

Disabled Individuals in Disasters and the Roles of Social Work in the light of *Americans with Disabilities Act*

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abstract

Disasters do not affect all individuals in society equally; disabled individuals are disproportionately exposed to disaster risks due to persistent accessibility barriers, the disruption of support networks, evacuation challenges, and constrained access to essential services. Incorporating the specific challenges faced by disabled individuals—spanning pre-disaster preparedness, emergency response, and post-disaster recovery—is paramount for developing inclusive and rights-based disaster management frameworks. This review study aims to evaluate the primary difficulties encountered by disabled individuals during disasters, identify the core components of disability-sensitive disaster management, and delineate the roles and functions of the social work profession within this context. The study explores the multifaceted inequalities disabled individuals experience, such as barriers to information and preparedness pre-disaster; complications in evacuation, communication, and safety during a disaster; and limited access to shelter, rehabilitation, psychosocial support, and social services post-disaster. Furthermore, it emphasizes the imperative of ensuring the active participation of disabled individuals as key stakeholders in disaster management planning and decision-making mechanisms. Within this framework, it is demonstrated that the social work profession significantly contributes to the empowerment of disabled individuals through its diverse functions, including counseling, resource management, advocacy, education, coordination, and policy planning. In conclusion, developing disability-sensitive, accessible, and rights-based disaster management practices is essential for enhancing the resilience of disabled individuals and mitigating systemic social inequalities in the face of disasters.

Keywords: *disaster, disabled individuals, disability-sensitive disaster management, social work, social vulnerability.*

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1. INTRODUCTION

Disasters are not merely exogenous shocks; they are critical junctures that interrupt the continuity of social life and exacerbate existing systemic inequalities. Within this context, disabled individuals often experience the impacts of disasters disproportionately, largely due to systemic barriers in accessibility, communication, mobility, and the continuity of essential care services. Consequently, disaster risk management must extend beyond physical safety protocols to address independent living, equitable access to services, and the preservation of human dignity for all citizens.

The efficacy of disaster management—ranging from pre-disaster preparedness and real-time evacuation strategies to post-disaster rehabilitation and psychosocial support—directly determines the safety and well-being of disabled populations. An inclusive disaster management framework, therefore, requires the systematic integration of the diverse needs of disabled individuals at all stages of the disaster cycle, ensuring their active participation rather than mere passive inclusion.

This study evaluates the specific challenges faced by disabled individuals during disasters, explores the foundational principles of disability-sensitive disaster management, and delineates the strategic roles of the social work profession in this field. By framing these issues within the context of the *Americans with Disabilities Act* (ADA), the study first critiques the barriers encountered by disabled individuals, then examines disability-sensitive disaster management approaches, and finally discusses the contributions of social work through its core functions of counseling, resource management, and education.

Despite the global commitment to inclusive disaster risk reduction as enshrined in the *Sendai Framework (2015–2030)*, there remains a persistent gap between rights-based rhetoric and field-level implementation. This study argues that the persistent exclusion of disabled individuals from disaster planning is not merely a logistical failure, but an ontological one, stemming from traditional disaster management paradigms that prioritize standardized, non-disabled bodies. By analyzing the intersection of the *Americans with Disabilities Act* (ADA) and contemporary social work practice, this article shifts the discourse from a *vulnerability-centric* model—which views disabled people as passive subjects of care—to an *agency-centric* framework. In this light, the social work profession emerges not only as a service provider but as a critical agent of structural change, capable of bridging the disconnect between institutional policy and the lived realities of individuals with functional needs.

2. DISABLED INDIVIDUALS AS A VULNERABLE GROUP IN DISASTERS

2.1. The Conceptual Foundations of Disability and Disaster

The phenomenon of disability has been defined through various approaches throughout history. Given its complex and multidimensional nature, there is no single, fixed definition of disability. Historically addressed through an individual and medical lens, disability is now increasingly evaluated in terms of its social dimensions. According to Tunç Tekindal (2014, p. 242), disability is a condition arising not from an individual's inadequacy, but from social, cultural, economic, and environmental factors that restrict participation in social life. This rights-based understanding, which frames disability as a matter of equal participation rather than individual deficit, is reflected

in landmark anti-discrimination legislation such as the *Americans with Disabilities Act* (ADA) of 1990, which guarantees equal access to public services and programs. Approximately 15% of the world's population lives with at least one disability (WHO, 2011, p. 44).

