

REVIEWS

Developmental Social Work for Promoting the Socioeconomic Participation of Persons with Disabilities: An Application of the Capability Approach

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ABSTRACT

The promotion of the socioeconomic participation of persons with disabilities is an important concept of developmental social work in community-based rehabilitation (CBR). This approach can be used to tackle poverty and inequalities, and to foster inclusion and empowerment. However, since discussions in the literature on common frameworks for developmental social workers in CBR appear inadequate, this review article aims to develop a practical framework that promotes the socioeconomic participation of persons with disabilities by applying the capability approach. First, the concept of socioeconomic participation and some of its dimensions are discussed and analytically framed using the capability approach. Following this, the practical framework for developmental social work is laid out. It is suggested that developmental social workers consider the complex dynamics between capabilities, functionings, resources, conversion factors, and other factors, with an emphasis on the social dimensions of practice. Thereafter, some theoretical and practical challenges and recommendations are identified.

Key words: *capabilities, human development, developmental social work, social investment, community-based rehabilitation*

INTRODUCTION

As shown in the Preamble of the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol (United Nations, 2006), the promotion of the full participation of persons with disabilities is a key item on the agenda of disability-inclusive development around the globe. Scholars and social workers have paid much attention to the possible contribution from promoting the socioeconomic participation of persons with disabilities in tackling poverty

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and socioeconomic inequalities (Knapp & Midgley, 2010; Jones & Truell, 2012; International Federation of Social Workers, 2014; Lombard, 2015; Veal et al, 2016). However, practical frameworks of developmental social work practice, particularly in disability issues and community-based rehabilitation (CBR), appear to be underdeveloped (Lightfoot, 2004; Mousavi, 2015; Van Breda, 2015; Higashida, 2017; Persson, 2017). The author of the current article argues that the perspectives of Amartya Sen's capability approach (1992, 1999, 2005) and Mitra's (2017) human development model of disability, health, and wellbeing (based on the capability approach) are useful in developing the practical framework of developmental social work in CBR.

Although it involves different discourses, CBR as 'a strategy within general community development' (ILO et al, 2004; WHO et al, 2010) emphasises the importance of poverty reduction and equalisation of opportunities, as well as inclusion and empowerment. The CBR prototype in the 1970s and 1980s placed a great deal of weight on 'rehabilitation' in the narrow sense (i.e., physical rehabilitation) for persons with disabilities at the individual level. This rehabilitation was to be partly provided by caregivers and volunteers who received training through CBR programmes (e.g., Helander et al, 1983). Since 'concern with the use of the word "rehabilitation"' was expressed in the International Consultation to Review Community-Based Rehabilitation (WHO, 2003), it remains controversial whether 'rehabilitation' in the narrow sense is prioritised in CBR. Nevertheless, international actors such as WHO et al (2010) have placed CBR in the general community and social development sphere, where it is a strategy to address disability-related inequalities and poverty, and to promote the empowerment and inclusion of persons with disabilities. Given that WHO et al (2010) have introduced community-based inclusive development as the overall goal of CBR, it is necessary to further develop comprehensive and practical frameworks for promoting the socioeconomic participation of persons with disabilities.

The literature in social work also suggests the necessity of emphasising the social and developmental aspects of their practice. After all, the term 'social work' literally includes the word 'social' (Veal et al, 2016). The global definition of social work put forward by the International Federation of Social Workers (IFSW) and the global agenda for social work and social development (Jones & Truell, 2012; Lombard, 2015) have suggested that social workers pursue 'social change, social development, social cohesion, and the empowerment and liberation of

people' based on human rights, social justice, and diversity (IFSW, 2014). These principles include indigenous and social developmental practices by social workers in cooperation with local stakeholders. In terms of developmental social work in disability and development issues, the literature suggests promoting socioeconomic participation and leadership development for persons with disabilities, rather than solely providing remedial intervention at the micro level (Knapp & Midgley, 2010).

This paper temporarily uses the term '(developmental) social worker(s)' to refer to human resources who perform the substantive functions of social workers in social development in the broad sense (Akimoto, 2017). In fact, despite lacking professional qualifications, there are many social workers who tackle social and developmental issues in developing countries. This is partly because educational systems for social workers are often undeveloped and unorganised, adding to the argument that the status of social workers should be improved (Midgley, 2017a).

The simultaneous presence of medical and social perspectives in CBR creates a somewhat controversial situation. It is therefore significant to discuss social work frameworks that shed light on socioeconomic aspects in order to prescribe the practice of CBR (Veal et al, 2016). Yet discussions on the approach of developmental social work in CBR towards addressing disability-related poverty and socioeconomic inequalities have been insufficient. Hence, a practical framework that is applicable to the promotion of socioeconomic participation at the community level should be developed (Midgley & Conley, 2010; Higashida, 2017). This article thus focusses on the social dimension of person-centred social work in sustainable development (Veal et al, 2016) by integrating social and economic aspects in policy and practice (Myrdal, 1970; Midgley, 1995, 2017b).

The aim of this theory review article is to develop the practical framework of developmental social work in CBR for the promotion of socioeconomic participation by persons with disabilities. It argues that the capability approach is appropriate for developing the practical frameworks in the field.

This paper can be considered a type of theory/model review since it attempts to develop a practical framework (Noguchi, 2006). Purposive sampling was applied to this review in order to develop the practical framework. Relevant literature was collected using Scopus, EBSCO host, and PubMed, supplemented by Google Scholar in January 2018. The sample included papers that discuss the

socioeconomic participation of persons with disabilities, the capability approach in disability issues and social work, and developmental social work. First, this paper discusses the concept of socioeconomic participation and some of its dimensions before analytically framing it using the capability approach. Second, this paper develops the practical framework for developmental social work for promoting the socioeconomic participation of persons with disabilities.

SOCIOECONOMIC PARTICIPATION OF PERSONS WITH DISABILITIES

This section takes a general view of the socioeconomic participation of persons with disabilities, defining the concept with reference to international classifications and common models of disability. It discusses not only the contents of participation but also its goals, decisions, and levels, given that the concept has multiple and complex aspects.

