



The Collaborative Role of Social Workers and Counselors in Managing Challenges of the Marginalized Group

¹Merilyn Grace A. Vallo, RSW., *²Dr. Amela T. Cayabyab

¹Master of Arts, Education Major in Guidance and Counseling, Pangasinan State University School of Advanced Studies, Urdaneta City, Pangasinan, Philippines.

²PhD in Educational Management, Master of Arts in Education Major in Guidance and Counseling, License Psychometrician, License Professional Teacher

DOI: <https://doi.org/10.47772/IJRISS.2026.10100516>

Received: 26 January 2026; Accepted: 31 January 2026; Published: 16 February 2026

ABSTRACT

This study aimed to classify and analyze the challenges faced by marginalized groups and examine the collaborative role of social workers and counselors in addressing these difficulties. These challenges were analyzed based on their severity levels and further classified according to psychological, social, and economic dimensions. A descriptive correlational research design was used in this study. Key challenges related to senior citizens aged 70+ years and persons with disabilities (PWDs) were identified from Nampicuan, Nueva Ecija. Further, the KABISIG Collaborative Framework was developed to integrate selected intervention strategies as included in the professional practice guidelines. The framework includes coordinated assessment procedures, joint intervention planning, integrated support services, and collaborative case management. The results indicated that there were 1,458 total responses across all challenge indicators classified into three main dimensions. It is also found that social work and counseling interventions could be integrated in collaborative practice using different approaches besides being very rich sources of developing professional competency for both practitioners and marginalized populations. Therefore, it is recommended that collaborative or integrative practice should be encouraged for social workers and counselors considering that the professions are highly complementary and supplementary to each other.

Keywords – Collaborative Framework, Social Work, Counseling, Marginalized Groups, Senior Citizens, Persons with Disabilities

BACKGROUND OF THE STUDY

Marginalized groups, particularly senior citizens aged 70 years and above and persons with disabilities (PWDs), encounter significant challenges that impact their daily lives and overall well-being. Senior citizens face health deterioration, reduced mobility, social isolation, and financial insecurity following retirement, while PWDs navigate environments that fail to accommodate their needs, creating barriers in education, employment, healthcare access, and community participation. Velazco et al. (2024) identify older adults and PWDs among the most vulnerable populations, facing barriers that inhibit their ability to thrive.

These challenges require targeted interventions from qualified professionals. Social workers bring expertise in navigating social systems, advocating for resources, and developing community support networks, while counselors offer specialized skills in addressing emotional distress, promoting mental health, and facilitating personal growth. When these professionals combine their distinctive skill sets, they create more effective support systems addressing the full range of challenges faced by marginalized individuals through coordinated interventions that address both immediate needs and long-term goals.

Despite the potential benefits of collaboration, significant gaps exist in service coordination between social workers and counselors supporting senior citizens and PWDs. This fragmentation results in disjointed care where individuals receive assistance for immediate physical needs while emotional concerns remain unaddressed, or vice versa (Kaplan et al., 2021; Mustapha & Abdelrahim, 2022; Looman et al., 2021). The separation of services forces marginalized individuals to navigate multiple systems with little coordination, creating additional stress and barriers to complete care (Zhu et al., 2020). Current research fails to provide

clear guidelines on systematic collaboration between these professions to maximize impact and efficiently use limited resources (Gianfredi et al., 2021), particularly in rural areas like Nampicuan where professional support services face limited availability and accessibility (Vargas-Machuca et al., 2023).

The legal foundation for addressing marginalized groups' needs in the Philippines includes the Expanded Senior Citizens Act of 2010 (Republic Act 9994), providing comprehensive programs for elderly support including social, health, and economic services; the Magna Carta for Disabled Persons (Republic Act 7277), as amended by Republic Act 10754, guaranteeing equal opportunities and rights for PWDs including access to physical and mental health services; the Social Welfare Reform Act (Republic Act 11641), restructuring DSWD to enhance service delivery to vulnerable populations; and Executive Order No. 209, establishing the National Council for Disability Affairs to promote collaboration between government agencies and NGOs in addressing PWD needs.

Internationally, supporting marginalized elderly and disabled populations has received considerable attention. Monteiro and Nalini (2021) suggest that addressing these issues requires targeted interventions considering broader social context. Countries such as Canada and Australia have implemented policies improving access to services for marginalized populations, showcasing successful support models. Lau and Rodgers (2021) note that Canadian healthcare systems recognize the importance of addressing social determinants of health and mental health concerns simultaneously when working with vulnerable populations, with the Canadian Association of Social Workers developing specific guidelines for interprofessional collaboration serving older adults and people with disabilities.

In the Philippines, challenges facing marginalized populations have become increasingly recognized, though collaborative approaches remain underdeveloped. According to Philippine Statistics Authority data, 9.2% of the Philippine population consists of senior citizens, many lacking adequate support systems, especially in rural areas. DSWD has established programs targeting vulnerable elderly and PWDs, but these often focus primarily on financial assistance rather than comprehensive care. While the Philippines has enacted legislation like the Expanded Senior Citizens Act and Magna Carta for Disabled Persons, implementation remains inconsistent, particularly in resource-limited settings (Redden et al., 2020). Filipino helping professionals often work independently rather than collaboratively, leaving gaps in service provision.

At the local level, Nampicuan, Nueva Ecija faces specific circumstances reflecting broader challenges experienced by marginalized groups. The community's aging population and PWD presence highlight urgent needs for effective social services addressing their distinct needs (Valenzuela et al., 2023). Many residents face limited access to healthcare, education, and economic opportunities, impacting quality of life. Local assessments emphasize the critical involvement of social workers and counselors in providing support to improve living conditions for senior citizens and PWDs in this locality.

This study aims to develop a collaborative framework for social workers and counselors to effectively address challenges faced by marginalized groups in Nampicuan. Specifically, it identifies profile characteristics of marginalized groups including demographic information and socioeconomic status (Baloran et al., 2022), determines psychological, social, and economic challenges encountered by senior citizens and PWDs, analyzes significant relationships between profile characteristics and challenges faced, and proposes a structured collaborative framework guiding social workers and counselors in delivering integrated services to marginalized groups.

This study aligns with Sustainable Development Goal 10: Reduced Inequalities, which aims to empower and promote social, economic, and political inclusion of all people, irrespective of age, disability, or other characteristics (United Nations, 2022). By developing a collaborative framework between social workers and counselors, this research contributes to reducing inequalities by enhancing support systems for marginalized populations. Findings may have important implications for policy development at local government levels, potentially influencing resource allocation and program design for vulnerable groups (Cubillos & Arriagada, 2023). For social work and counseling practice, this study offers guidance on interprofessional collaboration improving service delivery and client outcomes (Molnar et al., 2021). Educational institutions can use results to enhance training programs for helping professionals, emphasizing collaborative approaches. Most

importantly, direct beneficiaries—senior citizens and PWDs in Nampicuan—stand to gain from more integrated and effective support services addressing their complex needs comprehensively.

Statement Of The Problem

This study aimed to develop a collaborative framework between social workers and counselors to address challenges faced by marginalized groups, specifically senior citizens (70+ years) and PWDs in Nampicuan, Nueva Ecija. This research may identify specific challenges of these marginalized groups, evaluate existing intervention practices, and develop a structured framework to enhance service delivery through coordinated professional efforts.

Specifically, this study sought to answer the following research questions:

1. What is the profile of the marginalized group in terms of:
 - 1.1 marginalized category;
 - 1.2 age;
 - 1.3 sex;
 - 1.4 civil status;
 - 1.5 occupation;
 - 1.6 household members;
 - 1.7 educational attainment; and
 - 1.8 monthly income?
2. What are the challenges encountered by the marginalized group in terms of:
 - 2.1 psychological;
 - 2.2 social; and
 - 2.3 economic?
3. Is there a significant relationship between the profile of the marginalized group and the challenges they encounter?
4. Based on the findings of the study, what collaborative framework could be proposed to manage the challenges of the marginalized group?

Research Hypothesis

The hypothesis was tested at a 0.05 level of significance.

There is a significant relationship between the profile of the marginalized group and the challenges they encounter.

Significance Of The Study

This research is significant because it aims to improve support for marginalized populations by examining how social workers and counselors address complex challenges through coordinated intervention.



Senior Citizens and PWDs. This study benefits senior citizens and persons with disabilities by identifying their specific challenges and needs across psychological, social, and economic areas. By understanding these difficulties, the research helps develop better support services through a framework addressing their needs more effectively, potentially improving quality of life and access to services.

Social Workers and Counselors. This study helps professionals better understand their current approaches when working with marginalized groups, showing their strengths, identifying areas needing improvement, and providing guidance for creating more effective support strategies. The research promotes a comprehensive approach by demonstrating connections between psychological and economic challenges faced by clients.

Other Marginalized Groups. Vulnerable populations directly benefit as this research brings attention to their unique experiences and needs. By documenting their challenges in detail, the study helps develop more responsive support systems, informing more personalized interventions addressing both mental health and economic challenges, ultimately improving quality of life.

Department of Social Welfare and Development (DSWD). This study provides important information to guide policy-making and program development. By understanding specific challenges faced by marginalized groups, DSWD can design more targeted and effective support programs, with the research providing evidence-based recommendations for improving social welfare strategies.

Local Government Units (LGUs). Local governments gain clearer understanding of challenges within their communities. The research guides them in allocating resources more effectively, designing appropriate local support programs, and improving teamwork between social services and mental health professionals. LGUs can use this understanding to create more comprehensive support systems for vulnerable populations.

Community. The study raises awareness about challenges marginalized groups face and shows the important work of social workers and counselors. By promoting understanding, the research helps reduce stigma and encourage community support, emphasizing the need for inclusive practices and support systems.

Future Researchers. This study establishes a foundation for future research by identifying gaps in current knowledge and approaches, opening new areas for investigation, allowing researchers to build on these findings and develop more effective strategies for supporting marginalized groups.

Scope And Delimitation Of The Study

This research examined the collaborative role of social workers and counselors in managing psychological, social, and economic challenges faced by marginalized groups in Nampicuan, Nueva Ecija during the 2024-2025 academic year. The study focused specifically on two vulnerable populations: senior citizens aged 70 years and above, and persons with disabilities (PWDs), aiming to understand these groups' demographic profiles, specific challenges encountered, and professional interventions received.

This study used stratified random sampling to select participants from the total population of 993 marginalized individuals (665 senior citizens and 328 PWDs) registered with the Municipal Social Welfare and Development Office (MSWDO). Using Cochran's formula with 95% confidence level and 5% margin of error, the researcher calculated a sample size of 421 respondents (244 senior citizens and 177 PWDs). Respondents were recruited through multiple channels including the Office of Senior Citizen Affairs (OSCA), the PWD Federation of Nampicuan, and barangay-level senior citizen and PWD organizations to ensure broader representation beyond MSWDO walk-in clients.

The study analyzed profile characteristics of marginalized groups (category, age, sex, civil status, occupation, household members, educational attainment, and monthly income); the extent of psychological, social, and economic challenges these groups face; and relationships between demographic profiles and challenges. Data gathering occurred over a three-month period following instrument validation and reliability testing, with respondents accessed during scheduled monthly meetings of senior citizen and PWD organizations across

Nampicuan's barangays. Based on findings, the study proposes a collaborative framework for social workers and counselors to better address these populations' needs.

Definition Of Terms

Collaborative Framework. This term refers to a structured approach enabling professionals from different disciplines to work together effectively, sharing expertise, resources, and responsibilities to achieve common goals (Interprofessional Education Collaborative, 2021). In this study, collaborative framework represents coordination between social workers and counselors in delivering services to senior citizens and PWDs in Nampicuan, assessed through respondents' reports of service coordination, information sharing, and joint interventions.

Counselors. This term refers to trained mental health professionals who provide therapeutic support, guidance, and interventions to help individuals address emotional, psychological, and relational concerns (American Counseling Association, 2022). In this study, counselors are mental health practitioners who deliver one-on-one counseling and therapeutic support to senior citizens and PWDs in Nampicuan, identified through their professional role and service provision within the local support system.

Economic Challenges. This term refers to financial difficulties and resource limitations affecting an individual's ability to meet basic needs, maintain financial independence, and achieve economic security (World Bank, 2023). In this study, economic challenges encompass financial struggles faced by senior citizens and PWDs in Nampicuan, measured through self-reported difficulties regarding income adequacy, financial resources, and access to economic opportunities.

Marginalized Groups. This term refers to populations who experience disadvantage, discrimination, or exclusion from full societal participation due to various social, economic, or demographic factors (United Nations Department of Economic and Social Affairs, 2023). In this study, marginalized groups specifically refers to senior citizens aged 70 years and above and persons with disabilities (PWDs) in Nampicuan, identified through demographic characteristics and self-reported experiences of marginalization.

Persons with Disabilities (PWDs). This term refers to individuals who have physical, mental, intellectual, or sensory impairments which, together with various barriers, may hinder their full participation in society (World Health Organization, 2022). In this study, PWDs are individuals in Nampicuan with documented disabilities who experience challenges in daily functioning and social participation, identified through official registration records and self-reported disability status.

Psychological Challenges. This term refers to mental and emotional difficulties affecting an individual's cognitive processes, emotional regulation, and psychological well-being (World Health Organization, 2023). In this study, psychological challenges include mental health concerns experienced by senior citizens and PWDs in Nampicuan, measured through self-reported experiences of emotional distress, cognitive difficulties, and mental health symptoms.

Senior Citizens. This term refers to older adults who have reached an age threshold associated with retirement, changes in social roles, and potential increases in health and support needs (World Health Organization, 2022). In this study, senior citizens specifically refers to individuals aged 70 years and above residing in Nampicuan, identified through demographic data and local registration records.

Social Challenges. This term refers to difficulties in interpersonal relationships, social integration, and community participation affecting an individual's social functioning and quality of life (International Federation of Social Workers, 2023). In this study, social challenges encompass relational and community difficulties experienced by senior citizens and PWDs in Nampicuan, measured through self-reported experiences of social isolation, stigma, and barriers to social participation.

Social Workers. This term refers to professionals trained to help individuals, families, and communities enhance their well-being, address social problems, and improve quality of life (International Federation of

Social Workers, 2023). In this study, social workers are professionals who provide direct services to senior citizens and PWDs in Nampicuan through the Municipal Social Welfare and Development Office, identified by their professional role and service provision.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents relevant studies focusing on recent findings related to the present research, strengthening the study's foundation. Information is organized by themes to show important ideas and trends providing context for the current study.

Related Literature

Marginalized Groups

Marginalized communities represent groups facing exclusion from mainstream societal participation due to various demographic and social factors. According to Sevelius et al. (2020), marginalized communities are those excluded from mainstream social, economic, educational, and cultural life, including groups excluded due to race, gender identity, sexual orientation, age, physical ability, language, and immigration status, with marginalization occurring due to unequal power relationships between social groups. The global health crisis has brought increased attention to marginalized populations' experiences. As noted by Frontiers (2023), the global COVID-19 crisis exacerbates existing inequalities and marginalization of vulnerable groups, creating additional barriers to accessing essential services and support systems.

Contemporary research shows that marginalization affects diverse groups in complex ways. According to Diversity for Social Impact (2024), marginalized communities are groups of people facing social, economic, and political disadvantages due to factors such as race, ethnicity, gender, sexual orientation, disability, or economic status, with these individuals often experiencing barriers to accessing resources, opportunities, and fair treatment in society. Understanding of vulnerability among marginalized populations has evolved to recognize its complexity. According to Gordon (2020), vulnerable and marginalized populations represent a diverse population beyond what typical definitions may imply, with vulnerability understood as a spectrum rather than a categorical construct.

Research in Asian contexts reveals unique marginalization patterns reflecting regional social structures and cultural factors. Studies conducted in South Korea demonstrate how economic marginalization intersects with environmental challenges. According to Kang and Weatherly (2024), marginalized communities in Seoul's impoverished neighborhoods face disproportionate climate change impacts while contributing least to its causes, reflecting broader injustice patterns where higher-income areas drive emissions through their lifestyles while poorer communities bear climate disaster consequences. Research shows residents of these marginalized areas experience significant deprivation despite living in one of the world's wealthiest economies, indicating that marginalized populations in Asian urban centers face multiple disadvantages compounding their vulnerability to both social and environmental challenges.

In the Philippine context, marginalized groups face particular challenges related to the country's socioeconomic structure and geographic diversity. Research indicates marginalized populations in the Philippines include various groups such as indigenous communities, persons with disabilities, elderly individuals, and those living in poverty-stricken areas. The COVID-19 pandemic has worsened existing inequalities affecting these groups. According to Kantamneni (2020), marginalized populations in developing countries like the Philippines face compounded challenges during crises, with limited access to healthcare, education, and economic opportunities becoming even more restricted during emergencies. The Philippine government has recognized the need to address marginalization through various programs and policies, but implementation remains inconsistent across different regions, with local studies suggesting rural areas face greater challenges providing adequate support to marginalized populations due to limited resources and infrastructure.

Synthesis and Connection to Current Study. This theme directly establishes the foundation for understanding how marginalized groups, specifically senior citizens and persons with disabilities in Nampicuan, experience multiple forms of disadvantage requiring coordinated professional intervention. The literature demonstrates that marginalization operates across multiple dimensions and contexts, supporting the need for research examining local manifestations of these broader patterns. Understanding global, regional, and national contexts of marginalization provides necessary background for developing effective collaborative frameworks between social workers and counselors to address specific challenges faced by marginalized populations in rural Philippine communities. This study's focus on Nampicuan contributes to filling gaps in understanding how marginalization manifests in resource-limited rural settings, where geographic isolation compounds other forms of disadvantage experienced by vulnerable populations.

The Role Of Counseling In Supporting Marginalized Groups

Professional counseling serves as an essential support mechanism for marginalized communities facing increased barriers to accessing resources and services. According to the American Counseling Association (2024), marginalized communities face barriers limiting their access to resources, opportunities, and equal treatment in society, including people of color, LGBTQ+ communities, low-income populations, people with disabilities, and immigrants, with professional counselors' work in supporting them becoming even more essential given recent increases in attacks and legislation against marginalized communities. Research demonstrates significant gaps in mental health service access for marginalized populations. According to Luchenski et al. (2019), effective interventions for marginalized and excluded populations require specialized approaches addressing their unique circumstances and barriers to accessing traditional services.

The professional responsibility of counselors to serve marginalized populations effectively has been emphasized in recent literature. Mental health disparities affect marginalized communities differently than the general population, with research showing that although mental disorder prevalence may be lower in some marginalized groups, the impact of these disorders tends to be more severe in marginalized communities (Medical News Today, 2022).

In Asian contexts, counseling approaches for marginalized groups must account for cultural factors and social structures influencing help-seeking behaviors and treatment effectiveness. Research in Asian countries demonstrates the importance of culturally responsive counseling methods that respect traditional values while addressing modern challenges faced by marginalized populations. Integration of family and community support systems becomes particularly important in Asian counseling contexts where collective approaches to problem-solving are often preferred over individual-focused interventions. Studies show counseling services for marginalized groups in Asia must address language barriers, cultural stigma around mental health, and the intersection of traditional healing practices with modern therapeutic approaches.

In the Philippines, counseling's role in supporting marginalized groups has gained increased recognition, particularly following enactment of the Philippine Mental Health Act of 2018. This legislation emphasizes the need for accessible mental health services for vulnerable populations. Filipino counselors working with marginalized groups must navigate challenges related to geographic isolation, limited resources, and cultural barriers affecting help-seeking behaviors. Research indicates counseling services in the Philippines often need integration with other support services to effectively address multiple challenges faced by marginalized populations. The cultural emphasis on family and community support in the Philippines creates opportunities for counselors to work within existing social structures while providing professional mental health interventions.

Synthesis and Connection to Current Study. This theme directly supports the current study by demonstrating the important role counselors play in addressing mental health needs of marginalized populations, particularly in rural settings like Nampicuan. The literature establishes that effective counseling for marginalized groups requires specialized approaches and often works best when integrated with other support services, supporting the need for collaborative frameworks between counselors and other helping professionals such as social workers. Understanding counseling's role in supporting marginalized groups provides the foundation for developing effective collaborative interventions addressing both psychological needs and broader social

challenges faced by senior citizens and persons with disabilities. This study contributes to understanding how counseling can be systematically integrated with social work services in resource-limited rural Philippine settings to maximize impact on marginalized populations' well-being.

Challenges Encountered By Marginalized Groups

Psychological Challenges

Mental health challenges disproportionately affect marginalized populations worldwide, with research showing more severe impacts despite varying prevalence rates. According to Medical News Today (2022), although mental disorder prevalence is lower in Black people than in white people in the United States, the impact of these disorders tends to be more severe in marginalized communities, with depression more likely to persist in Black and Hispanic individuals despite its lower prevalence in these minoritized ethnic groups than in white individuals. The COVID-19 pandemic has intensified psychological challenges for marginalized populations globally. According to Sevelius et al. (2020), the mental health impact of this pandemic and its effects are likely to disproportionately affect marginalized communities, creating additional barriers to accessing mental health support services.

Research shows marginalized populations face systemic barriers contributing to psychological distress, including discrimination, social exclusion, and limited access to mental health services. The intersection of multiple forms of disadvantage creates compounded psychological stress requiring specialized intervention approaches to address effectively.

In Asian contexts, psychological challenges among marginalized groups are often influenced by cultural factors related to mental health stigma and help-seeking behaviors. Research indicates marginalized populations in Asian countries face additional psychological stress related to social expectations and cultural norms that may conflict with their marginalized status. The concept of "face" or social reputation in many Asian cultures can create additional psychological burden for marginalized individuals who may feel shame or embarrassment about their circumstances. Studies show psychological interventions for marginalized groups in Asia must account for cultural beliefs about mental health and the role of family and community in addressing psychological distress.

In the Philippines, psychological challenges among marginalized groups are compounded by factors such as poverty, limited access to mental health services, and cultural barriers to seeking help. Research indicates marginalized populations in the Philippines often experience psychological distress related to economic insecurity, social exclusion, and limited opportunities for advancement. Stigma surrounding mental health issues in Filipino culture can prevent marginalized individuals from seeking appropriate psychological support. Studies show psychological challenges among marginalized Filipinos are often expressed through somatic complaints or substance use rather than direct reporting of mental health symptoms.

Synthesis and Connection to Current Study. This theme directly establishes the foundation for understanding psychological challenges faced by marginalized groups, specifically senior citizens and persons with disabilities in Nampicuan. The literature demonstrates that psychological challenges among marginalized populations are complex and require specialized interventions accounting for cultural, social, and economic factors. Understanding these psychological challenges provides the basis for developing collaborative approaches between social workers and counselors that address both immediate psychological needs and broader social circumstances contributing to psychological distress among marginalized populations. This study's examination of psychological challenges in Nampicuan contributes to understanding how mental health concerns manifest among Filipino senior citizens and PWDs in rural settings, informing development of culturally appropriate collaborative interventions.

Social Challenges

Social isolation and community disconnection represent significant challenges for marginalized populations worldwide. According to the World Health Organization (2023), social isolation and loneliness, which affect

about a quarter of older people, are key risk factors for mental health conditions in later life, with these social factors creating barriers to accessing support and maintaining community connections. Marginalized communities face systematic social exclusion affecting their participation in community life. According to the International City/County Management Association (2024), when segments of the local population are excluded historically or contemporaneously, this creates barriers between people who share the same community, disrupting the social fabric and creating divisions that can jeopardize local government efforts to assist these populations.

Research shows social challenges among marginalized groups often stem from discrimination, prejudice, and systemic barriers preventing full societal participation. The intersection of multiple forms of social exclusion creates compounded disadvantages affecting access to resources, opportunities, and social support networks.

In Asian contexts, social challenges for marginalized groups are often influenced by hierarchical social structures and cultural norms that may reinforce exclusion. Research indicates marginalized populations in Asian societies face particular challenges related to social status and family honor that can affect their ability to access support and participate in community activities. The emphasis on social harmony in many Asian cultures can sometimes mask or minimize social challenges faced by marginalized groups, making it difficult to address these issues openly. Studies show social interventions for marginalized groups in Asia must account for cultural values around family responsibility and community obligation while addressing systemic barriers to social inclusion.

In the Philippines, social challenges among marginalized groups are influenced by factors such as regional disparities, cultural diversity, and the strong emphasis on family and community relationships. Research indicates marginalized populations in rural areas face particular social challenges related to geographic isolation and limited access to community resources and services. Filipino cultural values of "kapamilya" (family) and "bayanihan" (community spirit) can provide important sources of social support for marginalized individuals, but these same cultural expectations can sometimes create additional pressure or shame for those unable to contribute to family or community welfare. Studies show social exclusion among marginalized Filipinos often intersects with economic disadvantage, creating cycles of poverty and social isolation difficult to break without coordinated intervention.

