



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Community-Based Rehabilitation For Persons With Disabilities: A Tool To Nurture Leaders

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Abstract: This study explores the role of community-based rehabilitation (CBR) in empowering persons with disabilities (PWD) to become leaders within their communities, with a focus on the Tiruvallur district of Tamil Nadu, India. CBR offers a holistic, person-centered approach that emphasizes independence, social inclusion, and self-advocacy, aiming to improve the overall quality of life for individuals with disabilities. The research examines the impact of CBR on the development of leadership skills, social participation, and self-empowerment among PWD. Data collected from a diverse group of respondents reveals significant insights into their educational backgrounds, job satisfaction, social engagement, and access to leadership opportunities. Key findings include a strong sense of respect from family and society (70.4%), high participation in community activities (53.7%), and a lack of opportunities for leadership roles (46.3%). Despite these positive aspects, gaps in financial security, accessibility, and leadership development were identified. The study highlights the need for targeted interventions, such as skill development programs, accessible infrastructure, and microfinance opportunities, to further enhance the inclusion and independence of PWD. By engaging local leaders, involving families in program design, and utilizing data-driven approaches, this research provides valuable insights to strengthen CBR programs and foster a more inclusive society for persons with disabilities.

Index terms - Community-Based Rehabilitation (CBR), Persons with Disabilities (PWD), Leadership Development, Social Inclusion, Self-Advocacy

I.INTRODUCTION

Empowering persons with disabilities is a cornerstone of fostering a truly inclusive society, one that champions social justice and human rights. While progress has been made, individuals with disabilities still face significant challenges in areas like education, employment, healthcare, transportation, and social participation. Community-based rehabilitation (CBR) offers a transformative approach, aiming to empower these individuals to become active, independent, and self-advocating leaders within their communities. CBR is a collaborative effort that brings together individuals with disabilities, their families, and service providers to tailor solutions that celebrate their unique strengths and needs.

This study seeks to explore how CBR programs can cultivate the leadership potential of persons with disabilities, helping them to step into roles that drive social change and inclusion. Focusing on the Tiruvallur district of Tamil Nadu, it aims to understand how CBR can support individuals in becoming not just participants, but leaders in their communities. By delving into the experiences of those who have engaged with CBR services, this research hopes to guide the development of more impactful rehabilitation programs, while also identifying both the strengths and challenges of CBR in the Indian context.

Community-Based Rehabilitation:

Community-Based Rehabilitation (CBR) is a comprehensive, person-centered approach designed to enhance the lives of individuals with disabilities or chronic illnesses. Unlike traditional institutional care, CBR focuses on providing accessible, tailored support in familiar environments, such as individuals' homes and local communities. This holistic approach addresses not only physical needs but also emotional, social, and psychological well-being, aiming to improve overall quality of life. By empowering individuals to regain independence and self-sufficiency, CBR promotes resilience and effective coping strategies, ensuring that individuals are equipped to manage daily challenges and lead fulfilling lives.

Delivered by a range of healthcare professionals—including therapists, social workers, nurses, and community volunteers—CBR services are customized to each individual's unique needs. These may include home-based therapy, case management, assistive technology, education, training, and health promotion. In addition to fostering autonomy, CBR helps build a sense of community, reducing isolation and promoting social inclusion. The goal is to integrate individuals with disabilities into the social mainstream, allowing them to contribute meaningfully to their communities. Introduced by the WHO in 2012, the CBR Matrix provides a framework for evaluating these programs, focusing on promoting independence and broadening the scope of rehabilitation beyond medical care to include physical, mental, and social well-being. Ultimately, CBR not only supports individual empowerment but also contributes to the overall development of the community.

Leadership for persons with disabilities:

Leadership plays a key role in empowering persons with disabilities (PWD) and helping them integrate into society. In the context of community-based rehabilitation (CBR), leadership is about more than just formal positions—it's about building self-advocacy, confidence, and the ability to make a positive impact in the community. By developing these skills, individuals with disabilities can become active participants in shaping their environments, breaking down social stigmas, and contributing to decisions that affect their lives.

