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Author(s)	Higashida, Masateru
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Integration of Developmental Social Work with Community-Based Rehabilitation: Implications for Professional Practice

Masateru Higashida

Graduate School of Human Sciences, Osaka University

Abstract

Whilst practical strategies and conceptual frameworks of community-based rehabilitation (CBR) and community-based inclusive development (CBID) are well-documented by stakeholders globally, the approaches and skills of social workers at the meso- and community-levels have likely been addressed inadequately. This article aims to explore the integration of developmental social work with CBR/CBID. Drawing on the theory and concepts of developmental social work that have an affinity with those of CBR/CBID, this paper argues that the integration is practically useful and feasible for social workers and other professionals in CBR/CBID at the grassroots level. In particular, social investment, a comprehensive and multi-sectoral approach, development of local resources, and capacity development are emphasised to realise human rights and to promote the socioeconomic equality of disabled people. Such an integration also suggests the importance of ethnic- and culture-sensitive practice and reflects on power relationships. Based on these practical approaches and perspectives, a case of social workers is analysed using published field practice documents in the national CBR programme in rural Sri Lanka. The findings suggest that developmental social work could address the vicious cycle of inadequate education, poverty, and marginalisation in order to promote inclusive socioeconomic development. Despite some limitations of the arguments, this study suggests that future research could examine the integration of developmental social work with CBR/CBID in other fields.

Keywords: Disability Issues, Human Resources, Inclusive Development, Social Investment, Skill-mix

I. Introduction

Community-based rehabilitation (CBR) and community-based inclusive development (CBID) have been promoted widely by various stakeholders, ranging from international organisations to community workers in rural areas of the Global South¹⁾. Due to the bottom-up nature of CBR/CBID, local practice by local stakeholders to realise the rights of disabled people, based on the Conventions on the Right of Persons with Disabilities and its Optional Protocol²⁾, is significant. The model practices and evidence of global strategy effects, including

standardised guidelines and training manuals, are clearly demonstrated in the literature³⁻⁶⁾. However, discussions about the practical approaches and skills of professionals at the meso- and community-levels are quite likely limited, although they would play important roles in CBR/CBID. Drawing on the theory and concepts of developmental social work that have an affinity with those of CBR/CBID, this paper argues that the integration is practically useful and feasible for professionals.

CBR/CBID is an important global social development strategy. It is defined as '*a strategy*

Contact address: Graduate School of Human Sciences, Osaka University
1-2 Yamadaoka, Suita, Osaka 565-0871, JAPAN
TEL: 06-6879-8010
E-mail: mhigashid@hus.osaka-u.ac.jp

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*within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities*⁷⁾. The key concepts are the human rights, inclusion, and empowerment of disabled people in various environments at the grassroots level, including rural areas in developing countries and humanitarian crisis settings¹⁾. A standardised strategy of CBR has been introduced and promoted widely by the World Health Organization (WHO) since the late 1970s, whilst having a synergic relationship with primary health care (PHC) that was declared in 1978⁸⁾. The framework of the CBR guidelines and matrix¹⁾, which has been applied to policy and practice in more than 90 countries, encompasses five main domains: health, education, livelihood, social, and empowerment.

In terms of stakeholders and human resources, CBR/CBID emphasises a bottom-up approach for community mobilisation and capacity development of non-professionals, whilst also highlighting the empowerment of disabled people. The human resources at the community level are summarised in Table 1. These categories of human resources could overlap. Historically, the primary caregivers for disabled people at the community level are assumed to be local community members and non-professionals, such as family members and volunteers⁹⁻¹¹⁾; perhaps this perspective still applies in many fields, including resource-poor settings, in developing countries. Following the development of the CBR/CBID strategy, research and practice also recommend that the involvement of disabled people as contributors and activists, instead of as merely recipients of services, should be promoted^{12, 13)}. This involvement includes the option of peer support, experts who have disabilities, and disabled people's organisations. Hence, the primary stakeholders that

support CBR/CBID would be non-professionals, such as disabled people, their family members, and villagers.

