PwDs. However, the finding suggests that nearly a very significant percentage of the insurance experts face difficulties in assessing risk for PwDs, which reveals a persistent pattern of exclusion through institutional barriers for PwDs, while undermining the principle of equal protection. The paper aims to analyze the discriminatory practices by insurers through the mixed method research for data collection through quantitative and qualitative interviews. A total of 1500 including Persons with Disability and their family member/caretaker and 586 stakeholders including Insurance experts, Academicians and NGO/social workers, have been interviewed. Therefore, the study argues for policy reforms in insurance sector to ensure inclusive underwriting practices supported by actuarial data specific to PwDs rather than relying on prejudiced assumptions of high risk. The outcome of this study will help to frame an inclusive policy for persons with disability while balancing the interests of the insurer.

Keywords**:** persons with disabilities, insurance accessibility, inclusive insurance, financial security, universal healthcare.

G8 **[82]**

CO-DESIGNED WORKFORCE EDUCATION TO STRENGTHEN EQUITABLE ACCESS FOR PEOPLE WITH DISABILITY IN RURAL HEALTH SYSTEMS

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ABSTRACT

Disability inclusion is widely recognised, yet rural health services continue to face practical barriers in delivering accessible care. In settings marked by workforce shortages and geographic isolation, strengthening access requires rural people to shape rural services. This study evaluated a co-designed workforce education program developed with people with disability and families in a rural Australian health district to strengthen inclusive, person-centred care and cross-sector collaboration. An independent mixed-methods evaluation was undertaken over three years across five phases. Data included pre- and post-program staff surveys and in-depth interviews with health professionals, program designers and facilitators, people with disability, and those responsible for workforce training within the health service. Quantitative data were analysed descriptively, and qualitative data were thematically analysed. Findings demonstrated increased staff knowledge, understanding and confidence to work collaboratively with people with disability and their families. The program strengthened relationships between health and disability sectors and supported more coordinated care pathways. A key strength of both the program and its evaluation was the integration of multiple perspectives, enabling examination of how education design, lived experience, workforce development structures and clinical practice functioned collectively within the rural Australian health system. The results show that co-designed workforce education can strengthen equitable access for people with disability in rural health settings/contexts. This model offers a practical, scalable framework for embedding accessibility, partnership and equity within mainstream services.

Keywords: Disability inclusion, Equitable access, Rural health systems, Co-design, Workforce

G9 **[83]**

ENCOUNTERS AT THE MARGINS: A SCOPING REVIEW OF TRADITIONAL BIRTH ATTENDANTS AND DISABILITY

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ABSTRACT

Background: Traditional Birth Attendants (TBAs) remain central to maternal and neonatal care in many low- and middle-income countries, particularly in rural and underserved settings. While their cultural legitimacy and accessibility are well documented, less attention has been paid to how TBA-led care intersects with disability. A comprehensive mapping of existing evidence is needed to better understand this intersection and inform inclusive, rights-based approaches to maternal health. This scoping review aimed to systematically map and synthesize the available literature on TBAs and disability, focusing on (1) access to and quality of care for women with disabilities in TBA-supported settings, (2) the extent to which disability rights frameworks are integrated into community-based maternal care. Guided by the PRISMA-ScR extension for scoping reviews, this study searched multiple databases and grey literature sources for relevant publications. Studies were screened and data was charted and analyzed thematically. The review includes qualitative, quantitative, and mixed-methods studies, as well as policy documents and program reports, to capture a broad evidence base. The review maps key themes, identified gaps in the literature, and highlights patterns related to barriers, facilitators, and outcomes at the intersection of TBA practices and disability. Particular attention is given to issues of accessibility, stigma, training, referral systems, and rights-based care. By synthesizing dispersed evidence, this scoping review provides a foundation for future research, policy development, and practice. It offers insights into how TBAs can be meaningfully engaged in disability-inclusive maternal health strategies, contributing to more inclusive, equitable and responsive healthcare systems.

Keywords: Traditional Birth attendant (TBA), disability, pregnancy, birth, inclusive health systems

G10 **[84]**

PERCEIVED SOCIAL SUPPORT AND PARENTAL BURNOUT AMONG PARENTS OF CHILDREN WITH NEURODEVELOPMENTAL DISORDERS: A SYSTEMATIC REVIEW USING THE PRISMA FRAMEWORK

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ABSTRACT

Parents of children with neurodevelopmental disorders often experience substantial caregiving demands that may contribute to parental burnout, emotional exhaustion, and reduced psychological well-being. At the same time, perceived social support has been identified as a potential protective factor that may buffer the negative psychological effects of long-term caregiving. This study aims to systematically review existing literature on the relationship between perceived social support and parental burnout among parents of children with neurodevelopmental disorders. The review is guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. Relevant studies were identified through searches of major academic databases, including Google Scholar, PubMed, Scopus, and ScienceDirect, using keywords related to parental burnout, perceived social support, caregivers, and neurodevelopmental disorders. Studies were screened based on predefined inclusion and exclusion criteria, focusing on peer-reviewed English-language articles addressing parental psychological outcomes and support systems. The review indicates that parents of children with autism spectrum disorder, attention deficit hyperactivity disorder, intellectual disabilities, and related conditions commonly report elevated stress, emotional fatigue, and burnout symptoms. The findings further suggest that strong perceived social support from family, friends, professionals, and community networks is consistently associated with lower burnout and better coping outcomes. This review highlights the need for structured support interventions and inclusive mental health services to enhance caregiver well-being and strengthen family resilience within disability communities.

Keywords: parental burnout, perceived social support, neurodevelopmental disorders, caregivers, PRISMA, mental health

H1 **[85]**

DYSPHAGIA AND FUNCTIONAL CHALLENGES IN ADULTS WITH CEREBRAL PALSY

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ABSTRACT

Cerebral palsy (CP) is a lifelong, heterogeneous motor condition that affects millions of individuals across the lifespan and is frequently accompanied by functional challenges. According to multiple cerebral palsy advocacy organizations, adults with CP now represent more of the global CP population than children. Despite CP being a lifelong condition often impacting multiple types of motor control, clinical care and public awareness often emphasize childhood intervention and gross motor function. Two critical areas that warrant greater attention are dysphagia and adulthood. Dysphagia is common among many individuals with CP and may contribute to serious health complications, including aspiration pneumonia. In addition, adults with CP may experience reduced access to coordinated care, employment barriers, and functional decline that are not fully explained by typical aging deterioration. This presentation integrates current literature, professional knowledge, and the author's lived experience as a speech-language pathologist with cerebral palsy to highlight the need for broader recognition of dysphagia-related risks and adult-specific needs in the CP population. Attendees will gain practical insight into how improved awareness, education, and advocacy can support clinical practice and a better quality of life for individuals with CP across the lifespan.