When individuals with disabilities step into leadership roles, they not only advocate for themselves but also serve as powerful role models for others in their community. Studies, like those by Shakespeare et al. (2009), show that PWD in leadership positions challenge stereotypes, promote inclusion, and create more supportive communities. This shift in perspective is vital for changing how society views disability, from seeing individuals as passive recipients of care to recognizing them as capable and effective leaders. Additionally, leadership skills gained through CBR programs—like communication, problem-solving, and decision-making—help individuals build confidence and foster a sense of belonging. A WHO study (2017) found that CBR programs focusing on leadership have led to greater independence and increased social participation for PWD, improving both their quality of life and their community engagement.

In the Indian context, where barriers to inclusion remain strong, leadership is especially important for challenging discrimination and driving change. This study aims to explore how CBR programs in Tamil Nadu can help persons with disabilities develop leadership skills, paving the way for greater inclusion and social justice.

II. REVIEW OF LITERATURE

Mansour R. (2021), through their paper "Need Assessment and Capacity Building of Village Rehabilitation Workers to Empower Community-Based Rehabilitation in Kalaburagi, Karnataka", explores strategies to strengthen Community-Based Rehabilitation (CBR) programs through the need assessment and capacity-building of village rehabilitation workers (VRWs). The study emphasizes the critical role of VRWs in empowering persons with disabilities (PWDs) by actively involving them in the CBR process, ensuring both immediate impact and long-term sustainability. The author highlights the importance of building capacity for both PWDs and CBR workers. By equipping PWDs with leadership skills and training CBR workers in communication and cultural sensitivity, the paper demonstrates how such initiatives foster self-advocacy and independence. Additionally, it underscores the role of government institutions in supporting and sustaining CBR programs, ensuring inclusivity and access to social security schemes for PWDs. Overall, the paper offers valuable insights into enhancing CBR effectiveness, aligning with themes in your research on the empowerment of PWDs and leadership.

development, and providing practical recommendations to improve CBR programs, particularly in rural settings.

Aruna A. (2013), in "The Role of Community-Based Instruction in Enhancing Community Skills for Individuals with Intellectual Disabilities", investigates the impact of Community Settings (CS), Community-Based Instruction (CBI), and a combination of both (CS+CBI) on improving community skills in individuals with Intellectual Disabilities (ID). The study finds that individuals with Mild ID made greater progress, while those with Moderate ID showed better retention of skills when taught in community-based or combined settings. The paper highlights the importance of community-driven, personalized interventions in fostering independence and long-term skill retention. The focus on context-based learning aligns with the broader goal of empowering individuals with disabilities by enhancing their leadership and self-advocacy. Aruna also advocates for interactive methods such as video-based instruction and role-playing, which engage participants and promote sustainable learning outcomes, further strengthening community involvement. These findings emphasize the value of integrating community-based strategies to develop both skills and leadership, reinforcing the significance of inclusive, real-world approaches for individuals with disabilities.

Padmanabhan A., and Karibeeran S., (2024) explores how community partnerships with local clubs, organizations, and government bodies enhance educational experiences for students, particularly in institutions supporting diverse populations, including those with disabilities. The study emphasizes how these collaborations provide essential resources and foster social skills, while promoting social development and community ties. The paper discusses the financial sustainability of these initiatives, relying on local government support and sponsorships. It also highlights the challenges faced by students at Basic Rehabilitation Centres (BRCs), many of whom have missed formal education. The authors note that BRCs use hands-on, activity-based teaching methods to engage students, while BUDS schools focus on a state-developed curriculum for younger children. Despite limited technological integration, students express great joy in attending school, highlighting the profound impact of these educational settings on their personal development and social interaction. The findings underscore the importance of community involvement in ensuring educational success and sustainability, emphasizing the need for continued financial and logistical support to enhance educational access and social inclusion for students with disabilities.

III. METHODOLOGY

General Objective: To study the empowerment of persons with disabilities through community-based rehabilitation in Tiruvallur district.

Specific Objectives:

- To understand the demographic details of the respondents.
- To explore the social inclusion and empowerment brought about by community based rehabilitation for persons with disabilities in Tiruvallur district.
- To understand the impact of community-based rehabilitation on their community level leadership for persons with disabilities.
- To provide suggestions to address the challenges faced in implementation of community-based rehabilitation.

Field of Study: The study focused on the Integrated Rural Community Development Society (IRCDS) in Tiruvallur, an organization dedicated to the inclusion of persons with disabilities that provides extensive community-based rehabilitation services.

Pilot Visit: The pilot visit took place on June 27, 2024, in Poondi block, Tiruvallur, which helped refine the research design, identify potential challenges, and provided preliminary data to estimate the sample size and expected outcomes.