This bottom-up nature of CBR/CBID, however, does not deny the roles of professionals; rather, professionals would promote sustainable development through capacity development and empowerment of these primary stakeholders. An early training guide, for example, presents the role of professionals at the district, provincial, and national levels, and involves training, supervision management, and delivery of complex rehabilitation, although '*such a person may not correspond exactly to any one current type of professional*'¹⁰⁾. The current CBR guidelines mention the target stakeholders, which include community professionals such as social workers, primary health workers, teachers, and other community development workers¹⁾. With the various types of profession, including health, education and community development, the perspective most emphasised regarding CBR/CBID would be interdisciplinary and 'skill-mix'^{14, 15)} for these professionals, rather than specific professional skills and 'professional as expert'¹¹⁾. As a standard guidebook of CBR suggests, the role of professionals is '*to enhance the ability of persons with disabilities, their families and communities to achieve their own goals*'¹¹⁾.

From a social work perspective, research and practice suggest the need for further discussions on the practical approaches and skills of social workers in CBR/CBID. Lightfoot introduces CBR as an important social work strategy in disability issues, arguing that social workers can contribute to CBR because of the similar community-based approach that emphasises community organisation, coordination, and advocacy¹⁶⁾. Nagar also suggests that social workers could be important contributors

Table 1 Human Resources in CBR at the Community Level

Disabled people and family members
CBR volunteers
CBR managers and personnel
Local government officials
Professionals within the community (including health, education, and community development)
Villagers (including religious and community leaders)
Other

Notes: Created by the author with reference^{1, 11)}. CBR = Community-Based Rehabilitation

in CBR/CBID¹⁷⁾. The paper presents a list of the purposes, principles, and skills of social workers based on his experiences in India. Persson, whilst arguing that social workers should be involved in community level activities, presents the implications of CBR in Uganda for social workers, most of whom are employed in urban governmental sectors^{18, 19)}. However, the discussion on the approaches and skills of social workers in CBR/CBID is likely inadequate owing to a lack of detailed analyses. In particular, the required approaches and skills at the meso- and community-levels seem to be unclear in the literature. In this paper, I argue that the developmental social work perspective is appropriable and feasible to expand the discussion on the approaches and skills of social workers and other community professionals in CBR/CBID. The aim of this article is to explore the integration of developmental social work with CBR/CBID.

II. What Is Developmental Social Work?

This section discusses developmental social work, before examining its integration with CBR/CBID. Drawing on related theories in social development, a historical background, the definition, and key concepts of developmental social work are discussed briefly. This paper focusses on social investment, which would be the most distinctive feature in the theory and practice of developmental social work.

Developmental social work has emerged in international and local settings simultaneously, having its roots in traditional social work, development theories, and developmental practices in the Global South²⁰⁻²⁴⁾. Research and practice since the 1970s, including that of social workers and the International Consortium for Social Development (formerly the Inter-University Consortium for International Social Development), has developed the perspective and concept of social development and developmental social work^{21, 22, 25)}. In addition, researchers and practitioners of social work in Africa have contributed significantly to innovation in and development of the theory and practice^{22, 24, 26-28)}. One of the contexts from which developmental social work emerged, particularly in South Africa, was 'The White Paper for Social Welfare' in 1997; this is because the national government policy applied the

developmental approach to social work and welfare after the end of apartheid^{22, 24)}.

Other regions across the globe, including Asia, have also paid attention to developmental social work. From the international social work perspective, researchers discuss the necessity of social work and social development in the Asian context²⁹⁻³²⁾, albeit without the use of theory and the term 'developmental social work' in the narrow sense. The diversity and heterogeneity in each society are a significant context in this region^{29, 31, 33)}, whereas international frameworks—such as the global definition of social work³⁴⁾ and global agenda for social work and social development³³⁾—have only recently become important factors³⁰⁾. In terms of specific issues, socioeconomic inequality—including poverty issues—is often discussed with social work in South Asia. Cox et al., for instance, call for developmental social work in South Asia, where reducing poverty is a prioritised issue³⁵⁾. Hence, further discussions on developmental social work are necessary to address such issues in the region.