Keywords: cerebral palsy (CP), dysphagia, adulthood. speech-language pathologist, functional decline, employment

H2 **[86]**

BRIDGING ACCESSIBILITY AND STEM: THE NATIONAL DISABILITY INCLUSION TOOLKIT FOR EDUCATION AND LEADERSHIP

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ABSTRACT

Accessibility and inclusion is becoming increasingly recognized yet students with disabilities are disadvantaged in education, leadership, and STEM fields. This poster presentation includes an introduction to the National Disability Inclusion Toolkit. This toolkit was created by youth for educators, schools, and organizations to provide knowledge and resources to create more accessible, inclusive, and equitable classrooms and spaces. The toolkit was devised through research, interviews, and consultations with youth, individuals with disabilities, educators, accessibility advocates, lawyers, and STEM mentors. The toolkit provides solutions to improve disability inclusion in schools and educational environments that align with Accessibility laws and the United Nation's Sustainable Development Goals. One of the key areas of focus was increasing accessibility and inclusion within STEM education and mentorship, with a focus on girls in STEM. The presentation will demonstrate accessible classroom resources, inclusive mentorship and disability inclusive STEM programming. It was also emphasize accommodations such as assistive technology, accessible events, universal design, accessible youth leadership opportunities, and provide school and organizational policy suggestions. The aim is to address intersectionality and how disability can overlap with gender, race and socioeconomic status creating further obstacles. Students will have a stronger understanding of how they can take their accessibility efforts past simply following laws to actively including and empowering people with disabilities. Students with disabilities can also feel empowered to be leaders and participate not only in STEM fields but in public life. The toolkit will provide educators with a scalable framework they can utilize to transform their schools into inclusive spaces.

Keywords: disability inclusion, STEM accessibility, inclusive education, youth leadership, universal design

H3 **[87]**

IMPLEMENTATION OF CAREER EDUCATION AS A TOOL FOR ADULT-LIFE TRANSITION OF STUDENTS WITH LEARNING DISABILITIES IN SELECTED SECONDARY SCHOOLS OF GABORONE, BOTSWANA

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ABSTRACT

Transition from secondary school to adult life and the world of work demands effective career readiness. Nonetheless, most high school graduates with learning disabilities in Gaborone, Botswana face a myriad of challenges as they attempt to navigate the workspace. These usually emanate from limited access to career guidance and inefficient transition planning from school to work. In this view, this study sought to evaluate the implementation of career education as a tool for adult-life transition of secondary school students with learning disabilities in Gaborone. The study adopted an explorative case study design. The chosen population consisted of school heads, senior secondary school teachers, career guidance and counselling teachers and heads of departments for learning disability in senior secondary schools. The sample was made up of a total of sixteen (16) participants that were chosen purposively from four (4) schools. Out of these, four (4) were heads of schools, four (4) were senior teachers, four (4) were guidance and counselling teachers and the last four (4) were heads of departments for learning disability. Data were gathered through semi-structured interview guides and focus group discussion guides. The study results revealed that effective implementation of career education for students with learning disabilities was significantly affected by lack of relevant policies. Nonetheless, if this is not timely addressed, affected persons may fail to live quality lives in their respective communities after school completion. This underscores the necessity for the development and implementation of specific and effective career education policies for students with learning disabilities, transition programs and intensified yet goal – oriented stakeholder collaboration activities.

Keywords: adult-life transition, career education, learning disability, workspace, secondary school

H4 **[88]**

GLOBAL COMMUNITY HEALTH NEEDS ASSESSMENTS: SPOTLIGHTING REHABILITATION SERVICES AND IMMIGRANT SUPPORT

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ABSTRACT

In 2024, the author served as the Qualitative Research consultant for a non-profit organization in the U.S. to conduct neighborhood focus groups as part of the southeastern Pennsylvania regional community health needs assessment (rCHNA). This government mandated quality improvement project, in conjunction with local non-profit hospital systems, spanned five Pennsylvania counties and gathered qualitative and quantitative data that elucidated the concerns and experiences of community members' healthcare involvements. The purpose of this paper is to highlight the importance of two topic areas of focus within a community health needs assessment: participants' rehabilitation needs and the needs of immigrants. People with disabilities and immigrants are two groups that face disproportionate barriers to accessing health services. Findings from the rCHNA included immigrant-related concerns, such as limited access to health insurance, physical and mental health services, translation services, and affordable childcare. But there were areas for improvement in implementation that could have broadened the scope of the communities that were reached and subsequent findings. In addition, rCHNA results were scant concerning rehabilitation services and access. An analysis of comparable community health needs assessments in various countries in the Global North and South provide insight into best practices for addressing the concerns of these marginalized groups. Global community health needs assessments that are methodic in their investigations into rehabilitation needs and the health concerns of immigrant populations are rare. In recognition of the World Health Assembly's 2023 resolution to support the integration of rehabilitation into universal healthcare, the author proposes that community health needs assessments internationally should be resolute in investigating the effectiveness of rehabilitation services as the tertiary element of their ethos – after public health and medicine.

Keywords: rCHNA, immigrants, rehabilitation, community health, world health assembly

H5 **[89]**

AN ECOSYSTEM MODEL FOR DISABILITY-INCLUSIVE FUTURES: A LIFESPAN, SYSTEMS-BASED APPROACH TO EDUCATION AND EMPLOYMENT

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ABSTRACT

Disability inclusion remains one of the central social and developmental challenges of the twenty-first century. Globally, an estimated 1.3 billion people, or about 16% of the world's population, experience significant disability, yet support systems often remain fragmented across life stages and institutional domains. This fragmentation is especially visible in the weak transitions between early intervention, schooling, adulthood, and employment (World Health Organization [WHO], 2022; UNESCO, 2020). This paper presents a lifespan, systems-based ecosystem model for disability-inclusive futures, drawing primarily from the Singapore context while engaging broader global inclusion discourses. The model is anchored in three principles: human-centred design, holistic quality-of-life orientation, and systemic coordination across the individual, family, community, and state. It integrates family-centred early intervention, differentiated educational pathways, adult capability development, structured transition-to-work mechanisms, and community-based enabling supports. Central to the model is a Theory of Change operationalised through the "Three E's" of Enable, Engage, and Empower, supported by outcome tracking across quality-of-life domains. The paper argues that inclusive futures cannot be achieved through isolated interventions; rather, they require an integrated transition architecture spanning the life course. The framework offers practical value for policymakers, educators, service providers, employers, and civil society actors seeking to strengthen inclusive education and employment systems. It is especially relevant to the conference theme of strengthening education and employment for inclusive futures through global collaboration.