Definition and Concept

While the term and concept of ‘participation’ has been used as an alternative to a top-down approach in social development circles, the range of its use appears to be broad and occasionally vague (Midgley et al, 1986; Cornwall & Brock, 2005; Cornwall, 2008). After reviewing international discussions on the participation of persons with disabilities, this section defines socioeconomic participation and discusses its multifaceted aspects.

Participation is a key term in disability issues and is often used as a human rights slogan. Indeed, the concepts of participation, inclusion, and empowerment of persons with disabilities have appeared in international discussions and documents, exemplified by the CRPD (United Nations, 2006), CBR guidelines (WHO et al, 2010), and Sustainable Development Goals (United Nations, 2015). As a result, participation has various meanings and implications. For example, the International Year of Disabled Persons held in 1981 defined ‘full participation and equality’ as:

‘the right of persons with disabilities to take part fully in the life and development of their societies, enjoy living conditions equal to those of other citizens, and have an equal share in improved conditions resulting from socio-economic development’ (United Nations, 2004).

As Kuno (2012) has argued, this definition situates participation as both a process and a result, while simultaneously implicating empowerment and inclusion.

Participation of persons with disabilities is well discussed within debates about models of disability, including medical and social models, although the literature suggests a need to transcend such models and form an alternative way (Beaudry, 2016; Levitt, 2017). The International Classification of Functioning, Disability and Health (ICF) has integrated the medical and social models of disability (WHO, 2001), whereas the previous classification, namely the International Classification of Impairments, Disabilities and Handicaps (WHO, 1980) was considered the medical model. The ICF (WHO, 2001, 2013) has suggested that activities and participation are influenced by their interaction with personal and environmental factors. It has also provided the perspective of 'performance', which refers to 'what a person does in their actual environment', and 'capacity', which is 'what a person does...in a standardized evaluation setting' (WHO, 2013). The ICF lists nine domains in activities and participation that can be either restricted or promoted by environmental and personal factors (Schneidert et al, 2003; WHO, 2001, 2013). These nine domains are: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal interactions and relationships; major life areas; and community, social, and civic life (WHO, 2001).

In the context of poverty and socioeconomic inequalities, researchers have emphasised the importance of comprehensive perspectives that include economic and non-economic aspects (Myrdal, 1970; Midgley, 1995, 2017b). With regard to the community-level socioeconomic participation of persons with disabilities who are at a productive age, this concept would be interchangeable to some extent with the terms 'community participation' and 'social participation' due to potentially overlapping activities. Measurement tools for the community participation of persons with disabilities have been proposed by researchers, some of which include socioeconomic domains (e.g., Perenboom & Chorus, 2003; Verdonschot et al, 2009a, 2009b; Chang et al, 2013). These tools imply that a sole indicator is not suitable for measuring socioeconomic participation that has multiple domains, and perhaps multiple dimensions are more appropriate, as discussed in the following section. In order to show the range of discussions about the concept within developmental social work in disability issues, this section adapts the definition of Chang et al (2013) about community participation to broadly define the socioeconomic participation of those who are at a productive age as 'active involvement in activities that are intrinsically socioeconomic and either occur outside the home or as part of a non-domestic role'.

Multiple Aspects of Socioeconomic Participation

The multiple dimensions of socioeconomic participation of persons with disabilities are discussed from the viewpoint of possibility in the real world, namely, ends and means, the subject, contents, and levels. These four dimensions may overlap.

The first aspect of socioeconomic participation is the ends and means dimension, which has implications for philosophical arguments about the concept. The participation of persons with disabilities is described as a target to be achieved since its restrictions due to social and environmental barriers are observed internationally and domestically (Oliver & Barnes, 1998; Klasing, 2007; Knapp & Midgley, 2010). The literature classifies various types of participation of persons with disabilities. Kuno (2012) has summarised participation into three types: as a name, as means for other ends, and as a goal of empowerment and inclusion. Some developmental programmes may use the term participation without substantial promotion (i.e., as a name), while some stakeholders may encourage persons with disabilities to participate in their programmes to improve their appearance and obtain external funds from donors (i.e., as means for other ends). Finally, other actors, including social workers and persons with disabilities themselves, promote socioeconomic empowerment and participation in both the processes and results of grassroots activities (i.e., as a goal of empowerment and inclusion).

The second aspect of socioeconomic participation is the subject of participation itself, including autonomy, determination, and ownership. Global discourses that are represented in disability issues, such as the CRPD (United Nations, 2006), the independent living movement (e.g., DeJong, 1979), and disability studies (e.g., Carney, 2014; Lashewicz et al, 2014), have argued that the maximum degree of self-determination and decision-making of persons with disabilities should be respected and promoted, together with consideration of the social context (Veal et al, 2016). With respect to participation in real-life settings, the decision-making of persons with severe cognitive impairments would be supported by caregivers and professionals, although paternalistic decisions may be made without attaining adequate informed consent of persons with disabilities in some undesirable cases (Coulter, 1999).

In addition, this aspect includes ownership of socioeconomic activities. There are many possible options for ownership. They are exemplified by persons with disabilities who commence and manage self-employment, disabled people's

organisations, general companies hiring persons with disabilities, and community professionals and workers who promote disability-inclusive socioeconomic activities (Knapp & Midgley, 2010).

The third aspect includes the contents of socioeconomic participation opportunities. Some researchers have suggested an integrated perspective on economic and social activities at the community level (Myrdal, 1970; Midgley, 1995, 2017b); for instance, workers in community development 'uniquely integrate economic and social objectives' (Midgley, 2017b). As shown in the previous section, there are lists that involve socioeconomic activities and participation, such as the ICF (WHO, 2001, 2013) and measurements proposed by researchers (e.g., Perenboom & Chorus, 2003; Verdonschot et al, 2009a, 2009b; Chang et al, 2013). The CBR Matrix also includes 'livelihood' and 'social' components, while placing the 'empowerment' component at its centre (WHO et al, 2010). It is, however, controversial whether listing is suitable or not for this socio-cultural and personal context-dependent concept. The next section touches upon a similar issue regarding the list of capabilities.

The fourth aspect of socioeconomic participation is its multiple levels, ranging from the individual to the social and macro levels (Veal et al, 2016). From a social work perspective (e.g., Friedman & Allen, 2011), participation is analysed at the micro, meso (mezzo), and macro levels. It includes, for instance, socioeconomic participation at the individual and household levels (e.g., self-employment), at the community level (e.g., CBR group activities and collective income-generating programmes), and at the provincial, national, and international levels (e.g., involvement in the process of policy-making). Likewise, socioeconomic participation could be classified using individual participation and collective participation from the traditional social psychological scheme, although even individual behaviours are social because of direct and indirect interactions with others and the social environment (Turner et al, 1994).