Due to the complicated history and multiple factors that have influenced the development of the theory and practice, and '*the diversity of interests that comprise professional social work*'²²⁾, developmental social work does not appear to have a consistent definition. Rather, the range of discussion is quite broad^{22-24, 28)}. Even the term 'developmental social work' is often used interchangeably with 'social development and social work'^{36, 37)}, 'developmental perspective (approach)'^{21, 38)}, and 'social development model', amongst others, whilst sometimes being discussed in the framework of international social work^{20, 39)}. Nonetheless, Patel attempts to define developmental social work as follows:

*'practical and appropriate application of social development knowledge, skills and values to social work processes to enhance the well-being of individuals, families, households, groups, organizations and communities in their social context.'*⁴⁰⁾

An important implication of this definition is the integrated micro-, meso-, and macro-dimensions. Furthermore, in Patel's definition of developmental social work, social development is a key concept because of its application to social work. Influenced

by social development and human development theories, such as the capability approach^{22, 41-44)}, Midgley suggests the definition of social development as *'a process of planned social change designed to promote the well-being of the population as a whole within the context of a dynamic multifaceted development process'*.²³⁾

The theory of developmental social work appears to share the basic values of current social work^{45, 46)}, ranging from psychosocial approaches⁴⁷⁾ to the global agenda that underlines socioeconomic equality³³⁾. Midgley summarises the following theoretical themes in developmental social work: facilitating change; strengths; empowerment and capacity development; community building; self-determination and participation; equality and social justice; and social investment and social rights²²⁾. In other words, it shares the practical values of contemporary social work theories, including strengths-based, person-centred, rights-based, and empowerment approaches, whilst also stressing social dimensions such as change in society.

One of the features of developmental social work that distinguish it from other social work approaches is the focus on socioeconomic development and social investment to realise human rights and promote socioeconomic equality of marginalised people. Social investment includes approaches that *'mobilize human and social capital, facilitate employment and self-employment, promote asset accumulation, and in other ways bring about significant improvements in the material welfare of individuals, families, and communities'*²²⁾. As a result of poverty and hardship that feed the vicious cycle of inadequate education and lack of access to healthcare¹⁾, social investment is particularly significant for socioeconomically disadvantaged people in developing countries. The next section discusses the application of developmental social work to disability issues, whilst focussing on CBR/CBID.

III. How to Integrate Developmental Social Work with CBR/CBID Practice?

This section presents the theoretical background and practical approaches that developmental social work and CBR/CBID are likely to share, demonstrating the feasibility of the application. The

integration between micro- and macro-levels with a multi-sectoral approach is emphasised, whilst discussing the practice of social investment in CBR/CBID. Some issues regarding integration, such as ethnic and cultural sensitivity, power relationships, and marginalisation, are also considered.

Due to the theoretical affinity between developmental social work and CBR/CBID, this article argues that the practical approaches and skills of developmental social work can contribute to CBR/CBID. In addition to suggestions for developmental social work practice in disability issues^{12, 48)}, Persson describes CBR/CBID as an international idea of social work¹⁸⁾. This might be an extreme example, but it is quite possible that developmental social work shares common perspectives with CBR/CBID that involve livelihood, social, and empowerment components¹⁾. Because both developmental social work and CBR/CBID have been influenced by and developed with social development theories and disability studies, they emphasise inclusive development and empowerment as solutions to socioeconomic inequality.

Table 2 summarises the values and approaches that developmental social work could share with CBR/CBID. Amongst these approaches, this article focusses on the distinctive features of developmental social work. First, the integration between individual, group, community, and policy levels is applicable in CBR/CBID⁴⁷⁾, although it would rather underline capacity development and multi-sectoral and collective practice at the meso- and community-levels. Developmental social workers plan and implement various activities with community stakeholders by using the workers' skills to build a rapport with them, whilst promoting self-determination, supported decision-making, and participation of disabled people²²⁾. The community-based activities involve facilitation of group activities, capacity development, social action, and advocacy. Thus, facilitation and coordination skills to collaborate with various actors, including disabled people and multiple sectors, are required for community professionals at the grassroots practice of CBR/CBID.

Second, in terms of the livelihood and social components presented in the CBR guidelines, social investment would be an important strategy for

Table 2 Values and Approaches of Developmental Social Work Shareable with Community-Based Rehabilitation/Community-Based Inclusive Development

<u>Ultimate Value (examples)</u>
Human rights, human dignity, and social justice
<u>Practical Approach (examples)</u>
Inclusion and empowerment (twin-track approach)
Integration between micro- and macro-practices
Strength-based approach
Promoting self-determination, supported decision-making, and participation
Social investment
Facilitation of change in society
Ethnic- and culturally-sensitive and anti-discriminative practice
Critically interrogating practice and power relationship

Notes: This table was created by the author using the framework of Mayadas and Elliott⁴⁷⁾ and Reamer⁴⁶⁾. These values and approaches were summarised referring to the literature^{2, 22, 45, 47, 49, 50)}.