Research Design: A quantitative, descriptive design was used to collect measurable data and systematically describe the conditions of individuals with locomotor disabilities in CBR programs, focusing on social inclusion and empowerment.

Selection of Sample: The study used non-probability convenience sampling to select 54 participants with locomotor disabilities from CBR programs in Tiruvallur, based on their availability and willingness to participate.

Tools of Data Collection: Primary data was collected through a structured interview schedule with closed-ended questions, while secondary data were gathered from relevant academic sources to support the analysis.

Sources of Data Collection:

Primary data was collected through structured interviews with persons with locomotor disabilities who are beneficiaries of CBR projects in Tiruvallur, focusing on social inclusion, empowerment, education, livelihood, well-being, and challenges.

Secondary data was gathered from academic research and literature on community-based rehabilitation to provide context and support the analysis of primary findings.

Data Analysis: The collected data was analyzed using SPSS, employing descriptive statistics, cross-tabulation, and chi-square tests to explore relationships between demographic factors and empowerment.

IV. DATA ANALYSIS AND INTERPRETATION

Table no.1 Demographic Details

Age of the Respondents			
Sl. no	Variable	Frequency	Percent
1	18 - 25	4	7.4
2	26 - 35	2	3.7
3	36 - 45	28	51.9
4	46 - 55	16	29.6
5	Above 55	4	7.4
Total		54	100
Occupation of the Respondents			
6	Private Employee	14	25.9
7	Unorganized Sector Workers	8	14.8
8	Self-employed	4	7.4
9	CBR Worker	20	37
10	Unemployed	8	14.8
Total		54	100
Entitlements held by the Respondents			
11	Aadhar Card	54	29
12	UDID Card	54	29

13	Family Card	54	29
14	Train/Bus Pass	24	12.9
Total		186	100

Table no. 1 presents the demographic details of the respondents. The first part shows the age distribution of the respondents. The majority of participants (51.9%) fall within the 36-45 years age range, followed by 29.6% in the 46-55 years group. Younger age groups (18-25 and 26-35 years) are less represented, making up only 11.1% of the sample, while those above 55 years also account for 7.4%.

The next part lays out that 37% of respondents are CBR workers, 25.9% are employed in the private sector, 14.8% are Unorganized sector workers, 7.4% are self-employed, and another 14.8% are unemployed. This distribution reflects a variety of occupations, with a significant portion involved in community-based work, followed by those working in private sectors or facing unemployment.

The final part indicates that within the sample of 186 individuals, there is a notable preference for certain types of identification. Aadhar Card, UDID Card, and Family Card each account for 29% of the responses, showing that these IDs are equally common among participants. In comparison, the Train Bus Pass is held by only 12.9% of individuals, highlighting a clear distinction in the popularity of these documents. This distribution suggests that government-issued IDs play a significant role in the lives of the respondents.

Table no. 2: Decision Making Capability of Respondent

Sl. no.	Autonomy	Frequency	Percent
1	Completely	13	24.1
2	Mostly	19	35.2
3	Moderately	6	11.1
4	A little	16	29.6
Total		54	100

Table no. 2 shows that 35.2% of respondents feel they mostly have control over the major decisions in their life, while 24.1% feel they completely have this control. A smaller portion, 11.1%, feel they have some level of control, and 29.6% feel they have only a little control. This indicates that while a majority of respondents feel they have some degree of control over their major life decisions, a significant portion feels limited in their freedom to make those decisions fully.

Table no. 3: Respect received in family and society

Sl. no.	Respect	Frequency	Percent
1	Completely	38	70.4
2	Mostly	5	9.3
3	Moderately	11	20.4

Total	54	100
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Table no. 3 shows that 70.4% of respondents feel completely respected, while 9.3% feel mostly respected. 20.4% feel moderately respected, indicating some level of concern. This suggests that the majority of respondents feel they are treated with respect and dignity, though a smaller group feels a lack slightly in the respect they receive.

Table no. 4: Participation in community recreational and leisure activities

Sl. no.	Participation	Frequency	Percent
1	Always	29	53.7
2	Sometimes	11	20.4
3	Rarely	14	25.9
Total		54	100

Table no. 4 shows that 53.7% of respondents always participate in community activities, while 20.4% participate sometimes. A smaller portion, 25.9%, participate rarely. This indicates that more than half of the respondents are consistently involved in community activities, while a significant portion still does have limited or occasional participation.