These four aspects will be referred to during the discussion of the theoretical frameworks of socioeconomic participation in the next section. In addition to the four aspects, it is also necessary to consider the complex dynamics among the various factors that depend on the socio-cultural context. For example, socioeconomic factors would impact socioeconomic participation, and vice versa.

THEORETICAL FRAMEWORK: THE CAPABILITY APPROACH

This section examines the application of the capability approach and the human development model to the socioeconomic participation of persons with disabilities. It argues that the capability approach is useful for framing the multiple aspects of socioeconomic participation.

Applicability of the Capability Approach to Disability Issues

Amartya Sen's capability approach (1992, 1999, 2005) has been applied to many academic fields, including healthcare studies (e.g., Mitchell et al, 2017) and disability issues (Terzi, 2005; Mitra, 2006, 2017; Saleeby, 2007; Dubois & Trani, 2009; Trani et al, 2011; Kuno, 2012; Brunner, 2015; Mousavi, 2015). The human development model of disability, health, and wellbeing has been proposed based on the capability approach (Mitra, 2017). Given that disability is frequently discussed within the following models of disability, namely the moral model, the tragedy and charity model, the medical model, and the social model (e.g., Marks, 1997; Mitra, 2006, 2017; Dubois & Trani, 2009; Knapp & Midgley, 2010; Kuno, 2012), the application of the capability approach and the human development model are offered as alternatives to these models (Mitra, 2006, 2017). The background of the capability approach is different from other models of disability because it was not introduced directly as a model of disability but rather stemmed from welfare and development economics, which involves discussions about poverty and inequalities. The interpretation of disability varies in each of the models listed above, while the capability approach enables the comprehensive analysis of the various factors that cause deprivations (Mitra, 2006, 2017).

Key concepts in the capability approach are functionings, capabilities, resources, conversion factors, choice, agency, and human diversity. Functionings refer to 'the various things a person may value doing and being' and 'what a person is actually able to do', and capabilities refer to 'the substantive freedom to achieve alternative functioning combinations' and 'real opportunities' (Sen, 1999). Nussbaum (2001) has proposed a list of 'central human capabilities', yet that has been widely debated, with some researchers arguing that capabilities should be determined through democratic processes amongst stakeholders (Robeyns, 2005; Mitra, 2006, 2017; Morris, 2009).

Even if a person has access to resources and commodities such as services, goods, and information, the ability to transform them into capabilities and functionings depends on conversion factors (Robeyns, 2005; Mitra, 2006, 2017; Morris, 2009;

Kuno, 2012). Robeyns (2005) has clarified three main conversion factors: personal conversion factors (e.g., psychological and physical characteristics), social conversion factors (e.g., policies and socio-cultural norms), and environmental conversion factors (e.g., geographical features and infrastructures). Impairments can be placed within personal characteristics (Burchardt, 2004; Mitra, 2006), although the human development model places it in health deprivations (Mitra, 2017).

In addition, a person's choices and values are fundamental to achieving the functionings that lead to his or her wellbeing (Sen, 1992, 1999), reflecting human diversity and freedom. Choices are influenced by multiple conversion factors, including the person's preferences. Choices may be a result of adapting to a disadvantaged environment, including extreme poverty, indicating that understanding capabilities is also essential (Sen, 1992, 1999). Even if resources and commodities are available to a person, both the capability set and choices based on his or her values would be converted by personal, social, and environmental factors (Robeyns, 2005).

The concept of agency is also crucial in the capability approach, which has various implications for disability issues (Mitra, 2017). A person with agency is described 'as someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives' (Sen, 1999). A person's agency achievement is described as 'the realization of goals and values she has reasons to pursue, whether or not they are connected with her own well-being' (Sen, 1992). It is thus possible to consider a distinction between wellbeing and choices: someone might undertake actions for others regardless of his/her own wellbeing in the narrow sense. Further, agency is not limited to the individual level but can be expanded to collective agency, which is defined as 'a group of individuals acting as agents not only to improve their own living conditions but also to bring about changes in their societies' (Pelenc et al, 2013).

From the viewpoint of the capability approach and the human development model, disability is regarded as deprived capabilities and functionings among persons with health deprivations, interacting with multiple factors (Terzi, 2005; Mitra, 2006, 2017). As Sen (1992, 1999) has also described poverty as deprivations of capabilities, disability-poverty linkages are well-documented (Mitra, 2017).

The present article analyses socioeconomic participation by drawing on the capability approach, but without forcefully integrating it with the ICF. There are

debates about whether the capability approach complements the ICF (Saleeby et al, 2007; Morris, 2009) or whether it should distinguish itself from the ICF entirely (Mitra, 2014). The ICF uses terms similar to the capability approach, such as capacity and functioning, but the meanings are different. For instance, the meaning of functioning in the ICF is human experience related to the interaction among factors, namely body functions and structures, activities, participation, personal factors, environmental factors, and health status. The meaning and implications of functionings in the capability approach are broader than those of the ICF (Mitra, 2006). In addition, the capability approach acknowledges human diversity, freedom to achieve, and agency, thereby considering multiple conversion factors and capabilities that the ICF does not include (Morris, 2009; Mitra, 2014, 2017). Indeed, the 'ICF conceptualises functioning and disability in the context of health, and therefore does not cover circumstances that are brought about solely by socioeconomic or cultural factors' (WHO, 2013). With regard to participation, the ICF lists cover broad domains of activities and participation, but the distinction between them is unclear and discussions on social participation seem to be inadequate (Eyssen et al, 2011). Hence, this article uses the capability approach to discuss socioeconomic participation.

Socioeconomic Participation from the Perspective of the Capability Approach

This section argues that the capability approach provides comprehensive and holistic views on the socioeconomic participation of persons with disabilities. It goes on to discuss the relationship of the perspective of the capability approach with the four aspects explained in the previous section.