Distinguishing between impairment and disability is essential for conceptual clarity. In a 1980 declaration, the World Health Organization categorized disability into three distinct domains: impairment, disability (incapacity), and handicap. Accordingly, impairment refers to losses or abnormalities in physical, psychological, or anatomical structures; disability denotes a reduction in an individual's activity and performance; and handicap describes a situation where, as a consequence of impairment and disability, the individual cannot fulfill life requirements expected by society relative to age, gender, and socio-cultural characteristics (Ünal, 2017, p. 48). Further classifications exist; for instance, the *2002 Türkiye Disability Survey*, conducted by the State Institute of Statistics and the Administration for Disabled People, categorizes disability as intellectual, orthopedic, chronic, language and speech, visual, and hearing-related (Başbakanlık Özürlüler İdaresi Başkanlığı, 2002, p. 10). Moreover, the WHO's International Classification of Functioning, Disability and Health (ICF) framework addresses disability through a holistic lens, encompassing domains such as communication, self-care, daily life activities, and participation in civic life (WHO, 2001).

Disaster, as a recurring phenomenon that profoundly impacts human existence, similarly lacks a singular, universally accepted definition due to its multifaceted nature. The United Nations Office for Disaster Risk Reduction (UNDRR, 2022) defines a disaster as “a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of human, material, economic and environmental losses and impacts.” Complementarily, the Turkish Language Association (2022) defines it as “destruction caused by various natural events” [author's translation] (Türk Dil Kurumu, 2022). AFAD (2022) extends this by characterizing disasters as natural, human-induced, or technological events that generate physical, economic, and social losses, thereby interrupting the normal flow of life and overwhelming societal coping capacities. Central to these definitions are the disruption of ecological balance, the breakdown of social order, and the insufficiency of adaptive capacity (Demiröz Yıldırım, 2022, p. 6). Traditionally classified as rapid or slow onset, and natural or human-induced (UNDRR, 2022), the magnitude of these events is predominantly measured by socio-economic losses, structural damage, and mortality rates (Ünal, 2017, p. 11).

2.2. Difficulties Faced by Disabled Individuals in Disasters

Disasters do not affect every individual or society to the same degree; rather, they disproportionately impact disadvantaged, vulnerable, and fragile groups—including the impoverished, children, women, the elderly, individuals with disabilities, the unemployed, migrants, and refugees (Kahraman & Kahraman, 2017). Due to their disadvantaged position regarding self-sufficiency, these groups encounter significantly more adverse circumstances throughout the disaster cycle (Demir, 2021, p. 27; Aslan, 2021, p. 16; Alexander, 2008, p. 385). Pre-existing disability conditions and the consequent need for support often impede adequate access to essential resources (Ton et al., 2019, p. 12). Furthermore, as the nature of disability is diverse, the challenges and needs experienced are highly individualized. Because individuals with disabilities may face limitations

in mobility, cognition, perception, or communication, they are often at heightened risk of injury, illness, or social exclusion (Alexander, 2008, p. 385). Regardless of whether their disability is physical, intellectual, or sensory, these individuals are affected in both the short and long term, particularly when stigmatization, social exclusion, and discrimination exacerbate their precarious situation (King et al., 2019, p. 460). Indeed, during crises, the absence of accessibility and systemic discrimination often outweigh the challenges posed by physical or mental impairments themselves. Moreover, disasters can be catalysts for disability; statistics indicate that the mortality rate for disabled individuals in disasters is four times higher than that of their non-disabled counterparts, and approximately 6% of those affected may acquire a disability as a direct result of the event (UNESCAP, 2017; Ton et al., 2019, p. 12). Recent needs assessments conducted by the United Nations Development Programme (UNDP, 2024) following the earthquakes in Turkey corroborate these findings, highlighting critical gaps in prosthetic-orthotic and rehabilitation services, accessibility deficiencies in temporary shelters, inadequate psychosocial support, and diminished employment prospects.

The challenges experienced before a disaster are deeply rooted in gaps in preparedness. Social inequality, poverty, stigmatization, and the lack of reliable, disability-disaggregated data are primary factors that heighten vulnerability (Gartrell et al., 2020). Effective preparedness requires access to accurate information regarding the disabled population, their specific disability types, and their unique support needs (Villeneuve et al., 2021). Providing meaningful assistance necessitates more than generic procedures; it demands specialized, tailored planning (Alexander, 2012). It is vital that individuals with disabilities are empowered to engage in their own preparedness, understanding how to navigate emergencies—such as moving through debris or securing life-sustaining support—to ensure their survival (Alexander, 2008, p. 385).