Table no. 5: Leadership roles undertaken

Sl. no.	Leadership	Frequency	Percent
1	Always	17	31.5
2	Often	8	14.8
3	Rarely	4	7.4
4	Never	25	46.3
Total		54	100

Table no. 5 shows that 31.5% of respondents have always taken leadership roles in their society, while 14.8% often taken on such roles. A smaller portion, 7.4%, have rarely taken leadership roles, and 46.3% have never taken a leadership role. This indicates that while some respondents have experience in leadership, nearly half have not taken on leadership responsibilities in their society or have not had the opportunity for it.

Table no. 6: Capability for persuasion

Sl. no.	Persuasion	Frequency	Percent
1	Completely	18	33.3
2	Mostly	15	27.8
3	Moderately	9	16.7
4	A little	12	22.2
	Total	54	100

Table no. 6 shows that 33.3% of respondents are completely satisfied with their ability to persuade people of their views and interests, while 27.8% are mostly satisfied. A smaller portion, 16.7%, are moderately satisfied, and 22.2% are only a little satisfied. This indicates that the majority of respondents feel relatively confident in their ability to persuade others, though a significant portion feels less satisfied with their persuasive abilities.

Crosstabs:**Table no. 7: Cross Tabulation of Leadership roles and Occupation of respondent**

		Leadership roles				
		Always	Often	Rarely	Never	Total
Occupation	Private Employee	5	5	4	0	14
		35.70%	35.70%	28.60%	0.00%	100.00%
		29.40%	62.50%	100.00%	0.00%	25.90%
		9.30%	9.30%	7.40%	0.00%	25.90%
	Unorganized Sector Workers	0	0	0	8	8
		0.00%	0.00%	0.00%	100.00%	100.00%
		0.00%	0.00%	0.00%	32.00%	14.80%
		0.00%	0.00%	0.00%	14.80%	14.80%
	Self-Employed	0	0	0	4	4
		0.00%	0.00%	0.00%	100.00%	100.00%
		0.00%	0.00%	0.00%	16.00%	7.40%
		0.00%	0.00%	0.00%	7.40%	7.40%

	CBR Worker	12	3	0	5	20
		60.00%	15.00%	0.00%	25.00%	100.00%
		70.60%	37.50%	0.00%	20.00%	37.00%
		22.20%	5.60%	0.00%	9.30%	37.00%
	Unemployed	0	0	0	8	8
		0.00%	0.00%	0.00%	100.00%	100.00%
		0.00%	0.00%	0.00%	32.00%	14.80%
		0.00%	0.00%	0.00%	14.80%	14.80%
	Total	17	8	4	25	54
		31.50%	14.80%	7.40%	46.30%	100.00%
		100.00%	100.00%	100.00%	100.00%	100.00%

Table no. 7 reveals how leadership roles vary across occupations. Among the 54 respondents, Private Employees show moderate involvement in leadership, with 5 reporting "always," 5 "often," and 4 "rarely" taking on leadership roles. None reported "never" assuming leadership, indicating some level of leadership engagement.

In contrast, leadership roles are minimal for Unorganized Sector Workers and Self-Employed individuals, with all in these groups either "rarely" or "never" assuming leadership roles. This suggests limited opportunities for leadership in these occupations. CBR Workers demonstrate the highest leadership involvement, with 12 reporting "always" and 3 "often" assuming leadership roles, while only 5 report "rarely" and none "never."

Unemployed individuals report no leadership engagement, with all 8 indicating "never." Overall, CBR workers are the most actively involved in leadership roles, while those in less structured occupations, such as the unemployed and self-employed, report minimal leadership involvement, highlighting the role of job structure in providing leadership opportunities.