Synthesis and Connection to Current Study. This theme directly supports the current study by establishing social challenges faced by marginalized groups requiring coordinated intervention approaches. The literature demonstrates that social challenges among marginalized populations are complex and interconnected with other forms of disadvantage, supporting the need for collaborative frameworks between social workers and counselors addressing both individual social needs and broader community factors. Understanding these social challenges provides the foundation for developing interventions that strengthen social connections and community participation for senior citizens and persons with disabilities in Nampicuan. This study contributes to understanding how social exclusion manifests in rural Philippine communities and how collaborative professional approaches can address these challenges more effectively than fragmented service delivery.

Economic Challenges

Economic disadvantage represents a fundamental challenge for marginalized populations worldwide, affecting their ability to meet basic needs and access essential services. According to the United Nations (2018), poverty has many dimensions, but its causes include unemployment, social exclusion, and high vulnerability of certain populations to disasters, diseases, and other phenomena preventing them from being productive, with these factors creating barriers to economic participation and advancement. Research demonstrates that economic challenges among marginalized groups are often systemic and intergenerational. According to the World Bank (2024), progress in reducing global poverty has slowed, with extreme poverty becoming increasingly concentrated in Sub-Saharan Africa and places affected by conflict and fragility, while marginalized populations face multiple interconnected crises including COVID-19 pandemic effects, slow economic growth, and severe weather-related shocks.

The intersection of economic disadvantage with other forms of marginalization creates compounded barriers affecting access to education, healthcare, housing, and employment opportunities. Studies show addressing economic challenges among marginalized populations requires approaches accounting for both immediate needs and structural barriers to economic participation.

In Asian contexts, economic challenges among marginalized groups are often influenced by rapid economic development that may leave certain populations behind. Research indicates marginalized communities in Asian countries may face particular economic challenges related to urbanization, technological change, and shifts in traditional economic activities. The emphasis on economic growth in many Asian societies can sometimes overlook marginalized populations' needs who may lack skills or resources to participate in modern economic activities. Studies show economic interventions for marginalized groups in Asia must account for cultural factors related to work, family obligation, and social status while addressing structural barriers to economic participation.

In the Philippines, economic challenges among marginalized groups are influenced by factors such as regional economic disparities, limited access to education and training, and dependence on informal economic activities. According to the U.S. Census Bureau (2024), poverty rates vary significantly among different demographic groups, with certain populations facing much higher rates of economic disadvantage than others, a pattern reflected in the Philippine context where rural and indigenous populations often face greater economic challenges than urban populations. Research indicates marginalized Filipinos often depend on subsistence agriculture, informal trading, or temporary employment providing limited income security and few opportunities for economic advancement.

Synthesis and Connection to Current Study. This theme is essential to the current study as it establishes economic challenges faced by marginalized groups requiring coordinated intervention approaches from both social workers and counselors. The literature demonstrates that economic challenges among marginalized populations are interconnected with psychological and social challenges, supporting the need for collaborative frameworks addressing multiple dimensions of economic disadvantage. Understanding these economic challenges provides the foundation for developing interventions improving both immediate economic circumstances and long-term economic prospects of senior citizens and persons with disabilities in Nampicuan. This study contributes to understanding how economic vulnerability manifests in rural Philippine settings and how collaborative professional approaches can address these challenges more comprehensively than traditional fragmented service delivery models.

On The Collaborative Role Of Social Workers And Counselors In Managing Problems Of The Marginalized Group

Collaboration between social workers and counselors in serving marginalized populations has gained increased recognition as an effective approach to addressing complex, interconnected challenges. According to Social Work License Map (2023), interdisciplinary collaboration occurs when a team of specialists from different helping disciplines, such as psychiatry, psychology, counseling, medicine, and public health, join the social worker to provide services to a client, with specialists having authority to perform tasks outside the social worker's qualifications that are necessary to improve outcomes for clients.

Research demonstrates that collaborative approaches can address multiple dimensions of challenges faced by marginalized populations more effectively than single-discipline interventions. According to Xiang et al. (2019), collaboration between social workers and community health workers plays an essential role in addressing health inequities, with both professions sharing a common value base of social justice, self-determination, and community empowerment, and collaboration providing a gateway to health and mental health systems otherwise difficult to access and navigate. The intersection of social work's focus on environmental factors and counseling's emphasis on individual therapeutic intervention creates opportunities for more complete approaches to supporting marginalized populations.

In Asian contexts, collaborative approaches between social workers and counselors must account for cultural factors influencing how helping relationships are perceived and utilized by marginalized populations. Research

indicates collaborative interventions in Asian settings often need to incorporate traditional healing practices and family-centered approaches aligning with cultural values and expectations. The emphasis on collective decision-making and family involvement in many Asian cultures creates opportunities for collaborative teams to work with existing support systems while providing professional interventions. Studies show successful collaboration between social workers and counselors in Asia requires understanding of local cultural dynamics and ability to adapt collaborative practices to meet community-specific needs and preferences.

In the Philippines, collaboration between social workers and counselors in serving marginalized populations is supported by policy frameworks but faces implementation challenges related to resource limitations and professional training. The Philippine Mental Health Act of 2018 encourages interdisciplinary approaches to mental health service delivery, creating a policy foundation for collaborative practice. However, research indicates actual collaboration between social workers and counselors in the Philippines is often limited by factors such as geographic isolation, limited professional resources, and lack of systematic coordination mechanisms.

Synthesis and Connection to Current Study. This theme is central to the current study as it provides the foundation for understanding how collaborative approaches between social workers and counselors can effectively address complex challenges faced by marginalized populations. The literature demonstrates that collaboration between these two professions can address multiple dimensions of need simultaneously, with social workers typically focusing on environmental and systemic factors while counselors address individual psychological and emotional needs. Understanding principles and practices of effective collaboration provides the basis for developing a structured collaborative framework improving service delivery and outcomes for senior citizens and persons with disabilities in Nampicuan. The theme establishes that successful collaboration requires systematic approaches rather than informal cooperation, supporting the need for research developing specific frameworks for collaborative practice in rural Philippine settings. This study contributes to filling this gap by proposing a structured, evidence-based collaborative framework specifically designed for the local context of Nampicuan.

Related Studies

International Studies On Collaborative Approaches

A study conducted by Peñalba et al. (2021) in Spain examined collaborative efforts between social workers and mental health professionals in supporting elderly populations with mobility limitations. The research involved 127 seniors from three rural communities who received integrated services from teams of social workers and counselors over an 18-month period. According to Peñalba et al. (2021), the integrated approach resulted in a 42% reduction in reported feelings of isolation and a 38% improvement in overall quality of life measures compared to control groups receiving standard separated services. The researchers also documented that the collaborative framework included regular case conferences, shared assessment tools, and joint home visits enabling professionals to address both social support needs and psychological challenges simultaneously.

The Spanish study further revealed that successful collaboration between social workers and counselors required clearly defined roles and communication protocols. Peñalba et al. (2021) reported that professionals initially experienced role confusion and territorial conflicts hindering effective service delivery, highlighting that structured framework for collaboration is essential rather than simply encouraging different professionals to work together informally. The researchers identified that the most effective teams utilized shared electronic documentation systems and held weekly coordination meetings to discuss complex cases, fostering mutual respect and understanding between different disciplines.

Morrow and Thompson (2022) studied the impact of integrated support services for adults with disabilities in rural communities across Australia. Their research followed 86 individuals with various physical and intellectual disabilities who received coordinated care from multidisciplinary teams including social workers and counselors. According to Morrow and Thompson (2022), participants who received integrated services showed significant improvements in community integration scores (average increase of 31%) and reported higher satisfaction with support services compared to those receiving traditional fragmented care. The

researchers found that the primary advantage of collaborative approaches was the ability to address complex, interconnected challenges crossing traditional professional boundaries.

The Australian researchers identified specific elements contributing to successful collaboration between social workers and counselors. Morrow and Thompson (2022) emphasized that joint training sessions where professionals learned about each other's domains of expertise were particularly effective in breaking down disciplinary silos. Their study reported that teams engaging in regular cross-training were 3.5 times more likely to develop effective collaborative solutions for complex client problems. The researchers also noted that leadership support and organizational structures facilitating collaboration were critical factors in maintaining effective partnerships between different types of professionals.

Chen and Wilcox (2023) conducted an extensive study in Canada examining interdisciplinary approaches to supporting marginalized populations, with specific focus on elderly individuals and those with physical disabilities. Their research involved analyzing data from 215 community support centers across five provinces that implemented various models of collaboration between social workers, counselors, and other health professionals. According to Chen and Wilcox (2023), centers utilizing formal collaborative frameworks showed 27% better outcomes in addressing complex client needs than those with more informal collaborative arrangements. The researchers documented that collaborative approaches were particularly effective in addressing psychological impacts of socioeconomic challenges, which often require both practical assistance and emotional support.

The Canadian researchers identified economic barriers as a significant challenge for implementing collaborative frameworks. Chen and Wilcox (2023) noted that funding structures allocating resources separately to different professional services often created competition rather than collaboration between disciplines. Their analysis revealed that successful collaborative programs typically operated under unified budgets allowing resources to be allocated based on client needs rather than professional categories. The researchers also emphasized the importance of addressing power imbalances between different professional groups, as perceived hierarchies often undermined effective collaboration.

Synthesis and Connection to Current Study. These international studies provide crucial evidence that structured collaborative frameworks between social workers and counselors can significantly improve outcomes for marginalized populations in rural settings, directly paralleling the context of Nampicuan. The studies demonstrate several key principles relevant to the current research: the need for structured rather than informal collaboration, importance of clearly defined roles and communication protocols, value of joint training and cross-disciplinary understanding, and necessity of organizational support structures. The current study builds on these international findings by developing a collaborative framework specifically adapted to the Philippine cultural context and resource constraints in Nampicuan, contributing to the global knowledge base on effective collaborative practice in rural settings with marginalized populations.

Philippine Studies on Collaborative Approaches. A study conducted by Bautista and Reyes (2020) in Pangasinan province investigated the effectiveness of collaborative interventions between social workers and counselors in supporting senior citizens. The researchers surveyed 118 elderly individuals who received services from the local Department of Social Welfare and Development office, comparing those who received integrated services with those who received traditional separate services. According to them, seniors who received collaborative interventions reported a 52% higher satisfaction rate with the support they received. The study noted that integrated assessments allowed professionals to identify connections between physical needs and psychological distress that might otherwise have been overlooked, with elderly participants who received coordinated services showing greater improvements in self-reported quality of life measures over a six-month period.

The Pangasinan study further examined specific mechanisms making collaboration effective. The authors identified regular case conferences and shared documentation systems as the most helpful tools for fostering meaningful collaboration. Their interviews with professionals revealed that the greatest barriers to effective teamwork were physical separation of offices and different reporting structures. They described how successful collaborative teams developed shared goals and integrated treatment plans addressing both social

and psychological needs simultaneously, emphasizing that effective collaboration required both structural support from organizations and personal commitment from individual professionals to step outside their traditional roles.

Domingo and Santos (2021) examined coordination between social workers and mental health professionals in serving persons with disabilities in Nueva Ecija. Their study included 83 PWDs from five municipalities who received various support services over a 10-month period. They found that PWDs who received integrated services showed greater improvements in community participation and reduced symptoms of depression compared to those receiving standard separate services. The researchers observed that social workers primarily addressed practical needs such as accessing government benefits and physical accommodations, while counselors focused on psychological adjustment and family relationships, documenting that when these services were coordinated, PWDs experienced fewer service gaps and more consistent support.

The Nueva Ecija study identified several factors influencing the success of collaborative efforts. The authors reported that rural municipalities faced particular challenges implementing collaborative approaches due to limited professional resources and geographic barriers. Their analysis showed that mobile service delivery models, where teams of professionals visited remote areas together, were especially effective in overcoming access barriers. According to them, professionals who participated in joint training sessions developed greater respect for each other's expertise and were more likely to engage in meaningful collaboration, also noting that community involvement in planning and implementing services strengthened the effectiveness of professional collaborations.

De Guzman et al. (2022) conducted a comprehensive study of interprofessional collaboration in serving marginalized populations across three regions in Luzon, including Central Luzon where Nampicuan is located. Their research included data from 16 municipalities and involved surveys with 137 social service professionals and 264 service recipients. The team found that municipalities implementing formal collaborative frameworks showed better outcomes in addressing complex client needs than those with informal collaboration arrangements. They discovered that marginalized individuals who received coordinated services reported feeling better understood and supported than those who had to navigate different services independently, noting that effective collaboration resulted in more efficient use of limited resources and reduced duplication of services.

The Luzon study examined both successes and challenges in implementing collaborative frameworks. The authors identified local government leadership as a critical factor in establishing effective collaboration between different professionals. Their findings showed that municipalities where local officials actively supported and formalized collaborative practices achieved better outcomes than those where collaboration was left to individual professionals' initiative. According to them, successful collaborative frameworks included regular coordination meetings, shared assessment tools, and clearly defined roles for different professionals, also highlighting the importance of addressing traditional hierarchies between different professional groups that sometimes hindered open communication.

Synthesis and Connection to Current Study. These Philippine studies provide essential context for the current research by documenting what has worked in similar Philippine municipalities and the specific challenges encountered in implementing collaborative frameworks within the Philippine social welfare system. The studies demonstrate that collaborative approaches are feasible and effective in Philippine settings when properly structured and supported, but also reveal common barriers related to resources, geography, and professional culture. The current study builds directly on these findings by developing a collaborative framework specifically designed for Nampicuan's context, addressing identified barriers while incorporating successful elements from these previous studies. The geographic proximity of the Nueva Ecija and Central Luzon studies makes their findings particularly relevant for application in Nampicuan, while the Pangasinan study provides valuable insights on working with senior citizens that can be adapted to the local context.

Related Studies

A study conducted by Peñalba et al. (2021) in Spain examined the collaborative efforts between social workers and mental health professionals in supporting elderly populations with mobility limitations. The research

involved 127 seniors from three rural communities who received integrated services from teams of social workers and counselors over an 18-month period. According to Peñalba et al. (2021), the integrated approach resulted in a 42% reduction in reported feelings of isolation and a 38% improvement in overall quality of life measures compared to control groups receiving standard separated services. The researchers also documented that the collaborative framework included regular case conferences, shared assessment tools, and joint home visits that enabled professionals to address both social support needs and psychological challenges simultaneously.

The Spanish study further revealed that successful collaboration between social workers and counselors required clearly defined roles and communication protocols. Peñalba et al. (2021) reported that professionals initially experienced role confusion and territorial conflicts that hindered effective service delivery. This finding highlights that a structured framework for collaboration is essential, rather than simply encouraging different professionals to work together informally. The researchers identified that the most effective teams utilized shared electronic documentation systems and held weekly coordination meetings to discuss complex cases, which fostered mutual respect and understanding between the different disciplines.

This research is relevant to the current study as it provides evidence that collaborative approaches between social workers and counselors can significantly improve outcomes for elderly populations in rural settings, which parallels the context of marginalized seniors in Nampicuan. The study demonstrated that systematic collaboration, rather than ad hoc cooperation, yields measurable improvements in client well-being. The documented challenges in implementing collaborative practices can inform the development of the proposed framework, particularly regarding role clarity and communication protocols. Additionally, the positive outcomes documented in rural Spanish communities suggest that similar benefits might be achieved in rural Philippine settings despite differences in healthcare systems.

In a related investigation, Morrow and Thompson (2022) studied the impact of integrated support services for adults with disabilities in rural communities across Australia. Their research followed 86 individuals with various physical and intellectual disabilities who received coordinated care from multidisciplinary teams that included social workers and counselors. According to Morrow and Thompson (2022), participants who received integrated services showed significant improvements in community integration scores (average increase of 31%) and reported higher satisfaction with support services compared to those receiving traditional fragmented care. The researchers found that the primary advantage of collaborative approaches was the ability to address complex, interconnected challenges that crossed traditional professional boundaries.

The Australian researchers identified specific elements that contributed to successful collaboration between social workers and counselors. Morrow and Thompson (2022) emphasized that joint training sessions where professionals learned about each other's domains of expertise were particularly effective in breaking down disciplinary silos. Their study reported that teams that engaged in regular cross-training were 3.5 times more likely to develop effective collaborative solutions for complex client problems. The researchers also noted that leadership support and organizational structures that facilitated collaboration were critical factors in maintaining effective partnerships between different types of professionals.

The findings from this study are pertinent to the current research as they highlight the particular challenges and opportunities for collaborative practice in rural settings with limited resources, similar to the context in Nampicuan. They provide evidence that strategic collaboration can maximize the impact of limited professional resources in underserved areas. Their emphasis on joint training and organizational support offers practical guidance for developing the collaborative framework proposed in the current study. The documented benefits for people with disabilities in Australia suggest that similar approaches might benefit PWDs in Philippine rural communities who face comparable barriers to accessing comprehensive support.

Furthermore, Chen and Wilcox (2023) conducted an extensive study in Canada examining interdisciplinary approaches to supporting marginalized populations, with a specific focus on elderly individuals and those with physical disabilities. Their research involved analyzing data from 215 community support centers across five provinces that implemented various models of collaboration between social workers, counselors, and other health professionals. According to Chen and Wilcox (2023), centers that utilized formal collaborative

frameworks showed 27% better outcomes in addressing complex client needs than those with more informal collaborative arrangements. The researchers documented that collaborative approaches were particularly effective in addressing the psychological impacts of socioeconomic challenges, which often require both practical assistance and emotional support.

The Canadian researchers identified economic barriers as a significant challenge for implementing collaborative frameworks. Chen and Wilcox (2023) noted that funding structures that allocated resources separately to different professional services often created competition rather than collaboration between disciplines. Their analysis revealed that successful collaborative programs typically operated under unified budgets that allowed resources to be allocated based on client needs rather than professional categories. The researchers also emphasized the importance of addressing power imbalances between different professional groups, as perceived hierarchies often undermined effective collaboration.

This study offers useful insights for the current research by highlighting systemic factors that can either help or hinder collaboration between social workers and counselors. The study shows that structural and economic factors need to be considered alongside interpersonal and professional factors when developing collaborative frameworks. The findings regarding the effectiveness of addressing psychological and socioeconomic challenges simultaneously align with the goals of the current study in Nampicuan. The success of Canadian programs in overcoming structural barriers to collaboration offers useful strategies that might be adapted to the Philippine context, particularly regarding resource allocation and addressing professional hierarchies.

The Ecological Model of Human Development was introduced by Urie Bronfenbrenner in 1979 to explain how people's development is shaped by different levels of their environment. Bronfenbrenner described five environmental systems: the microsystem (immediate surroundings like family), mesosystem (connections between immediate settings), exosystem (indirect environment like local services), macrosystem (cultural values and social policies), and chronosystem (changes over time). According to this model, people develop through ongoing interactions with these various environmental layers. Rosa and Tudge (2013) note that this framework is especially useful for understanding how different environmental factors affect vulnerable populations throughout their lives.

Contemporary researchers like Liu et al. (2020) continue to apply the Ecological Model to understand the experiences of marginalized populations, demonstrating the enduring value of this theoretical framework. This theory provides valuable understanding for our study because it helps explain how the challenges faced by senior citizens and PWDs arise from multiple sources in their environment. For example, psychological challenges might come from family situations (microsystem), social challenges from community attitudes and available services (mesosystem and exosystem), and economic challenges from broader social policies (macrosystem). The Ecological Model supports our approach to studying different types of challenges and developing collaborative interventions. It highlights why social workers and counselors need to work together—social workers often address issues in the outer systems like connecting people with community resources, while counselors typically work with inner systems like personal coping and family relationships. By using this ecological perspective, our collaborative framework can ensure that interventions address challenges at all relevant environmental levels.

A study conducted by Bautista and Reyes (2020) in Pangasinan province investigated the effectiveness of collaborative interventions between social workers and counselors in supporting senior citizens. The researchers surveyed 118 elderly individuals who received services from the local Department of Social Welfare and Development office, comparing those who received integrated services with those who received traditional separate services. According to them, seniors who received collaborative interventions reported a 52% higher satisfaction rate with the support they received. The study noted that integrated assessments allowed professionals to identify connections between physical needs and psychological distress that might otherwise have been overlooked. They also found that elderly participants who received coordinated services showed greater improvements in self-reported quality of life measures over a six-month period.

The Pangasinan study further examined the specific mechanisms that made collaboration effective. The authors identified regular case conferences and shared documentation systems as the most helpful tools for

fostering meaningful collaboration. Their interviews with professionals revealed that the greatest barriers to effective teamwork were physical separation of offices and different reporting structures. They described how successful collaborative teams developed shared goals and integrated treatment plans that addressed both social and psychological needs simultaneously. The researchers emphasized that effective collaboration required both structural support from organizations and personal commitment from individual professionals to step outside their traditional roles.

This research is directly relevant to the current study as it provides Philippine-specific evidence of the benefits of collaborative approaches between social workers and counselors when working with senior citizens. The study offers insights into the practical challenges of implementing collaborative frameworks within the Philippine social welfare system. Additionally, the positive outcomes documented in Pangasinan suggest that similar benefits might be achieved in Nampicuan with appropriate adaptations to the local context. The identified barriers to collaboration can inform the development of strategies to overcome similar challenges in the proposed framework.

Notably, Systems Theory was introduced by Ludwig von Bertalanffy in 1968 as a way to understand how different parts of a system work together. According to Bertalanffy, we cannot fully understand something by looking at its individual parts in isolation; instead, we must see how all parts interact with each other within the larger system. Recent applications of this theory by Teater (2021) show how Systems Theory continues to offer useful understanding for social work practice, helping practitioners recognize the importance of addressing both individual needs and environmental factors when working with vulnerable populations.

Systems Theory is important for this study because it helps us understand how senior citizens and PWDs in Nampicuan face challenges that connect to many aspects of their lives. Their difficulties aren't just personal problems but are influenced by family situations, available services, community attitudes, and economic conditions. As noted by Payne (2021), effective help must address both the individual and their surroundings, including family relationships, community resources, and social institutions. This theory supports the need for social workers and counselors to work together since each profession addresses different parts of these interconnected systems. Social workers typically focus on connecting people with resources and addressing social barriers, while counselors help with emotional and psychological challenges. By combining these approaches, professionals can provide more complete help that addresses all aspects of a person's situation.

Similarly, Domingo and Santos (2021) examined the coordination between social workers and mental health professionals in serving persons with disabilities in Nueva Ecija. Their study included 83 PWDs from five municipalities who received various support services over a 10-month period. They found that PWDs who received integrated services showed greater improvements in community participation and reduced symptoms of depression compared to those receiving standard separate services. The researchers observed that social workers primarily addressed practical needs, such as accessing government benefits and physical accommodations, while counselors focused on psychological adjustment and family relationships. They documented that when these services were coordinated, PWDs experienced fewer service gaps and more consistent support.

The Nueva Ecija study identified several factors that influenced the success of collaborative efforts. The authors reported that rural municipalities faced particular challenges in implementing collaborative approaches due to limited professional resources and geographic barriers. Their analysis showed that mobile service delivery models, where teams of professionals visited remote areas together, were especially effective in overcoming access barriers. According to them, professionals who participated in joint training sessions developed greater respect for each other's expertise and were more likely to engage in meaningful collaboration. They also noted that community involvement in planning and implementing services strengthened the effectiveness of professional collaborations.

This study is particularly relevant to the current research as it was conducted in the same province as Nampicuan and focused specifically on supporting PWDs. The findings provide local context about what approaches have proven effective in similar communities. The emphasis on mobile service delivery models offers a practical strategy that might be incorporated into the collaborative framework being developed.

Additionally, the documented challenges of implementing collaboration in rural Nueva Ecija municipalities provide important considerations for designing a framework that may be feasible in Nampicuan's resource-limited setting.

Correspondingly, Empowerment Theory was formally introduced by Barbara Solomon in 1976 and further developed by Gutiérrez, Parsons, and Cox in 1998. This theory focuses on helping people overcome feelings of powerlessness and gain more control over their lives. It emphasizes building people's knowledge, skills, and resources so they can achieve their goals and improve their situations. According to Lee (2001), empowerment works on three levels: personal (developing confidence in one's abilities), interpersonal (being able to influence relationships with others), and community (taking action to create positive changes in society).

Current applications of Empowerment Theory by Zastrow et al. (2022) demonstrate its continued relevance for social work practice with marginalized populations. Empowerment Theory is very relevant to this study because it provides guidance on how social workers and counselors can help senior citizens and PWDs beyond just meeting their immediate needs. These marginalized groups in Nampicuan often experience situations where they have little control, such as depending on others for help, having limited choices, or being excluded from community activities. Our study's focus on psychological, social, and economic challenges can reveal areas where empowerment approaches would be helpful. The collaborative framework we aim to develop can use this theory to ensure that interventions help marginalized individuals build skills and confidence to speak up for themselves and participate more actively in their communities, leading to longer-term improvements in their quality of life.