During the acute phase of a disaster, vulnerability is often compounded by the interruption of established support networks, difficulties in evacuation, and challenges in expressing urgent needs. Research indicates that evacuation routes frequently lack accessibility, and rescue calls may go unheeded if communication methods are not inclusive (Alexander, 2008, p. 384; Stough et al., 2017, p. 474). When physical, mental, and social support systems collapse, the risk to life becomes critical. Thus, disaster preparedness plans must be explicitly oriented toward these unique requirements to maintain the safety of disabled individuals.

In the post-disaster recovery period, the problems faced by disabled individuals remain multifaceted. These include the risk of acquiring new disabilities, restricted access to basic needs, discriminatory attitudes in aid distribution, and the destruction of accessible spaces (King et al., 2019, p. 460). Hurricane Katrina serves as a poignant, frequently cited example of these systemic failures. The National Council on Disability (2006) documented that disabled individuals were disproportionately affected because their needs were overlooked at every stage of the response. Many were unable to evacuate due to inaccessible transportation—such as vehicles lacking wheelchair lifts—while safety-critical information was not provided in accessible formats for the blind or deaf. Furthermore, residents of nursing homes were often abandoned during evacuations, and these inequalities persisted into the recovery phase as accessible temporary housing remained unavailable (National Council on Disability, 2006).

Beyond the immediate loss of life and property, disasters may lead to new disability cases due to structural collapses (Rahmat & Pernanda, 2020, p. 138). The disruption of environmental and institutional support networks can also lead to widespread victimization (Brilleman et al., 2017, p. 119). Furthermore, disabled individuals remain highly vulnerable to assault or sexual violence in the aftermath of disasters (King et al., 2019, p. 460). Intersectional identities further compound these risks; for instance, disabled women and girls face a higher likelihood of physical and sexual exploitation compared to their non-disabled peers (Smith et al., 2012). Similarly, disabled children constitute a unique risk group in terms of social vulnerability (Peek & Stough, 2010). Given these complex challenges, it is imperative to identify specific post-disaster needs and establish a framework for disability-sensitive disaster management.

3. DISABILITY-SENSITIVE DISASTER MANAGEMENT

Disaster management, as defined by *AFAD* (2022), encompasses the systematic processes of planning, directing, coordinating, and implementing measures to prevent disasters or mitigate their impact throughout the entire disaster cycle. Integrated disaster management is conventionally structured into four stages: risk and harm reduction, preparedness, response, and recovery (Demiröz Yıldırım, 2022). Disability-sensitive disaster management must be aligned with these stages, integrating risk mitigation and support development during the pre-disaster phase; medical and psychological first aid during the acute period; and comprehensive rehabilitation and psychosocial support in the recovery phase (Türk, 2022). Explicitly accounting for disability groups—including those with physical, intellectual, visual, or hearing impairments—is critical for accurate needs analysis, comprehensive planning, and effective response strategies (Yılmaz et al., 2019).

The inclusion of disabled individuals in decision-making mechanisms is fundamental to realizing disability-sensitive management. Supporting their integration into all disaster processes is essential for reducing their specific vulnerabilities (Aslan, 2021, p. 17). Conversely, their exclusion—often stemming from societal perceptions that they are the “least worthy” of being rescued—remains a significant barrier (Abbot & Porter, 2013, p. 843). This systemic exclusion manifests in various inequalities, including the lack of disability-inclusive planning, limited access to resources, and the failure to account for functional needs in shelters and infrastructure (Smith et al., 2012).

Disability-sensitive disaster management requires a shift toward planning that is universally inclusive while simultaneously addressing unique functional needs. Drawing upon the criteria established by Alexander et al. (2012, p. 421), disability-sensitive assistance should ensure that procedures and services are equally accessible during crises; that emergency communications are reliable and provided in accessible formats; and that disabled individuals are actively consulted throughout the preparedness process. Furthermore, it is imperative to provide tailored training for emergency response teams and to ensure that media outlets providing safety information are inclusive (Alexander et al., 2012, p. 421). Similarly, Aslan (2021, pp. 19–20) underscores the importance of integrating disabled individuals into planning processes, establishing accessible shelters, creating inclusive communication channels, and developing detailed risk maps that account for disability-specific requirements. While support delivery must be adapted to specific functional needs, the fundamental requirements—such as shelter, water, sanitation, and food—remain universal (Alexander et al., 2012).