Table no. 8: Crosstabulation of leadership roles undertaken and Years of association with CBR

		Leadership roles				
		Always	Often	Rarely	Never	Total
Years in CBR	3 - 4 years	2	0	0	7	9
		22.20%	0.00%	0.00%	77.80%	100.00%
		11.80%	0.00%	0.00%	28.00%	16.70%
		3.70%	0.00%	0.00%	13.00%	16.70%
	5 - 6 years	7	0	0	3	10
		70.00%	0.00%	0.00%	30.00%	100.00%
		41.20%	0.00%	0.00%	12.00%	18.50%
		13.00%	0.00%	0.00%	5.60%	18.50%
	7 - 8 years	2	0	4	6	12
		16.70%	0.00%	33.30%	50.00%	100.00%
		11.80%	0.00%	100.00%	24.00%	22.20%
		3.70%	0.00%	7.40%	11.10%	22.20%
	Above 8 years	6	8	0	9	23
		26.10%	34.80%	0.00%	39.10%	100.00%
		35.30%	100.00%	0.00%	36.00%	42.60%
		11.10%	14.80%	0.00%	16.70%	42.60%
	Total	17	8	4	25	54
		31.50%	14.80%	7.40%	46.30%	100.00%
		100.00%	100.00%	100.00%	100.00%	100.00%

Table no. 8 highlights differences in self-advocacy across occupations. Among Private Employees (14 individuals), most (10) report advocating for themselves "always," while 4 do so "rarely," indicating a generally proactive but inconsistent approach. Unorganized Sector Workers (8 individuals) engage in self-advocacy less frequently, with 7 reporting "sometimes" and 1 "rarely," suggesting that advocacy is dependent on specific circumstances. Self-employed individuals (4 individuals) all report advocating "rarely," likely due to the independent nature of their work, which requires less external advocacy.

CBR workers (20 individuals) show the most consistent self-advocacy, with 18 reporting "always" and 2 "sometimes," reflecting the advocacy-driven nature of their roles in community-based work. Unemployed individuals (8 individuals) display mixed responses, with 4 advocating "often" and 4 "sometimes," indicating variability based on personal circumstances.

In conclusion, CBR workers and Private Employees engage most in self-advocacy, with CBR workers demonstrating the highest consistency. Self-Employed individuals and Unorganized Sector Workers advocate less, highlighting how occupation type influences self-advocacy.

V. MAIN FINDINGS, SUGGESTIONS, AND CONCLUSION

Main Findings:

- The majority of respondents (51.9%) are aged between 36-45 years.
- The gender distribution is almost balanced, with 53.7% females and 46.3% males.
- Most respondents (57.4%) have completed primary education.
- A significant number of respondents (37%) are CBR workers.
- A majority (42.6%) have more than 8 years of association with CBR.
- A majority (51.9%) do not use any assistive devices, suggesting independence in mobility for many respondents.
- A slight majority (55.6%) of respondents have a disability by birth, with the rest acquiring their disability later in life.
- 57.4% of respondents are highly satisfied with their current job, indicating overall job contentment.
- 31.5% of respondents are satisfied with their income.
- 35.2% feel they mostly have the freedom to spend their income as they wish.
- The majority (55.6%) of respondents do not have insurance, suggesting a gap in financial security.
- A majority (35.2%) feel they mostly have control over life decisions.
- A large majority (70.4%) of respondents feel completely respected by their family and society.
- 48.1% of respondents feel that people look at them with sympathy, which could reflect a sense of pity rather than empowerment.
- 63% of respondents feel they mostly have control over decisions related to the assistance they need, signaling some level of empowerment.
- More than half (53.7%) of respondents always participate in community activities, reflecting strong engagement in social life.
- A significant portion (46.3%) of respondents have never had the opportunity to take leadership roles in their society.
- 33.3% feel completely satisfied with their ability to persuade others.
- A majority (51.9%) of respondents always speak up for themselves when faced with social barriers, indicating strong self-advocacy among the group.
- 74.1% are members of DPOs, showing strong representation and involvement in advocacy and support networks.

Suggestions:

- **Skill Development Programs:** Offer more means of non-formal education programs to persons with disabilities that better fit their needs and livelihood.
- **Accessible Public Spaces:** Ensure that local infrastructures like roads, transportation, and public buildings are more accessible to people with disabilities, especially the spaces where training and skill development programs are conducted.
- **Microfinance and Loans:** Provide low-interest loans and microfinance schemes for individuals with disabilities to start businesses or access education.
- **Community Members as Stakeholders:** Engage persons with disabilities and their families in the design and implementation of CBR programs to ensure they address the actual needs of the community.
- **Sports and Cultural Activities:** Encourage the participation of people with disabilities in sports, arts, and other cultural activities, fostering their social integration.
- **Community Leaders Involvement:** Engage local leaders to advocate for disability rights and promote CBR in their communities.
- **Inclusive Research:** Encourage research to understand the needs of individuals with disabilities in different regions, identifying barriers and effective strategies for overcoming them.
- **Government Funding:** Increase government funding to support CBR initiatives, including scholarships, subsidies for assistive devices, and health insurance schemes for people with disabilities.
- **Data-Driven Decision Making:** Collect and analyze data on the impact of CBR programs to guide future interventions and policy development.
- **Monitoring and Accountability:** Establish mechanisms to monitor and evaluate the effectiveness of CBR programs, ensuring accountability and the inclusion of marginalized communities.