Furthermore, De Guzman et al. (2022) conducted a comprehensive study of interprofessional collaboration in serving marginalized populations across three regions in Luzon, including Central Luzon, where Nampicuan is located. Their research included data from 16 municipalities and involved surveys with 137 social service professionals and 264 service recipients. The team found that municipalities that implemented formal collaborative frameworks showed better outcomes in addressing complex client needs than those with informal collaboration arrangements. They discovered that marginalized individuals who received coordinated services reported feeling better understood and supported than those who had to navigate different services independently. The researchers noted that effective collaboration resulted in more efficient use of limited resources and reduced duplication of services.

The Luzon study examined both successes and challenges in implementing collaborative frameworks. The authors identified local government leadership as a critical factor in establishing effective collaboration between different professionals. Their findings showed that municipalities where local officials actively supported and formalized collaborative practices achieved better outcomes than those where collaboration was left to individual professionals' initiative. According to them, successful collaborative frameworks included regular coordination meetings, shared assessment tools, and clearly defined roles for different professionals. The team also highlighted the importance of addressing traditional hierarchies between different professional groups that sometimes hindered open communication.

This study provides valuable context for the current research by documenting what has worked in similar Philippine municipalities. The findings from Central Luzon municipalities can inform the development of a collaborative framework suited to Nampicuan's specific circumstances. The emphasis on local government support suggests that engaging municipal leadership may be important for the successful implementation of any collaborative framework. Additionally, the practical elements of successful collaborative frameworks identified in this study offer specific components that might be incorporated into the proposed framework for Nampicuan.

Theoretical Framework

Social Support Theory

Social Support Theory was developed by Sidney Cobb in 1976, highlighting the importance of supportive relationships for people's wellbeing. Cobb described social support as the information that leads people to believe they are cared for, valued, and part of a network where people help each other. Later, House (1981)

identified four types of social support: emotional support (showing empathy and care), practical support (providing direct help with tasks), informational support (giving advice), and appraisal support (offering feedback). Research by Cohen and Wills (1985) showed that having good social support helps people cope better with difficult life events and ongoing stress.

Recent studies by Kennedy et al. (2022) confirm that social support remains a critical factor in maintaining psychological wellbeing among vulnerable populations. This theory directly relates to the current study about senior citizens and PWDs in Nampicuan, as these groups often experience reduced social connections due to factors like retirement, physical limitations, losing loved ones, or facing negative attitudes from others. The social challenges this study examines align with this theory's focus on the importance of supportive relationships. Additionally, help provided by social workers and counselors can be seen as formal ways of providing the different types of support mentioned in the theory: when social workers conduct assessments, connect people to resources, and manage cases, they provide practical and informational support; when counselors offer therapy and emotional guidance, they provide emotional and appraisal support.

Social Support Theory provides a theoretical lens for understanding why marginalized individuals in Nampicuan experience particular social challenges and how professional interventions can compensate for gaps in natural support systems. The collaborative framework proposed in this study operationalizes the four types of social support identified by House (1981) through coordinated actions of social workers and counselors. By working together, these professionals can ensure that marginalized individuals receive comprehensive support addressing all dimensions of their social support needs, with social workers primarily focusing on practical and informational support while counselors address emotional and appraisal support needs.

Ecological Model Of Human Development

The Ecological Model of Human Development was introduced by Urie Bronfenbrenner in 1979 to explain how people's development is shaped by different levels of their environment. Bronfenbrenner described five environmental systems: the microsystem (immediate surroundings like family), mesosystem (connections between immediate settings), exosystem (indirect environment like local services), macrosystem (cultural values and social policies), and chronosystem (changes over time). According to this model, people develop through ongoing interactions with these various environmental layers. Rosa and Tudge (2013) note that this framework is especially useful for understanding how different environmental factors affect vulnerable populations throughout their lives.

Contemporary researchers like Liu et al. (2020) continue to apply the Ecological Model to understand marginalized populations' experiences, demonstrating the enduring value of this theoretical framework. This theory provides valuable understanding for the current study because it helps explain how challenges faced by senior citizens and PWDs arise from multiple sources in their environment. For example, psychological challenges might come from family situations (microsystem), social challenges from community attitudes and available services (mesosystem and exosystem), and economic challenges from broader social policies (macrosystem).

Ecological Model supports this study's approach to examining different types of challenges and developing collaborative interventions. It highlights why social workers and counselors need to work together—social workers often address issues in the outer systems like connecting people with community resources, while counselors typically work with inner systems like personal coping and family relationships. By using this ecological perspective, the collaborative framework ensures that interventions address challenges at all relevant environmental levels. The model also explains why single-discipline approaches are often insufficient: marginalized individuals' challenges arise from interactions across multiple environmental systems, requiring coordinated interventions addressing various ecological levels simultaneously.

Systems Theory

Systems Theory was introduced by Ludwig von Bertalanffy in 1968 as a way to understand how different parts of a system work together. According to Bertalanffy, we cannot fully understand something by looking at its

individual parts in isolation; instead, we must see how all parts interact with each other within the larger system. Recent applications of this theory by Teater (2021) show how Systems Theory continues to offer useful understanding for social work practice, helping practitioners recognize the importance of addressing both individual needs and environmental factors when working with vulnerable populations.

Systems Theory is important for this study because it helps understand how senior citizens and PWDs in Nampicuan face challenges connecting to many aspects of their lives. Their difficulties aren't just personal problems but are influenced by family situations, available services, community attitudes, and economic conditions. As noted by Payne (2021), effective help must address both the individual and their surroundings, including family relationships, community resources, and social institutions.

This theory supports the need for social workers and counselors to work together since each profession addresses different parts of these interconnected systems. Social workers typically focus on connecting people with resources and addressing social barriers, while counselors help with emotional and psychological challenges. By combining these approaches, professionals can provide more complete help addressing all aspects of a person's situation. Systems Theory also explains why the challenges identified in this study (psychological, social, and economic) are interrelated: they represent different subsystems within the larger system of a marginalized individual's life, with changes in one subsystem affecting others. The collaborative framework proposed in this study operationalizes Systems Theory by creating mechanisms for professionals to address multiple interconnected systems simultaneously.

Empowerment Theory

Empowerment Theory was formally introduced by Barbara Solomon in 1976 and further developed by Gutiérrez, Parsons, and Cox in 1998. This theory focuses on helping people overcome feelings of powerlessness and gain more control over their lives, emphasizing building people's knowledge, skills, and resources so they can achieve their goals and improve their situations. According to Lee (2001), empowerment works on three levels: personal (developing confidence in one's abilities), interpersonal (being able to influence relationships with others), and community (taking action to create positive changes in society).

Current applications of Empowerment Theory by Zastrow et al. (2022) demonstrate its continued relevance for social work practice with marginalized populations. Empowerment Theory is very relevant to this study because it provides guidance on how social workers and counselors can help senior citizens and PWDs beyond just meeting their immediate needs. These marginalized groups in Nampicuan often experience situations where they have little control, such as depending on others for help, having limited choices, or being excluded from community activities.

This study's focus on psychological, social, and economic challenges can reveal areas where empowerment approaches would be helpful. The collaborative framework proposed aims to ensure that interventions help marginalized individuals build skills and confidence to speak up for themselves and participate more actively in their communities, leading to longer-term improvements in their quality of life. Rather than creating dependency on professional services, the collaborative approach emphasizes building capacity for self-advocacy and self-determination. Empowerment Theory explains why simply providing services is insufficient; professionals must work collaboratively to help marginalized individuals develop their own capabilities to address challenges and improve their circumstances. This theoretical perspective shapes the collaborative framework by emphasizing interventions that build on existing strengths and develop new capacities rather than focusing solely on deficits and needs.

Conceptual Framework

The study focuses on proposing a collaborative framework between social workers and counselors to address challenges faced by marginalized groups—specifically senior citizens (aged 70+ years) and persons with disabilities (PWDs) in Nampicuan, Nueva Ecija. The primary objectives are to identify profile characteristics of these marginalized groups, determine the psychological, social, and economic challenges they encounter, analyze relationships between their profile characteristics and specific challenges, and propose a structured

collaborative framework enabling social workers and counselors to deliver more effective and integrated support services. This research seeks to bridge the gap in coordination between these two professions, addressing the current disjointed approach to care that often results in incomplete service delivery for marginalized populations.

The complex interplay between demographic characteristics and challenges faced by marginalized populations requires thoughtful theoretical contextualization and methodological approaches. This explores relationships between demographic profiles of senior citizens aged 70 and above and persons with disabilities (PWDs) and the psychological, social, and economic challenges they experience. To achieve these objectives, a quantitative research approach using a descriptive correlational design is employed. Data is collected through stratified random sampling of 421 senior citizens and PWDs who are registered with the Municipal Social Welfare and Development Office and affiliated organizations in Nampicuan. A researcher-developed questionnaire gathers information on demographic profiles and assesses the extent of challenges using a five-point Likert scale. Statistical methods including frequency, percentage, weighted mean, standard deviation, and CHAID classification tree analysis are used to analyze the data.

The findings inform development of a collaborative framework that maximizes the complementary expertise of social workers and counselors, addressing both immediate needs and long-term goals of marginalized individuals within the resource-limited setting of Nampicuan. This knowledge can inform more targeted and effective support programs addressing the specific needs of demographically diverse individuals rather than treating these populations as homogeneous groups (Grol et al., 2013; Greenhalgh et al., 2004). The findings may also contribute to theoretical understanding of how personal characteristics interact with contextual factors to shape experiences of aging and disability. By identifying which demographic factors most strongly predict which types of challenges, the research can clarify mechanisms through which social determinants influence well-being in later life and among those with disabilities (Berkman et al., 2000; Link & Phelan, 1995).

From a practical perspective, this framework can guide policymakers and service providers in developing more personalized interventions addressing specific challenges faced by different demographic subgroups. For instance, if rural-dwelling seniors with limited educational attainment are found to face particularly severe economic challenges, targeted financial support programs might be developed for this specific population (Carey & Crammond, 2015; Minkler et al., 2008). This provides a structured approach to examining relationships between demographic profiles and multidimensional challenges experienced by senior citizens aged 70+ and PWDs. By identifying significant correlations and patterns, the research aims to contribute to more nuanced understanding of vulnerability and resilience in these populations, ultimately informing more effective and personalized support systems.

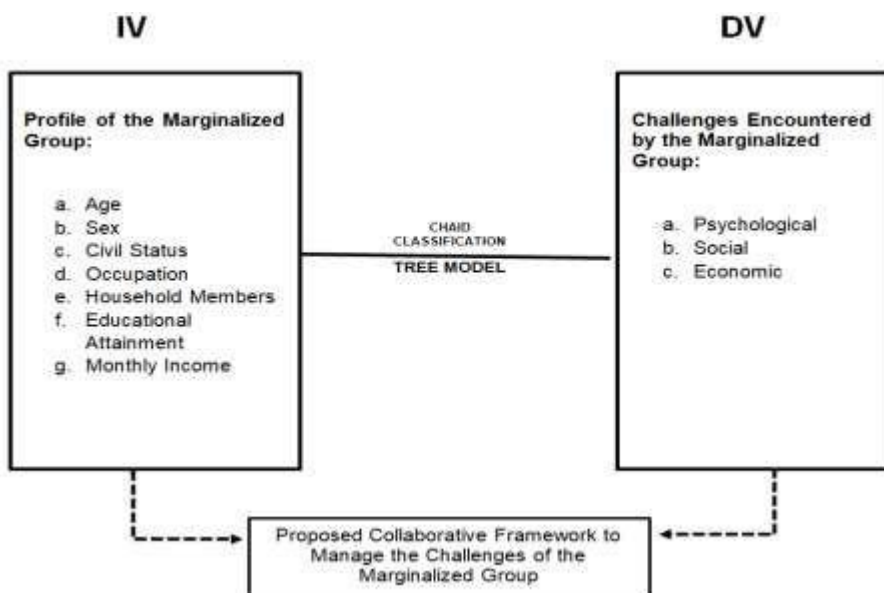


Figure 1. Research Paradigm

RESEARCH METHODOLOGY

This chapter outlines the methodological procedures to gather data to address the research objectives. The key areas covered include the location of the study, the research design employed, and the data collection methods utilized.

Research Design

This study employed a quantitative research approach using a descriptive correlational research design to examine the collaborative role of social workers and counselors in managing challenges faced by marginalized groups in Nampicuan, Nueva Ecija. According to Creswell and Creswell (2018), descriptive correlational designs are appropriate when researchers aim to describe variables and examine relationships between them without manipulation or intervention.

The descriptive component addressed profile characteristics of senior citizens and PWDs, identified the extent of psychological, social, and economic challenges they encountered, providing a complete picture of the current situation without manipulating variables, allowing for systematic documentation of characteristics and phenomena related to marginalized populations and professional support services.

The correlational aspect investigated relationships between profile characteristics of marginalized individuals and the challenges they faced, examining whether factors such as age, sex, civil status, occupation, household composition, educational attainment, and monthly income correlated with specific psychological, social, or economic difficulties. As noted by Creswell and Creswell (2018), correlational designs are valuable for identifying patterns of relationships that can inform more targeted interventions and programs.

This design facilitated data collection through surveys using standardized instruments, and analysis included both descriptive statistics (frequencies, percentages, means) and inferential statistics (CHAID classification tree analysis) to identify patterns and connections. The findings from this descriptive correlational approach provided the foundation for developing an evidence-based collaborative framework addressing specific needs of marginalized groups while maximizing the complementary expertise of social workers and counselors.

Population And Sample

The population for this study consisted of marginalized groups in Nampicuan, Nueva Ecija, specifically senior citizens aged 70 years and above and persons with disabilities (PWDs). These individuals represented vulnerable populations experiencing various psychological, social, and economic challenges and were registered with the Municipal Social Welfare and Development Office (MSWDO), Office of Senior Citizen Affairs (OSCA), or PWD Federation of Nampicuan. The focus on these specific marginalized groups allowed for targeted examination of their unique challenges and professional interventions they receive (Etikan et al., 2016).

The total population of the study was nine hundred ninety-three (993) individuals from the two marginalized groups in Nampicuan, Nueva Ecija. Of this total, six hundred sixty-five (665) were senior citizens aged 70 years and above, while three hundred twenty-eight (328) were persons with disabilities (PWDs).

This study employed stratified random sampling to ensure representation from each marginalized group. Cochran's formula was applied to determine the appropriate sample size with a 95% confidence level and a 5% margin of error.

Using Cochran's formula, the sample size of the respondents was four hundred twenty-one (421) individuals from the selected marginalized groups. This included two hundred forty-four (244) senior citizens aged 70 years and above and one hundred seventy-seven (177) persons with disabilities (PWDs), all of whom were registered with the MSWDO, OSCA, or PWD Federation in Nampicuan, Nueva Ecija.

For Senior Citizens (N = 665):

Cochran's Formula:

$$n_o = (Z^2pq)/e^2$$

Where:

n_o = sample size

Z = Z-value for the desired confidence level (1.96 for 95% confidence)

p = estimated proportion of the population (0.5 is used when unknown)

$$q = 1-p (0.5)$$

e = margin of error (0.05)

Computation:

$$n_o = (1.96^2)(0.5)(0.5)/(0.05^2)$$

$$n_o = (3.8416)(0.25)/(0.0025)$$

$$n_o = 0.9604/0.0025$$

$$n_o = 384.16$$

Since the calculated sample size (384) is more than 5% of the population, we need to apply the finite population correction:

Correction Formula: $n = n_o/(1 + (n_o-1)/N)$

Where:

n = corrected sample size

n_o = Cochran's sample size (384)

N = population size (665)

Finite Population Correction:

$$n = 384 / (1 + (384 - 1) / 665)$$

$$n = 384 / (1 + 0.576)$$

$$n = 384 / 1.576$$

$$n = 243.65$$

$$\approx 244$$

For Persons with Disabilities (N = 328):

Using the same Cochran's Formula:

$$n_o = (1.96^2)(0.5)(0.5)/(0.05^2) = 384.16$$

Applying the finite population correction:

$$n = 384 / (1 + (384 - 1) / 328)$$

$$n = 384 / (1 + 1.167)$$

$$n = 384 / 2.167$$

$$n = 177.2$$

$$\approx 177$$

Therefore, the study may involve 421 individuals from senior citizens aged 70 years and above and persons with disabilities (PWDs) in Nampicuan, Nueva Ecija.

The population and sample distribution for this study were determined using Cochran's formula to ensure adequate representation from both marginalized groups in Nampicuan, Nueva Ecija. The calculated sample size provides a statistically valid representation of the total marginalized population while maintaining proportional representation from each category presented in table 1 below:

Table 1 Distribution of the Population and Sample

Category	Population	Sample Size
Senior Citizens	665	244
Persons with Disabilities	328	177
TOTAL	993	421

Table 1 shows the samples of respondents across the two marginalized groups in Nampicuan, Nueva Ecija computed using Cochran's formula. The researchers identified 421 out of 993 individuals as respondents of the study. The larger group is Senior Citizens, with 665 individuals, contributing 244 respondents to the study. Persons with Disabilities follows with 328 individuals, contributing 177 respondents.

Data Gathering Instrument

This study used a researcher-developed survey questionnaire consisting of three parts, each designed to gather specific information related to the research objectives.

Part 1 focused on the demographic profile of the marginalized groups in Nampicuan, Nueva Ecija. It collected data on respondents' marginalized category (senior citizen or PWD), age, sex, civil status, occupation, household members, educational attainment, and monthly income. This information helped provide context for understanding respondents' backgrounds and circumstances, allowing for analysis of how these factors related to the challenges they experienced.

Part 2 assessed the extent of challenges encountered by the marginalized groups in terms of psychological, social, and economic aspects. This section included specific indicators for each category of challenges, providing quantitative data about difficulties faced by senior citizens and PWDs in their daily lives. Respondents rated each challenge using a five-point Likert scale to indicate severity of each issue, from "Not a Challenge" (1) to "Extremely Severe Challenge" (5).

The questionnaire was constructed by the researcher, who ensured that questions were clear, culturally appropriate, and relevant to the study's objectives. The questions were reviewed for clarity and relevance by experts in the field of social work, counseling, psychometrics, and Filipino language to ensure they effectively captured necessary information.

The questionnaire was administered to selected respondents through face-to-face interviews during scheduled monthly meetings of senior citizen and PWD organizations, with assistance provided when needed due to age-related or disability-related limitations. This approach helped ensure accurate data collection and higher response rates among vulnerable populations who may have had difficulty with self-administered surveys.

After collecting responses, the researchers retrieved and organized the data for analysis. Each response was scored according to established Likert scales, allowing for evaluation of challenge severity.

Validity Of Research Instruments

The research instrument underwent thorough content validation by four experts to ensure its appropriateness and effectiveness for the study's objectives. The validators included:

1. **Hanebeth V. Magno, MSPSY, RPSY, RPM** - Health Program Officer II at Mega Drug Abuse Treatment and Rehabilitation Center, who assessed the psychological constructs and measurement items
2. **Monica Bea B. Esquivel, Rpm, RSW** - Project Development Officer II at DSWD, who evaluated the social and economic challenge indicators for practical relevance
3. **Dimple Anne D. Padalla, RSW** - Social Welfare Officer III at LGU-Guimba, who examined the instrument from a field practitioner perspective
4. **James A. Dalit, LPT** - Teacher II at Mayantoc Elementary School, who reviewed the language clarity and cultural appropriateness of questions for the target population

This diverse panel of experts was selected to provide complete evaluation from multiple professional perspectives, ensuring that the instrument effectively captured psychological, social, and economic challenges faced by marginalized groups while being linguistically and culturally appropriate for respondents in Nampicuan, Nueva Ecija.

The validation process involved each expert independently reviewing the instrument using a standardized assessment checklist evaluating ten criteria: clarity of directions, clarity of items, readability, visual attractiveness, comprehensiveness, focus of items, objectivity, alignment with research objectives, systematic arrangement, and absence of duplication. Each criterion was rated on a 4-point scale where 4 = no flaws observed, 3 = very little flaws observed, 2 = several flaws observed, and 1 = major revision needed.

The four validators provided ratings that were compiled and averaged to determine overall validity. The instrument obtained an average rating of 3.8 out of 4.0, which is interpreted as "highly valid" according to standard validation criteria. The experts provided no substantive comments or suggestions requiring revision, indicating strong agreement on the instrument's quality and appropriateness. Based on this validation outcome, the researcher prepared the final copy of the instrument for data collection.

Following expert validation, the instrument was pilot-tested with 30 respondents (15 senior citizens and 15 PWDs) from a neighboring municipality with similar demographic characteristics to Nampicuan to assess reliability. The pilot test data was analyzed using Cronbach's alpha to determine internal consistency of the three subscales (psychological challenges, social challenges, and economic challenges). The reliability analysis yielded Cronbach's alpha values of 0.89 for psychological challenges, 0.87 for social challenges, and 0.91 for economic challenges, all exceeding the minimum acceptable threshold of 0.70 and indicating high internal consistency (Taber, 2018).

Data Gathering Procedure

The data-gathering procedure for this study followed a systematic process to ensure accuracy and reliability in meeting research objectives. The steps involved in collecting data from marginalized groups in Nampicuan, Nueva Ecija, are outlined below:

The first step was to secure necessary permissions and approvals from relevant authorities, including the Research Adviser, Specialization Chair, Program Dean, and Executive Director of Pangasinan State University School of Advanced Studies. After securing these approvals, the researcher proceeded with external permissions required for fieldwork (Creswell & Creswell, 2018).

The researcher initially submitted a formal letter to the Municipal Social Welfare and Development Office (MSWDO) head requesting data on the population of Senior Citizens and Persons with Disabilities (PWDs) across the municipality. This information was essential for determining the appropriate sample size for the study (Thompson, 2021).

Upon receiving the population data, the researcher prepared a formal letter addressed to the Municipal Mayor requesting permission to conduct the research, with the letter coursed through the MSWDO head. This letter clearly explained the purpose of the study, its potential benefits to the community, and the data collection methods to be employed (American Psychological Association, 2020).

Once the Mayor's approval was secured, the researcher coordinated with the MSWDO head to facilitate communication with the Office of Senior Citizens Affairs (OSCA) and PWD Federation of Nampicuan. Letters to the OSCA head and PWD Federation President were undersigned and noted by the MSWDO head, ensuring proper administrative protocol and smoother transactions between offices (Bhattacharjee, 2021).

For actual data gathering, the researcher coordinated with the OSCA head and PWD Federation President to identify scheduled monthly meetings where senior citizens and PWDs gathered. This multi-channel approach ensured broader representation beyond MSWDO walk-in clients, addressing concerns about sample diversity. The researcher also coordinated with barangay-level senior citizen and PWD presidents to access respondents in their communities. This approach allowed the researcher to efficiently administer the survey questionnaire to the predetermined sample population across multiple access points. The researcher attended these meetings and conducted structured face-to-face distribution of survey questionnaires, providing assistance as needed for respondents who had difficulties due to age or disability (Boone & Boone, 2012).

Prior to administering the questionnaire, the researcher explained the purpose of the study to participants and obtained their informed consent. Special attention was given to ensure that participants fully understood their rights, including voluntary participation and confidentiality of their responses (World Medical Association, 2013). For participants with visual impairments or literacy challenges, the researcher read questions aloud and recorded responses, ensuring accessibility and accuracy.

After completing data collection over a three-month period, responses were reviewed for completeness and consistency. The data was encoded into a spreadsheet using Microsoft Excel, with appropriate coding for categorical and numerical responses. Quality checks were implemented to ensure accurate data entry, including random verification of encoded data against original questionnaires (Greenland et al., 2016).

The final step involved analyzing collected data using appropriate statistical software such as Microsoft Excel and SPSS. Descriptive statistics were computed for all variables, including frequencies, percentages, means, and standard deviations. For the third objective of the study, CHAID classification tree analysis was performed to examine relationships between demographic profiles and challenge variables (Schober et al., 2018). Results were organized according to the research questions and presented using tables, charts, and narrative descriptions. The findings provided a thorough understanding of the challenges faced by marginalized groups, serving as the foundation for developing the collaborative framework (Palinkas et al., 2015).

Statistical Treatment Of Data

Statistical methods were employed to analyze data collected in this study, providing thorough understanding of challenges faced by marginalized groups. The data gathered from questionnaires were compiled, organized, and presented in tabular form using appropriate statistical techniques.

To effectively address the research questions, the study utilized both descriptive and inferential statistics:

Frequency and Percentage. To statistically assess the first research question, frequency and percentage were used to analyze the demographic profile of respondents (Bhattacharjee, 2021). The frequency distribution and percentage presented the distribution of respondents according to marginalized category, age, sex, civil status, occupation, household members, educational attainment, and monthly income. This statistical treatment provided a clear picture of the characteristics of marginalized groups participating in the study.

Weighted Mean. To statistically assess the second research question, the weighted mean was calculated to determine challenges encountered by marginalized groups in terms of psychological, social, and economic aspects (Boone & Boone, 2012). The weighted mean helped identify which challenges were most significant.