Keywords: disability inclusion, ecosystem model, inclusive education, inclusive employment, transition pathways, intellectual and developmental disabilities, Singapore, quality of life

H6 **[90]**

BUILDING A CAREER TRAJECTORY FOR LONG-TERM EMPLOYMENT SUCCESS AND UPWARD MOBILITY

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ABSTRACT

The majority of individuals do not expect to maintain their first entry-level job unchanged over the span of an entire lifetime. Many workers recognize the value and need to start at the bottom within a company or industry, with the understanding that there will be opportunities to advance into better positions. Job satisfaction, professional identity, productivity, and self-sufficiency are all positively impacted through enhanced credentialling, promotions, and upward mobility within a company and/or industry. Moreover, occupational wellness and mental health can be improved through strategizing, preparing, and implementing relevant plans and action steps. The purpose and need for career advancement opportunities and assistance to achieve them are often ignored or unappreciated. The benefits of career exploration that includes progressive planning, development activities and employment services are overlooked or relegated to a very low priority. Diverse pathways available to enhance vocational trajectories will be explored. Potential barriers and challenges indivdiuals with disabilities may experience along a career ladder will be reviewed. In addition, effective strategies in employment services that support employment planning with individuals with disabilities and their long-term occupational success will be offered.

Keywords: career advancement, career trajectory, self-sufficiency, supported employment, employment services, occupational wellness

H7 **[91]**

WORKPLACE INCLUSION OF PEOPLE WITH INVISIBLE DISABIITIES

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ABSTRACT

Employees with mental health issues in the workplace can be difficult for employers to manage. This task becomes even more difficult to navigate in circumstances where illnesses appear to arise in the context of work-related stressors or incidents such as organisational culture or an unhealthy work-life balance. Legislation prevents any disability discrimination in the workplace but many employers limit this to visible disabilities. There should be a broader scope of what is a disability to include persons with chronic illnesses such as depression, Ankylosing spondylitis, Celiac disease, etc. Employees with invisible disabilities pose more accommodation challenges for employers because they lack visible evidence of a disability and this often led to misconceptions and miscommunication. Employees are scared to disclose because of stigmatisation, discrimination and a lack of accommodation. A case study design was followed to gain an in-depth understanding of the experiences of people with an invisible disability. The researcher believes the humanistic theory of disability inclusion is the best way to include people with invisible disabilities in the workplace because it accentuates the potential of every person, value their dignity, autonomy and self-determination. Workplace inclusion of employees with invisible disabilities includes actual management support by asking the affected employees about their needs, listening to them and acting on their needs. Inclusion is not merely a disability policy but awareness and education of the needs of people living with invisible disabilities.

Keywords: invisible disability, workplace inclusion, humanistic theory

H8 **[92]**

TRAINING FOR RESTORING LEGAL CAPACITY IN PERSONS WITH MENTAL DISABILITIES: AN EFFECTIVENESS STUDY

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ABSTRACT

This study evaluates the effectiveness of the social-psychological training program for restoring legal capacity in individuals with mental disorders. Legal capacity, the ability to exercise civil rights and make independent decisions, is often restricted by severe and chronic mental disorders; its restoration is a judicial process. The 10-week training enhances socio-legal knowledge, self-advocacy, and motivation for independent living. In 2025, data was collected from an experimental group (participants of the training, N=30) and a control group (waiting list candidates for the training, N=26) in Russian psychiatric residential facilities. Group members were selected by facilities' psychiatrists and psychologists, based on the mental health condition and rehabilitation potential. Ethical safeguards included informed consent from participants and guardians, full aims of the study explained, and anonymity. Participants were assessed using scales measuring daily functioning ability and motivation for independence. Statistical analyses included Wilcoxon, Mann-Whitney U, and Spearman's rank correlation. Post-training, the experimental group significantly decreased external assistance for daily activities ($p < 0.000$) and increased self-reliance motivation ($p < 0.000$), unlike the control group. Intergroup comparisons confirmed the experimental group's improved independence ($p < 0.000$) and motivation ($p < 0.001$). Baseline correlations showed higher education linked to less need for external assistance ($p = - 0.562$); longer residential care correlated with lower independence motivation ($p = - 0.562$). Practical effectiveness was confirmed: all five participants completing judicial processes had their limited legal capacity restored. The training is an effective psychosocial rehabilitation tool, reducing external support and enhancing autonomy. Its implementation is also recommended in psychiatric residential facilities to facilitate integration and rights expansion.

Keywords: mental disabilities, legally incompetent individuals, legal capacity restoration, social-psychological traning, psychiatric rehabilitation

H9 **[93]**

STAFF PERCEPTION ON INCLUDING STUDENTS WITH PHYSICAL DISABILITIES AT A SOUTH AFRICAN UNIVERSITY

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ABSTRACT

International and local policy frameworks on disability promote inclusive higher education practices for students with disabilities (SWD). However, the actual application of these frameworks concerning students with physical disabilities (SWPD) in any School of Health Care Sciences (SHCS) is uncertain in South African universities. This study aimed to explore the perceptions of academic and admission staff on the inclusion of SWPD in SHCS at a South African university. The study was carried out at a University of Health Sciences in South Africa. A qualitative study in which respondents (n = 12) were interviewed in depth about their perceptions on the inclusion of SWPD in the SHCS. Thematic analysis was used in the data assessment. The results revealed three main themes: policy discourse, environmental effects on inclusion and SWPD enrolment. Respondents reported the lack of a disability inclusion policy and disability unit to support SWD in general. The respondents also noted that there were environmental challenges that could potentially affect the inclusion of SWPD in SHCS study programmes. Respondents also indicated that there was no SWPD enrolment as the university's current inclusion and/or quota system does not include SWD. The findings of the study showed a lack of disability inclusion policy, environmental challenges and lack of SWPD enrolment. Based on the study findings, it can be concluded that inclusion of SWPD at this university may be negatively influenced. The study findings contribute to the field of disability and the inclusion of SWPD in higher education institutions (HEIs).

Keywords: students with physical disabilities; inclusive higher education practises; health care sciences; inclusion policy.

H10 **[94]**

MOTIVATIONAL FACTORS FOR EMPLOYMENT OF PEOPLEWITH DISABILITIES IN POLAND IN THE LIGHTOF QUESTIONNAIRE BASED RESEARCH

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ABSTRACT

According to data from the Central Statistical Office (GUS), at the end of 2024, there were over 3.9 million people with disabilities aged 16 and over in Poland. People with disabilities in Poland in 2024 constituted 10.5% of the total population, of which 53.3% were women with disabilities. The author decided to investigate the factors in Poland that motivate or will motivate people with disabilities to work. The analysis is based on the results of a survey conducted on a random sample of 182 users of social media platforms for people with disabilities in Poland (99 women and 83 men). The study conducted from October 20–26, 2025, was validated against a study first conducted by the author in 2015. Only those who were interested completed an electronic survey via the survio.com platform and provided informed consent confirming their participation as well. Statistical calculations were conducted using PS IMAGO software. The results indicate that people with disabilities are aware of their potential (87 women and 61 men), but at the same time, they feel it is not fully utilised by employers (68 women and 59 men). The main economic factor encouraging respondents to take up employment was remuneration (174 respondents). With age, remuneration becomes a weaker motivator, for both women (72%) and men (77%). Other factors, such as a good company atmosphere and a positive attitude of employers towards people with disabilities, suggests a shift in priorities across age groups (this observation was more frequently cited by people aged 30-39 than by those aged 40-49). The results of the presented study show how to build a culture of inclusivity and what attracts loyal employees.