The literature considers disability issues, including the participation of persons with disabilities, by applying the capability approach. As Morris (2009) has indicated, the participation of a person is considered in terms of functionings (in particular, 'doings'), whereas potential opportunities and freedom to participate are considered capabilities. A person's experiences, such as subjective experiences regarding participation, are to be included as 'beings' of functionings. In real life, these beings and doings are mixed at the individual level. In addition, it is possible to grasp influences on achieved participation (functionings) and potential opportunities for participation (capabilities) through personal, social, and environmental factors, together with a consideration of available resources and commodities (Sen, 1992, 1999; Robeyns, 2005). It is therefore fundamental to acknowledge the choices of a person with disabilities to participate or not participate in any opportunities.

The following is an example of the socioeconomic participation of persons with disabilities to explain the above concepts with reference to Sen's (1992) example on starving. Even if a young woman does not participate in any social and economic activities on a regular basis (as functionings), the key point is whether she has possible opportunities for such participation or not (as capabilities). The available resources and commodities (e.g., services, assistive devices, and income for transportation expenses) are converted into possible participation opportunities (capabilities) and achieved participation (functionings) by various factors. These factors include personal (e.g., gender, age, and impairments), social (e.g., prejudice, discrimination, and information accessibility), and environmental factors (e.g., mountainous and remote areas or urban areas). Hence, the case that a person with disabilities could not achieve participation due to a lack of available opportunities is entirely different from the case that she decides not to do so (as choices) because of her preference, even though she has such opportunities. In other cases, persons with disabilities and their caregivers might give up such participation because of self-stigmatisation and just accept the situation (adaptation).

The capability approach covers all of the four aspects of the socioeconomic participation of persons with disabilities—ends and means, the subject, contents, and levels. In a situation where a person has the fundamental freedom to participate in social and economic activities, achieved socioeconomic participation depends on his or her choice of whether or not to participate. If there is freedom to choose to participate, this could enable a process of empowerment through self-determination of the person with disability. In another situation where the person does not have any opportunity for socioeconomic participation because of a lack of assistance (e.g., for body motion, or income for transportation), this could be seen as deprivations of capabilities and functionings. If a person who has actual opportunities for participation has difficulty deciding whether or not to participate in any activities because of cognitive impairments, the line between supported decision-making and paternalistic interventions would be a context-dependent issue.

Like capabilities, the contents and levels of socioeconomic participation also depend on various factors, particularly the socio-cultural context. Opportunities for achievable participation are likely influenced by personal, social, and environmental factors as well as resources and commodities. As Trani et al (2011) have indicated, it is essential for stakeholders to collect information on the

values (i.e., what opportunities for participation should be included, and what social barriers to participation should be addressed) expressed by persons with disabilities and community members through dialogue and assessment. Since this point is associated with practice, it will be discussed in the next section.

PRACTICAL FRAMEWORK

This section develops the practical framework of developmental social work for promoting the socioeconomic participation of persons with disabilities from the perspective of the capability approach. It argues that the role of developmental social work includes establishing available resources and changing conversion factors in society in order to enhance a person's capability set, while identifying his or her needs and deprived capabilities. It also suggests that developmental social workers could provide support for the decision-making of persons with disabilities who have difficulties and could coordinate available resources with them. That said, social workers need to reflect on some potential issues in social casework such as paternalism and power relationships. This article concludes that this framework provides useful guidance to improve the wellbeing and enhance the agency of persons with disabilities.

Developmental Social Work with the Capability Approach

Developmental social work is a holistic and pragmatic social work approach based on the principles of human rights and social justice that addresses poverty and socioeconomic inequalities at the individual, household, community, and policy levels (Elliott & Mayadas, 2001; Midgley, 2010; Knapp & Midgley, 2010). In addition to leading scholar James Midgley, researchers and professionals from the Global South, such as Africa, have developed its practical approaches (e.g., Patel, 2005; Gray, 2006; Patel & Hochfeld, 2013; Van Breda, 2015). Developmental social work utilises multiple approaches and skills, in particular social investment, community building, capacity development, and the integration of micro-macro practice (Midgley, 2010; Van Breda, 2015). Social investment is the distinctive approach in developmental social work and is defined as 'allocations to social programmes that produce returns and promote future social well-being' (Midgley, 2017b). Social investment includes the aim to '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' (Midgley, 2010).

The integration of developmental social work with disability issues and CBR has been examined by researchers, albeit in a small body of literature. Developmental social work addresses poverty and inequalities that persons with disabilities face, while promoting socioeconomic participation, developing leadership for persons with disabilities, and realising inclusion and empowerment (Knapp & Midgley, 2010; Higashida, 2017). The practical framework of developmental social work, however, appears to be underdeveloped (Van Breda, 2015). Promoting socioeconomic participation, for example, is one possible entry point, but its systematic and practical frameworks need to be further developed. This section suggests that the application of the capability approach to developmental social work provides practical perspectives to address poverty and socioeconomic inequalities.

The application of the capability approach to social work and social welfare, including developmental social work, has been examined by several researchers (Saleeby, 2007; Braber, 2013; Veal et al, 2016). For example, Midgley (2017b) has argued 'the need for new policies and programmes that invest in human capabilities rather than transferring resources to passive welfare recipients', while also referring to Sen's capability approach in his other papers on developmental social work (e.g., Midgley, 2010). However, the relationship between developmental social work and the capability approach does not appear to have been discussed in detail in the literature. Possible reasons for this absence are that each has a different focus, even though both developmental social work and the capability approach address poverty and inequalities. Developmental social work tends to focus on the improvement of material wellbeing for persons and communities (Midgley, 2010), whereas the capability approach tends to focus on potential opportunities and achieved functionings that lead to the wellbeing of a person (Robeyns, 2005). With respect to its nature, developmental social work emphasises practice, whereas the capability approach emphasises analysis. The present article argues that the application of the capability approach to developmental social work in disability issues is both possible and helpful for understanding the socioeconomic participation of persons with disabilities.