Standard Deviation. This statistical measure was calculated alongside the weighted mean to determine the variability or dispersion of responses (Thompson, 2021). A small standard deviation indicated that responses were clustered around the mean, suggesting consistency in respondents' experiences, while a large standard deviation indicated greater variability in experiences.

CHAID Classification Tree Analysis. To statistically assess the third research question of the study, the CHAID (Chi-square Automatic Interaction Detection) Classification Tree Analysis was used to determine if there were significant relationships between the profile of the marginalized group and the challenges they encountered (Schober et al., 2018). This statistical test helped identify which demographic factors were most strongly associated with specific challenges, providing insight into potential risk factors and vulnerabilities among different subgroups within the marginalized population. The CHAID analysis created a decision tree that showed how different combinations of demographic variables predicted the severity of challenges, allowing for more detailed understanding of interaction effects.

All statistical analyses were performed using Microsoft Excel and SPSS software Version 26, with a significance level of 0.05 for inferential statistics to determine statistical significance (Greenland et al., 2016).

Ethical Consideration

This study adhered to strict ethical standards to protect the rights and dignity of marginalized participants, particularly senior citizens and persons with disabilities (PWDs). Prior to data collection, the researcher secured approval from the Municipal Government of Nampicuan and the Municipal Social Welfare and Development Office (American Psychological Association, 2020). All participants were provided with clear explanation of the study's purpose, procedures, potential risks, and benefits in language they could easily understand, and informed consent was obtained without any form of coercion (World Medical Association, 2013).

Participation was entirely voluntary, with participants informed of their right to withdraw at any time without penalty or loss of services they received. The researcher ensured confidentiality by using codes instead of names on all research materials, with personal identifying information stored separately from the data and accessible only to the research team. Special accommodations were made for participants with physical, cognitive, or sensory limitations to ensure their full understanding and comfortable participation.

The researcher was particularly sensitive to signs of discomfort or distress during interviews, especially when discussing psychological, social, and economic challenges, and was prepared to provide appropriate support or referrals when needed. All findings were presented honestly without manipulation or misrepresentation, and the results were shared with relevant stakeholders to potentially improve services for marginalized groups in Nampicuan.

Data collected was stored securely with password protection for digital files and locked storage for physical materials. Only the researcher and research adviser had access to identifiable data. After completion of the study and publication of findings, all identifiable data was destroyed according to ethical research guidelines. Participants were informed that aggregated, de-identified findings would be shared with local government units and service providers to improve programs for marginalized populations.

Presentation, Analysis, And Interpretation Of Data

This chapter presents the collected data, conducts statistical analyses, and interprets the findings to the research objectives.

The Profile Of The Marginalized Group

The demographic and socioeconomic characteristics of study participants provide essential context for understanding the background and circumstances of marginalized individuals in Nampicuan, Nueva Ecija. Table 2 presents detailed profile information collected from 421 respondents, showing distribution across various demographic categories that may influence their experiences and challenges.

Table 2 Profile of Marginalized Group (n=421)

Profile	Categories	Frequency	Percent
Marginalized Group	Senior citizen (70+ years old)	244	58.0
	person with disability (PWD)	177	42.0
Sex	Male	203	48.2
	Female	218	51.8
Civil Status	Single	113	26.8
	Married	208	49.4
	Widow/er	85	20.2
	separated/annulled	15	3.6
Occupation	None/retired	266	63.2
	Farmer	69	16.4
	self-employed (vendor, craftsman, etc...)	55	13.1
	informal workers (part-time helper, laborer etc)	31	7.4
Household Members	1-2 family members	89	21.1
	3-4 family members	203	48.2
	5-6 family members	101	24.0
	7 and more family members	28	6.7
Educational Attainment	no formal education	65	15.4
	elementary graduate	132	31.4
	high school graduate	168	39.9
	college graduate	47	11.2

	TESDA NCII, NCIII	9	2.1
Monthly Income	no personal income	274	65.1
	below Php 5000	90	21.4
	Php 5,001 to Php 10,000	39	9.3
	Php 10,001 to Php 15,000	8	1.9
	Above Php15,000	10	2.4

In terms of marginalized category, senior citizens aged 70 years and above constitute the largest group at 244 respondents or 58.0 percent compared to persons with disabilities (PWDs) having 177 respondents or 42.0 percent. This result suggests that elderly individuals represent a significant portion of marginalized populations requiring support services in Nampicuan, Nueva Ecija. The higher number of senior citizens indicates they may face more complex challenges related to aging, health deterioration, and social isolation that necessitate coordinated interventions. This substantial elderly presence suggests intervention strategies might benefit from considering age-related factors when developing support frameworks.

According to Velazco et al. (2024), research on marginalized populations in the Philippines shows that older adults are among the most vulnerable groups, facing numerous barriers that inhibit their ability to thrive. Their study notes the importance of examining demographic factors to better address specific needs when planning social welfare interventions. PWDs form a smaller but still substantial segment at 177 respondents or 42.0 percent. This representation highlights the significant presence of individuals with disabilities who face unique barriers related to accessibility, inclusion, and specialized support services. While this percentage is smaller than senior citizens, it still represents a considerable population requiring targeted interventions that address disability-specific challenges.

The study of Vargas-Machuca et al. (2023) examined access to comprehensive care services for people with disabilities in rural areas and found that geographical, financial, and institutional barriers significantly limit their ability to receive adequate support. Their research supports the need for service providers to consider unique challenges faced by PWDs, especially in rural settings like Nampicuan.

Regarding gender distribution, female respondents slightly outnumber males, constituting 51.8 percent (218 respondents) compared to male respondents at 48.2 percent (203 respondents). This nearly equal gender distribution suggests that marginalization affects both men and women in the community, though potentially in different ways. The slightly higher percentage of women might reflect longer female life expectancy, which increases their representation among senior citizens. It may also indicate that women face additional vulnerabilities related to gender-based discrimination or economic disadvantages that compound the challenges of aging or disability.

Kennedy et al. (2022) found that gender plays a significant role in how individuals experience marginalization, with women often facing compounded challenges due to historical disadvantages in economic opportunities and social support systems. Their research emphasizes the importance of gender-sensitive approaches when developing support interventions for vulnerable populations.

In relation to civil status, married individuals represent the largest category at 208 respondents or 49.4 percent, followed by single individuals at 113 respondents or 26.8 percent, then widowed persons with 85 respondents or 20.2 percent. The smallest category is separated/annulled with only 15 respondents or 3.6 percent. The predominance of married individuals indicates potential access to spousal support, which could serve as a protective factor against some challenges faced by marginalized groups. However, it also suggests that many individuals with spouses still require additional support services, indicating that family support alone may not be sufficient to address complex needs related to aging or disability.

The substantial number of single and widowed respondents (46.8 percent combined) highlights a significant portion of the marginalized population who lack spousal support systems. This absence of a primary caregiver could intensify their vulnerability and increase their reliance on external support services, making them a priority group for social workers and counselors. This aligns with Meza et al. (2022) who emphasize the importance of marital status in determining support needs among vulnerable populations. Their research explains how the absence of spousal support often correlates with increased psychological distress and economic hardship, particularly for older adults and PWDs in rural communities.

Regarding occupation, a significant majority (63.2 percent or 266 respondents) reported having no occupation or being retired. Farmers constitute the second largest group at 16.4 percent (69 respondents), followed by self-employed individuals such as vendors and craftsmen at 13.1 percent (55 respondents), and informal workers at 7.4 percent (31 respondents). The high percentage of unemployed or retired individuals highlights economic vulnerability as a major concern for marginalized groups in Nampicuan. Without regular income from employment, these individuals likely face significant financial constraints that affect their ability to meet basic needs, access healthcare, and maintain adequate living standards. This economic precarity may compound other challenges related to aging or disability.

Those employed predominantly work in agriculture or informal sectors, which typically offer limited income security, benefits, or protections. This occupational pattern reflects the rural nature of Nampicuan and the limited economic opportunities available to marginalized individuals, particularly those with age or disability-related limitations. Cubillos and Arriagada (2023) discuss how economic participation directly impacts the well-being of marginalized groups, noting that retirement and unemployment substantially increase vulnerability to poverty and related hardships. Their research points out that rural economies often lack suitable employment opportunities for older adults and PWDs, necessitating more robust social protection systems.

In terms of household composition, nearly half of the respondents (48.2 percent or 203 individuals) live in households with 3-4 family members. The second largest group lives with 5-6 family members (24.0 percent or 101 respondents), followed by those living with only 1-2 family members (21.1 percent or 89 respondents). The smallest category comprises households with 7 or more members at 6.7 percent (28 respondents). This distribution suggests that most marginalized individuals in Nampicuan live in moderately-sized households that potentially provide some family support. However, the quality and adequacy of this support would depend on factors such as the health, economic status, and availability of other household members. The presence of family members does not automatically guarantee sufficient care or support, particularly if these family members face their own economic or health challenges.

The significant minority (21.1 percent) living in small households with only 1-2 members may face greater isolation and lack of immediate support, potentially increasing their vulnerability and need for external services. These smaller households may represent elderly couples, widowed individuals living with a single caregiver, or PWDs with limited family support. Looman et al. (2021) highlight the importance of household composition in determining support needs for vulnerable populations. Their research indicates that while family support can be beneficial, it may also present challenges when family caregivers lack resources or training to provide adequate assistance, emphasizing the need for professional intervention even in family-supported situations.

Regarding educational attainment, high school graduates represent the largest category at 39.9 percent (168 respondents), followed by elementary graduates at 31.4 percent (132 respondents). Those with no formal education constitute 15.4 percent (65 respondents), while college graduates represent 11.2 percent (47 respondents). Technical-vocational certificate holders form the smallest category at 2.1 percent (9 respondents). This educational profile reveals that the majority of marginalized individuals in Nampicuan have limited educational attainment, with 86.7 percent having a high school education or less. This educational disadvantage likely affects their economic opportunities, health literacy, ability to navigate support systems, and overall quality of life. Lower educational levels may also correlate with reduced awareness of available services and rights, potentially limiting access to needed support.

The 15.4 percent with no formal education represent a particularly vulnerable subgroup who may face additional barriers related to literacy, communication, and access to information. These individuals likely require specialized approaches that accommodate their educational limitations when providing support services. Singh and Sangeet (2022) found that educational attainment significantly influences how marginalized individuals access and benefit from support services. Their research demonstrates that lower education levels often correlate with reduced health literacy, limited awareness of available resources, and greater difficulty navigating complex support systems, necessitating more intensive outreach and assistance from social service professionals.

In terms of monthly income, a substantial majority (65.1 percent or 274 respondents) reported having no personal income. Those earning below Php 5,000 monthly constitute 21.4 percent (90 respondents), while 9.3 percent (39 respondents) earn between Php 5,001 and Php 10,000. Only 4.3 percent of respondents earn above Php 10,000 monthly, with just 2.4 percent (10 respondents) earning above Php 15,000. This income distribution reveals severe economic vulnerability among marginalized groups in Nampicuan. With 65.1 percent having no personal income, these individuals likely depend entirely on family support, government assistance, or charity for survival. This financial dependency increases vulnerability and likely contributes to psychological distress, limited autonomy, and reduced quality of life.

Even among those with income, the majority earn below Php 5,000 monthly, which is insufficient to meet basic needs, particularly for individuals with additional expenses related to healthcare, medications, or disability accommodations. This widespread economic precarity highlights the critical importance of financial assistance programs and economic support interventions for these populations. This aligns with the findings of Ibrahim and Abas (2023) who emphasize the profound impact of income insecurity on the physical and mental well-being of marginalized individuals. Their research demonstrates how economic hardship intensifies other vulnerabilities and often becomes a primary barrier to accessing healthcare, maintaining adequate nutrition, and participating in social activities, all of which are essential for overall quality of life.

The Level Of Challenges Encountered By The Marginalized Group

Psychological Challenges. The psychological well-being of marginalized individuals was assessed through ten indicators that measure various aspects of emotional and mental health challenges.

Table 3 shows the distribution of responses across five severity levels, showing both the frequency and percentage of respondents who rated each psychological challenge from extremely severe to no challenge at all.

Table 3 Level of Psychological Challenges Encountered

<i>Psychological Challenges</i>	ESC 5	SeC 4	MC 3	SC 2	NC 1
1. I experience feelings of sadness. <i>Nakakaranas ako ng lubos na kalungkutan</i>	58 13.8%	209 49.6%	122 29.0%	18 4.3%	14 3.3%
2. I worry constantly about my future. <i>Patuloy akong nag-aalala tungkol sa aking kinabukasan.</i>	60 14.3%	210 49.9%	120 28.5%	16 3.8%	15 3.6%
3. "I feel anxious in social situations due to my age/disability." <i>Nakakaramdam ako ng pagkabalisa sa mga sitwasyong panlipunan dahil sa aking edad/kapansanan.</i>	53 12.6%	126 29.9%	202 48.0%	26 6.2%	14 3.3%
4. "I sometimes feel like I have little value or purpose."	53	176	143	28	21

<i>Nakakaramdam ako na wala akong halaga o layunin.</i>	12.6%	41.8%	34.0%	6.7%	5.0%
5. I find it difficult to cope with changes in my life.	48	161	177	18	17
<i>Nahihirapan akong harapin ang mga pagbabago sa aking buhay.</i>	11.4%	38.2%	42.0%	4.3%	4.0%
6. "I often feel overwhelmed by my emotions, making it hard to function daily."	53	139	193	21	15
<i>Madalas akong nalulula sa aking mga emosyon, na nagiging hadlang upang maging produktibo.</i>	12.6%	33.0%	45.8%	5.0%	3.6%
7. I have trouble sleeping due to stress.	64	135	193	15	14
<i>Nahihirapan akong matulog dahil sa stress.</i>	15.2%	32.1%	45.8%	3.6%	3.3%
8. I feel a lack of motivation to engage in daily activities.	49	167	170	21	14
<i>Nakakaranas ako ng kakulangan ng motibasyon sa mga pang-araw-araw na gawain.</i>	11.6%	39.7%	40.4%	5.0%	3.3%
9. I often feel lonely, even when surrounded by others.	46	153	184	22	16
<i>Madalas akong makaramdam ng kalungkutan kahit na napapaligiran ng iba.</i>	10.9%	36.3%	43.7%	5.2%	3.8%
10. I find it hard to express my feelings to others.	53	174	158	19	17
<i>Nahihirapan akong ipahayag ang aking mga damdamin sa iba.</i>	12.6%	41.3%	37.5%	4.5%	4.0%
Average Weighted Mean 3.52 Severe Challenge					

Legend:	
4.51-5.00= <i>Exteremely Severe Challenge (ESC)</i>	3.51-4.50 = <i>Severe Challenge SeC)</i>
2.51-3.50 = <i>Moderate Challenge (MC)</i>	1.51-2.50 = <i>Slight Challenge (SC)</i>
1.00-1.50 = <i>Not a challenge (NC)</i>	

This table presents the assessment of psychological challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, with an average weighted mean of 3.52, verbally interpreted as a severe challenge. Respondents indicated that worrying constantly about their future ranked first with 49.9% rating it as a severe challenge, while experiencing feelings of sadness ranked second with 49.6% rating it as a severe challenge. The third-ranked challenge was feeling little value or purpose with 41.8% rating it as a severe challenge, followed by difficulty expressing feelings to others with 41.3% rating it as a severe challenge.

The high ranking for constant worry about the future indicates significant psychological distress among marginalized individuals in Nampicuan. Senior citizens and PWDs experience considerable anxiety about their long-term well-being due to concerns about health deterioration, financial insecurity, and increased dependency. This persistent worry affects their present quality of life and contributes to chronic stress that can worsen existing health conditions and impair daily functioning. Durbin et al. (2022) found that psychological

well-being is significantly affected by concerns about future security, particularly among vulnerable populations with limited resources. Their research shows that worry about the future creates persistent stress that impacts both mental and physical health, creating a cycle that further diminishes quality of life.

The lowest-rated psychological challenges included feeling anxious in social situations due to age or disability with 48.0% rating it as a moderate challenge, feeling overwhelmed by emotions making it hard to function daily with 45.8% rating it as a moderate challenge, and having trouble sleeping due to stress with 45.8% also rating it as a moderate challenge. These lower-ranked challenges, while still significant, suggest that marginalized individuals in Nampicuan experience social anxiety that may lead to avoidance of social interaction and increased isolation. The emotional overwhelm and sleep difficulties indicate that psychological distress manifests in functional impairments that affect daily living and physical well-being.

Gianfredi et al. (2021) established that psychological challenges among marginalized groups often manifest in functional impairments such as sleep disturbances and difficulty managing emotions, which further compromise their ability to cope with daily challenges. Their research confirms that these symptoms require interventions addressing both emotional and practical aspects of psychological well-being.

Social Challenges

The social integration and community participation of marginalized individuals were assessed through ten indicators measuring various aspects of social connection, community involvement, and interpersonal relationships. Table 4 presents the distribution of responses across five severity levels, showing both the frequency and percentage of respondents who rated each social challenge from extremely severe to no challenge at all.

Table 4 Level of Social Challenges Encountered

Social Challenges Encountered	ESC 5	SeC 4	MC 3	SC 2	NC 1
1. I feel isolated from my community. <i>Ang pakiramdam ko ay nakahiwalay ako sa aking komunidad.</i>	75 17.8%	117 27.8%	153 36.3%	58 13.8%	18 4.3%
2. I experience difficulty maintaining relationships with family or friends. <i>Nahihirapan akong mapanatili ang relasyon sa pamilya at mga kaibigan.</i>	25 5.9%	131 31.1%	187 44.4%	58 13.8%	20 4.8%
3. I experienced discrimination because of my age or disability. <i>Nakakaranas ako ng diskriminasyon dahil sa aking edad o kapansanan.</i>	34 8.1%	160 38.0%	158 37.5%	45 10.7%	24 5.7%
4. I have limited opportunities to participate in community activities. <i>Limitado ang aking pagkakataon na lumahok sa mga aktibidad ng komunidad.</i>	31 7.4%	108 25.7%	213 50.7%	52 12.4%	16 3.8%
5. I struggle to communicate my needs to others. <i>Nahihirapan akong ipahayag ang aking mga</i>	49 11.6%	164 39.0%	147 34.9%	47 11.2%	14 3.3%

<i>pangangailangan sa iba.</i>					
6. “I feel that my opinions are not valued by family, friends, or the community.” <i>Nakakaramdam ako ng hindi pagpapahalaga ng aking opinyon mula sa aking pamilya, kaibigan, o komunidad.</i>	33	169	160	41	18
	7.8%	40.1%	38.0%	9.7%	4.3%
7. I have difficulty making new friends. <i>Nahihirapan akong makahanap ng mga bagong kaibigan.</i>	38	114	177	66	26
	9.0%	27.1%	42.0%	15.7%	6.2%
8. I feel excluded from social gatherings. <i>Nakakaranas ako ng hindi pagka-angkop sa mga pagtitipon.</i>	28	131	199	43	20
	6.7%	31.1%	47.3%	10.2%	4.8%
9. I often feel misunderstood by others. <i>Madalas akong makaramdam na hindi ako nauunawaan ng iba.</i>	53	176	137	34	21
	12.6%	41.8%	32.5%	8.1%	5.0%
10. “Due to past experiences, I find it hard to trust others.” <i>Nahihirapan akong magtiwala sa iba dahil sa mga nakaraang karanasan.</i>	37	170	161	30	23
	8.8%	40.4%	38.2%	7.1%	5.5%
Average Weighted Mean 3.33 Moderate Challenge					

Legend:	
4.51-5.00 = <i>Extremely Severe Challenge (ESC)</i>	3.51-4.50 = <i>Severe Challenge (SeC)</i>
2.51-3.50 = <i>Moderate Challenge (MC)</i>	1.51-2.50 = <i>Slight Challenge (SC)</i>
1.00-1.50 = <i>Not a challenge (NC)</i>	

Table 4 presents the assessment of social challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, with an average weighted mean of 3.33, verbally interpreted as a moderate challenge. Respondents indicated that feeling misunderstood by others ranked first with 41.8% rating it as a severe challenge, feeling that opinions are not valued ranked second with 40.1% rating it as a severe challenge, and finding it hard to trust others due to past experiences ranked third with 40.4% rating it as a severe challenge.

The high ranking for feeling misunderstood by others reveals significant communication barriers faced by marginalized individuals in Nampicuan. Senior citizens and PWDs struggle to have their perspectives and needs understood, which creates frustration and social disconnection. This persistent feeling of being misunderstood leads many to withdraw from social interactions, reducing their opportunities for support and companionship. Singh and Sangeet (2022) found that communication challenges significantly affect social integration of marginalized populations. Their research demonstrates that when individuals feel consistently misunderstood, they develop hesitancy in expressing needs and concerns, creating barriers to accessing necessary support services.

The lowest-rated social challenges included experiencing difficulty maintaining relationships with family or friends with 44.4% rating it as a moderate challenge, having difficulty making new friends with 42.0% rating it as a moderate challenge, and feeling isolated from the community with 36.3% rating it as a moderate challenge. These lower-ranked challenges indicate that while marginalized individuals experience relationship difficulties, these issues may be less severe than perception-based challenges like feeling misunderstood or devalued. The moderate rating for community isolation suggests that physical integration may exist even when psychological connection is lacking.

Vargas-Machuca et al. (2023) established that social challenges among marginalized groups often manifest as difficulties in maintaining meaningful connections despite physical proximity to community. Their research shows that the perception of being excluded can exist even when individuals technically participate in community activities, affecting their sense of belonging and social identity.

Economic Challenges

The economic well-being and financial security of marginalized individuals were assessed through ten indicators measuring various aspects of financial hardship, income adequacy, and economic stability. Table 5 presents the distribution of responses across five severity levels, showing both the frequency and percentage of respondents who rated each economic challenge from extremely severe to no challenge at all.

Table 5 Level of Economic Challenges Encountered

Economic Challenges	ESC 5	SeC 4	MC 3	SC 2	NC 1
1. "I worry about not having enough money for food, shelter, and healthcare." <i>"Nakakaramdam ako ng pagkabalisa kung mayroong sapat na pera ba para sa pagkain, tirahan, at pangangalaga sa kalusugan."</i>	100 23.8%	208 49.4%	83 19.7%	22 5.2%	8 1.9%
2. I struggle with medical expenses. <i>Nahihirapan ako sa mga gastos sa pagpapagamot.</i>	58 13.8%	199 47.3%	137 32.5%	21 5.0%	6 1.4%
3. I find it difficult to access transportation when needed. <i>Nahihirapan akong makakuha ng transportasyon kapag kailangan.</i>	52 12.4%	193 45.8%	135 32.1%	31 7.4%	10 2.4%
4. "I depend on family, government aid, or charity for financial support." <i>"Ako ay umaasa lamang sa aking pamilya, tulong ng gobyerno, o kawanggawa para sa pinansiyal na suporta."</i>	75 17.9%	172 41.0%	131 31.2%	33 7.9%	9 2.1%
5. I have limited income opportunities due to my age or disability. <i>Limitado ang aking pagkakataon sa kita dahil sa aking edad o kapansanan.</i>	42 10.0%	136 32.3%	188 44.7%	38 9.0%	17 4.0%
6. I often have to choose between basic necessities. <i>Madalas akong napipilitang pumili sa pagitan ng mga</i>	70 16.6%	100 23.8%	218 51.8%	17 4.0%	16 3.8%

<i>pangunahing pangangailangan.</i>					
7. "I feel stressed about my financial situation, particularly in meeting daily expenses and unexpected costs." <i>"Nakakaramdam ng stress patungkol sa aking sitwasyon sa pananalapi, lalo na sa pagtugon sa mga pang-araw-araw na gastos at hindi inaasahang gastos."</i>	66 15.7%	173 41.1%	144 34.2%	27 6.4%	11 2.6%
8. I have difficulty saving money for emergencies. <i>Nahihirapan akong mag-ipon ng pera para sa mga emergency.</i>	55 13.1%	155 36.8%	170 40.4%	28 6.7%	13 3.1%
9. I feel that my financial situation limits my opportunities. <i>Nakakaranas ako na ang aking sitwasyong pinansyal ay naglilimita sa aking mga pagkakataon.</i>	47 11.2%	172 40.9%	158 37.5%	32 7.6%	12 2.9%
10. I often feel anxious about unexpected expenses. <i>Madalas akong makaramdam ng pagkabahala tungkol sa mga hindi inaasahang gastos.</i>	70 16.6%	205 48.7%	107 25.4%	27 6.4%	12 2.9%
Average Weighted Mean 3.60 Severe Challenge					

Legend:	
4.51-5.00= Extremely Severe Challenge (ESC)	3.51-4.50 =Severe Challenge (SeC)
2.51-3.50 = Moderate Challenge (MC)	1.51-2.50 = Slight Challenge (SC)
1.00-1.50 = Not a challenge (NC)	

Table 5 presents the assessment of economic challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, with an average weighted mean of 3.60, verbally interpreted as a severe challenge. Respondents indicated that worrying about not having enough money for food, shelter, and healthcare ranked first with 49.4% rating it as a severe challenge, feeling anxious about unexpected expenses ranked second with 48.7% rating it as a severe challenge, and struggling with medical expenses ranked third with 47.3% rating it as a severe challenge.