Keywords: person with disability, questionnaire survey, labour market, motivational factors, Poland

H11 **[95]**

INVISIBLE ACCESS BURDENS: DISABILITY, INSTITUTIONAL PARTICIPATION, AND THE PSYCHOSOCIAL COSTS OF "INCLUSIVE" EVENTS

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ABSTRACT

Institutions organize meals, receptions, training sessions, and appreciation events to foster belonging and well-being. These events are framed as low-stakes opportunities for faculty to connect and receive recognition. However, they often assume participants can navigate food, environment, timing, and social expectations. For many disabled individuals, participating in these settings puts them under significant but often unrecognized burdens, including but not limited to self-advocacy fatigue, social self-monitoring, pressure to disclose private information, and risk of stigma. These demands can produce anxiety and lead to partial or full withdrawal from institutional spaces ostensibly intended to be inclusive. This paper, drawing on disability studies and care ethics, argues that these experiences are forms of access friction and psychosocial burden, not incidental barriers but the result of institutional design. This paper also examines how these dynamics negatively impact engagement and sense of belonging, highlighting the limitations of accommodation-based approaches that respond to individual needs only after barriers emerge, with implications for higher education and workplace inclusion contexts. In response, the paper proposes a shift toward access-centered institutional design, which includes anticipatory planning and participation structures that support diverse embodiments. These approaches move beyond symbolic inclusion towards more equitable and sustainable well-being, participation, and belonging across disability communities.

Keywords: disability inclusion, higher education, psychosocial burden, accessibility, belonging, institutional design

H12 **[96]**

EMPLOYMENT FOR YOUTH WITH DISABILITIES: PARENTAL EXPERIENCES AND EXPECTATIONS FROM A LOW- AND MIDDLE-INCOME COUNTRY

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ABSTRACT

Employment is a key aspect in ensuring independence, social inclusion and well-being in youth. Even though meaningful opportunities for employment improve the quality of life of youth with disabilities, they face considerably lower levels of employment rates than their peers without a disability. While developed countries offer more structured support systems, youth living in low- and middle-income countries (LMICs) struggle to find meaningful employment opportunities. This qualitative phenomenological study aimed to explore the parental experiences and expectations related to the employment of their adolescents with neurodevelopmental disabilities (NDD) in Sri Lanka, a LMIC. Qualitative data was gathered through four focused group discussions conducted with 20 parents of youth with NDD attending a pre vocational training programme at a tertiary care center in Sri Lanka and was thematically analyzed. The parents of youth with NDD preferred social inclusion through employment, meaningful engagement in income-generating activities and independence. A few participants elaborated on the current skills and interests of their adolescents while many preferred for supported and familiar work settings due to safety concerns. However, the parents were uncertain whether their adolescents possessed the competencies expected in a formal workplace. They identified discrimination, stigma, inadequate opportunities and limited institutionalized support from both education and employment sector as challenges. The participants highlighted the requirement of inclusive and systematic education, structured vocational training and workplace adaptations while emphasizing the need for safety and legal protection for youth with disabilities. These findings underscore the importance of developing comprehensive and contextually relevant skill development interventions, societal attitudinal change, advocating for inclusive initiatives and policy level interventions to facilitate youth with disabilities when transitioning into inclusive employment.

Keywords: supported employment, youth with disabilities, inclusive workplaces, disability inclusion, inclusive education

H13 **[97]**

COMMUNITY-BASED MODELS FOR ASSISTIVE DEVICE ACCESS AND FINANCING IN SUB-SAHARAN AFRICA

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ABSTRACT

Access to appropriate assistive devices (ADs) is crucial for the independence, participation, and quality of life of people with disability. Only 15% of individuals in Sub-Saharan Africa who need ADs have access to them, reflecting significant contextual barriers. We explored community-based models for AD access and financing in Sub-Saharan Africa by examining their structure, operation, strengths, limitations, and potential for scaling. We conducted a structured narrative review using Ferrari's framework. We performed a literature search in the following databases: PubMed, CINAHL, Scopus, Web of Science, Embase, and PsycINFO. Two authors screened and jointly extracted the relevant information from the included studies. We reported the findings narratively using the PRISMA-SCR as a guide. A total of 487 documents were identified, and twenty-eight documents met the eligibility criteria. Findings reveal four unique community-based approaches to AD access, including cooperative ownership, social enterprises, faith-based initiatives, and public-private partnerships. Moreover, three types of financing mechanisms were identified: microfinance initiatives, community savings groups, and results-based financing. The results suggest that community-based approaches offer valuable pathways to enhance ADs access, particularly when designed with meaningful participation of disabled people, attention to local contexts, integration with formal systems, and support from enabling policy frameworks.

Keywords: assistive technology, community-based models, financing mechanism, Sub-Saharan Africa, inclusion, participation

J1 **[98]**

FORMULATING A SOCIAL INTERACTION FRAMEWORK FOR AUTISTIC STUDENTS WITH MINIMAL SPEECH WHO USE AUGMENTATIVE AND ALTERNATIVE COMMUNICATION IN PUBLIC PRIMARY SCHOOL

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ABSTRACT

Implementing augmentative and alternative communication (AAC) for autistic students with minimal speech within public school settings remains a complex challenge. This study aims to develop and validate a social interaction framework designed to bridge the gap between systemic support and daily classroom practice, ensuring AAC intervention translates into meaningful and functional communication. Guided by the Input-Process-Output (IPO) model (Ilgen et al., 2005), the framework was developed based on findings from preliminary classroom observations and stakeholder focus groups (Phases 1 to 3). A purposive sample of nine experts (three speech-language pathologists, two school administrators, two special education teachers, and two parents) was consulted to evaluate and content-validate the framework. The resulting framework establishes a practical, multi-tiered pathway for AAC implementation. It transitions systematically from identifying who needs to be involved, to defining what the distinct communication goals are, determining when to implement strategies within the school routines, and finally outlining how these interventions can be practically and sustainably achieved on the ground. By integrating multidisciplinary expert consensus, this framework offers an ecologically valid blueprint for public schools. It operationalizes AAC supports, highlighting the importance of collaboration between stakeholders and emphasizing the effectiveness of incorporating AAC into daily routines to maximize the social communication outcomes for autistic students with minimal speech.