Through its micro, meso and macro practice, developmental social work could address the deprivations of capabilities and functionings that persons with disabilities face in their life. In other words, developmental social work responds to 'the constraints that the environment adds to a person's impairment in order to expand their capability set and to allow them to live a life which they value'

(Dubois & Trani, 2009). As well as development, developmental social work would have the process of expanding the freedom of people with disabilities (Sen, 1999; Mitra, 2017). The application of the capability approach suggests that social work includes practices to develop resources and improve social structures and physical environments (Saleeby, 2007; Mitra, 2017). Developmental social work could also include direct care to improve a person's central human capabilities (Nussbaum, 2001; Mousavi, 2015; Van Breda, 2015), yet careful consideration is necessary because it might simply encourage individual interventions based on the medical model of disability (Kuno, 2012). Thus, it is worth clarifying that poverty and the socioeconomic inequalities facing persons with disabilities are addressed by expanding the actual opportunities for them in developmental social work practice.

The concepts of choices and agency also have implications for developmental social work. Developmental social workers need to respect self-determination by persons with disabilities, while supporting their decision-making if necessary. In some cases, reflection on the social workers' practice and relationship with persons with disabilities, including potential paternalistic interventions, is required (Higashida, 2017). In addition, the concept of agency emphasises the importance of human rights as well as the importance of choices for persons with disabilities. Persons with disabilities promote their human rights and empowerment through political participation, advocacy, and collective movement, and their claims may include criticism of professionals, including in the social work practice (Oliver & Barnes, 1998; Knapp & Midgley, 2010). This might pose a difficult dilemma for social workers between prioritising a person's agency or wellbeing. There is no one-size-fits-all answer to this issue, but developmental social workers can find reasonable practice with persons with disabilities and other stakeholders through substantial dialogue.

Developmental Social Work for Promoting Socioeconomic Participation: The Capability Approach

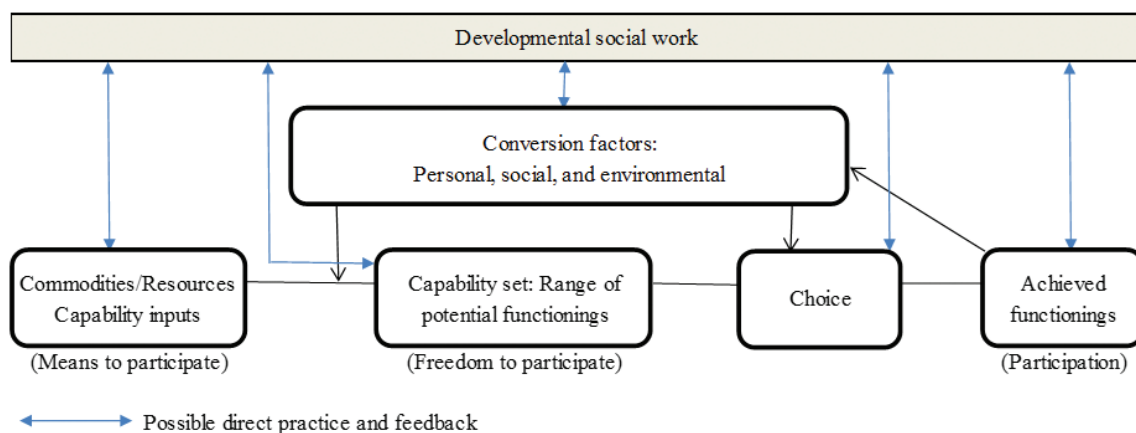
This section proposes the practical framework of developmental social work in disability issues and CBR by applying the capability approach. The ultimate values of developmental social work in CBR involve human rights, social justice, and socioeconomic equality (Elliott & Mayadas, 2001; Higashida, 2017). The targets of developmental social work practice emphasise the importance of promoting socioeconomic participation of persons with disabilities, although it is not limited

to participation in specific domains (Midgley, 2010, 2017b). Developmental social work tackles the constraints faced by persons with disabilities because of multiple factors in society, in order to expand their actual opportunities and allow them to choose those which they value (Mitra, 2006, 2017; Saleeby, 2007; Dubois & Trani, 2009).

In line with this framework of developmental social work in disability issues, its practice expands socioeconomic participation opportunities through engagements with health deprivations, resource shortages, and structural barriers in society, all while considering human diversities (Mitra, 2017). Developmental social work therefore covers a range from practice in the community to social change and policy making (Elliott & Mayadas, 2001; Midgley, 2010; Higashida, 2017). Since one of the distinctive approaches of developmental social work is social investment, which addresses poverty and socioeconomic inequalities (Midgley, 2010, 2017b), it is the preferred practice to expand actual opportunities for persons with disabilities to enjoy socioeconomic participation.

Referring to the literature (Saleeby, 2007; Midgley, 2010; Knapp & Midgley, 2010; Van Breda, 2015; Higashida, 2017), this paper summarises dimensions of developmental social work for the promotion of socioeconomic participation based on the application of the capability approach (Sen, 1992, 1999; Robeyns, 2005; Morris, 2009; Kuno, 2012). Figure 1 illustrates the conceptual framework that integrates the micro, meso and macro practices of developmental social work. Five squares in the figure indicate key components of the capability approach: commodities/resources, conversion factors, capability set (freedom to participate), choice, and achieved functionings (participation). The black arrows represent potential interactions between these components, whereas blue arrows indicate the entry points of developmental social work practice. Blue arrows also imply the bi-directional relationships: the influence of developmental social work practice on each component and the feedback of each component on developmental social work practice. Although Van Breda (2015) has described six stages of developmental social casework at the individual level (engagement, assessment, planning, implementation, evaluation, and termination), this article proposes some entry points and a non-linear process so as to respond to the personal and local context and micro-macro dynamic practices, to be explained below.

Figure 1: Conceptual Framework of the Capability Approach applied to Developmental Social Work for Promoting a Person's Participation



Note: Figure made with reference to Robeyns (2005) and Trani et al (2011)

First, social workers, in corporation with other stakeholders including persons with disabilities, develop available resources that can be converted into the foundation for a person's capability set and opportunities for socioeconomic participation. Resources include not only income and physical objects (e.g., mobility allowance, and assistive devices) and the personal support that are necessary for them to participate, but also self-help groups, microfinance, income-generating activities, vocational training, and inclusive workshops that are potential means to participate at the community level (Knapp & Midgley, 2010). After identifying the community needs and necessary resources for marginalised persons with disabilities, these resources can be developed by mobilising social capital and building networks at the community level, while promoting social investment and funding by government, non-government, and private sectors. Developmental social work therefore facilitates creating available resources in collaboration with persons with disabilities and local stakeholders by using the social investment strategy and workers' own knowledge and skills.