community professionals. Midgley and Livermore examine the application of community organisation techniques in developmental social work to local economic development⁵¹⁾. The basic skills of community organisation include identification of local resources, stakeholders, and needs in the community; organisation of local community groups; facilitation in goals setting and planning strategies of the groups; and participatory action, monitoring, and evaluation. They emphasise the importance of the enhancement and mobilisation of networks and relationships in the community, or formulation of social capital. Based on the community organisation, the following skills of developmental social work are underlined to direct social and human capital towards socioeconomic development: promoting community involvement in small businesses, strengthening existing local businesses, raising external investment, and using social networks for job training and employment⁵¹⁾.

The potential of social investment and social grants is also examined in disability issues^{12, 48)}. For instance, social work with social investment could promote regular employment, cooperative self-employment, microenterprise, and related capacity development¹²⁾. In the context of CBR/CBID, these practices would involve the enhancement and use of human and social capital in the local economy and business environment. Thus, developmental social work provides fundamental skills and strategies for

community professionals to promote socioeconomic equality, although it is applicable beyond the livelihood and social components of the CBR guidelines.

Third, contextualisation and ethnic- and culturally-sensitive practices⁵²⁾ must be considered in developmental social work in CBR/CBID. With regard to the South Asian context, sensitive and inclusive skills for work related to gender, religion, ethnicity, and social class, amongst others, are required in developmental social work⁴⁷⁾ because of diverse and complex social structures^{29, 31, 33)}. For example, there are social issues related to ethnic minorities and a presumed or actual caste system in some South Asian countries⁵³⁾. Therefore, drawing on the developmental social work perspective, community professionals display sensitivity when dealing with the socio-cultural marginalisation and the intersection of disability with other social statuses, such as gender and ethnicity.

Finally, issues that are considered controversial relate to indigenous knowledge and participation of disabled people in development settings. Developmental social work involves the use and development of existing and indigenous local resources in collaboration with stakeholders⁵⁴⁻⁵⁶⁾. However, even though development actors attempt to integrate indigenous knowledge into their practices, many programmes face difficulties in reflecting the knowledge of the locals because of factors such as power relationships⁵⁷⁻⁵⁹⁾. In disability issues, even if development actors endeavour to promote socioeconomic inclusion in a community, this practice does not necessarily result in the acknowledgment of the narratives and experiences of disabled people, including those who are bedridden, because practitioners might assume a mainstream local culture or Westernised norms. These issues underline the importance of the voices of the most marginalised people in society, with a reflection on the professionals' own positionality and practice. In other words, this has a crucial implication for a positional shift of disabled people from recipients of services to experts^{12, 13, 60)}.

IV. Case Study of Rural Sri Lanka

Based on the practical approaches and perspectives

discussed in the previous sections, this section briefly analyses a case of social workers in a CBR programme in a rural division of Sri Lanka. A pilot CBR project in Sri Lanka was launched in 1981, and was developed as the national programme from 1994⁶¹⁾. Social services officers (SSOs), who are considered social workers in this study, are responsible for CBR at the divisional level. The SSOs coordinate CBR volunteers who support disabled people and conduct inclusive programmes by collaborating with other governmental sectors, based on CBR guidelines¹⁾.

I observed the practice of local stakeholders, such as SSOs and disabled people, from 2013 to 2015, whilst participating in a CBR project as an international social worker⁶²⁾. The aim of the project was to examine practical strategies to promote the socioeconomic participation of disabled people at the grassroots level in the division, with the overall purpose of creating an inclusive society with local stakeholders. Because the common themes were likely to be limited participation of disabled people and poverty⁶³⁾, the SSOs and stakeholders conducted community-based activities to promote the socioeconomic and educational participation, using cultural and religious perspectives⁶⁴⁾. For instance, SSOs promoted community workshops, where disabled people and their family members generated small income through making and selling miscellaneous products intended for daily use, based on discussions with the disabled people at a CBR steering committee meeting⁶⁵⁾. This community workshop model was officially added to the recommended programmes that the SSOs would implement in the district. In addition, a multi-sectoral approach that consisted of health, education, and social welfare was planned and implemented to promote inclusive programmes, in collaboration with international social workers⁶⁶⁾.