Keywords: autism spectrum disorder, augmentative and alternative communication, public school, special education classroom, Malaysia

J2 **[99]**

T.H.R.I.V.E: A NEURODIVERSITY-AFFIRMING FRAMEWORK FOR SUPPORTING AUTISTIC CHILDREN AND YOUNG ADULTS IN SRI LANKA

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ABSTRACT

In Sri Lanka, services for autistic individuals are often limited by deficit-based models that prioritize behavioral normalization over holistic well-being. This paper presents the T.H.R.I.V.E Framework (Tailored, Holistic, Respectful, Inclusive, Validating, Empowering), a neuro-affirming model rooted in the philosophy that environmental adaptation is superior to "fixing" the child. Developed over a decade, the methodology utilizes a "Connect before Correct" approach, shifting clinical focus from surface behaviors to underlying sensory and emotional needs, as conceptualized through the "Iceberg" analogy. Data collection involved longitudinal functional behavior assessments (FBA), semi-structured parent interviews, and monthly multidisciplinary review meetings to track progress. The framework emphasizes that "it takes a village to raise a child," integrating collaborative family engagement and community-oriented support. Observed outcomes include enhanced emotional regulation, improved communication, and increased functional independence. Furthermore, regular parent reviews indicate a significant shift in family understanding and acceptance of neurodivergent traits. By advocating for a transition from behavior correction to relational, person-centered support, the T.H.R.I.V.E Framework offers a scalable, culturally responsive alternative to traditional interventions within the Sri Lankan context.

Keywords: autism, neurodiversity, intervention, framework, adolescents, Sri Lanka

J3 **[100]**

COMMUNITY-BASED REHABILITATION PROGRAM FOR IMPROVING FUNCTIONAL MOBILITY IN POST-STROKE HEMIPLEGIC PATIENTS: A PILOT STUDY

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ABSTRACT

Stroke is a leading cause of long-term disability worldwide, with hemiplegia significantly impairing mobility and independence in daily activities. In Vietnam, the growing burden of stroke highlights the need for effective and accessible rehabilitation strategies, particularly in community settings. This study aimed to develop and evaluate a community-based rehabilitation program applying standing and gait training techniques for patients with post-stroke hemiplegia. A pre–post intervention study without a control group was conducted on 10 patients in the subacute recovery phase after stroke at Can Tho Traditional Medicine Hospital. The intervention consisted of a structured 4-week program combining supervised training and caregiver-assisted exercises, focusing on balance, weight shifting, and progressive gait practice. Outcomes were assessed at baseline, 2 weeks, and 4 weeks using the Timed Up and Go (TUG) test, gait speed, step cadence, stride length, and patient satisfaction. Results showed significant improvements in functional mobility. The mean TUG time decreased from 37.54 ± 6.1 seconds to 27.58 ± 5.36 seconds ($p < 0.001$), while gait speed increased from 0.47 ± 0.06 m/s to 0.64 ± 0.08 m/s. Step cadence and stride length also improved significantly after 4 weeks. No adverse events were reported, and patient satisfaction was high (mean score: 4.08/5). This study demonstrates that a community-based rehabilitation program integrating standing and gait training is feasible, safe, and effective in improving mobility in post-stroke hemiplegic patients. The model highlights the important role of caregivers and supports the expansion of community rehabilitation strategies in low-resource settings.

Keywords: stroke rehabilitation, hemiplegia, gait training, functional mobility, Timed Up and Go

J4 **[101]**

REDUCING GERIATRIC DISABILITY BURDEN THROUGH FUNCTIONAL BALANCE GAINS AFTER A SIX-WEEK PROPRIOCEPTION TRAINING IN A LOWER-MIDDLE-INCOME COUNTRY: A RANDOMIZED CONTROLLED TRIAL

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ABSTRACT

The age-related deterioration of proprioception creates a sensory deficit which elevates the risk of falls. Targeting neuro-muscular conditioning and balance training can help reverse this trajectory, thus improving functional mobility. Therefore, this study aimed to evaluate and compare the effects of proprioceptive training versus standard care on balance outcomes in the healthy elderly population. To address this, forty-four participants provided consent and were recruited using convenience sampling followed by randomization using concealed allocation. The experimental group received direct proprioceptive training, whereas the control group underwent indirect proprioceptive training on a stable surface without visual challenges and with low cognitive load. The Timed Up-and-Go test was the primary outcome measure. Following a 6-week intervention, both the experimental and control groups showed significant improvements from 11.3 ± 2.92 s to 8.96 ± 3.13 s and from 14.1 ± 4.69 s to 12.7 ± 4.65 s, respectively ($p<0.001$). A Post Hoc Bonferroni test confirmed significant gains in the experimental group at 2, 4, and 6-week intervals compared to the control group ($p<0.001$). Considering the higher baseline TUG scores in the control group, ANCOVA was used with baseline TUG as a covariate, yielding adjusted 6-week means of 9.07 s and 12.59 s for the experimental and control groups, respectively. The difference between the two groups was significant, with a superior outcome in the direct proprioceptive training group, $F(1, 41) = 7.19$, $p = 0.010$. These findings suggest that direct proprioceptive training effectively improves balance and reduces fall risk in the elderly and is a viable strategy in reducing the disability burden. Incorporating specific challenges into the rehabilitation of healthy elderly individuals enhances functional mobility outcomes.

Keywords: aged, accidental falls, proprioception, timed-up and go test, balance

J5 [102]

BRIDGING THE POST-ACUTE RECOVERY GAP: A BIOMECHANICAL REHABILITATION FRAMEWORK FOR ROAD TRAFFIC ACCIDENT SURVIVORS

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ABSTRACT

Road Traffic Accidents (RTAs) are a major cause of serious multi-system injury, producing layered consequences across physical, biomechanical, psychological, cognitive, functional, and social domains. While acute care pathways are well established, the post-acute period remains structurally underserved. Survivors of multi-trauma RTAs frequently face a continuity gap: the absence of a coordinated, sustained rehabilitation pathway matched to the complexity and duration of long-term recovery needs. To address this, an RTA-specific rehabilitation framework was developed through a four-stage methodology:1) lived-experience-informed problem identification, in which direct experience of serious RTA injury and post-acute recovery served as the basis for identifying the continuity gap and its multi-domain consequences; 2) targeted review of relevant guidance and literature, including NICE NG211, NG193, PTSD guidance and WHO rehabilitation principles; 3) structured mapping of eight unmet post-acute recovery domains spanning physical and biomechanical sequelae, psychological trauma and PTSD, depression, cognitive impact, functional disruption, identity adjustment, social consequences, and longer-term reintegration; 4) a structured three-programme framework comprising: 1) Foundations of Recovery: five sessions for the initial post-acute period; 2) Advanced Recovery: comprises six sessions for complex and longer-term rehabilitation needs; 3) Specialist Programme for depression and PTSD following RTA trauma comprises nine modules. Together, these programmes form a sequenced rehabilitation pathway spanning the post-acute recovery period with eleven sessions across Stages 1 and 2, nine specialist modules, coverage of eight recovery domains, and alignment with four evidence and guidance frameworks. For rehabilitation practitioners and healthcare systems, it offers a structured, evidence-aligned model addressing a structural gap in post-RTA recovery. Formal evaluation of feasibility, acceptability, and clinical outcomes is proposed as the next phase.