Second, by utilising existing and alternative local resources, developmental social work improves the social environment and promotes social change in partnership with persons with disabilities and other stakeholders. This is an engagement tool to tackle negative conversion factors in society for mitigating the impacts on the potential opportunities of persons with disabilities (Saleeby,

2007). There are many options, ranging from personal support and coordination, such as individual placement and support (IPS) and care management, to more socially dynamic actions, such as lobbying for the improvement of employment policies and raising awareness of discrimination against persons with disabilities (Knapp & Midgley, 2010; Higashida, 2017). Such multi-dimensional and multi-sectoral practice can expand the range of potential functionings or the actual participation opportunities of persons with disabilities (Saleeby, 2007; Veal et al, 2016).

Third, if persons with disabilities have any difficulties with choosing which participation opportunities they value, due to any impairments, developmental social workers can provide support for decision-making at the micro level. They can also identify what the person would value and coordinate relationships and resources with stakeholders such as family members of the person with disabilities (Higashida, 2017). In other words, supportive practice for promoting choice and expanding a person with disabilities' capability set may be conducted simultaneously. Developmental social workers also consider basic principles such as social justice, human rights, and the strength perspective during such coordination, avoiding prioritising other stakeholders' interests (Midgley, 2010; Knapp & Midgley, 2010; Higashida, 2017).

Finally, the perspective of agency is emphasised at the stage of achieved participation, including capacity development for leaders who have disabilities and community mobilisation through socioeconomic activities. This stage includes leadership training programmes, capacity development of disability-inclusive committees, and the facilitation of collective and sustainable activities (Knapp & Midgley, 2010). These practices by developmental social workers would facilitate the individual and collective agency of persons with disabilities and would be additional resources that could be converted into a person's capability set (Veal et al, 2016).

As indicated in Figure 1, the above activities in developmental social work would be influenced by feedback from persons with disabilities and other stakeholders. For instance, the constructed local resources could be utilised for expanding the range of participation opportunities for persons with disabilities. This means that persons with disabilities have additional potential functionings or options for their choices, while developmental social workers obtain additional options to promote the participation of persons with disabilities. A similar relationship can be seen between conversion factors and developmental social work practices.

The developmental social work practices attempt to change conversion factors, in particular to remove social and physical barriers, and such changed factors would influence their practice. For example, practical targets and collaborators for developmental social workers could vary flexibly in accordance with the needs and current situation of persons with disabilities in society. Furthermore, promoting self-determination by developmental social workers is not necessarily a one-time result but a dynamic process. Therefore, the practices of developmental social workers would also vary depending on the decisions and wishes of persons with disabilities in the process.

Limitations

There are some theoretical and practical limitations to this review. Some limitations are related to the theoretical assumption of the capability approach. Researchers have argued that the capability approach is too individualistic and that it is therefore necessary to consider the collective aspects in each concept of the approach (Dubois & Trani, 2009; Trani et al, 2011). While this article touched upon the collective aspects of some concepts, the focus on collectivity would need to be further examined (Veal et al, 2016). In addition, because the capability approach is less likely to provide adequate information on the causes behind each factor, other models—in particular, the social model of disability—could strengthen the framework for practice to address social issues (Kuno, 2012).

Next, there are some limitations related to the perspective of developmental social work. For instance, one of the roles of developmental social workers is to improve capabilities for persons with disabilities, including opportunities for socioeconomic participation. However, the real needs and choices of persons with disabilities are diverse. This means that emphasising a specific approach, such as social investment, might not be suitable for some persons in the community. Hence, developmental social workers need to consider how reasonable the adaptation of persons with disabilities to such participation opportunities is and the power relationship(s) involved.

Finally, the feasibility and usefulness of the application of the capability approach depend on future work. The capability approach uses some terms and concepts that include unique meanings and implications. It is likely to be difficult for strangers to this academic circle to understand the perspective, which might cause some misunderstanding (Kuno, 2012). Therefore, frameworks that are easier for practitioners to understand are required. In addition, the range that the

proposed framework of developmental social work practice covers is likely to be broad because the capabilities and functionings relate to various areas. Hence, from the perspective of feasibility and practicality, this framework needs to be more developed in terms of the skills, processes, and activities of developmental social workers (Van Breda, 2015). Moreover, this article did not discuss in detail the evidence-based practice and education system of developmental social work that should be developed (Midgley, 2010).

CONCLUSION

This review article aimed to develop the practical framework that is applicable to developmental social work in CBR for addressing disability-related inequalities and poverty by using the capability approach. It identified aspects of the socioeconomic participation of persons with disabilities to which developmental social work could contribute. In reaction to insufficient discussions on the framework of developmental social work in CBR, this article enables developmental social workers and other stakeholders to consider the complex social dynamics amongst capabilities, functionings, resources, conversion factors, and other factors, together with an emphasis on the social dimensions of its practice. CBR practitioners, including social workers, develop indigenous practice while gaining experience through practice and the sharing of knowledge with stakeholders in line with the local socio-cultural context. These practitioners could utilise the proposed framework, which has space for diverse practices at the grassroots level. This paper recommends that future practice develop the framework further. In addition, it is possible to discuss other issues that this paper has not included, such as the relationship of practice to innovation and technology, developmental social work education, and public policies in developing countries. In this way, this paper also suggests further discussion of CBR practice based on a broad and comprehensive understanding.

