

EVALUATION OF SERVICES FOR PHYSICALLY DISABLED CHILDREN: EVIDENCE BASED STUDY FROM INSTITUTIONS OF LAHORE, PUNJAB, PAKISTAN

Saad Siddique Khan¹, Khadija T. Khan², Dr. Afzaal Afzal*³, Muhammad Arshad⁴

¹M.Phil Scholar, Department of Social Work, University of the Punjab, Lahore, Pakistan

²M.Phil Scholar, Department of Social Work, University of the Punjab, Lahore, Pakistan

³Department of Social Work, University of the Punjab, Lahore, Pakistan

⁴Assistant Professor, Department of Social Work, University of the Punjab, Lahore, Pakistan

¹saadsiddiquekhan123@gmail.com, ²khadija_khan@live.com, ^{*3}afzaal.afzal2010@gmail.com,

⁴arshad.dsw@pu.edu.pk

Corresponding Author: *3

Received: 10 August, 2023 Revised: 07 September, 2023 Accepted: 15 September, 2023 Published: 21 September, 2023

ABSTRACT

The person with disability is always at risk especially in developing countries like Pakistan, with inadequate basic facilities regarding health and wellbeing. The most vulnerable proportion among disabled population is the children's due to independence, least decision making ability, unavailability of proper support system and socio-economic conditions of families among others. Availability, functionality and accessibility of services for physical disable children is one among the most concerning area of families, health care providers, policymakers and governments since long, but unfortunately the desire results could not be achieved. The prime objective of this study is to evaluate the services provided to physically disabled children in the institutions of Lahore. This empirical study approached the government schools established under the special education department in Lahore. Primary data was collected through structured interview schedule and findings of the study revealed that appropriate services like free uniform, free transportation, free books, facility of care taker, easy access to class rooms, and monthly stipend to the children were being provided but not sufficient as per requirement. The results significantly proposed the comprehensive vocational trainings, expert's services such as medical social worker and physiotherapist in these institutions for proper function and enhancement of services.

Keywords: Person with Disability, Special Children, Physical Disable, Institutional Services, Services Assessment, Social Institution for Disable.

INTRODUCTION

The World Health Organization, in the new International Classification of Functioning, Disability and Health (ICF), has defined disability as "A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina" (WHO, 2001). 15% of the global populace has a specific type of disability, as per the WHO/World bank world report on

disability (2011). It is estimated that worldwide almost 150 million have different types of disabilities including physical, speech, learning, sensory, cognitive and emotional challenges (Stien et al, 2013).

Either moderate and severe types of disability are more in ratio in low and middle income countries, the mean worldwide prevalence of

moderate and severe disability extents between 5% in children aged 0-14 years to 15% in children aged 15 to 18 years (WHO, 2008). The children with disabilities (CWDs) under the age 5 years are 80% worldwide, who live in developing countries (UNICEF, 2013). 12.7% of the child disability prevalence rate is in the low and middle income countries (WHO/World bank, 2011). According to 6th population and housing census, Pakistan has a million people with disabilities which constitutes of 0.48% of total population (PBS, 2017).

In the international community, the frequently discussed topic around the world is to increase education access for children. Universal objectives such as Education for All and the Millennium Development Goals have involved giving developing countries with funds, credits and other assistances such as technical service to meet the accomplishments. Apart from these efforts, there are still a lot of children who do not have approach to education, including the ones with disabilities. Although the situation in Pakistan is no different than others but the government of Punjab has taken an initiative to provide education to children suffering with different disabilities.

The government of Punjab has taken several strategies for the prosperity of special children which includes enhancement in enlistment, jobs of educators, enhancing the standards of services to disabled students. An independent department in 2003 was established, for special education; to achieve the mentioned initiatives. Government of the Punjab has established different institutions under the special education department to give approaches to education to children with disabilities. 5 institutions are established working for the education and training of physically disabled students (Special Education Department Government of the Punjab, 2019).

Existing literature (Anaby et al., 2013; Gregarious, 2016; Diana et al., 2017; Manzoor et al., 2018) identify community involvement of

the children with disabilities and the social support of family and friends and geographical locality was the most usual facilitation in community involvement. But point of views, physical conditions, transportation, strategies and the lack of encouragement from workers and care givers were the most usual barriers in community participation among children with disabilities.

Research suggests that the medicinal charges and caring charges of disabled children were remarkably more as compared to ordinary children. The economic, socio-cultural, and socio-spatial factors are the complex interrelations that determine access to education. Incorporation of the disabled child in the decision-making procedures about education is relatively low as reported by the participants themselves. The probability of not attaining educational prospects and are more at risk to acute sickness is among children with disabilities (Kuper et al, 2018).