Keywords: biomechanical rehabilitation, road traffic accidents, post-acute recovery, continuity of care, trauma rehabilitation, functional recovery

J6 **[103]**

THE IMPACT OF SOCIAL MEDIA ON ADOLESCENTS' PERCEPTION AND SELF-TREATMENT OF ACNE

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ABSTRACT

This paper investigates how social media influences adolescents' perception of acne and their decisions to self-treat it. Although acne affects an estimated 85 percent of adolescents, its consequences extend beyond the skin, often lowering self-esteem, increasing social anxiety, and shaping how teenagers view their own worth in appearance-focused environments. The paper argues that social media intensifies this burden by surrounding adolescents with filtered, idealized, and increasingly AI-enhanced images that make normal skin appear flawed or unacceptable. Using research published from 2018 to 2023, the paper shows that many adolescents turn to platforms such as YouTube, TikTok, Instagram, and Google for acne advice. Studies cited in the paper found that nearly 75 percent of acne patients in one survey used social media for acne information, while about 45 percent of dermatology patients in another study consulted social media for treatment advice. However, these self-directed choices often produced little improvement and frequently deviated from American Academy of Dermatology guidelines, showing a clear gap between popular online advice and evidence-based medical recommendations. The paper also demonstrates that the quality of acne-related content online is often poor. Much of the most visible material is produced by influencers, advertisers, or illicit sellers rather than licensed professionals, and many posts promote quick fixes, unverified products, or commercially motivated recommendations. As a result, adolescents may delay effective care while adopting ineffective or even harmful treatments that worsen both physical symptoms and emotional distress. The paper concludes that addressing this problem requires stronger regulation of health-related content, better digital health literacy education, greater transparency around sponsorships, and more active participation by dermatologists on social media platforms.

Keywords: acne vulgaris, adolescent health, emotional well-being, social media, Artificial Intelligence, social stigma

K1 **[104]**

DEVELOPMENT AND EVALUATION OF REMOVABLE VERTICAL KNIFE HANDLES FOR QUADRIPLEGIC INDIVIDUALS

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ABSTRACT

This paper presents the design and development of a removable vertical knife handle intended to support individuals with quadriplegia in performing daily food preparation tasks. Independent food preparation plays an important role in promoting autonomy and quality of life for people with disabilities, particularly those living alone. Due to limited hand function, many individuals with quadriplegia rely on a tenodesis grip, making conventional horizontal knife handles difficult to use. While adaptive knives with integrated vertical handles already exist, their adoption remains limited due to low user awareness, cost, and the need to purchase specialized utensils. This project proposes a detachable handle system that can be affixed to commonly used knives, allowing users to continue using familiar tools without the financial or logistical burden of acquiring a specialized knife. The portable design further enables use across different contexts, such as travel or shared kitchen environments where adaptive utensils may not be available. The project followed a human-centered, iterative design process informed by user interviews, prototyping, and usability evaluation. Initial interviews with three target users identified key usability constraints and informed the development of two handle variations: a smaller handle for lightweight knives and a larger version for standard chef's knives. Multiple prototypes were developed and refined through interactive testing to improve ergonomics, attachment stability, and ease of use. Prototypes were evaluated based on comfort, grip support, ease of attachment, stability, and overall usability. User feedback indicated improvements in comfort, control, and confidence during food preparation tasks. The findings demonstrate the potential of modular assistive attachments to enhance accessibility while preserving user independence and familiarity with everyday kitchen tools, offering a flexible alternative to dedicated adaptive utensils.

Keywords: assistive technology, quadriplegic, tenodesis, handle, accessibility, human-centered design

K2 **[105]**

LEGAL CHALLENGES OF WEARABLE TECHNOLOGIES FOR PERSONS WITH DISABILITIES: A COMPARATIVE STUDY OF INDIA, THE EU, AND THE US

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ABSTRACT

Smart wearables are a potential game-changer in enhancing the independence of persons with disabilities, but the law is built to be fragmented, which derails any equality. The doctrinal analysis of the comparative analysis of legal regimes regulating the use of smart wearables is very limited. This doctrinal paper provides a systematic doctrinal analysis of regulatory challenges associated with wearable technologies in India (RPwD Act), the European Union (GDPR), and the United States (HIPAA/Section 508). A qualitative comparative doctrinal analysis of regulatory challenges associated with wearable technologies for persons with disabilities was performed across three jurisdictions, namely, India, the European Union, and the United States. Results: Privacy concerns were the most frequently identified issue (66% of sources), followed by liability gaps (52%) and accessibility barriers (46%). Comparative analysis reveals that India, the EU adopts a precautionary (EU) approach, the US innovation-driven (US), and India is equity-oriented but lacks proper enforcement. The proposed WEAR Framework recommends ethics by design (WCAG 2.2), no-fault liability, and harmonising the UN treaty requirements. The RPwD Act should be used in India as an amendment. Mixed-methods validation is suggested in the future.

Keywords: wearable technology, disability rights, GDPR, RPwD Act, legal harmonisation, accessibility standards, data protection, liability frameworks, assistive devices, CRPD

K3 **[106]**

DESIGN AND EVALUATION OF INTEGRATED WEARABLE ENERGY HARVESTING AND COOLING MECHANISMS FOR COMFORTABLE AND ENERGY EFFICIENT PROSTHETIC LIMBS

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ABSTRACT

Prosthetic limbs significantly improve mobility and independence for amputees but often cause thermal discomfort within the socket due to temperature disparities. This project addresses the challenge of managing temperature extremes in above-knee prosthetic limbs by developing a system that simultaneously harvests energy from body heat and implements cooling mechanisms to enhance user comfort and device efficiency. A cylindrical plastic socket simulating an above-knee prosthetic limb was equipped with four diagonally arranged thermocouples to capture temperature variations. The system underwent nine experimental trials, including baseline measurements, integration of heat sinks, fans, aluminum layers, resistors, and battery components. Water at 37 °C was used to mimic body fluids, with ambient room temperature controlled between 20–24 °C. Voltage and temperature data were recorded using a microcontroller and thermometers to evaluate energy harvesting and cooling performance. Energy harvesting improved significantly across trials, with the highest output voltage of 1640–1720 mV and maximum power of 92.5 mW achieved when combining aluminum insertion, heat sink, and fan. This power level is sufficient to operate a prosthetic limb controller. Cooling trials demonstrated temperature reductions achieving a drop rate of 0.4 °C per 60 seconds (0.667%), compared to 0.1 °C per 60 seconds (0.1667%) in control trials. The project demonstrated the feasibility of harvesting body heat energy using thermocouples and applying it to a cooling system within prosthetic limbs. Integration of aluminum, heat sinks, and fans maximized energy output, while cooling trials confirmed the system's ability to reduce temperature effectively. Human trials are needed in the future to assess ergonomic considerations and actual user comfort. These findings support the advancement of sustainable, energy-efficient prosthetic technologies that improve wearer comfort and functionality.