REFERENCES

- Akimoto T (2017). The globalization of western-rooted professional social work and exploration of Buddhist social work. In J. Gohori, ed., *From western-rooted professional social work to Buddhist social work: Exploring Buddhist social work*, Tokyo: Gakubunsha: 1–41.
- Beaudry J (2016). Beyond (models of) disability?. *The Journal of Medicine & Philosophy*; 41(2): 210–228. <https://doi.org/10.1093/jmp/jhv063>

- Braber C (2013). The introduction of the capability approach in social work across a neo-liberal Europe. *Journal of Social Intervention: Theory & Practice*; 22(4): 61–77.
- Brunner R (2015). Disability and justice: the capabilities approach in practice. *Disability & Society*; 30(2): 310–312. <https://doi.org/10.1080/09687599.2014.984931>
- Burchardt T (2004). Capabilities and disability: the capabilities framework and the social model of disability. *Disability & Society*; 19(7): 735–751. <https://doi.org/10.1080/0968759042000284213>
- Carney T (2014). Clarifying, operationalising, and evaluating supported decision making models. *Research and Practice in Intellectual and Developmental Disabilities*; 1(1): 46–50. <https://doi.org/10.1080/23297018.2014.902727>
- Chang F, Coster W, Helfrich C (2013). Community participation measures for people with disabilities: a systematic review of content from an international classification of functioning, disability and health perspective. *Archives of Physical Medicine & Rehabilitation*; 94(4): 771–781. <https://doi.org/10.1016/j.apmr.2012.10.031>
- Cornwall A (2008). Unpacking ‘Participation’: models, meanings and practices. *Community Development Journal*; 43(3): 269–283. <https://doi.org/10.1093/cdj/bsn010>
- Cornwall A, Brock K (2005). What do buzzwords do for development policy? A critical look at ‘participation’, ‘empowerment’ and ‘poverty reduction’. *Third World Quarterly*; 26(7): 1043–1060. <https://doi.org/10.1080/01436590500235603>
- Coulter A (1999). Paternalism or partnership?: patients have grown up—and there’s no going back. *BMJ: British Medical Journal*; 319(7212): 719–720. PMID: 10487980
- DeJong G (1979). Independent living: from social movement to analytic paradigm. *Archives of Physical Medicine & Rehabilitation*; 60(10): 435–446.
- Dubois J, Trani J (2009). Extending the capability paradigm to address the complexity of disability. *ALTER-European Journal of Disability Research/Revue Européenne de Recherche sur le Handicap*; 3(3): 192–218. <https://doi.org/10.1016/j.alter.2009.04.003>
- Elliott D, Mayadas N (2001). Psychosocial approaches, social work and social development. *Social Development Issues*; 23(1): 5–13.
- Eyssen I, Steultjens M, Dekker J, Terwee C (2011). A systematic review of instruments assessing participation: challenges in defining participation. *Archives of Physical Medicine & Rehabilitation*; 92(6): 983–997. <https://doi.org/10.1016/j.apmr.2011.01.006>
- Friedman B, Allen K (2011). Systems theory. In: J. Brandell, ed., *Theory & Practice in Clinical Social Work*; 2: 3–20.
- Gray M (2006). The progress of social development in South Africa. *International Journal of Social Welfare*; 15(s1): S53–S64. <https://doi.org/10.1111/j.1468-2397.2006.00445.x>
- Helander E, Mendis P, Nelson G (1983). *Training disabled people in the community: a manual on community-based rehabilitation for developing countries*. Geneva: WHO.
- Higashida M (2017). Integration of developmental social work with community-based rehabilitation: implications for professional practice. *Journal of International Health*; 32(4): 271–279. <https://doi.org/10.11197/jaih.32.271>

Hugman R (2016). *Social development in social work: practices and principles*. Oxon: Routledge.

International Labour Organisation, United Nations Educational Scientific and Cultural Organisation, World Health Organisation (2004). *CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper*. Geneva: WHO.

International Federation of Social Workers (2014). *Global definition of social work*. [online]. Available at <http://ifsw.org/get-involved/global-definition-of-social-work> [Accessed 5 Apr. 2017]

Jones D, Truell R (2012). The global agenda for social work and social development: a place to link together and be effective in a globalized world. *International Social Work*; 55(4): 454–472. <https://doi.org/10.1177/0020872812440587>

Klasing I (2007). *Disability and social exclusion in rural India*. New Delhi: Rawat Publication.

Knapp J, Midgley J (2010). Developmental social work and people with disabilities. In: J. Midgley and A. Conley, eds., *Social work and social development: theories and skills for developmental social work*. New York: Oxford University Press: 87–104.

Kuno K (2012). Concepts around disability and disabled people. In: L Carr, P Darke and K Kuno, eds., *Disability equality training: action for change*. MPH Group: Selangor: 103–170.

Lashewicz B, Mitchell J, Salami E, Cheuk S (2014). *Understanding and addressing voices of adults with disabilities within their family caregiving contexts: implications for capacity, decision-making and guardianship*. Toronto: Law Commission of Ontario.

Levitt J (2017). Developing a model of disability that focuses on the actions of disabled people. *Disability & Society*; 32(5): 735–747. <https://doi.org/10.1080/09687599.2017.1324764>

Lightfoot E (2004). Community-based rehabilitation: a rapidly growing method for supporting people with disabilities. *International Social Work*; 47(4): 455–468. <https://doi.org/10.1177/0020872804046253>

Lombard A (2015). Global agenda for social work and social development: a path toward sustainable social work. *Social Work*; 51(4): 482–499. <http://dx.doi.org/51-3-462>

Marks D (1997). Models of disability. *Disability & Rehabilitation*; 19(3): 85–91. <https://doi.org/10.3109/09638289709166831>

Midgley J (1995). *Social development: the developmental perspective in social welfare*. London: Sage.

Midgley J (2010). The theory and practice of developmental social work. In: J. Midgley and A. Conley, eds., *Social work and social development: theories and skills for developmental social work*. New York: Oxford University Press, 3–29.

Midgley J (2017a). *Social welfare for a Global era: international perspectives on policy and practice*. California: SAGE.

Midgley J (2017b). Introduction. In: J. Midgley, E. Dahl, and A. Wright, eds., *Social investment and social welfare*. Edward Elgar Publishing, 13–32.