Thus, the practical and strategic perspectives involve developmental social work practice by local SSOs and collaborative practice with international social workers; however, the potential negative impacts of international social workers should also be reflected, with regard to power relationships^{62, 67)}. These practices and findings suggest that developmental social work, including social

investment and a multi-sectoral approach, could address the vicious cycle of inadequate education, poverty, and marginalisation in order to promote inclusive socioeconomic development in rural Sri Lanka.

V. Conclusions

This paper attempted to explore the integration of developmental social work with CBR/CBID. Drawing on the theory and concepts of developmental social work, this paper argued that such an integration has practical and feasible implications for community professionals in CBR/CBID. Community-based comprehensive practice that focusses on social investment was emphasised to address socioeconomic inequality. It also argued for the importance of contextualisation and ethnic- and culturally-sensitive practice at the grassroots level, because of diversity and complex dynamics. Using these practical approaches, a case study of social work practice in Sri Lanka was demonstrated. This paper, however, has several limitations. First, practical dimensions at the meso- and community-levels were examined without a detailed discussion about their association with the approach at the macro and policy levels. The range of discussion, therefore, may be narrow and limited from the viewpoint of the focus of developmental social work. Regarding the case study, one of the most significant issues is the inadequate examples in the region, as only the case of a rural Sri Lankan area was presented. Despite these limitations, this study can provide the practical and feasible perspective of developmental social work that is applicable to CBR/CBID. I recommend that future research examine such an integration based on developmental social work practice in other fields.

The author has no conflicts of interests.

References

- 1) WHO, UNESCO, ILO, IDDC. Community-based rehabilitation: CBR guidelines. Geneva: WHO; 2010.
- 2) United Nations. Conventions on the Right of Persons with Disabilities and Optional Protocol [Web page]. 2006. Available at <http://www.un.org/disabilities/documents/convention/>

- convoptprot-e.pdf Accessed November 15 2016.
- 3) Cayetano RDA, Elkins J. Community-based rehabilitation services in low and middle-income countries in the Asia-Pacific region: Successes and challenges in the implementation of the CBR, matrix. *Disability, CBR & Inclusive Development*. 2016; 27(2):112-127.
 - 4) Lukersmith S, Hartley S, Kuipers P, Madden R, Llewellyn G, Dune T. Community-based rehabilitation (CBR) monitoring and evaluation methods and tools: A literature review. *Disability & Rehabilitation*. 2013; 35(23): 1941-1953.
 - 5) Mauro V, Biggeri M, Deepak S, Trani JF. The effectiveness of community-based rehabilitation programmes: An impact evaluation of a quasi-randomised trial. *Journal of Epidemiology & Community Health*. 2014; 68(11): 1102-1108.
 - 6) Mauro V, Biggeri M, Grilli L. Does community-based rehabilitation enhance the multidimensional well-being of deprived persons with disabilities? A multilevel impact evaluation. *World Development*. 2015; 76: 190-202.
 - 7) ILO, UNESCO, WHO. CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: Joint position paper 2004. Geneva: WHO; 2004.
 - 8) WHO, UNICEF. Primary health care: Report of the international conference on primary health care. Geneva: WHO; 1978.
 - 9) Brinkmann G. Unpaid CBR work force: Between incentives and exploitation. *Asia Pacific Disability Rehabilitation Journal*. 2004; 15(1): 90-94.
 - 10) Helander E, Mendis P, Nelson G, Goerdts A. Training in the community for people with disabilities. Geneva: WHO; 1989.
 - 11) Peat M. Community based rehabilitation. London: W.B. Saunders; 1997.
 - 12) Knapp J, Midgley J. Developmental social work and people with disabilities. In: Midgley J, Conley A. (Eds.). *Social work and social development: Theories and skills for developmental social work*. New York: Oxford University Press; 2010: 87-104.
 - 13) Rifkin SB, Kangare M. What is participation? In: Hartley S. (Ed.). *Community-based rehabilitation (CBR) as a participatory strategy in Africa*. London: University College London; 2002: 37-49.
 - 14) MacLachlan M, Mannan H, McAuliffe E. Staff skills not staff types for community-based rehabilitation. *Lancet*. 2011; 377: 1988-1989.
 - 15) Mannan H, MacLachlan M, McAuliffe E. The human resources challenge to community based rehabilitation: The need for a scientific, systematic and coordinated global response. *Disability, CBR & Inclusive Development*. 2013; 23(4): 6-16.
 - 16) Lightfoot E. Community-based rehabilitation: A rapidly growing method for supporting people with disabilities. *International Social Work*. 2004; 47(4): 455-468.
 - 17) Nagar SB. Disability and community based rehabilitation. Saarbrücken: LAP Lambert; 2015.
 - 18) Persson C. Implementing community based rehabilitation in Uganda and Sweden: A Comparative Approach. Östersund: Mid Sweden University; 2014. [PhD dissertation, unpublished]
 - 19) Persson C. Community-based rehabilitation (CBR) in Uganda: A role for social work? In: Gray M. (Ed.). *The handbook of social work and social development in Africa*. Oxon: Routledge; 2017: 156-167.
 - 20) Estes RJ. Developmental social work: A new paradigm for a new century. In: 10th International Symposium of the Inter-University Consortium for International Social Development. Cairo: Egypt; 1998.
 - 21) Midgley J. Social development: The developmental perspective in social welfare. London: Sage; 1995.
 - 22) Midgley J. The theory and practice of developmental social work. In: Midgley J, Conley A. (Eds.). *Social work and social development: Theories and skills for developmental social work*. New York: Oxford University Press; 2010: 3-29.
 - 23) Midgley J. Social development: Theory and practice. London: Sage; 2013.
 - 24) Patel L, Hochfeld T. Developmental social work in South Africa: Translating policy into practice. *International Social Work*. 2013; 56(5): 690-704.
 - 25) Midgley J. Developmental roles for social work in the Third World: The prospect of social