The United States offers a pertinent institutional model for this shift. Following the systemic failures exposed by *Hurricane Katrina*, FEMA appointed a disability coordinator and established the *Office of Disability Integration and Coordination* in 2010 to weave disability needs into all phases of emergency management (FEMA, 2025). This approach moves away from rigid diagnostic categories toward the concept of “access and functional needs,” addressing communication, health maintenance, independence, and transportation. By deploying disability integration specialists to field-level decision-making processes, this model moves beyond treating disabled people as passive aid recipients, integrating them instead as active stakeholders (FEMA, 2025).

At the international level, the *Sendai Framework for Disaster Risk Reduction (2015–2030)* serves as a landmark document. It explicitly emphasizes the empowerment of vulnerable groups and the necessity of disability-sensitive management for building resilience (UNDRR, 2015). By identifying disabled individuals and their representative organizations as key stakeholders rather than mere fragile groups needing protection, the *Sendai Framework* positions them as active agents in risk reduction (Stough & Kang, 2015; Pertiwi et al., 2019). Despite these policy advancements, global progress remains slow; studies across eight countries suggest that rights-based approaches are frequently unimplemented, and essential disability-disaggregated data systems are often absent (DiDRRN, 2022). The *Midterm Review of the Sendai Framework*, published in 2023, further confirms that inclusive participation remains insufficient (UNDRR, 2023). This disconnect between policy and practice highlights the critical role of social work, a human rights-based discipline, in advocating for more inclusive and disability-sensitive disaster management strategies.

4. DISABLED INDIVIDUALS IN DISASTERS AND SOCIAL WORK

Social work is an academic discipline and profession that promotes social change and development, social cohesion, and the empowerment and liberation of people on the basis of human rights, social justice, respect for diversities, and shared responsibility (IFSW, 2022). Social work serves disadvantaged groups that are prevented from integrating with society. Disabled individuals experience problems in accessing basic services in areas such as education, health, employment, and accessibility (Tellioglu, 2019). In this context, disabled individuals fall within the focus of interest of the social work profession. At the same time, natural and human-made disasters affect the access of disabled individuals to basic services, their needs, their safety, their disability conditions, and their welfare. Thus, social work intervention concerning disabled individuals in disasters comes onto the agenda. The social work profession plays a role at the micro, mezzo, and macro levels in the stages of disaster management (Javadian, 2007). At this point, social work has various functions in disasters. These are (Yueh-Ching, 2003):

1. Supporting individuals and families: providing emotional support, grief counseling, and post-disaster support for the post-traumatic stress disorder of vulnerable groups such as disabled individuals, children, and older people; motivating disaster victims to participate in activities; providing emotional support to families in shelter areas; establishing connections to help families arrange funeral ceremonies, conducting home visits, and holding interviews with the families of the deceased regarding the grieving process.

2. Relating individual needs to resources and helping people access resources: facilitating contact between local government and volunteer groups; relating social services to the needs of individuals; identifying vulnerable people; relating family needs to resources and providing them; procuring, distributing, and delivering basic-need supplies; identifying and reporting the needs of disaster victims to convey them to the central government.

3. Preventing serious physical and mental problems: carrying out therapeutic interventions for survivors, including various types of counseling—for example, grief counseling, post-relief counseling, and so on.

4. Preventing the disintegration of individuals, families, groups, organizations, and communities: providing shelter, information, and support to homeless individuals and families; reducing survivors' indifference to life and their feelings of powerlessness and hopelessness; effectively coordinating and organizing the feedback given to groups, organizations, and communities.

5. Intervening to change micro and macro systems in order to improve client welfare: ensuring advocacy for change in government programs; developing volunteer services; conducting needs assessments; improving service programs; providing distribution centers for disaster victims; changing welfare policies and recovery programs to improve a community's ability to meet human needs; contributing to the development of system capacities aimed at improving the infrastructural conditions of disaster victims.

In the process of carrying out these disaster-related practices of the social work profession and discipline, as Miley et al. (1998) state, social work practice is conducted within the framework of three interrelated functions: counseling, resource management, and education. At this stage, social work uses, for both client systems and practitioners, the roles of enabler, facilitator, planner, and colleague/monitor within the counseling function; the roles of broker/advocate, convener/mediator, mobilizer, and activist within the resource management function; and the roles of teacher, trainer, community informer, and researcher/scholar within the education function (Sheafor & Horejsi, 2014; Miley et al., 1998). Within the framework of the counseling, resource management, and education functions, the following roles are proposed for social workers concerning disabled individuals in disasters (Artan & Özkan, 2020; Dominelli, 2015; Ceyhan, 2023).