Conclusion:

The journey of empowering persons with disabilities (PWD) through community-based rehabilitation (CBR) is one that requires both commitment and collaboration. This study sheds light on the transformative potential of CBR programs in nurturing leadership, self-advocacy, and social inclusion. While many respondents express satisfaction with their roles and strong involvement in community activities, significant gaps remain in areas like financial security, leadership opportunities, and accessibility. Despite a high level of engagement with Disabled People's Organizations (DPOs), nearly half of the respondents (46.3%) have not had the opportunity to take on leadership roles, highlighting a critical area for growth.

The findings emphasize the urgent need for targeted interventions such as skill development programs, accessible infrastructure, and microfinance options to improve the livelihoods and opportunities for PWD. The lack of insurance coverage for a large number of respondents (55.6%) calls for more robust government support and policy changes to ensure greater financial security. Additionally, with many feeling respected by their families and society (70.4%) and advocating for themselves (51.9%), there is a solid foundation for further empowerment.

To enhance the impact of CBR programs, it is crucial to involve local leaders, engage families as stakeholders, and conduct more inclusive research. These actions will ensure that CBR initiatives are not only more responsive to the needs of PWD but also contribute to a broader societal shift toward inclusion. Looking ahead, the insights gathered from this study should inform the creation of more effective, data-driven, and inclusive rehabilitation programs, ultimately fostering a more supportive, accessible environment for persons with disabilities in Tamil Nadu and beyond.

Bibliography

- Adenan, N. D., Abdullah, N., Said, N. S. M., Manaf, S. M. A., & Zahari, A. S. M. (2023). Community-Based Rehabilitation: An Overview of Organisational Practices. *International Journal of Academic Research in Business and Social Sciences*, 13(11). <https://doi.org/10.6007/ijarbss/v13-i11/19749>
- Begum, S., Jamia Millia Islamia, Raza, M. M., & College of Teacher Education, Darbhanga, Maulana Azad National Urdu University. (2023). Evolution of Community Based Rehabilitation in India: A Review. *Jamia Journal of Education*, 1–284. <https://www.researchgate.net/publication/373074552>
- James Philip. (2021). Process and prospects of Community based rehabilitation CBR programme among Differently abled in Kerala [PhD dissertation, Mahatma Gandhi University]. <http://hdl.handle.net/10603/578005>
- Jayanth Kumar. (2009). Inclusion of the excluded rehabilitation of people with disability a sociological study of Community Based rehabilitation cbr approach in Malavalli Taluk of Mandya district Karnataka State India [PhD dissertation, Sri Venkateswara University]. <http://hdl.handle.net/10603/71326>
- Jobins Joseph. (2022). A study on Role and Functions of Disabled People s Organizations in Kerala [PhD dissertation, The Gandhigram Rural Institute]. <http://hdl.handle.net/10603/497090>
- Kokko, R., Hänninen, K., & Törrönen, M. (2020). Social Rehabilitation Through a Community-Based Rehabilitation Lens: Empowerment, Participation and Inclusion of the Elderly Long-Term Unemployed in the Re-employment Process. *Journal of Psychosocial Rehabilitation and Mental Health*, 8(2), 199–210. <https://doi.org/10.1007/s40737-020-00189-2>
- Mahmoud Awara, & Joshua T. Green. (2024). Exploring the Quality-of-Care Dynamics of Inpatient Psychosocial Rehabilitation in Community-Based Mental Health Services: A Comprehensive Analysis. *Community Mental Health Journal*. <https://doi.org/10.1007/s10597-024-01325-z>
- Mathur, N., MRS. (2012). A STUDY ON SOCIO-ECONOMIC EMPOWERMENT OF WOMEN WITH DISABILITIES [PhD dissertation, University of Lucknow]. <http://hdl.handle.net/10603/221778>
- Mukami, G. W., Auya, S., & Bor, E. (2024). Community-based Rehabilitation Support Programmes and Social Inclusion of Persons with Disabilities in Tigania East, Kenya. *European Journal of Humanities and Social Sciences*, 4(4), 10–16. <https://doi.org/10.24018/ejsocial.2024.4.4.559>
- Padmanabhan, A., MADRAS SCHOOL OF SOCIAL WORK, Karibeeran, S., & MADRAS SCHOOL OF SOCIAL WORK. (2024). EMPOWERING INDIVIDUALS WITH DISABILITIES THROUGH COMMUNITY-BASED REHABILITATION: AN EXPERIENCE OF THE BUDS APPROACH IN KERALA. *Juni Khyat*, 155–156. <https://www.researchgate.net/publication/379661926>
- Raj, R. & National Institute for the Empowerment of Persons with Intellectual Disabilities. (2024).