- planning. *Journal of Social Policy*. 1978; 7(2): 173-188.
- 26) Gray M. The progress of social development in South Africa. *International Journal of Social Welfare*. 2006; 15(s1): S53-S64.
- 27) Hochfeld T, Selipsky L, Mupedziswa R, Chitereka C. Development of social work education in southern and east Africa: Research report. Johannesburg: Centre for Social Development in Africa; 2009.
- 28) Lombard A. Social change through integrated social and economic development in South Africa: A social welfare perspective. *Journal of Comparative Social Welfare*. 2008; 24(1): 23-32.
- 29) Kwok J. Regional Perspectives... from Asia Social work and social development in Asia. *International Social Work*. 2008; 51(5): 699-704.
- 30) Nikku BR, Pulla V. Global Agenda for social work and social development: Voices of the social work educators from Asia. *International Social Work*. 2014; 57(4): 373-385.
- 31) Tiong TN. Regional perspectives... from Asia-Pacific. *International Social Work*. 2006; 49(2): 277-284.
- 32) Tiong TN. Social work in Asia. In: Healy LM, Link RJ. (Eds.). *Handbook of international social work: Human rights, development, and the global profession*. New York: Oxford University Press; 2012: 372-376.
- 33) International Social Work. Global Agenda for social work and social development: First report - promoting social and economic equalities. *International Social Work*. 2014; 57(S4): 3-16.
- 34) International Federation of Social Workers. Global definition of social work [Web page]. 2014. Available at <http://ifsw.org/get-involved/global-definition-of-social-work/> Accessed April 5, 2017.
- 35) Cox D, Gamlath S, Pawar M. Social work and poverty alleviation in South Asia. *Asia Pacific Journal of Social Work & Development*. 1997; 7(2): 15-31.
- 36) Elliott D. Social work and social development: Towards an integrative model for social work practice. *International Social Work*. 1993; 36(1): 21-36.
- 37) Elliott D. Social development and social work. In: Healy LM, Link RJ. (Eds.). *Handbook of international social work: Human rights, development, and the global profession*. New York: Oxford University Press; 2011: 102-108.
- 38) Midgley J, Livermore M. The developmental perspective in social work: Educational implications for a new century. *Journal of Social Work Education*. 1997; 33(3): 573-585.
- 39) Hugman R, Moosa-Mitha M, Moyo O. Towards a borderless social work: Reconsidering notions of international social work. *International Social Work*. 2010; 53(5): 629-643.
- 40) Patel L. Social welfare and social development in South Africa. Cape Town: Oxford University Press; 2005.
- 41) Mitra S. The capability approach and disability. *Journal of Disability Policy Studies*. 2006; 16(4): 236-247.
- 42) Prah Ruger J, Mitra S. Health, disability and the capability approach: An introduction. *Journal of Human Development & Capabilities*. 2015; 16(4): 473-482.
- 43) Sen A. *Freedom as development*. New York: Oxford University Press; 1999.
- 44) Sen A. Human rights and capabilities. *Journal of Human Development*. 2005; 6(2): 151-166.
- 45) International Federation of Social Workers - IFSW. Statement of ethical principles [Web page]. 2012. Available at <http://ifsw.org/policies/statement-of-ethical-principles/> Accessed November 15, 2016.
- 46) Reamer FG. *Social work values and ethics*. New York: Columbia University Press; 1995.
- 47) Mayadas NS, Elliott D. Psychosocial approaches, social work and social development. *Social Development Issues*. 2001; 23(1): 5-13.
- 48) Gathiram N. A critical review of the developmental approach to disability in South Africa. *International Journal of Social Welfare*. 2008; 17(2): 146-155.
- 49) Kuno K, Seddon D. Kaihatsu niokeru shogaisha bunya no twin-track approach no jitsugenni mukete (Towards a twin-track approach in the disability sector in development). Tokyo: JICA; 2003. [in Japanese]
- 50) Pease B, Fook J. *Transforming social work practice: Postmodern critical perspectives*. London and New York: Routledge; 1999.