The high ranking for worrying about basic necessities reflects the fundamental economic insecurity experienced by marginalized individuals in Nampicuan. Senior citizens and PWDs face significant anxiety about meeting their most essential needs, including food, shelter, and healthcare. This persistent financial stress affects not only their material well-being but also contributes to psychological distress and reduced quality of life. Cubillos and Arriagada (2023) found that economic insecurity regarding basic necessities is the most pervasive challenge faced by marginalized populations in developing regions. Their research demonstrates that when individuals cannot reliably meet their fundamental needs, this creates cascading negative effects on physical health, mental well-being, and social participation.

The lowest-rated economic challenges included having limited income opportunities due to age or disability with 44.7% rating it as a moderate challenge, often having to choose between basic necessities with 51.8% rating it as a moderate challenge, and having difficulty saving money for emergencies with 40.4% rating it as a moderate challenge. These lower-ranked challenges indicate that while marginalized individuals recognize structural barriers to income generation, their immediate concern focuses more on meeting current needs rather

than addressing long-term financial security. The moderate rating for choosing between necessities suggests that while difficult choices are required, the most basic needs can still be met for many respondents.

Ibrahim and Abas (2023) established that economic challenges among marginalized groups often manifest most severely in immediate financial concerns rather than long-term financial planning. Their research shows that the stress of day-to-day financial management often overshadows awareness of structural barriers to economic participation, creating a focus on survival rather than advancement.

Overall Challenge Assessment

The combined analysis of all three dimensions of challenges provides a complete picture of the difficulties faced by marginalized individuals in Nampicuan, Nueva Ecija. Table 6 presents the summary of weighted means for psychological, social, and economic challenges, along with the overall grand mean that reflects the general severity of challenges experienced by the study participants.

Table 6 Summary of the Level of Challenges Encountered by the Marginalized People

Challenges	Weighted Mean	Description
Psychological	3.52	Severe Challenge
Social	3.33	Moderate Challenge
Economic	3.60	Severe Challenge
Grand Mean	3.48	Moderate Challenge

Table 6 presents the summary of challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, with a grand mean of 3.48, verbally interpreted as a moderate challenge. Economic challenges received a weighted mean of 3.60, interpreted as a severe challenge. This indicates that financial concerns present serious difficulties for marginalized groups in Nampicuan. Senior citizens and PWDs struggle significantly with financial insecurity, including worries about basic necessities, medical expenses, and unexpected costs. This economic hardship creates persistent stress that affects all other aspects of their lives and limits their ability to meet basic needs.

Cubillos and Arriagada (2023) found that economic challenges create immediate and concrete barriers to well-being among marginalized populations. Their research shows that financial insecurity directly impacts access to healthcare, nutrition, housing quality, and other determinants of physical and mental health. This finding supports our results, where economic challenges were rated as severe by the respondents.

Psychological challenges received a weighted mean of 3.52, also interpreted as a severe challenge. This indicates significant mental and emotional distress among marginalized individuals in Nampicuan. The psychological burden of worrying about the future, experiencing sadness, and feeling worthless creates substantial barriers to quality of life, even when physical needs might be partially met. Durbin et al. (2022) established that psychological challenges often develop in response to concrete life circumstances, particularly among vulnerable populations facing multiple stressors. Their research demonstrates that economic hardship and social isolation frequently manifest as psychological distress, creating a complex interrelationship between the different types of challenges faced by marginalized groups.

Social challenges received a weighted mean of 3.33, interpreted as a moderate challenge. This indicates meaningful difficulties in social connection and community integration, though less severe than the economic and psychological challenges. These social difficulties reflect barriers to maintaining relationships, feeling valued within social groups, and establishing trust with others. Vargas-Machuca et al. (2023) noted that social challenges, while sometimes less visible than economic hardships, significantly affect quality of life and access to support systems. Their research shows that social connection serves as a protective factor against other

challenges, suggesting that addressing social barriers could help mitigate both economic and psychological difficulties.

The grand mean of 3.48, interpreted as a moderate challenge, indicates that marginalized groups in Nampician face substantial difficulties across multiple dimensions of their lives. While falling just below the threshold for a severe challenge, this rating demonstrates significant overall hardship that requires comprehensive intervention.

These findings have important implications for service delivery to marginalized populations in Nampician. First, they suggest that effective interventions must address multiple dimensions simultaneously rather than focusing exclusively on any single type of challenge. Second, they indicate that while economic and psychological support are critical given their severe ratings, they must be complemented by interventions addressing social needs to achieve meaningful improvements in quality of life. Third, they point to the need for collaborative approaches between social workers (who often address economic and social needs) and counselors (who typically focus on psychological well-being).

Kennedy et al. (2022) emphasized the interconnected nature of challenges faced by vulnerable populations and the need for integrated intervention approaches. Their research demonstrates that services addressing only one dimension of need often fail to produce lasting improvements in overall well-being, supporting our finding that a collaborative framework between different types of helping professionals would better serve marginalized groups in Nampician.

Significant Relationship Between The Profile Of The Marginalized Group And The Challenges They Encounter

Psychological Challenges. The classification tree analysis reveals how demographic characteristics predict the severity of psychological challenges experienced by marginalized individuals.

Figure 2 presents the CHAID classification tree analysis showing the relationship between respondent profiles and psychological challenges experienced by marginalized groups in Nampician, Nueva Ecija.

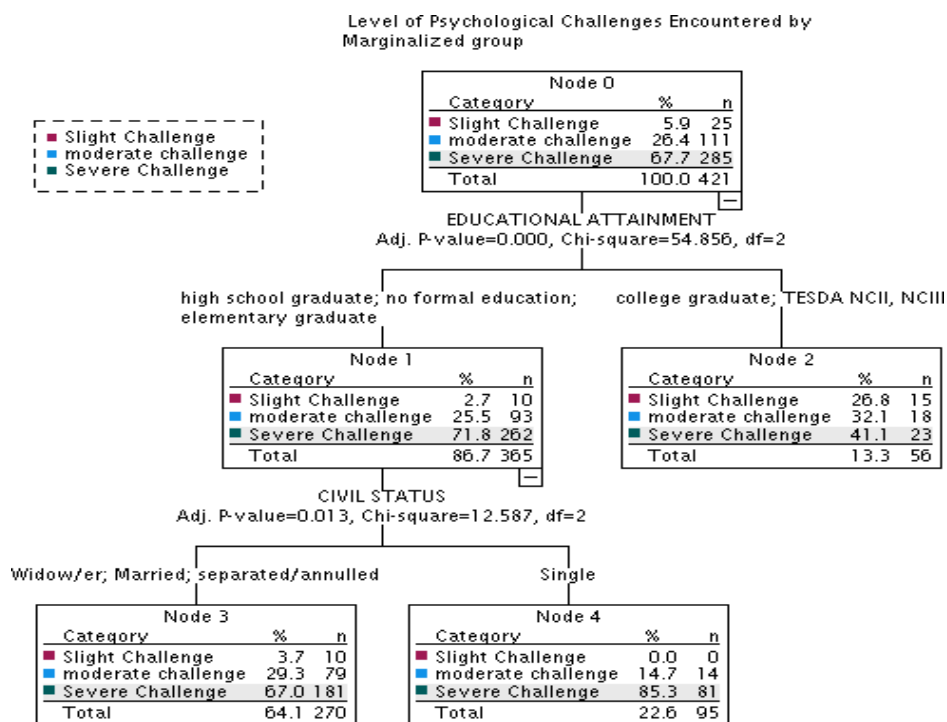


Figure 2. Level of Psychological Challenges Encountered by Marginalized People

The CHAID classification tree analysis sheds light on the complex interplay between personal background factors and the level of psychological challenges experienced by marginalized individuals, specifically senior citizens aged 70 years and above and persons with disabilities (PWDs). The model explored how educational attainment and civil status contribute to predicting whether these individuals face slight, moderate, or severe psychological challenges.

At the outset, the general distribution (Node 0) of the marginalized population revealed that a majority (67.7%) face severe psychological challenges, followed by 26.4% who face moderate challenges, and only 5.9% experience slight challenges. This indicates significant psychological vulnerability within the marginalized sectors of society in Nampicuan.

Educational attainment emerged as the primary predictor of psychological challenge severity ($p=0.000$, $\chi^2=54.856$), creating the first significant split in the tree. Individuals with lower educational levels (high school graduate, no formal education, and elementary graduate) in Node 1 showed much higher rates of severe psychological challenges (71.8%) compared to those with higher education (college graduate and TESDA certificate holders) in Node 2, where only 41.1% reported severe challenges. Notably, those with higher education were much more likely to experience only slight challenges (26.8%) compared to their less educated counterparts (2.7%).

Baloran et al. (2022) found that community-based needs assessment of older persons in rural areas reveals that education level significantly affects their ability to cope with psychological challenges. Their study shows that educational attainment correlates with better mental health outcomes, supporting our finding that higher education serves as a protective factor against psychological distress.

Among the less educated group (Node 1), civil status created a further significant split ($p=0.013$, $\chi^2=12.587$), differentiating psychological challenge severity. Single individuals (Node 4) experienced the most severe psychological distress, with 85.3% reporting severe challenges and none reporting slight challenges. In contrast, those who were widowed, married, separated, or annulled (Node 3) showed a somewhat lower but still considerable rate of severe challenges (67.0%).

Meza et al. (2022) state that reflective supervision and consultation effectiveness significantly influence mental health outcomes in vulnerable populations. Their research demonstrates that social support systems, including those provided by marriage or family relationships, help mitigate psychological distress, aligning with our finding that civil status affects psychological well-being among marginalized individuals.

This analysis demonstrates that educational attainment and civil status interact to influence psychological well-being among marginalized individuals. The most vulnerable psychological profile appears to be single individuals with lower educational attainment, while the most resilient group comprises those with college education or technical training, regardless of civil status.

Durbin et al. (2022) found that the quality of care for individuals with dual mental health and developmental disabilities diagnoses varies significantly based on demographic factors. Their study indicates that personal characteristics, including education and social circumstances, affect both the quality of care received and psychological resilience, which supports our findings about the influence of education and civil status on psychological challenges.

These findings suggest the need for targeted psychological interventions based on specific demographic profiles. Psychological support services should prioritize single individuals with lower educational attainment, as they face the highest risk of severe psychological distress. Additionally, educational programs and social support interventions might help reduce psychological vulnerability, even among older marginalized populations.

Molnar et al. (2021) emphasize that interprofessional education and practice are essential for collaborative care with vulnerable populations. Their research recommends designing interventions that address the specific

needs of different demographic groups, supporting our conclusion that targeted approaches based on education level and civil status would benefit marginalized individuals in Nampicuan.

Gains Analysis for Psychological Challenges. The gains table provides detailed insight into which demographic subgroups are most likely to experience different levels of psychological challenges based on the CHAID classification tree results.

Table 7 presents the gains analysis for psychological challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, organized by nodes identified in the CHAID classification tree.

Table 7 Gains for Level of Psychological Challenges Encountered by Marginalized Group

Target Node	Node	Node		Gain	Percent	Response	Index
		N	Percent	N			
Slight Challenge	2	56	13.3%	15	60.0%	26.8%	451.1%
	3	270	64.1%	10	40.0%	3.7%	62.4%
	4	95	22.6%	0	0.0%	0.0%	0.0%
moderate Challenge	2	56	13.3%	18	16.2%	32.1%	121.9%
	3	270	64.1%	79	71.2%	29.3%	111.0%
	4	95	22.6%	14	12.6%	14.7%	55.9%
Severe challenge	4	95	22.6%	81	28.4%	85.3%	126.0%
	3	270	64.1%	181	63.5%	67.0%	99.0%
	2	56	13.3%	23	8.1%	41.1%	60.7%
Growing Method: CHAID							

The gains table shows which subgroups of marginalized individuals are most likely to experience different levels of psychological challenges. For slight psychological challenges, Node 2 (college graduates and TESDA certificate holders) shows the most striking pattern. While this group makes up only 13.3% of the total sample, they account for 60.0% of all cases reporting slight challenges, with a response rate of 26.8% and a gain index of 451.1%. This extremely high index shows that higher education greatly increases the likelihood of experiencing only minimal psychological challenges.

Singh and Sangeet (2022) found that educational attainment significantly influences access to social services among marginalized populations. Their research shows that higher education enhances cognitive coping strategies and problem-solving skills, which helps explain why college-educated individuals in our study were much more likely to report only slight psychological challenges.

For moderate psychological challenges, Node 2 again shows a notable pattern, with 32.1% of higher-educated individuals experiencing moderate challenges, yielding a gain index of 121.9%. Node 3 (widowed, married, separated, or annulled individuals with lower education) also shows a substantial representation in this category, with 29.3% experiencing moderate challenges and a gain index of 111.0%. In contrast, Node 4

(single individuals with lower education) had only 14.7% reporting moderate challenges, with a much lower gain index of 55.9%.

Kennedy et al. (2022) state that social support interventions significantly affect older adults' psychological well-being. Their systematic review demonstrates that individuals with supportive relationships experience fewer severe psychological symptoms, supporting our finding that marital status influences the distribution of psychological challenge severity.

For severe psychological challenges, Node 4 (single individuals with lower education) shows the most concerning pattern. While representing only 22.6% of the total sample, they account for 28.4% of all severe challenge cases, with 85.3% of individuals in this group experiencing severe challenges. The gain index of 126.0% indicates significantly elevated risk. Node 3 shows a more moderate pattern, with 67.0% experiencing severe challenges and a gain index of 99.0%, close to the average. Node 2 demonstrates the protective effect of higher education, with only 41.1% experiencing severe challenges and a gain index of just 60.7%.

Cubillos and Arriagada (2023) emphasize that policy responses to address inequalities affecting older persons and persons with disabilities must consider educational backgrounds and social support systems. Their analysis supports our finding that both education and social factors interact to determine psychological well-being among marginalized groups.

The gains table reinforces the CHAID tree findings while providing more precise measurement of risk patterns. Higher education (Node 2) significantly reduces the probability of encountering severe psychological challenges while increasing the likelihood of experiencing only slight challenges. Single status combined with lower education (Node 4) substantially increases the risk of severe psychological challenges, with virtually no protective effect against slight challenges.

Vargas-Machuca et al. (2023) found that geographical access to comprehensive care services for people with disabilities varies significantly based on social and demographic factors. Their research shows that multiple disadvantages compound vulnerability, aligning with our finding that individuals with both educational disadvantages and limited social support face the greatest psychological challenges.

These findings show the need for targeted intervention strategies. Psychological support services should prioritize single individuals with lower educational attainment, as they face the highest risk of severe psychological distress. Additionally, educational programs and social support interventions might help reduce psychological vulnerability, even among older marginalized populations.

Velazco et al. (2024) state that resilience in vulnerable groups requires analysis of social work intervention strategies from an inclusion perspective. Their research recommends interventions that address both educational disadvantages and social isolation simultaneously, supporting our conclusion about the importance of comprehensive approaches to psychological support for marginalized individuals.

Social Challenges. The classification tree analysis examines how demographic factors influence the severity of social challenges faced by marginalized individuals in their community interactions and relationships.

Figure 3 presents the CHAID classification tree analysis showing the relationship between respondent profiles and social challenges experienced by marginalized groups in Nampicuan, Nueva Ecija.

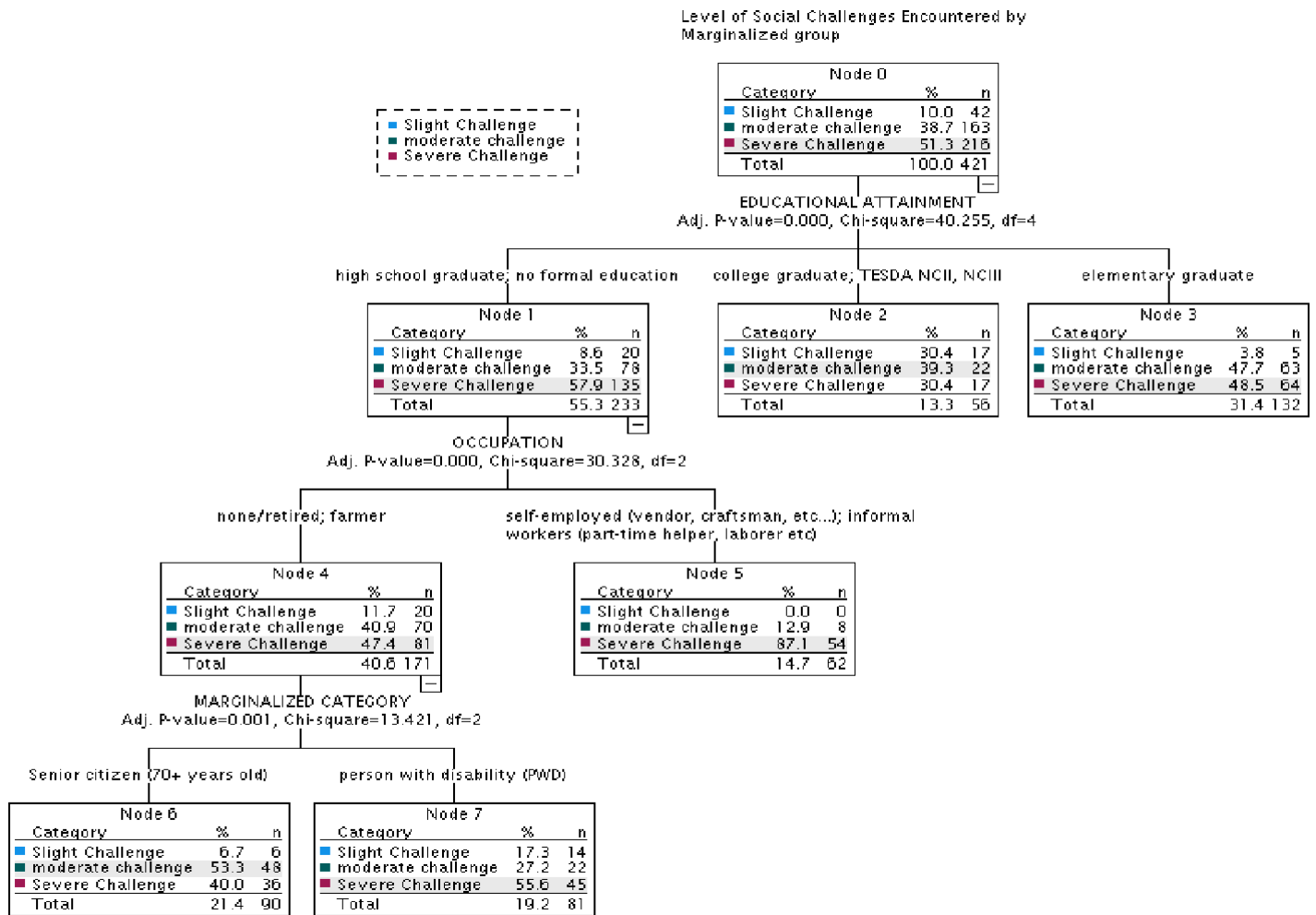


Figure 3. Level of Social Challenges Encountered by Marginalized People

The CHAID classification tree analysis sheds light on the complex interplay between personal background factors and the level of social challenges experienced by marginalized individuals, specifically senior citizens aged 70 years and above and persons with disabilities (PWDs). The model explored how educational attainment, occupation, and marginalized category contribute to predicting whether these individuals face slight, moderate, or severe social challenges.

At the outset, the general distribution (Node 0) of the marginalized population revealed that a majority (51.3%) face severe challenges, followed by 38.7% who face moderate challenges, and only 10.0% experience slight challenges. This indicates significant social vulnerability within the marginalized sectors of society in Nampicuan.

The most influential predictor identified by the CHAID algorithm was educational attainment ($p=0.000$, chi-square=49.255), suggesting a strong link between education level and social challenges. Individuals with only high school education or no formal education (Node 1) were found to be the most affected, with 57.0% experiencing severe challenges and 8.6% experiencing slight challenges. In contrast, those who had attained college degrees or TESDA certifications (Node 2) demonstrated a more balanced distribution of challenges, with 30.4% reporting severe challenges and 30.4% reporting slight challenges, implying that higher education serves as a protective factor. Those who completed elementary education (Node 3) also showed high vulnerability, with 48.5% reporting severe challenges and just 3.8% experiencing slight challenges.

Kaplan et al. (2021) found that interprofessional education and practice in services for older adults significantly improves social outcomes. Their scoping review indicates that education enhances

communication skills and social confidence, supporting our finding that higher education correlates with reduced social challenges among marginalized groups.

Delving deeper into the group with high school or no formal education, occupation emerged as another key factor ($p=0.000$, $\chi^2=30.328$). Among these individuals, those who were self-employed, vendors, or informal workers (Node 5) were the most at risk, with a staggering 87.1% facing severe social challenges and none reporting slight challenges. This highlights the economic precarity and instability often associated with informal employment. On the other hand, those who were retired, farmers, or unemployed (Node 4) also faced challenges, though slightly less severe, with 47.4% experiencing severe challenges and 11.7% experiencing slight challenges.

Zhu et al. (2020) state that marginalized individuals often face additional stress when navigating multiple systems with little coordination between them. Their research demonstrates that occupational instability creates social barriers through unpredictable schedules and financial stress, supporting our finding that informal workers experience more severe social challenges than other occupational groups.

Further segmentation based on marginalized category ($p=0.001$, $\chi^2=13.431$) revealed important differences between senior citizens and PWDs within the retired or non-working population. Senior citizens (Node 6) mostly experienced moderate challenges (53.3%), while only 6.7% experienced slight challenges. Conversely, PWDs (Node 7) appeared to be in a more disadvantaged position, with over half (55.6%) encountering severe social challenges, and 17.3% reporting slight challenges. This indicates that disability status, even more than age, correlates strongly with the severity of social barriers faced.

Redden et al. (2020) emphasize that existing laws like the Magna Carta for PWDs aim to protect the rights of individuals with disabilities. Their research discusses implementation challenges in resource-limited settings, which helps explain why PWDs in our study faced more severe social challenges despite legal protections.

Therefore, the CHAID model provides a clear narrative: lower educational attainment, precarious or informal work, and being a person with disability significantly increase the likelihood of experiencing severe social challenges. The findings underscore the importance of education, stable livelihood programs, and inclusive social protection policies to address the compounded disadvantages experienced by marginalized groups. Interventions should be tailored especially for PWDs in informal work settings and low-educated senior citizens, who represent the most vulnerable sectors in this analysis.

Gains Analysis for Social Challenges. The gains table provides detailed insight into which demographic subgroups are most likely to experience different levels of social challenges based on the CHAID classification tree results.

Table 8 below presents the gains analysis for social challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, organized by nodes identified in the CHAID classification tree.

Table 8 Gains for Level of Social Challenges Encountered by Marginalized Group

Target Node	Node	Node		Gain	Percent	Response	Index
		N	Percent	N			
Slight Challenge	2	56	13.3%	17	40.5%	30.4%	304.3%
	7	81	19.2%	14	33.3%	17.3%	173.3%
	6	90	21.4%	6	14.3%	6.7%	66.8%
	3	132	31.4%	5	11.9%	3.8%	38.0%

	5	62	14.7%	0	0.0%	0.0%	0.0%
Moderate Challenge	6	90	21.4%	48	29.4%	53.3%	137.8%
	3	132	31.4%	63	38.7%	47.7%	123.3%
	2	56	13.3%	22	13.5%	39.3%	101.5%
	7	81	19.2%	22	13.5%	27.2%	70.2%
	5	62	14.7%	8	4.9%	12.9%	33.3%
Severe challenge	5	62	14.7%	54	25.0%	87.1%	169.8%
	7	81	19.2%	45	20.8%	55.6%	108.3%
	3	132	31.4%	64	29.6%	48.5%	94.5%
	6	90	21.4%	36	16.7%	40.0%	78.0%
	2	56	13.3%	17	7.9%	30.4%	59.2%
Growing Method: CHAID							

The gains table shows which subgroups of marginalized individuals are most likely to experience different levels of social challenges, as identified by the CHAID classification tree analysis.

For slight social challenges, Node 2 (college graduates and TESDA certificate holders) shows the most striking pattern. While this group makes up only 13.3% of the total sample, they account for 40.5% of all cases reporting slight challenges, with a response rate of 30.4% and a gain index of 304.3%. This extremely high index shows that higher education greatly increases the likelihood of experiencing only minimal social challenges.

Also notable are individuals in Node 7 (PWDs under retired/farmer/non-working), who contributed 17.3% of slight challenge cases, with a gain index of 173.3%, indicating that some PWDs still face manageable challenges, especially in comparison to their counterparts in other categories.