Keywords: prosthetic socket, thermal management, heat dissipation, human energy harvesting, thermoelectric generator

K4 **[107]**

IMPROVING ADL SKILLS IN CHILDREN WITH AUTISM USING CTL-BASED SDS TECHNIQUE

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ABSTRACT

Utilizing the visual strengths of children with AutismSpectrum Disorders (ASD) is a strategic approach to facilitate learning, particularly in mastering Activity of Daily Living (ADL) skills. This study aims to examine the effectiveness of the Seeing, Drawing, and Sequencing (SDS) technique, developed based on the Contextual Teaching and Learning (CTL) model, in improving ADL skills. The learning process involves three stages: contextual observation, visual representation through drawing, and systematic sequencing of activities, enabling students to understand ADL steps in a structured and meaningful way. This study employed a quantitative approach using a pre-experimental one-group pretest-posttest design. The research subjects consisted of 9 students with ASD from one autism class at SLB Mutiara Hati Deliserdang, North Sumatra. Data were collected using a structured observation instrument based on a rating scale to assess ADL abilities before and after the intervention. The results indicated that 7 out of 9 students (77.8%) showed improvement in ADL skills. Furthermore, the average ADL score increased significantly after the implementation of the SDS technique, indicating a positive learning effect. In conclusion, the CTL-based SDS technique is effective in enhancing ADL skills among children with ASD by leveraging visual learning and structured activity sequencing. This approach is recommended as an alternative instructional strategy in inclusive and special education settings. Future studies are suggested to involve larger sample sizes and broader ADL activity variations to strengthen generalizability.

Keywords: Autism Spectrum Disorder (ASD), Activity of Daily Living (ADL), Seeing Drawing and Sequencing (SDS), Contextual Teaching and Learning (CTL), special education

K5 **[108]**

DEVELOPMENT OF AN ASSISTIVE CATHETER HOLDER FOR QUADRIPLEGIC INDIVIDUALS TO USE DURING THE SELF-CATHETERIZATION PROCESS

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ABSTRACT

Individuals with quadriplegia often face significant challenges in independently managing urinary catheters due to limited hand mobility, reduced grip strength, and the high dexterity required to manipulate and position a long, flexible catheter during insertion. Existing solutions for catheter management often suffer from poor adaptability and inadequate support for user autonomy during the self-catheterization process, resulting in lengthy procedures that can be challenging and intimidating to individuals with quadriplegia. This paper presents the development and optimization of an assistive catheter holder designed to improve accessibility, stability, and independence for quadriplegic individuals during self-catheterization. The project followed a human-centered design approach incorporating iterative prototyping, material exploration, ergonomic refinement, and usability evaluation to address limitations related to dexterity and single-handed operation. The project began as a case study addressing the needs of a single quadriplegic individual. Throughout the design process, opportunities to expand the solution to a broader user population were identified, leading to four distinct catheter stiffeners being developed: two for the individual and two for wider use. Multiple concepts were developed along with user feedback and preliminary testing. After two rounds of development, the final prototype features a simplified mechanism and ergonomic form that enables secure catheter positioning while reducing the physical effort required for handling and stabilization. The findings demonstrate the potential of assistive product design to enhance independence and quality of life for individuals with quadriplegia, with possible applications in both home care and rehabilitation settings.

Keywords: quadriplegic, assistive technology, catheter, self-catheterization, tool, accessibility

K6 **[109]**

REHABILITATION OF POSTURAL INSTABILITY IN PARKINSON'S PATIENTS USING VIDEO GAME-BASED EXERCISE

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ABSTRACT

Recent developments in the field of biomechanics and rehabilitation have allowed for modern physical rehabilitation techniques to be implemented outside traditional clinic visits. The use of video game-based exercise has gained increasing interest due to its cost-effectiveness and accessibility, especially in the rehabilitation of Parkinson's patients. This work aims to propose and evaluate a motion-based interactive video game named "ParkiMotion". The game consists of the virtual environment and the interface between the body and the game. It was designed with three progressive difficulty levels, each containing three selectable exercises suitable for individuals with Parkinson's disease while targeting improvements in postural instability. The user is asked to perform guided exercises. A motion sensor and a microcontroller were used to establish the interface between the user and the game. A reward-based system awards points for completed exercises to unlock additional features and encourage adherence. A safety function was also implemented to detect rapid motion and display warning messages. The proposed game was initially tested on 10 healthy volunteers (5 males and 5 females) to evaluate its applicability, flow, and the accuracy of the motion sensor as an interface. Lateral and forward flexion angles from the sensor were compared with the corresponding measurements obtained using a goniometer. User feedback on the game was also collected using a questionnaire. The results from testing indicated no significant difference between the angle measurements obtained using the sensor and those obtained using the goniometer. The results demonstrate the potential of the proposed system for developing modern rehabilitation methods, not just for Parkinson's patients. Future work will focus on validating the system through clinical trials involving Parkinson's patients to further assess its therapeutic effectiveness.

Keywords: Parkinson, posture, game rehabilitation, motion sensor, SDG 3.

K7 **[110]**

TECHNOLOGY, DISABILITY RIGHTS, AND EQUALITY: LESSONS FROM SOUTH AFRICA, KENYA, AND INTERNATIONAL FRAMEWORKS

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ABSTRACT

The rapid growth of digital technologies has transformed governance, service delivery, and social participation globally. For persons with disabilities, these innovations offer empowerment through assistive devices, accessible platforms, and inclusive services. However, regulatory gaps persist, particularly in South Africa and Kenya, where constitutional guarantees of equality and dignity have not been translated into enforceable digital accessibility standards. This study examines the problem of weak enforcement of disability rights in the digital age and the limited guidance on technology-driven inclusion. Using doctrinal research methodology, the paper critically analyses South Africa's Employment Equity Act and Promotion of Equality and Prevention of Unfair Discrimination Act alongside Kenya's constitutional and regulatory approaches. Case law demonstrates both progress and gaps in practice, while comparative insights from international frameworks illustrate effective models for embedding accessibility into law, education, employment, and corporate governance. The results highlight that while technology offers opportunities for empowerment, it also exposes persons with disabilities to exclusion when accessibility standards are absent. The paper concludes that reforms are needed to embed accessibility into corporate governance, strengthen enforcement mechanisms, and align national frameworks with the United Nations Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals. By integrating international best practices, Africa can harness emerging technologies to drive inclusive education, employment, and sustainable development.