- 51) Midgley J, Livermore M. Social capital and local economic development: Implications for community social work practice. *Journal of Community Practice*. 1998; 5(1-2): 29-40.
- 52) Schlesinger EG, Devore W. Ethnic sensitive social work practice: Back to the future. *Journal of Ethnic & Cultural Diversity in Social Work*. 2007; 16(3-4): 3-29.
- 53) Laird S. *Anti-oppressive social work: A guide for developing cultural competence*. London: Sage; 2008.
- 54) Dominelli L. Globalisation and indigenisation: Reconciling the irreconcilable. In: Lyons KH, Hokenstad T, Pawar M, Huegler N, Hall N. (Eds.). *The SAGE handbook of international social work*. London: Sage; 2012: 39-55.
- 55) Patel L, Kaseke E, Midgley J. Indigenous welfare and community-based social development: Lessons from African innovations. *Journal of Community Practice*. 2012; 20(1-2): 12-31.
- 56) Truell R. Report to the IFSW 2014 General Meeting on the review of the global definition of social work. 2014. Available at http://cdn.ifsw.org/assets/ifsw_94359-2.pdf Accessed April 5, 2017.
- 57) Briggs J. Indigenous knowledge: A false dawn for development theory and practice? *Progress in Development Studies*. 2013; 13(3): 231-243.
- 58) Lang R. Community-based rehabilitation and health professional practice: Developmental opportunities and challenges in the global North and South. *Disability & Rehabilitation*. 2011; 33(2): 165-173.
- 59) Midgley J. *Professional imperialism: Social work in the third world*. London: Heinemann; 1981.
- 60) Davidson L. Recovery, self management and the expert patient: Changing the culture of mental health from a UK perspective. *Journal of Mental Health*. 2005; 14(1): 25-35.
- 61) Ministry of Social Services – MSS, Sri Lanka. Draft of CBR five year action plan. Battaramulla: MSS; 2012.
- 62) Higashida M. Role of the overseas social worker in community-based rehabilitation in Sri Lanka: JICA volunteers' practice in a rural area. *Journal of International Health/ Kokusai-Hoken-Iryo*. 2015; 30(2): 77-85. (in Japanese)
- 63) Higashida M. The relationship between the community participation of disabled youth and socioeconomic factors: Mixed-methods approach in rural Sri Lanka. *Disability & Society*. 2017; 32(8): 1239-1262.
- 64) Higashida M. Integration of religion and spirituality with social work practice in disability issues: Participant observation in a rural area of Sri Lanka. *SAGE Open*. 2016; 6(1).
- 65) Higashida M, Illangasingha MG, Kumara MS. Developing local resources in community-based rehabilitation programme in Sri Lanka: Follow-up study in Anuradhapura. *International Journal of Social Work & Human Services Practice*. 2015; 3(1): 1-8.
- 66) Higashida M. Community mobilisation in a CBR programme in a rural area of Sri Lanka. *Disability, CBR & Inclusive Development*. 2014; 25(4): 43-60.
- 67) Herath SMK. Indian Ocean Tsunami and its influence on the resurgence of social work as an academic discipline in Sri Lanka. *European Journal of Social Work*. 2017; 20(1): 42-53.