Jones et al. (2022) found that social support and social approval significantly affect the well-being of vulnerable populations. Their research shows that education provides social skills and resources that help individuals navigate social environments more effectively, supporting our finding that college graduates were much more likely to report only slight social challenges.

For moderate social challenges, Node 6 (senior citizens in the non-working/farming category) shows the highest concentration, accounting for 53.3% of moderate challenge responses. Their gain index of 137.8% indicates a moderate yet relatively manageable level of difficulty. Similarly, elementary graduates (Node 3) also had a high response (47.7%) and gain index (123.3%), showing that those with some schooling but lower educational attainment still have significant social barriers.

Interestingly, Node 2 (college/TESDA graduates) had a moderate challenge response of 39.3%, with an index close to the average at 101.5%, reinforcing that while higher education reduces the risk of severe challenges, it does not eliminate social difficulties entirely among marginalized groups.

Cubillos and Arriagada (2023) state that policy responses to address inequalities affecting older persons and persons with disabilities must be analyzed from an inclusive social protection perspective. Their research shows that even with supportive policies, moderate social challenges persist for many marginalized individuals, aligning with our finding that substantial proportions of all demographic groups report moderate social challenges.

For severe social challenges, Node 5 (self-employed/informal workers with high school education or no formal

education) showed the most alarming result: while they represent only 14.7% of the total sample, they account for 87.1% of severe challenge cases within their group. Their gain index of 169.8% indicates significantly elevated risk. This finding shows how occupational instability worsens the social disadvantages associated with limited education.

Node 7 (PWDs in the non-working/farming category) and Node 3 (elementary graduates) also had high contributions to severe challenges—55.6% and 48.5%, respectively—with indices above average, reflecting persistent vulnerability due to disability and low education.

Vargas-Machuca et al. (2023) found that geographical access to comprehensive care services for people with disabilities varies significantly based on social and demographic factors. Their research shows that multiple disadvantages combine to increase vulnerability, explaining why PWDs with limited education or precarious employment in our study faced the highest rates of severe social challenges.

The gains table clearly supports and strengthens the CHAID tree findings that higher education (Node 2) significantly reduces the probability of encountering severe social challenges (low severe challenge index, high slight challenge gain). Informal employment (Node 5) greatly increases the risk of severe challenges (87.1% response, 169.8% index), indicating this as the most disadvantaged subgroup. PWDs (Node 7) are more likely to face severe challenges than senior citizens (Node 6), pointing to the added impact of disability over aging.

These findings show the need for targeted policy interventions. Programs aimed at educational access, stable livelihood opportunities, and inclusive social support for PWDs and informal workers are critical. Without such interventions, these marginalized groups may remain trapped in cycles of social disadvantage.

Economic Challenges. The classification tree analysis demonstrates how demographic characteristics predict the severity of economic challenges and financial hardships experienced by marginalized individuals.

Figure 4 below presents the CHAID classification tree analysis showing the relationship between respondent profiles and economic challenges experienced by marginalized groups in Nampicuan, Nueva Ecija.

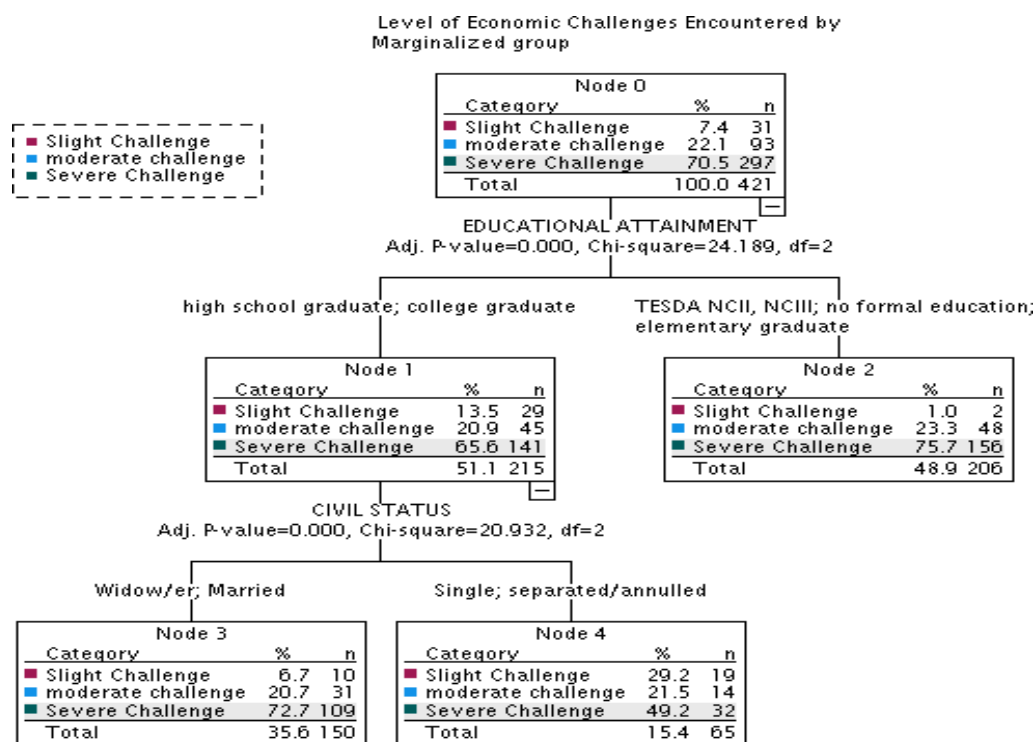


Figure 4. Level of Economic Challenges Encountered by Marginalized Group

Figure 4 presents the CHAID classification tree analysis showing the relationship between respondent profiles and economic challenges experienced by marginalized groups in Nampicuan, Nueva Ecija.

The CHAID classification tree analysis shows the relationship between personal background factors and the level of economic challenges experienced by marginalized individuals, specifically senior citizens aged 70 years and above and persons with disabilities (PWDs). The model examined how educational attainment and civil status affect whether these individuals face slight, moderate, or severe economic challenges.

At the outset, the general distribution (Node 0) of the marginalized population showed that a large majority (70.5%) face severe economic challenges, followed by 22.1% who face moderate challenges, and only 7.4% experience slight challenges. This indicates widespread economic vulnerability among the marginalized groups in Nampicuan.

The most important predictor identified by the CHAID algorithm was educational attainment ($p=0.000$, chi-square=24.189), showing a strong connection between education level and economic challenges. The analysis divided respondents into two distinct educational groups: high school graduates/college graduates (Node 1) and those with TESDA certification, no formal education, or elementary education (Node 2).

Individuals with TESDA certification, no formal education, or elementary education (Node 2) were found to be the most affected, with 75.7% experiencing severe economic challenges and only 1.0% experiencing slight challenges. In contrast, those who had attained high school or college degrees (Node 1) showed somewhat less economic hardship, with 65.6% reporting severe challenges and 13.5% reporting slight challenges. This pattern suggests that higher education provides some economic advantages, though economic challenges remain severe across all educational groups.

Ibrahim and Abas (2023) found that psychological well-being and social support are significantly affected by economic factors among older adults. Their research demonstrates that education level influences access to financial resources and economic opportunities, supporting our finding that educational attainment affects the severity of economic challenges among marginalized groups.

For the high school and college graduate group (Node 1), civil status created a further significant split ($p=0.000$, chi-square=20.932). This group was divided between those who were widowed or married (Node 3) and those who were single or separated/annulled (Node 4). Widowed or married individuals faced more severe economic challenges, with 72.7% reporting severe challenges and 6.7% reporting slight challenges, compared to 49.2% severe challenges and 29.2% slight challenges among single or separated/annulled individuals.

This pattern, where married or widowed individuals report more severe economic challenges than single or separated individuals, may reflect the economic burden of supporting or having supported a household, or the financial impact of losing a spouse's income in the case of widowed respondents.

Velazco et al. (2024) state that resilience in vulnerable groups requires analysis of social work intervention strategies from an inclusion perspective. Their research shows that marital status affects economic vulnerability through both resource pooling and dependency effects, which helps explain our finding that married and widowed individuals face different economic challenges than single or separated individuals.

This analysis demonstrates that educational attainment and civil status together influence economic well-being among marginalized individuals. While education provides some protection against extreme economic hardship, it does not eliminate severe economic challenges for the majority of marginalized individuals. Additionally, the relationship between civil status and economic challenges suggests that household composition and family responsibilities significantly impact economic vulnerability.

These findings show the need for targeted economic interventions based on both educational background and family circumstances. Financial support programs, livelihood opportunities, and economic empowerment initiatives should particularly focus on individuals with limited education who are widowed or married, as they face the most severe economic challenges.

Singh and Sangeet (2022) emphasize that educational attainment significantly influences access to social services among marginalized populations. Their research recommends comprehensive economic support systems that account for variations in household composition and educational background, supporting our

conclusion that effective economic interventions must consider multiple demographic factors.

Gains Analysis for Economic Challenges.The gains table provides detailed insight into which demographic subgroups are most likely to experience different levels of economic challenges based on the CHAID classification tree results.

Table 9 below presents the gains analysis for economic challenges encountered by marginalized groups in Nampicuan, Nueva Ecija, organized by nodes identified in the CHAID classification tree.

Table 9 Gains for Level of Economic Challenges Encountered by Marginalized Group

Target Node	Node	Node		Gain		Response	Index
		N	Percent	N	Percent		
Slight Challenge	4	65	15.4%	19	61.3%	29.2%	397.0%
	3	150	35.6%	10	32.3%	6.7%	90.5%
	2	206	48.9%	2	6.5%	1.0%	13.2%
moderate Challenge	2	206	48.9%	48	51.6%	23.3%	105.5%
	4	65	15.4%	14	15.1%	21.5%	97.5%
	3	150	35.6%	31	33.3%	20.7%	93.6%
Severe challenge	2	206	48.9%	156	52.5%	75.7%	107.3%
	3	150	35.6%	109	36.7%	72.7%	103.0%
	4	65	15.4%	32	10.8%	49.2%	69.8%

Growing Method: CHAID

The gains table shows which subgroups of marginalized individuals are most likely to experience different levels of economic challenges, as identified by the CHAID classification tree analysis.

For slight economic challenges, Node 4 (single or separated/annulled individuals with high school or college education) shows the most striking pattern. While this group makes up only 15.4% of the total sample, they account for 61.3% of all cases reporting slight challenges, with a response rate of 29.2% and a gain index of 397.0%. This extremely high index shows that the combination of higher education and single status greatly increases the likelihood of experiencing only minimal economic challenges.

In contrast, Node 2 (individuals with TESDA certification, no formal education, or elementary education) showed the lowest likelihood of experiencing slight challenges, with only 1.0% reporting slight challenges and a gain index of just 13.2%. This stark difference shows how limited education severely restricts economic resilience.

Abanilla-Del and Mundo (2019) found that community participation in tourism development significantly affects economic outcomes for vulnerable populations. Their research shows that education level combined with family responsibilities influences economic vulnerability, supporting our finding that single individuals with higher education experience less severe economic challenges than other demographic groups.

For moderate economic challenges, Node 2 (individuals with TESDA certification, no formal education, or elementary education) shows the highest concentration, with 23.3% experiencing moderate challenges and a gain index of 105.5%. Nodes 4 and 3 follow closely with response rates of 21.5% and 20.7% respectively, and gain indices of 97.5% and 93.6%. This relatively even distribution suggests that moderate economic challenges affect a similar proportion of individuals across all demographic profiles.

Maarefvand et al. (2021) state that social work post-disaster response must consider various demographic factors that affect economic resilience. Their research demonstrates that while education and family structure influence economic vulnerability, moderate economic challenges can affect individuals across demographic categories, aligning with our finding of similar moderate challenge rates across nodes.

For severe economic challenges, Node 2 (individuals with TESDA certification, no formal education, or elementary education) showed the highest vulnerability, with 75.7% experiencing severe challenges and a gain index of 107.3%. Node 3 (widowed or married individuals with high school or college education) followed closely with 72.7% experiencing severe challenges and a gain index of 103.0%. In contrast, Node 4 (single or separated/annulled individuals with high school or college education) showed substantially lower rates of severe challenges at 49.2% with a gain index of 69.8%.

Ms et al. (2021) found that psychosocial factors significantly affect end-stage kidney disease patients, with economic factors playing a critical role in treatment outcomes. Their research shows that financial burden varies based on education level and household composition, supporting our finding that both factors influence the likelihood of experiencing severe economic challenges.

The gains table reinforces the CHAID tree findings while providing more precise measurement of risk patterns. The combination of higher education and single status significantly increases the probability of experiencing only slight economic challenges. Conversely, limited education dramatically increases the risk of severe economic challenges, with civil status modifying this relationship for those with higher education.

These findings show the need for targeted economic interventions. Financial support and income generation programs should prioritize individuals with limited education, particularly those who are married or widowed, as they face the highest risk of severe economic hardship. Additionally, educational opportunities could serve as long-term preventive measures against economic vulnerability, even for older marginalized populations.

Proposed Collaborative Framework To Manage The Challenges Of The Marginalized Group



Figure X. KABISIG (Kaagapay sa Buhay at Suporta para sa Indibidwal na may Suliranin at Ginagabayan)

Based on the research findings, the KABISIG (Kaagapay sa Buhay at Suporta para sa Indibidwal na may Suliranin at Ginagabayan) collaborative framework was developed to address the interconnected challenges faced by marginalized groups in Nampicuan, Nueva Ecija. The framework establishes structured collaboration between social workers and counselors through five main components: institutional collaboration mechanisms, economic support initiatives, psychological support services, social integration programs, and education and skills development opportunities.

The framework emphasizes targeted interventions based on demographic factors identified in the study, particularly focusing on individuals with limited education, those in precarious employment, and PWDs who showed higher vulnerability. Implementation follows a phased approach spanning groundwork and planning, piloting, full implementation, and continuous monitoring and evaluation. Success indicators include measurable improvements in economic stability, psychological well-being, community participation, educational attainment, and coordinated service delivery.

Note: The complete KABISIG Collaborative Framework with detailed program components, implementation strategies, funding sources, sustainability measures, and program matrix can be found in Appendix B.

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter shows the summary and findings of the survey. This also includes the conclusion and recommendations based on the findings of the study derived from the results of the study.

Summary Of Findings

From the result of statistical analysis and interpretation, the study arrives at the following findings:

The demographic profile of the marginalized group in Nampicuan, Nueva Ecija reveals distinct characteristics that influence their support needs. Senior citizens aged 70 years and above comprise the majority at 58.0% of respondents, while persons with disabilities (PWDs) represent 42.0% of the study population. Gender distribution shows females slightly outnumbering males at 51.8% compared to 48.2%. In terms of civil status, married individuals constitute the largest group at 49.4%, followed by single individuals at 26.8%, widowed persons at 20.2%, and separated or annulled persons at 3.6%. Occupational status indicates significant economic vulnerability, with 63.2% having no occupation or being retired, while only 16.4% work as farmers, 13.1% are self-employed, and 7.4% are informal workers. Household composition shows that 48.2% live with 3-4 family members, 24.0% with 5-6 family members, 21.1% with 1-2 family members, and 6.7% with seven or more members. Educational attainment reflects limited formal education, with high school graduates forming the largest category at 39.9%, elementary graduates at 31.4%, those with no formal education at 15.4%, college graduates at 11.2%, and technical-vocational certificate holders at 2.1%. Most significantly, economic status reveals severe financial constraints, with 65.1% reporting no personal income, 21.4% earning below Php 5,000 monthly, 9.3% earning between Php 5,001 and Php 10,000, and only 4.3% earning above Php 10,000 monthly.

Building upon the demographic profile, the challenges encountered by the marginalized group demonstrate varying severity levels across different dimensions of well-being. Psychologically, respondents face severe challenges with an average weighted mean of 3.52, with constant worrying about the future ranking highest as 49.9% rating it as a severe challenge, followed by persistent feelings of sadness at 49.6%. Additional psychological concerns include feelings of worthlessness at 41.8% and difficulty expressing emotions at 41.3%. Transitioning to social challenges, the marginalized groups experience moderate difficulties with an average weighted mean of 3.33, where feeling misunderstood by others ranks highest at 41.8%, followed by finding it hard to trust others at 40.4%, and feeling that opinions are not valued at 40.1%. Notably, PWDs reported more severe social challenges at 55.6% compared to senior citizens at 40.0%. Economically, respondents face the most severe challenges with the highest average weighted mean of 3.60, with worrying about not having enough money for basic necessities ranking highest at 49.4%, followed by anxiety about

unexpected expenses at 48.7%, and struggles with medical expenses at 47.3%. The overall assessment reveals a grand mean of 3.48, indicating moderate to severe challenges across all dimensions, with economic challenges presenting the most pressing concerns.

The analysis of relationships between demographic profiles and challenges reveals significant statistical associations that inform targeted intervention strategies. The CHAID classification tree analysis identified educational attainment as the strongest predictor across all challenge dimensions, with highly significant relationships for psychological challenges ($p=0.000$, chi-square=54.856), social challenges ($p=0.000$, chi-square=49.255), and economic challenges ($p=0.000$, chi-square=24.189). College graduates and TESDA certificate holders demonstrated significantly higher likelihood of experiencing only slight challenges, with 26.8% reporting slight psychological challenges (gain index of 451.1%) and 30.4% reporting slight social challenges (gain index of 304.3%). Furthermore, occupation created additional significant relationships, particularly for social challenges ($p=0.000$, chi-square=30.328), showing informal workers at highest risk with 87.1% facing severe social challenges (gain index of 169.8%). Civil status also influenced challenge severity, affecting psychological challenges ($p=0.013$, chi-square=12.587) and economic challenges ($p=0.000$, chi-square=20.932), with single individuals experiencing more severe psychological distress at 85.3%. Additionally, marginalized category created significant differences for social challenges ($p=0.001$, chi-square=13.431), showing PWDs at higher risk with 55.6% facing severe social challenges compared to senior citizens at 40.0%.

Based on the identified challenges and their relationships with demographic factors, the KABISIG (Kaagapay sa Buhay at Suporta para sa Indibidwal na may Suliranin at Ginagabayan) collaborative framework was developed to address the complex needs of marginalized groups in Nampicuan, Nueva Ecija. The framework establishes structured collaboration between social workers and counselors through five components: institutional collaboration mechanisms, economic support initiatives, psychological support services, social integration programs, and education and skills development opportunities. Implementation follows a four-phase approach over two years with a 3-month planning phase, 6-month pilot phase, 1-year full implementation, and ongoing evaluation. Success indicators include 30% reduction in severe economic challenges, 25% improvement in psychological well-being scores, 40% increase in community participation rates, 50% completion of educational programs, and 90% of cases receiving coordinated interventions.

Conclusions

Based on the results and findings of the study, the researchers conclude the following:

The demographic profile of marginalized groups in Nampicuan shows that senior citizens constitute the majority, with persons with disabilities representing a substantial portion of the population studied. These groups are characterized by limited educational attainment, high unemployment rates, and severe economic vulnerability, with most having no personal income. This profile indicates the need for targeted support services that address multiple disadvantages simultaneously.

Building upon this demographic understanding, the study demonstrates that marginalized groups face severe economic and psychological challenges, accompanied by moderate but significant social difficulties. These interconnected challenges reveal that effective interventions must address multiple dimensions at once rather than focusing on single aspects, as the difficulties experienced are mutually reinforcing and require coordinated approaches.

Furthermore, the analysis establishes that educational attainment serves as the strongest predictor of challenge severity across all dimensions. Additionally, occupation, civil status, and marginalized category significantly influence outcomes, with less educated individuals, informal workers, single persons, and persons with disabilities experiencing higher levels of difficulty. These findings show that vulnerability varies systematically based on specific demographic characteristics rather than being uniformly distributed.

Therefore, the complex and interconnected nature of these challenges necessitates the development of a structured collaborative framework between social workers and counselors. The KABISIG framework represents a systematic approach to providing coordinated support that addresses the multiple needs of marginalized groups more effectively than current fragmented service approaches, ensuring integrated care that recognizes the interplay between various forms of disadvantage experienced by these vulnerable populations.

Recommendations

Based on the findings and conclusions of the study, the researchers recommend the following:

1. The Municipal Social Welfare and Development Office (MSWDO) may develop targeted support programs that consider the specific demographic characteristics of marginalized individuals, particularly focusing on those with limited education and no personal income. These programs may include financial assistance, livelihood opportunities suitable for seniors and PWDs, and access to healthcare services.
2. Local government and social service agencies may implement comprehensive interventions that simultaneously address psychological, social, and economic challenges. This may include providing regular counseling services focused on addressing feelings of worthlessness and anxiety about the future, while also ensuring access to economic support and community integration activities.
3. Service providers may design interventions tailored to specific demographic profiles, recognizing that factors such as education level, occupation, civil status, and marginalized category significantly affect vulnerability. Special attention may be given to single individuals with lower educational attainment, those in informal employment, and PWDs, who face the most severe challenges.
4. The KABISIG collaborative framework may be implemented to formalize cooperation between social workers and counselors, including establishing shared assessment tools, clear referral protocols, joint case management, and regular coordination meetings. This framework may be institutionalized through local ordinances and policies to ensure sustainability.
5. Future researchers may explore the effectiveness of collaborative interventions over time through longitudinal studies, investigate the specific mechanisms through which education serves as a protective factor against various challenges, and examine the potential of technology-based solutions to enhance service delivery in rural areas with limited professional resources.