- Midgley J, Hall A, Hardiman M, Narine D (1986). *Community participation, social development and the state*. London: Methuen.
- Midgley J, Conley A (2010). Limitations and prospects of developmental social work. In: J. Midgley and A. Conley, eds., *Social work and social development: theories and skills for developmental social work*. New York: Oxford University Press, 193–204.
- Mitchell P, Roberts T, Barton P, Coast J (2017). Applications of the capability approach in the health field: a literature review. *Social Indicators Research*; 133(1): 345–371. <https://link.springer.com/article/10.1007/s11205-016-1356-8>
- Mitra S (2006). The capability approach and disability. *Journal of Disability Policy Studies*; 16(4): 236–247. <https://doi.org/10.1177/10442073060160040501>
- Mitra S (2014). Reconciling the capability approach and the ICF: a response. *ALTER-European Journal of Disability Research/Revue Européenne de Recherche sur le Handicap*; 1(8): 24–29.
- Mitra S (2017). *Disability, health and human development*. New York: Springer.
- Morris C (2009). Measuring participation in childhood disability: how does the capability approach improve our understanding?. *Developmental Medicine & Child Neurology*; 51(2): 92–94. <https://doi.org/10.1111/j.1469-8749.2008.03248.x>
- Mousavi T (2015). The role of community-based rehabilitation in poverty reduction. *Disability, CBR & Inclusive Development*; 26(1): 125–139. <https://doi.org/10.5463/dcid.v26i1.268>
- Myrdal G (1970). *The challenge of world poverty: a world anti-poverty programme in outline*. London: Allen Lane Penguin Press.
- Noguchi J (2006). *The science review article: an opportune genre in the construction of science (Vol. 17)*. Bern: Peter Lang.
- Nussbaum M (2001). *Women and human development: the capabilities approach*. Cambridge: Cambridge University Press.
- Oliver M, Barnes C (1998). *Disabled people and social policy: from exclusion to inclusion*. Addison Wesley Longman.
- Patel L (2005). *Social welfare and social development in South Africa*. Oxford: Oxford University Press.
- Patel L, Hochfeld T (2013). Developmental social work in South Africa: translating policy into practice. *International Social Work*; 56(5): 690–704. <https://doi.org/10.1177/0020872812444481>
- Pelenc J, Lompo M, Ballet J, Dubois J (2013). Sustainable human development and the capability approach: integrating environment, responsibility and collective agency. *Journal of Human Development & Capabilities*; 14(1): 77–94. <https://doi.org/10.1080/19452829.2012.747491>
- Perenboom R, Chorus A (2003). Measuring participation according to the International Classification of Functioning, Disability and Health (ICF). *Disability & Rehabilitation*; 25(11–12): 577–587. <https://doi.org/10.1080/0963828031000137081>

- Persson C (2017). Community-based rehabilitation (CBR) in Uganda: a role for social work? In: M. Gray, eds., *The handbook of social work and social development in Africa*. Oxon: Routledge, 156–167.
- Robeyns I (2005). The capability approach: a theoretical survey. *Journal of Human Development*; 6(1): 93–117. <https://doi.org/10.1080/146498805200034266>
- Saleeby P (2007). Applications of a capability approach to disability and the international classification of functioning, disability and health (ICF) in social work practice. *Journal of Social Work in Disability & Rehabilitation*; 6(1-2): 217–232. https://doi.org/10.1300/J198v06n01_12
- Schneidert M, Hurst R, Miller J, Üstün B (2003). The role of environment in the International Classification of Functioning, Disability and Health (ICF). *Disability & Rehabilitation*; 25(11–12): 588–595. <https://doi.org/10.1080/0963828031000137090>
- Sen A (1992). *Inequality reexamined*. Cambridge: Harvard University Press: 56, 111–112.
- Sen A (1999). *Development as freedom*. Oxford: Oxford University Press: 19, 75.
- Sen A (2005). Human rights and capabilities. *Journal of Human Development*; 6(2): 151–166. <https://doi.org/10.1080/14649880500120491>
- Terzi L (2005). A capability perspective on impairment, disability and special needs: towards social justice in education. *School Field*; 3(2): 197–223. <https://doi.org/10.1177/1477878505053301>
- Trani J, Bakhshi P, Bellanca N, Biggeri M, Marchetta F (2011). Disabilities through the capability approach lens: implications for public policies. *ALTER-European Journal of Disability Research/Revue Européenne de Recherche sur le Handicap*; 5(3): 143–157. <https://doi.org/10.1016/j.alter.2011.04.001>
- Turner J, Oakes P, Haslam S, McGarty C (1994). Self and collective: cognition and social context. *Personality & Social Psychology Bulletin*; 20(5): 454–463. <https://doi.org/10.1177/0146167294205002>
- United Nations (2001). *Pathfinders: towards full participation and equality of persons with disabilities in the ESCAP region: social policy paper No. 2*. Bangkok: United Nations.
- United Nations (2004). *The international year of disabled persons 1981*, [online] Available at <http://www.un.org/esa/socdev/enable/disidydp.htm> [Accessed 27 Nov. 2017]
- United Nations (2006). *Convention on the rights of persons with disabilities*. New York: United Nations.
- United Nations (2015). *Transforming our world: the 2030 Agenda for sustainable development*, [online] Available at <https://sustainabledevelopment.un.org> [Accessed 27 Nov. 2017]
- Van Breda A (2015). Developmental social case work: a process model. *Journal of International Social Work*; 18(3): 322–337. <https://doi.org/10.1177/0020872815603786>
- Veal D, King J, Marston G (2016). Enhancing the social dimension of development: interconnecting the capability approach and applied knowledge of social workers. *International Social Work*; 1–13. <https://doi.org/10.1177/0020872816651703>

Verdonschot M, De Witte L, Reichrath E, Buntinx W, Curfs L (2009a). Community participation of people with an intellectual disability: a review of empirical findings. *Journal of Intellectual Disability Research*; 53(4): 303–318. <https://doi.org/10.1111/j.1365-2788.2008.01144.x>

Verdonschot M, De Witte L, Reichrath E, Buntinx W, Curfs L (2009b). Impact of environmental factors on community participation of persons with an intellectual disability: a systematic review. *Journal of Intellectual Disability Research*; 53(1): 54–64. <https://doi.org/10.1111/j.1365-2788.2008.01128.x>

World Health Organisation (1980). *International Classification of Impairments, Disabilities, and Handicaps*. Geneva: WHO.

World Health Organisation (2001). *International Classification of Functioning, Disability and Health*. Geneva: WHO: 14.

World Health Organisation (2003). *International Consultation to Review Community-Based Rehabilitation (CBR)*: Helsinki 25–28 May 2003. Geneva: WHO: 3.

World Health Organisation (2013). *How to use the ICF: a practical manual for using the International Classification of Functioning, Disability and Health (ICF)*. Exposure draft for comment. Geneva: WHO: 4, 37.

World Health Organisation, United Nations Educational Scientific and Cultural Organisation, International Labour Organisation, International Disability and Development Consortium (2010). *Community-based rehabilitation: CBR guidelines*. Geneva: WHO.