4.1. Counseling Function

At the micro level, while working with individuals and their families, social workers assume the role of empowering disabled individuals and their families in finding solutions to the pre-disaster preparedness process, the needs at the moment of the disaster, and the problems they experience in their own lives after the disaster (Artan & Özkan, 2020). In disasters, social workers apply evidence-based assessments and carry out interventions to help individuals, families, or small groups cope with the social and emotional problems in their lives (Harms et al., 2020). They perform the functions of psychosocial assessment and diagnosis, care aimed at maintaining balance, social treatment, and evaluation of practice (Sheafor & Horejsi, 2014; Miley et al., 1998).

At the mezzo level, while working with formal groups and organizations, the social worker assumes a facilitator role by supporting organizational development in conducting the disaster

management process for disabled individuals and developing appropriate interventions (Zakour, 1996; Sheafor & Horejsi, 2014).

At the macro level, while working with the community and society, the social worker assumes a planner role through conducting research and planning and coordinating program and policy development in order to develop disaster management for disabled individuals (Dominelli, 2015; Artan & Özkan, 2020). As an agent of social change, the social worker performs the functions of analyzing social problems and policies, mobilizing the community's interest, and ensuring the development of social resources (Sheafor & Horejsi, 2014).

Within the social work system, the social worker assumes the colleague/monitor role by developing cooperation with colleagues, providing guidance, and supporting colleagues regarding the dissemination of professional culture in the field of social work in disasters (Cronin, Ryan, & Brier, 2007). As a supervisor, the social worker performs the functions of staff orientation and training, personnel management, supervision, and consultation (Miley et al., 1998).

4.2. Resource Management Function

At the micro level, social workers assume the broker/advocate role by enabling disabled individuals and their families to connect with the resources they need through case management (Drolet et al., 2021). As a broker, the social worker performs the functions of assessing the situation and resources of the disabled individual and their family, making referrals, establishing connections among service delivery systems, and providing information (Sheafor & Horejsi, 2014). Through advocacy methods, social workers must strike a balance between the client's participation in the change process and the maximization of their right to self-determination. Within the scope of advocacy, social workers carry out advocacy in order to increase the opportunities of disabled individuals and ensure their access to basic services in disaster management processes (Dominelli, 2015). What is essential is to help clients become their own advocates. As a case manager, the social worker's task typically begins with understanding the type of service needed and continues with investigating the obstacles to a successful life, advocating for clients while trying to reach potential aid, and sometimes providing some services directly to the client. As a case manager, the social worker performs the functions of identifying and directing the client, assessing the client, service/treatment planning, linkage and coordination of services, follow-up and monitoring of service delivery, and supporting the client (Miley et al., 1998).

At the mezzo level, while working with formal groups and organizations, the social worker assumes the convener/mediator role by establishing a relationship network among groups and organizations in order to develop disability-sensitive disaster management and to develop resources in line with needs (Zakour & Harrell, 2003). Social workers must have knowledge about the various programs and services available for disabled individuals in disaster management, keep their assessments of an individual's strengths and limitations up to date according to various disability groups, and understand the procedure for accessing resources. Social workers must provide clients with the services they need in a timely and planned manner and respond to the demands of the social institutions that employ them. In other words, they must balance their responsibilities toward the institution and toward the client. The social worker is responsible for maximizing the service provided even in inadequate settings. As a workload manager, the

social worker performs the functions of preparing a work plan, time management, monitoring the maintenance of quality, and information processing (Sheafor & Horejsi, 2014).

At the macro level, while working with the community and society, the social worker assumes the activist role by initiating and sustaining change through social action in order to ensure that disability is taken into account in disaster management before, during, and after a disaster and that resources are used in line with needs (Dominelli, 2015). The social worker assumes the responsibility of implementing institutional policies and management programs. In the manager role, the social worker is responsible for the execution of policies, programs, and laws made by others. As a manager, the social worker performs the functions of administration, intra- and inter-institutional coordination, policy and program development, and program evaluation (Sheafor and Horejsi, 2014). Within the social work system, in social work intervention oriented toward disabled individuals in disasters, the social worker assumes the activist (mobilizer) role by stimulating community services through interdisciplinary activities (Artan & Özkan, 2020).