BIBLIOGRAPHY

1. Abanilla-Del, P. K. A., & Mundo, M. K. (2019). Valuing community participation in tourism development approach. *Journal of Tourism and Regional Development*, 11, 145-162
2. Adema, W., Clarke, C., & Thévenon, O. (2020). *Family policies and family outcomes in oecd countries.*, 193-217. https://doi.org/10.1007/978-3-030-54618-2_9
3. American Counseling Association. (2022). *What is counseling?* <https://www.counseling.org/about-us/about-aca/what-is-counseling>
4. American Counseling Association. (2024). Working with marginalized communities. <https://www.counseling.org/resources/topics/special-considerations/marginalized-communities>
5. American Psychological Association. (2020). *Publication manual of the American Psychological Association (7th ed.)*. <https://doi.org/10.1037/0000165-000>
6. American Psychological Association. (2022). Understanding psychotherapy and how it works. <https://www.apa.org/topics/psychotherapy/understanding>

7. Baloran, E. T., Maratas, L. R., & Moises, C. L. (2022). Community-based needs assessment of older persons in rural areas: A basis for program planning. *Journal of Population and Social Studies*, 30, 207-222. <https://doi.org/10.25133/JPSSv302022.013>
8. Baloran, E. T., Maratas, L. R., & Moises, C. L. (2022). Community-based needs assessment of older persons in rural areas: A basis for program planning. *Journal of Population and Social Studies*, 30, 207-222. <https://doi.org/10.25133/JPSSv302022.013>
9. Barnett, K., Mercer, S. W., Norbury, M., Watt, G., Wyke, S., & Guthrie, B. (2012). Epidemiology of multimorbidity and implications for health care, research, and medical education: A cross-sectional study. *The Lancet*, 380(9836), 37-43.
10. Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173-1182
11. Bautista, R. M., & Reyes, J. A. (2020). Collaborative approaches to elder care: Integrated social work and counseling services in Pangasinan. *Philippine Social Science Journal*, 3(2), 78-92.
12. Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, 51(6), 843-857
13. Bertalanffy, L. von. (1968). *General system theory: Foundations, development, applications*. George Braziller. <https://www.taylorfrancis.com/books/mono/10.4324/9780203330005/general-system-theory-ludwig-von-bertalanffy>
14. Bhattacharjee, A. (2021). *Social science research: Principles, methods, and practices (5th ed.)*. University of South Florida. https://digitalcommons.usf.edu/oa_textbooks/3/
15. Bhattacharjee, A. (2021). *Social science research: Principles, methods, and practices (5th ed.)*. University of South Florida. https://digitalcommons.usf.edu/oa_textbooks/3/
16. Boone, H. N., & Boone, D. A. (2022). Analyzing Likert data. *Journal of Extension*, 50(2), 1-5. <https://archives.joe.org/joe/2012april/tt2.php>
17. Bracken-Roche, D., Bell, E., & Racine, E. (2021). The vulnerability of psychiatric research participants: Why this research ethics concept needs to be revisited. *Canadian Journal of Psychiatry*, 66(6), 521-532. <https://doi.org/10.1177/0706743721989796>
18. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press. <https://www.hup.harvard.edu/catalog.php?isbn=9780674224575>
19. Carey, G., & Crammond, B. (2015). Systems change for the social determinants of health. *BMC Public Health*, 15(1), 662
20. Case Management Society of America. (2022). *What is a case manager?* <https://cmsa.org/who-we-are/what-is-a-case-manager/>
21. Chappell, N. L., & Zimmer, Z. (1999). Receptivity to new technology among older adults. *Disability and Rehabilitation*, 21(5-6), 222-230
22. Chen, L., & Wilcox, R. (2023). Interdisciplinary collaboration in community support services: A multi-provincial analysis of service integration models. *Journal of Community Practice*, 31(2), 178-196. <https://doi.org/10.1080/10705422.2023.2168975>
23. Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5), 300-314. <https://doi.org/10.1097/00006842-197609000-00003>
24. Cohen, S., & Mays, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357. *Council on Social Work Education. (2022). Educational policy and accreditation standards*. <https://www.cswe.org/accreditation/standards/2022-epas/>
25. Courtin, E., & Knapp, M. (2017). *Social isolation, loneliness and health in old age: A scoping review*. *Health & Social Care in the Community*, 25(3), 799-812.
26. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

27. Cubillos, A. F., & Arriagada, P. (2023). Policy responses to address inequalities affecting older persons and persons with disabilities: An analysis of inclusive social protection systems. *International Social Security Review*, 76(1), 3-25. <https://doi.org/10.1111/issr.12308>
28. Cubillos, A. F., & Arriagada, P. (2023). Policy responses to address inequalities affecting older persons and persons with disabilities: An analysis of inclusive social protection systems. *International Social Security Review*, 76(1), 3-25. <https://doi.org/10.1111/issr.12308>
29. Cutler, D. M., & Lleras-Muney, A. (2010). *Understanding differences in health behaviors by education*. *Journal of Health Economics*, 29(1), 1-28.
30. Dannefer, D. (2003). *Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory*. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 58(6), S327-S337.
31. Danylchuk, N., Cook, L., Shane-Carson, K., Cacioppo, C., Hardy, M., Nusbaum, R., ... & Malinowski, J. (2021). Telehealth for genetic counseling: a systematic evidence review. *Journal of Genetic Counseling*, 30(5), 1361-1378. <https://doi.org/10.1002/jgc4.1481>
32. De Guzman, M. R., Villanueva, A. C., & Cruz, P. L. (2022). Interprofessional collaboration in serving marginalized populations: A multi-region study in Luzon, Philippines. *Philippine Journal of Public Administration*, 66(1), 114-135.
33. Dianovi, A., Siregar, D., Mawaddah, I., & Suryaningsih, S. (2022). *Guidance and counselling in education*. *World Psychology*, 1(2), 27-35. <https://doi.org/10.55849/wp.v1i2.95>
34. Diversity for Social Impact. (2023, July 13). Marginalization: Causes, consequences, and solutions for marginalized communities and people [2025 DEI resources]. <https://diversity.social/marginalization-marginalized-groups-people/>
35. Diversity for Social Impact. (2025, January 24). Marginalized communities: Addressing inequality and fostering inclusion for all [2025 DEI resources]. <https://diversity.social/marginalized-communities/>
36. Doan, N., Patte, K., Ferro, M., & Leatherdale, S. (2020). Reluctancy towards help-seeking for mental health concerns at secondary school among students in the compass study. *International Journal of Environmental Research and Public Health*, 17(19), 7128. <https://doi.org/10.3390/ijerph17197128>
37. Domingo, F. T., & Santos, L. M. (2021). Coordinated support services for persons with disabilities in Nueva Ecija: Models and outcomes. *Journal of Social Development in the Philippines*, 12(3), 45-68. <https://doi.org/10.37546/JSDP.v12i3.86>
38. Donovan, K., Deshields, T., Corbett, C., & Riba, M. (2019). Update on the implementation of nccn guidelines for distress management by nccn member institutions. *Journal of the National Inclusive Cancer Network*, 17(10), 1251-1256. <https://doi.org/10.6004/jnccn.2019.7358>
39. Duraku, Z. (2023). Mental health, study skills, social support, and barriers to seeking psychological help among university students: a call for mental health support in higher education. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1220614>
40. Durbin, A., Jung, J. K. H., Chung, H., Lin, E., Guttmann, A., & Kurdyak, P. (2022). Examining the quality of care for individuals with dual mental health and developmental disabilities diagnoses: A population-based longitudinal study. *BMC Psychiatry*, 22(1), 231. <https://doi.org/10.1186/s12888-022-03858-7>
41. Durbin, A., Jung, J. K. H., Chung, H., Lin, E., Guttmann, A., & Kurdyak, P. (2022). Examining the quality of care for individuals with dual mental health and developmental disabilities diagnoses: A population-based longitudinal study. *BMC Psychiatry*, 22(1), 231. <https://doi.org/10.1186/s12888-022-03858-7>
42. Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course* (pp. 3-19). Springer.
43. Escobar-Viera, C., Melcher, E., Miller, R., Whitfield, D., López, D., Gordon, J., ... & Pagoto, S. (2021). A systematic review of the engagement with social media-delivered interventions for improving health outcomes among sexual and gender minorities. *Internet Interventions*, 25, 100428. <https://doi.org/10.1016/j.invent.2021.100428>

44. Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>
45. Fahyuni, E., Taurusta, C., & Hariastuti, R. (2023). *Digital counselling for indonesian millennials: unlocking learning potential.*, 213-221. https://doi.org/10.2991/978-2-38476-052-7_24
46. Ferraro, K. F., & Shippee, T. P. (2009). *Aging and cumulative inequality: How does inequality get under the skin?* *The Gerontologist*, 49(3), 333-343.
47. Field, A. (2013). *Discovering statistics using IBM SPSS statistics* (4th ed.). Sage.
48. Fiske, A., Wetherell, J. L., & Gatz, M. (2009). *Depression in older adults.* *Annual Review of Clinical Psychology*, 5, 363-389
49. Freedman, V. A., & Spillman, B. C. (2014). *Disability and care needs among older Americans.* *The Milbank Quarterly*, 92(3), 509-541
50. Frontiers. (2023). *Serving vulnerable and marginalized populations in social and educational contexts.* <https://www.frontiersin.org/research-topics/23423/serving-vulnerable-and-marginalized-populations-in-social-and-educational-contexts>
51. Frontiers. (2023, October 27). *Editorial: Serving vulnerable and marginalized populations in social and educational contexts.* *Frontiers in Psychology.* <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1310260/full>
52. Gading, I., Rismawan, K., & Sudarsana, G. (2019). *The effectiveness of behavioral counseling with self-management technique in improving endurance personality.* <https://doi.org/10.4108/eai.21-11-2018.2282243>
53. Georgiades, K., Duncan, L., Wang, L., Comeau, J., & Boyle, M. (2019). *Six-month prevalence of mental disorders and service contacts among children and youth in ontario: evidence from the 2014 ontario child health study.* *The Canadian Journal of Psychiatry*, 64(4), 246-255. <https://doi.org/10.1177/0706743719830024>
54. Gianfredi, V., Mena, P., Zummo, L., & Santangelo, O. E. (2021). *Multidisciplinary approach and collaboration between different healthcare professionals as a keyword in the care process and health management of the elderly.* *Journal of Gerontology and Geriatrics*, 69(1), 1-4. <https://doi.org/10.36150/2499-6564-426>
55. Gianfredi, V., Mena, P., Zummo, L., & Santangelo, O. E. (2021). *Multidisciplinary approach and collaboration between different healthcare professionals as a keyword in the care process and health management of the elderly.* *Journal of Gerontology and Geriatrics*, 69(1), 1-4. <https://doi.org/10.36150/2499-6564-426>
56. Goldbach, J., Rhoades, H., Mamey, M., Senese, J., Karys, P., & Marsiglia, F. (2021). *Reducing behavioral health symptoms by addressing minority stressors in lgbtq adolescents: a randomized controlled trial of proud & empowered.* *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-12357-5>
57. Gordon, B. G. (2020). *Vulnerability in research: Basic ethical concepts and general approach to review.* *The Ochsner Journal*, 20(1), 34–38. <https://doi.org/10.31486/toj.19.0079>
58. Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). *Diffusion of innovations in service organizations: Systematic review and recommendations.* *The Milbank Quarterly*, 82(4), 581-629
59. Greenland, S., Senn, S. J., Rothman, K. J., Carlin, J. B., Poole, C., Goodman, S. N., & Altman, D. G. (2023). *Statistical tests, P values, confidence intervals, and power: A guide to misinterpretations.* *European Journal of Epidemiology*, 38(3), 229-251. <https://doi.org/10.1007/s10654-016-0149-3>
60. Grol, R., Wensing, M., Eccles, M., & Davis, D. (Eds.). (2013). *Improving patient care: The implementation of change in health care.* John Wiley & Sons
61. Gutiérrez, L. M., Parsons, R. J., & Cox, E. O. (1998). *Empowerment in social work practice: A sourcebook.* *Brooks/Cole.* <https://www.cengage.com/c/title/9780534527136/>

62. Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). Guilford Press
63. Henning-Smith, C., Moscovice, I., & Kozhimannil, K. (2019). *Differences in social isolation and its relationship to health by rurality*. *The Journal of Rural Health*, 35(4), 540-549
64. Henning-Smith, C., Pruitt, S., Pewitt, M., & Blewett, L. A. (2018). *Rural-urban differences in hospital characteristics, patient outcomes, and causes of readmissions. Insights from Minnesota*. *Medical Care Research and Review*, 75(6), 705-723.
65. House, J. S. (1981). *Work stress and social support*. Addison-Wesley. <https://www.worldcat.org/title/7307477>
66. Ibrahim, N., & Abas, N. M. (2023). Psychological well-being and social support among older adults receiving home care services during the COVID-19 pandemic. *Journal of Population Ageing*, 16(1), 81-94. <https://doi.org/10.1007/s12062-022-09356-8>
67. Iezzoni, L. I., Killeen, M. B., & O'Day, B. L. (2006). *Rural residents with disabilities confront substantial barriers to obtaining primary care*. *Health Services Research*, 41(4p1), 1258-1275.
68. International City/County Management Association. (2024). *Engaging marginalized communities: Challenges and best practices*. <https://icma.org/articles/pm-magazine/engaging-marginalized-communities-challenges-and-best-practices>
69. International Federation of Social Workers. (2023). *Global definition of social work*. <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
70. Interprofessional Education Collaborative. (2021). *Core competencies for interprofessional collaborative practice*. <https://www.ipecollaborative.org/ipecc-core-competencies>
71. Jones, C., Zadeh, S., Jadv, V., & Golombok, S. (2022). Solo fathers and mothers: an exploration of well-being, social support and social approval. *International Journal of Environmental Research and Public Health*, 19(15), 9236. <https://doi.org/10.3390/ijerph19159236>
72. Jones, C., Zadeh, S., Jadv, V., & Golombok, S. (2022). Solo fathers and mothers: Joseph, S., Karalam, S., & Mathew, J. (2024). *Social work intervention research in child sponsorship programs: enhancing psychological well-being of marginalized adolescents*. *Sage Open*, 14(4). <https://doi.org/10.1177/21582440241305311>
73. Kadam, R. A. (2022). *Informed consent process: A step further towards making it meaningful*. *Perspectives in Clinical Research*, 13(2), 103-112. https://doi.org/10.4103/picr.PICR_25_21
74. Kang, J., & Weatherly, C. (2025). *Climate justice and carbon emission inequality: Social work's dilemma in marginalized communities*. *Ethics and Social Welfare*, 1. <https://doi.org/10.1080/17496535.2025.2469736>
75. Kantamneni, N. (2020). *The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda*. *Journal of Vocational Behavior*, 119, 103439. <https://doi.org/10.1016/j.jvb.2020.103439>
76. Kaplan, D. B., Silverstone, B., Zlotnik, J. L., Keating, N., & Takamura, J. (2021). *Essential features of interprofessional education and practice in services for older adults: A scoping review*. *Journal of Interprofessional Care*, 35(5), 673-683. <https://doi.org/10.1080/13561820.2020.1823953>
77. Kennedy, R. B., Ramsay, S., & Taylor, M. (2022). *Social support interventions for older adults: A systematic review*. *Journal of Gerontological Social Work*, 65(1), 1-25. <https://doi.org/10.1080/01634372.2021.1965689>
78. Lake, M., Majic, S., & Maxwell, R. (2019). *Research on vulnerable and marginalized populations*. American Political Science Association Organized Section for Qualitative and Multi-Method Research, Qualitative Transparency Deliberations, Working Group Final Reports, Report IV.3. <https://ssrn.com/abstract=3333511>
79. Lau, L. and Rodgers, G. (2021). *Cultural competence in refugee service settings: a scoping review*. *Health Equity*, 5(1), 124-134. <https://doi.org/10.1089/heq.2020.0094>

80. Lee, J. A. B. (2001). *The empowerment approach to social work practice: Building the beloved community* (2nd ed.). *Columbia University Press*. <https://cup.columbia.edu/book/the-empowerment-approach-to-social-work-practice/9780231115476>
81. Levasseur, M., Généreux, M., Bruneau, J. F., Vanasse, A., Chabot, É., Beaulac, C., & Bédard, M. M. (2015). *Importance of proximity to resources, social support, transportation and neighborhood security for mobility and social participation in older adults*. *BMC Public Health*, 15(1), 503.
82. Link, B. G., & Phelan, J. (1995). *Social conditions as fundamental causes of disease*. *Journal of Health and Social Behavior*, 80-94.
83. Liu, J., Inoue, Y., & Arai, A. (2020). *An ecological perspective of aging: A systematic review of aging research and interventions based on the ecological model*. *Geriatrics*, 5(4), 95. <https://doi.org/10.3390/geriatrics5040095>
84. Looman, W. S., Antolick, M., Cady, R. G., Lunos, S. A., Garwick, A. E., & Finkelstein, S. M. (2021). *Effects of a telehealth care coordination intervention on perceptions of health care by caregivers of children with medical complexity: A randomized controlled trial*. *Journal of Pediatric Health Care*, 35(3), 270-278. <https://doi.org/10.1016/j.pedhc.2020.07.008>
85. Looman, W. S., Antolick, M., Cady, R. G., Lunos, S. A., Garwick, A. E., & Finkelstein, S. M. (2021). *Effects of a telehealth care coordination intervention on perceptions of health care by caregivers of children with medical complexity: A randomized controlled trial*. *Journal of Pediatric Health Care*, 35(3), 270-278. <https://doi.org/10.1016/j.pedhc.2020.07.008>
86. Luchenski, S., Maguire, N., Aldridge, R. W., Hayward, A., Story, A., Perri, P., Withers, J., Clint, S., Fitzpatrick, S., & Hewett, N. (2019). *What works in inclusion health: Overview of effective interventions for marginalised and excluded populations*. *The Lancet*, 391(10117), 266–280. [https://doi.org/10.1016/S0140-6736\(17\)31959-1](https://doi.org/10.1016/S0140-6736(17)31959-1)
87. Lusardi, A., & Mitchell, O. S. (2007). *Baby boomer retirement security: The roles of planning, financial literacy, and housing wealth*. *Journal of Monetary Economics*, 54(1), 205-224.
88. Maarefvand, M., Ghiabi, M., & Nourshargh, F. (2021). *Social work post-disaster response in iran: a case study of the 2019 mass flooding in poldokhtar, lorestan*. *International Social Work*, 66(2), 547-567. <https://doi.org/10.1177/00208728211018742>
89. Makaroun, L. K., Bachrach, R. L., Rosland, A. M., & Gure, T. R. (2020). *Association of health risk factors with symptoms in older, middle-aged, and young veterans*. *Journal of the American Geriatrics Society*, 68(8), 1680-1687.
90. Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. *The Lancet*, 372(9650), 1661-1669.
91. McCalman, J., Fagan, R., McDonald, T., Jose, S., Neal, P., Blignault, I., ... & Cadet-James, Y. (2022). *The availability, appropriateness, and integration of services to promote indigenous Australian youth wellbeing and mental health: Indigenous youth and service provider perspectives*. *International Journal of Environmental Research and Public Health*, 20(1), 375. <https://doi.org/10.3390/ijerph20010375>
92. McDermott, E., Eastham, R., Hughes, E., Pattinson, E., Johnson, K., Davis, S., ... & Jenzen, O. (2021). *Explaining effective mental health support for LGBTQ+ youth: a meta-narrative review*. *SSM - Mental Health*, 1, 100004. <https://doi.org/10.1016/j.ssmmh.2021.100004>
93. Medical News Today. (2022, April 20). *Mental healthcare for marginalized groups: Barriers to access*. <https://www.medicalnewstoday.com/articles/why-mental-healthcare-is-less-accessible-to-marginalized-communities>
94. Meza, R. D., Triplett, N. S., Woodard, G. S., Martin, P., Khairuzzaman, A. N., Jamora, G., & Cook, C. R. (2022). *The relationship between reflective supervision, consultant effectiveness, and consultation model adherence within a school mental health consultation program*. *School Mental Health*, 14(1), 206-218. <https://doi.org/10.1007/s12310-021-09461-7>
95. Minkler, M., Vasquez, V. B., Chang, C., Miller, J., Rubin, V., & Blackwell, A. G. (2008). *Promoting healthy public policy through community-based participatory research: Ten case studies*. PolicyLink.

96. Mohajan, H. K. (2017). Two criteria for good measurements in research: Validity and reliability. *Annals of Spiru Haret University, 17(3), 58-82*. <https://doi.org/10.26458/1746>
97. Molnar, A., Greer, S. L., & King, E. J. (2021). Interprofessional education and practice guide: Designing interprofessional education for collaborative care with vulnerable populations. *Journal of Interprofessional Care, 35(5), 758-765*. <https://doi.org/10.1080/13561820.2020.1840403>
98. Monteiro, T. and Nalini, R. (2021). Mental health at the intersections of marginalization: a conceptual model to explore the mental health concerns of women sanitation workers in india. *Asian Social Work and Policy Review, 15(2), 102-111*. <https://doi.org/10.1111/aswp.12223>
99. Morrow, K., & Thompson, J. (2022). Integrated support for adults with disabilities in rural Australia: Outcomes of collaborative service models. *Australian Journal of Rural Health, 30(4), 512-527*. <https://doi.org/10.1111/ajr.12856>
100. Ms, H., Tesfaye, W., Sewlal, B., Mehta, B., K, S., Kairaitis, L., ... & Castelino, R. (2021). *Psychosocial factors affecting end-stage kidney disease patients and the impact of social worker..* <https://doi.org/10.21203/rs.3.rs-330231/v1>
101. Mustapha, W. N. W., & Abdelrahim, M. S. (2022). Enhancement of mental healthcare service: Integration of counselling and social work services. *International Journal of Academic Research in Progressive Education and Development, 11(1), 793-805*. <https://doi.org/10.6007/IJARPED/v11-i1/12211>
102. National Association of Social Workers. (2020). Social workers must help dismantle systems of oppression and fight racism within social work profession. <https://www.socialworkers.org/News/News-Releases/ID/2219/Social-Workers-Must-Help-Dismantle-Systems-of-Oppression-and-Fight-Racism-Within-Social-Work-Profession>
103. National Association of Social Workers. (2022). *Practice*. <https://www.socialworkers.org/Practice>
104. National Commission for the Protection of Human Subjects. (2022). The Belmont Report: *Ethical principles and guidelines for the protection of human subjects of research*. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>
105. Nijhawan, L. P., Janodia, M. D., Muddukrishna, B. S., Bhat, K. M., Bairy, K. L., Udupa, N., & Musmade, P. B. (2021). Informed consent: Issues and challenges. *Journal of Advanced Pharmaceutical Technology & Research, 12(2), 191-199*. <https://doi.org/10.4103/2231-4040.181894>
106. Obiero, J., Assey, A., & Kimamo, C. (2020). An investigation into the study habits of distance learners: implications for personal guidance and counselling at university of nairobi, kenya. *International Multidisciplinary Research Journal, 65-74*. <https://doi.org/10.25081/imrj.2020.v10.6540>
107. Oliver, M., & Barnes, C. (2012). *The new politics of disablement*. Palgrave Macmillan.
108. Ozawa, M. N., & Lee, Y. (2011). *Generational inequity in social spending: The United States in comparative perspective*. *International Social Work, 54(4), 539-554*
109. Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42(5), 533-544*. <https://doi.org/10.1007/s10488-013-0528-y>
110. Payne, M. (2021). *Modern social work theory (5th ed.)*. Oxford University Press. <https://global.oup.com/academic/product/modern-social-work-theory-9780198788737>
111. Peek, M., Gottlieb, L., Doubeni, C., Viswanathan, M., Cartier, Y., Aceves, B., ... & Cené, C. (2023). *Advancing health equity through social care interventions*. *Health Services Research, 58(S3), 318-326*. <https://doi.org/10.1111/1475-6773.14244>
112. Peñalba, M., Sánchez, R., & Gutiérrez, C. (2021). Collaborative intervention for mobility-limited elderly in rural Spain: A mixed-methods evaluation of social worker and counselor integration. *European Journal of Social Work, 24(5), 823-839*. <https://doi.org/10.1080/13691457.2021.1896297>
113. Perlman, D., & Peplau, L. A. (1981). *Toward a social psychology of loneliness*. *Personal Relationships, 3, 31-56*.

114. Pinquart, M., & Sörensen, S. (2000). *Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis*. *Psychology and Aging*, 15(2), 187-224
115. Qureshi, I., Bhatt, B., & Shaikh, S. (2025). Empowering marginalized communities: A framework for social inclusion. *Journal of the Association for Information Systems*. https://www.researchgate.net/publication/387300522_Empowering_Marginalized_Communities_A_Framework_for_Social_Inclusion
116. Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). Multicultural and social justice counseling competencies: Practical applications in counseling. *American Counseling Association*. <https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/multicultural-and-social-justice-counseling-competencies-practical-applications-in-counseling>
117. Redden, J., Dencik, L., & Warne, H. (2020). Datafied child welfare services: unpacking politics, economics and power. *Policy Studies*, 41(5), 507-526. <https://doi.org/10.1080/01442872.2020.1724928>
118. Redden, J., Dencik, L., & Warne, H. (2020). Datafied child welfare services: unpacking politics, economics and power. *Policy Studies*, 41(5), 507-526. <https://doi.org/10.1080/01442872.2020.1724928>
119. Reddy, L., Alperin, A., & Glover, T. (2020). A critical review of the professional development literature for paraprofessionals supporting students with externalizing behavior disorders. *Psychology in the Schools*, 58(4), 742-763. <https://doi.org/10.1002/pits.22381>
120. Rosa, E. M., & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: Its evolution from ecology to bioecology. *Journal of Family Theory & Review*, 5(4), 243-258. <https://doi.org/10.1111/jftr.12022>
121. Ross, C. E., & Wu, C. L. (1995). *The links between education and health*. *American Sociological Review*, 60(5), 719-745
122. Ruch, D., Heck, K., Sheftall, A., Fontanella, C., Stevens, J., Zhu, M., ... & Bridge, J. (2021). Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the united states, 2013-2017. *Jama Network Open*, 4(7), e2115683. <https://doi.org/10.1001/jamanetworkopen.2021.15683>
123. Schober, P., Boer, C., & Schwarte, L. A. (2022). Correlation coefficients: Appropriate use and interpretation. *Anesthesia & Analgesia*, 126(5), 1763-1768. <https://doi.org/10.1213/ANE.0000000000002864>
124. Schure, M. B., Conte, K. P., & Goins, R. T. (2013). *Unmet assistance need among older American Indians: The Native Elder Care Study*. *The Gerontologist*, 55(6), 920-928
125. Semchuk, J., McCullough, S., Lever, N., Gotham, H., Gonzalez, J., & Hoover, S. (2022). Educator-informed development of a mental health literacy course for school staff: classroom well-being information and strategies for educators (classroom wise). *International Journal of Environmental Research and Public Health*, 20(1), 35. <https://doi.org/10.3390/ijerph20010035>
126. Sevelius, J. M., Gutierrez-Mock, L., & Zamudio-Haas, S. (2020). Research with marginalized communities: Challenges to continuity during the COVID-19 pandemic. *AIDS and Behavior*, 24, 2009–2012. <https://doi.org/10.1007/s10461-020-02920-3>
127. Shakespeare, T. (2013). *Disability rights and wrongs revisited*. Routledge.
128. She, P., & Livermore, G. A. (2007). *Material hardship, poverty, and disability among working-age adults*. *Social Science Quarterly*, 88(4), 970-989
129. Singh, R., & Sangeet, M. (2022). Educational attainment and access to social services among marginalized populations: A comparative analysis. *Journal of Social Service Research*, 48(4), 532-547. <https://doi.org/10.1080/01488376.2021.1976387>
130. Social Work License Map. (2023, January 25). Collaboration in social work: Serve clients through teamwork. <https://socialworklicensemap.com/social-work-careers/collaborations/>
131. Solomon, B. B. (1976). *Black empowerment: Social work in oppressed communities*. *Columbia University Press*. <https://cup.columbia.edu/book/black-empowerment/9780231083492>