- Achieving Successful Community-Based Rehabilitation Services through Innovative Approaches. In B. V. R. Kumar, A. K. G., & G. Y. Kumar (Eds.), National Conference on Community Models in Rehabilitation. Department of Empowerment of Persons with Disabilities, (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India.
12. Raza, Mousuf. (2023). Community based rehabilitation programme for persons with disabilities an exploratory study [PhD dissertation, Jamia Millia Islamia University]. <http://hdl.handle.net/10603/572111>
 13. Sharma, A., National Institute for the Empowerment of Persons with Intellectual Disabilities, Ahmad, W., & National Institute for the Empowerment of Persons with Intellectual Disabilities. (2024). Cultural Competence and Community Based Rehabilitation: Need of the Hour. In B. V. Ram Kumar, K. G. Ambady, & G. Yatheendra Kumar (Eds.), National Institute for the Empowerment of Persons with Intellectual Disabilities (Divyangjan), Department of Empowerment of Persons with Disabilities, (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India. Department of Empowerment of Persons with Disabilities, (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India.
 14. Veeramani, P. (2016). Quality of life among women with locomotor disabilities at Pudukkottai District [PhD dissertation, Alagappa University]. <http://hdl.handle.net/10603/152027>
 15. Victor John, & Cordeiro. (2006). Disability challenges versus responses_ a sociological study on community based rehabilitation _CBR_ an approach in Kanakapura taluk Karnataka [PhD dissertation, University of Mysore]. <http://hdl.handle.net/10603/91065>
 16. Vijaylakshmi, & Myreddy. (2013). 'Effect of classroom simulation and community-based instruction on learning community skills among adults with intellectual disability' [PhD dissertation, Ramakrishna Mission Vivekananda Educational and Research Institute]. <http://hdl.handle.net/10603/509798>
 17. Za'Rate Rueda, R., 1, Lo'Pez Gualdro'N, C. I., & Beltra'N Villamizar, Y. I. (2024). Community Based Rehabilitation in People With Lower Limb Amputation: A Systematic Review. In SAGE Open (pp. 1–22) [Journal-article]. <https://doi.org/10.1177/2158244024128247>
 18. Bergner, M., Bobbit, R.A., Carter, W.B., et. al., (1981). The Sickness Impact Profile: Development and final revision of a health status measure. *Medical care*, 19, 787-805
 19. Wong, F.Y., Yang, L., Yuen, J.W.M. et al. Assessing quality of life using WHOQOL-BREF: a cross-sectional study on the association between quality of life and neighborhood environmental satisfaction, and the mediating effect of health-related behaviors. *BMC Public Health* 18, 1113 (2018). <https://doi.org/10.1186/s12889-018-5942-3>
 20. World Health Organization. (1991). *World Health Statistics Annual*. Geneva: WHO.
 21. Vankova, Desislava & Mancheva, Paraskeva. (2015). Quality of life of individuals with disabilities - Concepts and concerns. *Scripta Scientifica Salutis Publicae*. 1. 21.10.14748/sssp.v1i1.1151.
 22. Szabo, S. (1996). The World Health Organization Quality of Life (WHOQOL) Assessment Instrument. In *Quality of Life and Pharmacoeconomics in Clinical Trials* (2nd edition, edited by Spilker B.) Lippincott-Raven Publishers. Philadelphia, New York.
 23. Kuvalekar K, Kamath R, Ashok L, Shetty B, Mayya S, Chandrasekaran V. Quality of Life among Persons with Physical Disability in Udupi Taluk: A Cross Sectional Study. *J Family Med Prim Care*. 2015 Jan-Mar;4(1):69-73. doi: 10.4103/2249-4863.152258. PMID: 25810992; PMCID: PMC4367009.
 24. Cegarra, B., Cattaneo, G., Ribes, A., Solana-Sánchez, J., & Saurí, J. (2023). Independent living, emotional well-being, and quality of life in people with disabilities: the mediator role of self-determination and satisfaction with participation. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1279014>
 25. Community-based rehabilitation | InfoNTD. (n.d.). <https://www.infontd.org/cross-cutting-issues/inclusion/community-based-rehabilitation#:~:text=CBR%20is%20implemented%20through%20the,%2C%20livelihood%2C%20socials%20and%20empowerment>.