4.3. Education Function

At the micro level, while working with disabled individuals and their families, social workers assume the teacher role in order to facilitate the information-processing process and to provide educational programs before, during, and after a disaster (Artan & Özkan, 2020). Social workers carry out the act of educating disabled individuals and their families to cope with the difficult situations brought about by disasters or to anticipate and prevent problems and crises in advance. The teaching role, as it is completed as a social work service, includes teaching clients how to adapt to issues that affect them negatively, giving understandable advice, and explaining possibilities and likely outcomes to them so that they can make decisions with information about the problems in their lives (Miley et al., 1998). As an educator, the social worker performs the functions of teaching social and daily life skills in disasters, facilitating behavioral change, and basic protection (Sheafor & Horejsi, 2014).

At the mezzo level, while working with formal groups and organizations, the social worker assumes the training role in order to ensure the development of disability-sensitive preparedness, planning, analysis, and response by developing and directing field personnel in the disaster management process (Dominelli, 2015; Sheafor & Horejsi, 2014).

At the macro level, while working with the community and society, the social worker assumes the community-informer role by informing the public about disability in disasters, the needs of disabled individuals, the provision of appropriate resources, and social services (Ceyhan, 2023; Pyles, 2007; Artan & Özkan, 2020).

Within the social work system, the social worker assumes the researcher/scholar role by both conducting research and informing colleagues in order to generate knowledge in the field of disability and social work in disasters (Harms et al., 2020; Zakour, 1996; Ceyhan, 2023). In today's rapidly changing world, the social worker has to develop, on a regular basis, the knowledge, values, and skills that guide their practice; uses new knowledge that develops in relation to the relevant disciplines; and strives to develop knowledge that transforms the social work profession. As a professional, the social worker performs the functions of self-evaluation,

personal/professional development, and the strengthening of the social work profession (Sheafor & Horejsi, 2014; Miley et al., 1998).

5. CONCLUSION AND RECOMMENDATIONS

Disabled individuals, representing one of the demographics most severely impacted by disasters, face profound challenges throughout the disaster cycle—pre-disaster, acute, and recovery phases. These difficulties are often compounded by pre-existing conditions, systemic social exclusion, stigmatization, discrimination, and a pervasive lack of accessibility. Consequently, the mortality rate for disabled individuals during disasters is estimated to be four times higher than that of their non-disabled counterparts. While traditional disaster management often employs universal planning, such an approach frequently fails to address the specific functional needs of disabled populations. The systemic inequalities observed in disaster contexts are intrinsically linked to the marginalization of disabled individuals within disaster management frameworks, rendering current response mechanisms insufficient. Thus, it is imperative to shift toward *disability-sensitive disaster management* that ensures the meaningful participation of disabled individuals not merely as beneficiaries, but as key stakeholders and active agents of change.

Given that natural and human-made disasters significantly disrupt access to basic services, safety, and overall welfare, the role of the social work profession becomes critical. Social workers, operating through the integrated functions of counseling, resource management, and education, provide a multifaceted intervention strategy—spanning micro, mezzo, and macro levels—to support this demographic. Based on the synthesis of the study’s findings, the following comprehensive recommendations are proposed to enhance disaster management and social work practices:

To foster *inclusive disaster management*, it is essential to move beyond generic, top-down planning and systematically integrate the specific functional needs of disabled individuals into all phases of disaster implementation. This requires a fundamental paradigm shift from viewing disabled individuals as passive recipients of aid to recognizing them as active agents, ensuring their *meaningful participation* and representation in decision-making and policy development. Furthermore, the *institutionalization of social work* within disaster frameworks must be prioritized; by leveraging micro, mezzo, and macro interventions—including counseling, resource management, and educational advocacy—social workers can bridge critical gaps in service delivery and ensure equitable access to support during and after crises.

Beyond institutional reform, there is an urgent need for the development of *disability-disaggregated data systems* to inform evidence-based disaster planning. Without precise data regarding the distribution, type, and support needs of disabled populations, inclusive strategies cannot be accurately executed. Moreover, educational programs must be expanded to prepare both the public and disaster response personnel on how to interact with and support individuals with diverse functional needs during high-stress scenarios. Finally, it is essential that disaster recovery programs prioritize the restoration of accessible infrastructure, ensuring that post-disaster environments do not perpetuate or exacerbate pre-existing marginalization.

In conclusion, this study establishes a comprehensive framework for addressing the multidimensional challenges encountered by disabled individuals during disasters. By advocating for the systemic inclusion of disabled voices in disaster management and highlighting the diverse functions of the social work profession, this research provides a foundation for more equitable and effective disaster response strategies. Adopting this rights-based approach, which prioritizes human rights, social justice, and collaborative action, is not only a professional necessity for social workers but a moral imperative for global disaster risk reduction agendas.

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