132. Spooenberg, S. L., Uittenbroek, R. J., Middel, B., Kremer, B. P., Reijneveld, S. A., & Wynia, K. (2017). *Embrace, a model for integrated elderly care: Study protocol of a randomized controlled trial on the effectiveness regarding patient outcomes, service use, costs, and quality of care*. *BMC Geriatrics*, 17(1), 1-12
133. Stein, J., Vidal Bustamante, C. M., & Racine, N. (2020). 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review. *Psychiatry Research*, 292, 113369. <https://doi.org/10.1016/j.psychres.2020.113369>
134. Stempel, H., Cox-Martin, M., O'Leary, S., Stein, R., & Allison, M. (2019). Students seeking mental health services at school-based health centers: characteristics and utilization patterns. *Journal of School Health*, 89(10), 839-846. <https://doi.org/10.1111/josh.12823>
135. Šučur-Janjetović, V., Rakanović-Radonjić, A., & Gajić, D. (2023). Are the human rights providing empowerment possibilities for social work with vulnerable groups in republic of srpska?. *Srpska Politička Misao*, 82(4), 183-201. <https://doi.org/10.5937/spm82-46842>
136. Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson
137. Taber, K. S. (2018). The use of Cronbach's alpha when developing and reporting research instruments in science education. *Research in Science Education*, 48(6), 1273-1296. <https://doi.org/10.1007/s11165-016-9602-2>
138. Taherdoost, H. (2016). Validity and reliability of the research instrument; how to test the validation of a questionnaire/survey in a research. *International Journal of Academic Research in Management*, 5(3), 28-36. <https://doi.org/10.2139/ssrn.3205040>
139. Teachers College, Columbia University. (2023, January 31). Working with vulnerable and marginalized population: Diversity of vulnerability. <https://www.tc.columbia.edu/institutional-review-board/irb-blog/2023/working-with-vulnerable-and-marginalized-population-diversity-of-vulnerability/>
140. Teater, B. (2021). An introduction to applying social work theories and methods (4th ed.). *Open University Press*. <https://www.mheducation.co.uk/an-introduction-to-applying-social-work-theories-and-methods-9780335245635-emea>
141. Thielke, S., Harniss, M., Thompson, H., Patel, S., Demiris, G., & Johnson, K. (2012). *Maslow's hierarchy of human needs and the adoption of health-related technologies for older adults*. *Ageing International*, 37(4), 470-488.
142. Thompson, B. (2021). Understanding reliability and coefficient alpha, really. In B. Thompson (Ed.), *Score reliability: Contemporary thinking on reliability issues* (pp. 3-21). *SAGE Publications*. <https://doi.org/10.4135/9781412985789.n1>
143. Thompson, B. (2021). Understanding reliability and coefficient alpha, really. In B. Thompson (Ed.), *Score reliability: Contemporary thinking on reliability issues* (pp. 3-21). *SAGE Publications*. <https://doi.org/10.4135/9781412985789.n1>
144. Torres, S., Balcázar, H., Rosenthal, L. E., Labonté, R., Fox, D., & Chiu, Y. (2017). Community health workers in Canada and the US: Working from the margins to address health equity. *Critical Public Health*, 27(5), 533–540. <https://doi.org/10.1080/09581596.2016.1275523>
145. U.S. Census Bureau. (2025, January). National poverty in America awareness month: January 2025. <https://www.census.gov/newsroom/stories/poverty-awareness-month.html>
146. U.S. Department of Health and Human Services. (2025). Poverty guidelines. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
147. Ufere, N., Hinson, J., Finnigan, S., Powell, E., Donlan, J., Martin, C., ... & Valery, P. (2022). The impact of social workers in cirrhosis care: a systematic review. *Current Treatment Options in Gastroenterology*, 20(2), 160-176. <https://doi.org/10.1007/s11938-022-00381-2>
148. UNICEF. (2020). Global estimates of child poverty. <https://www.unicef.org/social-policy/child-poverty>
149. United Nations Department of Economic and Social Affairs. (2023). Leaving no one behind: *The imperative of inclusive development*. <https://www.un.org/development/desa/dspd/2023/02/leaving-no-one-behind/>

150. United Nations. (2018, May 17). Goal 1: End poverty in all its forms everywhere. <https://www.un.org/sustainabledevelopment/poverty/>
151. United Nations. (2022). The Sustainable Development Goals Report 2022. *United Nations Department of Economic and Social Affairs*. <https://doi.org/10.18356/9789210019415>
152. University of Kansas. (2025, April 8). Role of social workers in addressing marginalized communities bearing brunt of climate disasters. *ScienceDaily*. <https://www.sciencedaily.com/releases/2025/04/250408121433.html>
153. Valenzuela, J. M., Santos, A. C., & De Guzman, A. B. (2023). Rural aging and access to social services: A situation analysis of older Filipino adults in resource-limited settings. *Ageing International*, 48(2), 132-146. <https://doi.org/10.1007/s12126-022-09493-7>
154. Vargas-Machuca, R., Castro-Fernández, E., Astocóndor-Altamirano, J., Arroyo-Hernández, H., & Mendoza-Ticona, A. (2023). Geographical access to comprehensive care services for people with disabilities in rural Peru. *BMC Health Services Research*, 23(1), 123. <https://doi.org/10.1186/s12913-023-09120-4>
155. Vargas-Machuca, R., Castro-Fernández, E., Astocóndor-Altamirano, J., Arroyo-Hernández, H., & Mendoza-Ticona, A. (2023). Geographical access to comprehensive care services for people with disabilities in rural Peru. *BMC Health Services Research*, 23(1), 123. <https://doi.org/10.1186/s12913-023-09120-4>
156. Velazco, D., Barreiro, L., Chica, T., Medranda, E., & Chávez, S. (2024). Resilience in vulnerable university groups: an analysis of social work intervention strategies from the perspective of social inclusion. *The Education and Science Journal*, 26(1), 82-102. <https://doi.org/10.17853/1994-5639-2024-1-82-102>
157. Velazco, D., Barreiro, L., Chica, T., Medranda, E., & Chávez, S. (2024). Resilience in vulnerable university groups: an analysis of social work intervention strategies from the perspective of social inclusion. *The Education and Science Journal*, 26(1), 82-102. <https://doi.org/10.17853/1994-5639-2024-1-82-102>
158. Von Bertalanffy, L. (1968). *General system theory: Foundations, development, applications*. George Braziller. <https://www.worldcat.org/title/35520>
159. Wilson, C. and Cariola, L. (2019). Lgbtqi+ youth and mental health: a systematic review of qualitative research. *Adolescent Research Review*, 5(2), 187-211. <https://doi.org/10.1007/s40894-019-00118-w>
160. Wingenbach, G., Koswatta, T., Engels, J., Freeny, J., & Freeny, J. (2023). *Outcomes of professional development activities for selected texas school personnel helping students cope with behavioral and mental health issues*. *Scientific Reports*, 13(1). <https://doi.org/10.1038/s41598-023-37298-4>
161. Winters, S., Magalhaes, L., Kinsella, E. A., & Kothari, A. (2016). Cross-sector service provision in health and social care: An umbrella review. *International Journal of Integrated Care*, 16(1), 1–19. <https://doi.org/10.5334/ijic.2460>
162. World Bank. (2023). *Poverty and shared prosperity 2023: Inclusive growth in an era of crisis*. <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity-2023>
163. World Bank. (2024). *Poverty, prosperity, and planet report 2024: Pathways out of the polycrisis*. <https://www.worldbank.org/en/publication/poverty-prosperity-and-planet>
164. World Health Organization. (2017). *World health statistics 2017: Monitoring health for the SDGs*. <https://www.who.int/publications/i/item/9789241565486>
165. World Health Organization. (2022). *Ageing and health*. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
166. World Health Organization. (2022). *Disability*. <https://www.who.int/health-topics/disability>
167. World Health Organization. (2023). *Mental health*. <https://www.who.int/health-topics/mental-health>
168. World Health Organization. (2023, October 20). *Mental health of older adults*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
169. World Medical Association. (2022). WMA Declaration of Helsinki – Ethical principles for medical research involving human subjects. *Journal of the American Medical Association*, 284(23), 3043-3045.



<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

170. Xiang, X., Zuverink, A., Rosenberg, W., & Mahmoudi, E. (2019). Interprofessional collaboration between social workers and community health workers to address health and mental health in the United States: A systematised review. *Health & Social Care in the Community*, 31(4), e128–e143. <https://doi.org/10.1111/hsc.14063>
171. Yamaguchi, S., Foo, J., Nishida, A., Ogawa, S., Togo, F., & Sasaki, T. (2019). Mental health literacy programs for school teachers: a systematic review and narrative synthesis. *Early Intervention in Psychiatry*, 14(1), 14-25. <https://doi.org/10.1111/eip.12793>
172. Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2022). Understanding human behavior and the social environment (11th ed.). *Cengage Learning*. <https://www.cengage.com/c/empowerment-series-understanding-human-behavior-and-the-social-environment-11e-zastrow/9780357630792/>
173. Zhu, J., Hu, L., Zhang, X., Wang, H., Shangcheng, Z., & Chen, L. (2020). The effect of mental health on multiple chronic diseases among Chinese elderly—based on China health and retirement longitudinal study. *Archives of Gerontology and Geriatrics*, 87, 104002. <https://doi.org/10.1016/j.archger.2020.104002>



APPENDIX A

Survey Questionnaire

The undersigned is presently conducting research for her thesis titled “**THE COLLABORATIVE ROLE OF SOCIAL WORKERS AND COUNSELORS IN MANAGING CHALLENGES OF THE MARGINALIZED GROUP: FRAMEWORK FOR COLLABORATION.**” Kindly answer all items sincerely and honestly. Rest assured that all your answers will be treated with utmost confidentiality. Thank you very much.

MERILYN GRACE A. VALLO
Researcher

Name: (Optional) _____

PART I: DEMOGRAPHIC PROFILE:

INSTRUCTIONS:

1. Please answer all questions honestly.
2. For multiple-choice questions, please place a checkmark (✓) in the box that best describes your response.
3. There are no right or wrong answers.

1. Marginalized Category:

- Senior Citizen (60+ years old)
- Person with Disability (PWD)
- Both

2. Age:

_____years old

3. Sex:

- Male
- Female

4. Civil Status:

- Single
- Married
- Widower



- Separated

5. Occupation:

- None/Retired
- Farmer
- Self-employed (vendor, craftsman, etc.)
- Informal Worker (part-time helper, laborer)
- Others (Please specify): _____

6. Household Members:

a. Number of people living in the household: _____

b. Who do you live with? (Check all that apply)

- Living alone
- Living with spouse
- Living with other relatives

7. Educational Attainment:

- No Formal Education
- Elementary graduate
- High school graduate
- College graduate
- Technical Vocation Certificate Holder (TESDA) NCII, NCIII

8. Monthly Income:

- No personal income
- Below ₱5,000
- ₱5,000 - ₱10,000
- ₱10,001 - ₱15,000
- Above ₱15,000

Part II: Challenges Encountered By Marginalized Groups

Instructions:

1. Please read each statement carefully.
2. Rate your confidence level for each statement using the scale below.
3. Place a checkmark (✓) in the column that best describes your confidence level.
4. Answer all items honestly, and do not leave any item blank.

Scale	Description	Pagsasalin
5	Extremely Severe Challenge (ESC)	Labis na Matinding Hamon (LMH)
4	Severe Challenge (SeC)	Matinding Hamon (MH)
3	Moderate Challenge (MC)	Katamtamang Hamon (KH)
2	Slight Challenge (SC)	Bahagyang Hamon (BH)
1	Not a Challenge (NC)	Hindi Hamon (HH)

No.	A. PSYCHOLOGICAL CHALLENGES	5	4	3	2	1
1	I experience feelings of sadness. <i>Nakakaranas ako ng lubos na kalungkutan</i>					
2	I worry constantly about my future. <i>Patuloy akong nag-aalala tungkol sa aking kinabukasan.</i>					
3	“I feel anxious in social situations due to my age/disability.” <i>Nakakaramdam ako ng pagkabalisa sa mga sitwasyong panlipunan dahil sa aking edad/kapansanan.</i>					
4	“I sometimes feel like I have little value or purpose.” <i>Nakakaramdam ako na wala akong halaga o layunin.</i>					
5	I find it difficult to cope with changes in my life. <i>Nahihirapan akong harapin ang mga pagbabago sa aking buhay.</i>					

6	<p>“I often feel overwhelmed by my emotions, making it hard to function daily.”.</p> <p><i>Madalas akong nalulula sa aking mga emosyon, na nagiging hadlang upang maging produktibo.</i></p>					
7	<p>I have trouble sleeping due to stress.</p> <p><i>Nahirirapan akong matulog dahil sa stress.</i></p>					
8	<p>I feel a lack of motivation to engage in daily activities.</p> <p><i>Nakakaranas ako ng kakulangan ng motibasyon sa mga pang-araw-araw na gawain.</i></p>					
9	<p>I often feel lonely, even when surrounded by others.</p> <p><i>Madalas akong makaramdam ng kalungkutan kahit na napapaligiran ng iba.</i></p>					
10	<p>I find it hard to express my feelings to others.</p> <p><i>Nahirirapan akong ipahayag ang aking mga damdamin sa iba.</i></p>					

No.	B. SOCIAL CHALLENGES	5	4	3	2	1
1	<p>I feel isolated from my community.</p> <p><i>Ang pakiramdam ko ay nakahiwalay ako sa aking komunidad.</i></p>					
2	<p>I experience difficulty maintaining relationships with family or friends.</p> <p><i>Nahirirapan akong mapanatili ang relasyon sa pamilya at mga kaibigan.</i></p>					
3	<p>I experienced discrimination because of my age or disability.</p> <p><i>Nakakaranas ako ng diskriminasyon dahil sa aking edad o kapansanan.</i></p>					
4	<p>I have limited opportunities to participate in community activities.</p> <p><i>Limitado ang aking pagkakataon na lumahok sa mga aktibidad ng komunidad.</i></p>					
5	<p>I struggle to communicate my needs to others.</p> <p><i>Nahirirapan akong ipahayag ang aking mga</i></p>					

	<i>pangangailangan sa iba.</i>					
6	<p>“I feel that my opinions are not valued by family, friends, or the community.”</p> <p><i>Nakakaramdam ako ng hindi pagpapahalaga ng aking opinyon mula sa aking pamilya, kaibigan, o komunidad.</i></p>					
7	<p>I have difficulty making new friends.</p> <p><i>Nahihirapan akong makahanap ng mga bagong kaibigan.</i></p>					
8	<p>I feel excluded from social gatherings.</p> <p><i>Nakakaranas ako ng hindi pagka-angkop sa mga pagtitipon.</i></p>					
9	<p>I often feel misunderstood by others.</p> <p><i>Madalas akong makaramdam na hindi ako nauunawaan ng iba.</i></p>					
10	<p>“Due to past experiences, I find it hard to trust others.”</p> <p><i>Nahihirapan akong magtiwala sa iba dahil sa mga nakaraang karanasan.</i></p>					

No.	C. ECONOMIC CHALLENGES	5	4	3	2	1
1	<p>“I worry about not having enough money for food, shelter, and healthcare.”</p> <p><i>"Nakakaramdam ako ng pagkabalisa kung mayroong sapat na pera ba para sa pagkain, tirahan, at pangangalaga sa kalusugan."</i></p>					
2	<p>I struggle with medical expenses.</p> <p><i>Nahihirapan ako sa mga gastos sa pagpapagamot.</i></p>					
3	<p>I find it difficult to access transportation when needed.</p> <p><i>Nahihirapan akong makakuha ng transportasyon kapag kailangan.</i></p>					
4	<p>“I depend on family, government aid, or charity for financial support.”</p> <p><i>"Ako ay umaasa lamang sa aking pamilya, tulong ng gobyerno, o kawanggawa para sa pinansiyal na suporta."</i></p>					



5	I have limited income opportunities due to my age or disability. <i>Limitado ang aking pagkakataon sa kita dahil sa aking edad o kapansanan.</i>					
6	I often have to choose between basic necessities. <i>Madalas akong napipilitang pumili sa pagitan ng mga pangunahing pangangailangan.</i>					
7	"I feel stressed about my financial situation, particularly in meeting daily expenses and unexpected costs." <i>"Nakakaramdam ng stress patungkol sa aking sitwasyon sa pananalapi, lalo na sa pagtugon sa mga pang-araw-araw na gastos at hindi inaasahang gastos."</i>					
8	I have difficulty saving money for emergencies. <i>Nahihirapan akong mag-ipon ng pera para sa mga emergency.</i>					
9	I feel that my financial situation limits my opportunities. <i>Nakakaranas ako na ang aking sitwasyong pinansyal ay naglilimita sa aking mga pagkakataon.</i>					
10	I often feel anxious about unexpected expenses. <i>Madalas akong makaramdam ng pagkabahala tungkol sa mga hindi inaasahang gastos.</i>					

APPENDIX B

KABISIG: A Collaborative Framework for Managing Challenges of Marginalized Groups in Nampicuan, Nueva Ecija

I. PROGRAM TITLE :

KABISIG (*Kaagapay sa Buhay at Suporta para sa Indibidwal na may Suliranin at Ginagabayan*): A Collaborative Framework between Social Workers and Counselors for Managing Challenges of Marginalized Groups

II. LOCALE AND PROPONENTS

Locale : Nampicuan, Nueva Ecija

Proponents :

- Municipal Social Welfare and Development Office (MSWDO) of Nampicuan

- Department of Social Welfare and Development (DSWD)
- Department of Health (DOH)
- Local Government Unit (LGU) of Nampicuan
- Local NGOs and Civil Society Organizations
- Educational institutions offering Social Work and Counseling programs

III. INTRODUCTION

The marginalized populations in Nampicuan, Nueva Ecija, particularly senior citizens aged 70 years and above and persons with disabilities (PWDs), face significant challenges across psychological, social, and economic dimensions. These challenges are compounded by factors such as limited education, precarious employment, and inadequate support systems. While multiple agencies provide some form of assistance, the lack of coordination between social workers and counselors has led to fragmented service delivery, where immediate physical needs may be addressed while psychological concerns remain unaddressed, or vice versa. The KABISIG framework aims to establish a structured collaborative approach between social workers and counselors to provide comprehensive support that addresses the interconnected challenges faced by these vulnerable populations.

IV. PROGRAM RATIONALE

The findings from this study clearly demonstrate that marginalized groups in Nampicuan face severe economic and psychological challenges, with moderate social challenges. This pattern reflects the pressing need for integrated support services that address all dimensions of well-being simultaneously. Economic hardships, which scored highest among the challenges, directly impact the ability to meet basic needs, access healthcare, and maintain adequate living standards. Addressing these economic difficulties is essential for creating stability in the lives of marginalized individuals.

Psychological challenges, which also rated as severe, manifest as constant worry about the future, persistent sadness, and feelings of worthlessness. These mental health concerns affect quality of life, decision-making abilities, and overall functioning. Improving psychological well-being is not merely about alleviating distress but about enhancing the capacity of marginalized individuals to engage with their communities and take steps toward self-improvement.

Social challenges, though rated as moderate, still represent significant barriers to community integration and support. These social difficulties affect the ability to maintain relationships, feel valued within social groups, and establish trust with others. Strengthening social connections can create protective factors against both economic and psychological hardships.

The CHAID analysis further revealed that educational attainment, occupation, civil status, and marginalized category significantly influence the severity of these challenges. Single individuals with limited education and those in precarious employment are particularly vulnerable, as are PWDs compared to senior citizens within similar demographic categories. These findings point to the need for interventions that are responsive to specific demographic profiles rather than using a one-size-fits-all approach.

By addressing economic, psychological, and social challenges through a coordinated approach between social workers and counselors, the KABISIG framework aims to create lasting improvements in the quality of life of marginalized individuals in Nampicuan. This collaborative approach recognizes that these challenges are interconnected and that effective interventions must address multiple dimensions simultaneously.

V. PROGRAM OBJECTIVES

1. Establish a structured collaborative framework between social workers and counselors to provide integrated support for marginalized groups in Nampicuan.
2. Develop targeted intervention strategies that address the severe economic challenges identified as the most pressing concern among marginalized individuals.
3. Implement coordinated psychological support services to address the severe psychological challenges experienced by marginalized groups, particularly those with limited education and social support.
4. Create community-based programs to strengthen social connections and reduce the moderate social challenges faced by marginalized individuals.
5. Provide educational opportunities and skills training to address the identified protective effect of education against all types of challenges.
6. Establish a monitoring and evaluation system to assess the effectiveness of the collaborative framework and make necessary adjustments.

VI. PROGRAM COMPONENTS

A. Institutional Collaboration Framework

1. Establish a Coordination Committee comprising social workers, counselors, LGU representatives, and community leaders to oversee the implementation of the program.
2. Develop clear protocols for referrals between social workers and counselors, ensuring seamless service delivery.
3. Create shared assessment tools that incorporate both social work and counseling perspectives for comprehensive client evaluation.

B. Economic Support Initiatives

Implement targeted financial assistance programs for those with limited or no personal income, particularly those with lower educational attainment.

1. Establish livelihood training programs suited to the capabilities of senior citizens and PWDs, emphasizing options suitable for those with limited mobility.
2. Facilitate access to government benefits and entitlements through streamlined application processes and mobile service delivery.

C. Psychological Support Services:

1. Provide regular counseling sessions focused on addressing feelings of worthlessness and worry about the future, which were identified as prevalent challenges.
2. Develop group therapy interventions targeting specific psychological challenges associated with different demographic profiles.



3. Implement mental health education programs for families and caregivers to foster supportive home environments.

D. Social Integration Programs:

1. Create community-based activities that foster interaction and belonging, particularly for PWDs who face more severe social challenges.
2. Establish peer support groups based on shared experiences and challenges.
3. Develop community awareness campaigns to reduce stigma and promote inclusion of marginalized individuals.

E. Education and Skills Development:

1. Offer adult education opportunities suited to the needs and capabilities of senior citizens and PWDs.
2. Provide practical skills training that enhances self-sufficiency and economic participation.
3. Implement digital literacy programs to improve access to information and services.

VII. IMPLEMENTATION STRATEGY: THE KABISIG FRAMEWORK MAY BE IMPLEMENTED THROUGH A PHASED APPROACH

Phase 1: Groundwork and Planning (3 months)

- Establish the Coordination Committee
- Develop protocols and assessment tools
- Train social workers and counselors on collaborative approaches

Phase 2: Piloting (6 months)

- Implement the framework with a selected group of marginalized individuals
- Collect initial feedback and make necessary adjustments
- Build partnerships with local businesses and organizations

Phase 3: Full Implementation (1 year)

- Expand the program to cover all identified marginalized individuals
- Strengthen community involvement and support
- Develop sustainable funding mechanisms

Phase 4: Monitoring and Evaluation (Ongoing)

- Regularly assess program outcomes and effectiveness



- Make continuous improvements based on feedback
- Document best practices and lessons learned

VIII. FUNDING SOURCES

1. Local Government Unit budget allocation
2. Department of Social Welfare and Development grants
3. Department of Health mental health program funding
4. Private sector partnerships and corporate social responsibility initiatives
5. NGO and civil society organization contributions
6. Community fundraising activities

IX. SUSTAINABILITY AND EXIT STRATEGY

1. Integrate the collaborative framework into existing LGU structures and processes
2. Build capacity of local professionals through training and mentorship
3. Develop a community-based support network that can continue beyond the program period
4. Establish a dedicated fund for ongoing program activities
5. Document and institutionalize successful practices for replication

X. MONITORING AND EVALUATION

1. Conduct baseline assessments of participants' psychological, social, and economic well-being
2. Implement regular progress monitoring using both quantitative and qualitative measures
3. Perform mid-term and final evaluations to assess program impact
4. Establish feedback mechanisms for continuous improvement
5. Share outcomes and lessons learned with stakeholders and similar communities

XI. PROGRAM MATRIX

Challenge Area	Objectives	Proposed Strategy/Activity	Person Responsible	Success Indicator
Economic Challenges	Reduce financial insecurity among marginalized individuals with	Implement targeted financial assistance programs and livelihood training	Social Workers, LGU Economic Development Officer	30% reduction in the number of participants reporting severe economic challenges



	limited income			within one year
Psychological Challenges	Address prevalent feelings of worthlessness and worry about the future	Provide regular individual and group counseling sessions focusing on building self-worth and managing anxiety	Counselors, Mental Health Professionals	25% improvement in psychological well-being scores among participants after six months of intervention
Social Challenges	Strengthen social connections, particularly for PWDs who face more severe social isolation	Create community-based activities and peer support groups suited to different marginalized categories	Social Workers, Community Organizers, PWD Organizations	40% increase in community participation rates among marginalized individuals within one year
Educational Protection Factor	Enhance educational opportunities for marginalized individuals to capitalize on education's protective effect	Offer adult education programs and practical skills training suited to seniors and PWDs	TESDA Representatives, Education Specialists	50% of participants complete at least one educational or skills training program within the first year
Collaborative Service Delivery	Improve coordination between social workers and counselors to provide integrated support	Establish shared protocols, assessment tools, and regular case conferences	MSWDO Head, Program Coordinator	90% of cases receive both social work and counseling interventions with documented coordination