Keywords: disability rights, digital accessibility, comparative law, UNCRPD, SDGs, South Africa, Kenya

VIRTUAL POSTER PRESENTATIONS

PV1 **[111]**

THE SOCIAL PERCEPTION OF DISABILITY IN BURUNDI (EAST AFRICA)

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ABSTRACT

This study addresses the problem of social perception of persons with disabilities in Burundi, a country marked by extreme poverty, limited access to education, and weak legal protection for vulnerable groups. In a context where the Human Development Index remains among the lowest globally and where no comprehensive legislation safeguards the rights of persons with disabilities, negative beliefs and discriminatory practices significantly shape their everyday experiences. The aim of the research was to explore socially shared beliefs, emotional attitudes, and behavioral patterns toward individuals with intellectual and/or physical disabilities, and to identify factors influencing these attitudes. The study was conducted between 2012 and 2020 using a constructivist grounded theory methodology (Charmaz, 2009). A total of 184 participants took part, including mothers and fathers of children with disabilities, students, teachers, manual workers, religious sisters, representatives of disability support centers, and social activists. Data were collected through semi-structured interviews, a modified Osgood Semantic Differential, Sentence Completion Tests, and analysis of elicited, existing, and visual data. The findings reveal a dominant pattern of stereotypes and prejudices portraying persons with disabilities as cursed, useless, incapable of learning or working, and morally tainted. Disability is frequently interpreted through religious and folk beliefs as divine punishment or the result of parental sin, while mothers often blamed and subjected to social exclusion and violence. Reported discriminatory behaviors include physical abuse, exploitation, sexual violence against women with intellectual disabilities, and social isolation. At the same time, participants articulated strong postulates for equal rights, access to education and healthcare, respect, and social inclusion. The study contributes to cross-cultural disability research by illuminating the socio-cultural mechanisms sustaining exclusion and by identifying locally grounded directions for rights-based social change.

Keywords: social perception, disability, disability marginalization, Burundi, discrimination

PV2 **[112]**

EFFECTIVENESS OF A PATIENT- AND FAMILY-CENTERED EMPOWERMENT MODEL IN POST-STROKE REHABILITATION: A CONTROLLED STUDY

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ABSTRACT

Stroke is a leading cause of long-term disability, with hemiplegia significantly impairing functional independence and quality of life. Effective rehabilitation requires not only clinical intervention but also active engagement from patients and their families. However, conventional rehabilitation programs often lack sustained educational reinforcement and caregiver involvement, limiting long-term outcomes. This study aimed to evaluate the effectiveness of a patient- and family-centered empowerment model in post-stroke rehabilitation. A controlled interventional study was conducted on 64 patients with post-stroke hemiplegia in the subacute phase, randomly assigned to an intervention group (n = 32) and a control group (n = 32). All participants initially received a structured empowerment program including education on rehabilitation exercises, psychological support, risk factor control, and prevention of secondary complications. The intervention group additionally received weekly reinforcement sessions over 8 weeks at home, while the control group received education only at baseline. Outcomes were assessed using the Barthel Index, Stroke-Specific Quality of Life scale, and Zarit Burden Interview at baseline, 4 weeks, and 8 weeks. The intervention group demonstrated significantly greater improvements in functional independence, quality of life, and reduced caregiver burden compared to the control group ($p < 0.01$). These improvements were sustained over time. The findings indicate that a patient- and family-centered empowerment model is an effective approach to enhance rehabilitation outcomes and should be considered for broader implementation in both clinical and community settings.

Keywords: stroke rehabilitation, patient empowerment, family-centered care, quality of life, caregiver burden, Barthel Index

PV3 **[113]**

JUDICIAL ADVOCACY AND DISABILITY RIGHTS IN INDIA: GOVERNMENT POLICY INTERPRETATION, AND SOCIAL IMPACT

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ABSTRACT

This paper examines the role of judicial advocacy in interpreting and strengthening government policies related to persons with disabilities (PwDs), particularly in the context of constitutional guarantees under Articles 14, 19, and 21 of the Constitution of India. In this study, the researchers try to highlight different legal provisions pertaining to the rights of people with disabilities in India and conduct an analytical analysis of how courts have acted as catalysts in enforcing policy implementation, addressing bureaucratic inertia, and promoting social justice The contribution of the judicial interventions that transformed disability from a charity-based model to a rights-based approach, emphasizing reasonable accommodation, inclusive education, employment reservation, and barrier-free access. In terms of methodology, this research paper will give a summary of the evaluation of the rights and entitlements of people with disabilities in India and outline the key elements of the Rights of Persons with Disabilities Act, 2016, which aims to advance and safeguard the rights and dignity of individuals with disabilities in various spheres of life. Even as a rights-based framework, the Act can only achieve its aims through proactive enforcement at the state level, where implementation must urgently address the remaining obstacles facing the disabled community.

Keywords: judicial advocacy, disability, government policy, Indian, equality.

PV4 **[114]**

EMPLOYMENT ACCESSIBILITY AS A DRIVER OF DISABILITY INCLUSION AND WELL-BEING

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ABSTRACT

The well-being of persons with disabilities is profoundly influenced by their ability to access employment opportunities. Globally, such accessibility is recognized as a key driver of disability inclusion and worker well-being (ILO, 2019; WHO, 2021). Despite significant progress in policies protecting the rights of persons with disabilities, many still face substantial challenges to meaningful employment. This literature review aims to map the existing research on the impact of fulfilling the right to access employment on the well-being of persons with disabilities. However, there remains a lack of systematic research examining the impact of employment access on the well being of persons with disabilities. This systematic Literature Review (SLR) was conducted, searching Scopus and Web of Science databases with keywords 'employment accessibility', 'disability inclusion','well being', and 'persons with disabilities. Fourteen relevant journal articles were selected and analyzed to identify key themes. The results show that providing equal access to employment opportunities not only improves the economic stability of persons with disabilities but also enhances their social inclusion, mental health, and overall quality of life. We found that individuals with disabilities can work as long as the social circumstances allow. The implication is that comprehensive efforts are needed from governments, employers and society to foster inclusive workplace that respects and upholds the rights of persons with disabilities. This paper contributes to the literature in the field of disabilities and suggests that experiences can be shared with other companies that need to comply with regulations to fulfill the right to access employment.

Keywords: disability, inclusions, employment accessibility, disability worker, well-being

PV5 **[115]**

THE INTERSECTION OF RACE, DISABILITY AND EDUCATION

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ABSTRACT

This paper examines how students who exist at the intersection of race and disability face additional challenges throughout their educational experiences. They experience greater barriers in educational opportunities that limit classroom inclusion. Students who are racialized with a disability are exposed to barriers further impacted by factors such as systemic ableism, limited access to resources, and systemic discrimination. Intersectionality, a term coined by Kimberlé Crenshaw, will be used to explore how multiple oppressions impact the educational experiences. Through an intersectional lens, this paper will focus on how race and disability impact areas such as exclusionary discipline, academic accommodations, and educational attainment. These students are also at a higher risk of experiencing discipline, receiving fewer accommodations and delayed or inadequate support and reduced opportunities for academic advancement. Many of the challenges can be linked to implicit bias, lack of educator training, and inability for data to be disaggregated to see where intersections occur. In many countries, gaps in policy and practice include but race-neutral disability inclusion efforts and lack of acknowledgment of how these intersections impact students 'educational experiences. Strategies that have been implemented to dismantle ableist practices include data collection at the intersection of race and ability, educator anti-bias training, and inclusive curriculum. One strategy is to utilize a country's education system. By collaborating with education leaders and policymakers, we can observe system-wide change by including both accessibility and equity in education. An example of this type of collaboration is the creation of the National School Disability Inclusion Toolkit. In order to reach educational equity, we must understand the unique barriers faced by racialized students with disabilities.

Keywords: intersectionality, disability inclusion, educational equity, racialized students, systemic barriers

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