Self-Prepared Questionnaire:

1. Age

- i. 18 – 25 years ii. 26 – 35 years iii. 36 – 45 years iv. 46 – 55 years v. Above 55

2. Gender

- i. Male ii. Female iii. Transgender

3. Education

- i. None ii. Primary iii. Matriculation iv. Secondary v. Graduation or above

4. Occupation

- i. Government Employee ii. Private Employee iii. Unorganized Sector Workers iv. Self - Employed v CBR Worker vi. Unemployed

5. Marital Status

- i. Single ii. Married iii. Separated iv. Divorced v. Widow/Widower

6. Monthly Income

- i. Below Rs. 10,000/- ii. Rs. 10,000/- to Rs. 20,000/- iii. Rs. 20,000/- to Rs. 30,000/- iv. Rs. 30,000/- to Rs. 40,000/- v. Rs. 40,000/- to Rs. 50,000/- vi. Above Rs. 50,000/-

7. Entitlements

- i. Aadhar Card ii. UDID Card iii. Family Card iv. Train/Bus Pass

8. Years of association with the IRCDS CBR project

- i. 1 - 2 years ii. 3 - 4 years iii. 5 - 6 years iv. 7 - 8 years v. Above 8 years

9. Accessible Device

- i. Wheelchair ii. Walker iii. Crutches iv. Prosthesis v. Modified vehicle vi. None

10. Type of Locomotor Disability

- i. Leprosy Cured Person ii. Cerebral Palsy iii. Dwarfism iv. Muscular Dystrophy v. Acid Attack Victim vi. Acquired Locomotor Disability

11. How satisfied are you with your current job?

- i. Highly Satisfied ii. Satisfied iii. Undecided iv. Dissatisfied v. Highly Dissatisfied

12. How satisfied are you with your current income?

- i. Highly Satisfied ii. Satisfied iii. Undecided iv. Dissatisfied v. Highly Dissatisfied

13. Do you have the freedom to spend your income?

- i. Completely ii. Mostly iii. Moderately iv. A little vii. Not at all

14. Do you currently have insurance for old age, sickness or disability?

- i. Yes ii. No iii. I don't know how to apply

15. How much do you get to make the big decisions in your life, like deciding who to live with, where to live, or how to spend your money?

- i. Completely ii. Mostly iii. Moderately iv. A little v. Not at all

16. What are the major changes in your life from attaining education and employment?

i. Respect ii. Marriage iii. Self-esteem iv. Financial Stability v. Other:

17. Do you feel you get treated with respect and dignity in your family and society?

i. Completely ii. Mostly iii. Moderately iv. A little v. Not at all

18. Do you feel like people still look at you with sympathy?

i. Completely ii. Mostly iii. Moderately iv. A little v. Not at all

19. Do you get to make decisions about the personal assistance that you need (who assists you, what type of assistance, when to get assistance)?

i. Completely ii. Mostly iii. Moderately iv. A little v. Not at all

20. Do you get to participate in community recreational and leisure activities?

i. Always ii. Often iii. Sometimes iv. Rarely v. Never

21. Have you ever taken leadership roles in society?

i. Completely ii. Mostly iii. Moderately iv. A little v. Not at all

22. Are you satisfied with your ability to persuade people of your views and interests?

i. Completely ii. Mostly iii. Moderately iv. A little v. Not at all

23. How often do you speak up for yourself when faced with social barriers?

i. Always ii. Often iii. Sometimes iv. Rarely v. Never

24. Are you a member of a self-help group?

i. Yes ii. No, but I would like to iii. No, I don't want to

25. Are you a member of a DPO?

i Yes ii No, but I would like to iii No, I don't want to