However, majority of the parents of children with disabilities were positive towards their education. Major barriers to education were lack of school readiness, distance from special schools and poverty. It was argued by the parents that inclusive education is the only way forward. Experts encouraging surroundings were the vital procure perceived by parents of individuals having physical disabilities from inclusion. Even though their apprehensions for behavioral issues, oppressing and lack of educational learning continued but most of the parents were contented with their children in school, in spite of the bounded school assets. Additionally, the educational accounts of the respondents stated that the discriminatory level and stigmatization was more in conventional schools as compared to special schools which comprise critical spaces where positive recognition development occurs (Gregorius, 2016).

The family care substitutes is a favored objective as the development of extensive skilled child welfare system emphasizes, but low-resources

countries may take decades to develop. Under the circumstances, upgrading the organizations can assist to give all the children with the finest care feasible. Additionally, the development of a child living in residence is delayed in both physical and behavioral domain. Institutions are likely to be existed before transitions to family alternatives. But institutions needed to be modified in the terms of family like system and attitudes of care-providers. The findings have revealed that, the development of children was improved substantially, when those changes were made.

Children with physical disabilities are basically deliberated to evolve primary and practical expertise through services. To give assistance to serve all of the requirements of disabled children, mandates of organizations providing trained assistances and stand by listings could restrict the chances (Foley and Camden, 2015). Research suggests that separate education plan and aiding infrastructure in studying pursuit should be a part of inclusive early childhood education (Diana et al., 2017). The educational provisions for special education needs in Pakistan are insufficient and are in developmental stages; a lot of improvements are needed to meet international standards. Improvised legislation, infrastructure, and mainstream approach for better facilitations were suggested.

The Bio-ecological Model

The bio-ecological model of human development has framed this study (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1998). Bio system influences the development of a child, for example their cognitive ability, by different adjoining processes such as staff-child and child-child interactions. Moreover, being influenced by micro-systems such as the organization and services of educational settings are also considered and some other surrounding systems like meso-system, exosystem, macro-system and

cronosystem as well. In keeping with the bio-ecological model, the institutions are considered as micro settings that are part of an enclosed bio-ecological system.

The aim of this research was to evaluate the services provided to physically disabled children in the institutions of Lahore. The study objectives were to collect information regarding the services given to the physically disabled children, and the level of satisfaction of physically disabled children with these facilities.

OBJECTIVES OF THE STUDY

- To assess the role of services of institution for physical disable children in district Lahore
- To understand the role of institution to enhance living condition and wellbeing of physical disable children
- To find the socio-economic and administrative challenges for institutions regarding provision of services for physical disable children

MATERIAL AND METHODS

Design

The institutions were investigated using a case-study design and acquired a quantitative approach. This design and approach made it possible to assess the services, and it was considered useful. This study reports on institutional services, resources and quality as well as the characteristics of the institutions studied, and the type of services provided.

Participants

The list of participating institutions were obtained from the Special Education Department and were selected randomly from the list by using research randomizer software. Two institutions were selected, Govt. High School of Special Education for PDC, Lahore and Govt. Special Education Centre, Shalimar Town, Lahore. Respondents (N=80) of the study were based on total enumeration.

Data collection

Each institution was visited for pre-testing through a structured interview schedule. For the collection of data, each institution was visited over five to seven consecutive days.

Structured Interview Schedule

A self-developed structured interview schedule was used as a tool for data collection. The questions were predetermined and structured. Both open-ended and close-ended questions were included. It contains personal data and services.

Data Analysis

The information obtained from the units of the study was classified and categorized on the basis of variations and similarities. Responses were given certain codes and data was transferred on data sheets for tabulation. Tabulation was done, and the frequencies were transferred subsequently. The tables were described on the basis of percentages.

Results and Major Findings

The findings of the study presented in the form of percentages for comprehensive discussion and coherent discussion.

Table: 1

Availability of Services

Sr.No	Services	Percentages
1	Free uniform	100%
2	Free transportation	100%
3	Free books	100%
4	Facility of caretaker	100%
5	Easy access to class rooms	100%
6	Monthly stipend	100%

The above listed table 1 shows the services available to the respondents. 100% of the respondents reported that they receive free uniform. Free transportation service was reported by 100% of the respondents. Free books were received by 100% of the respondents.

100% respondents reported the facility of a caretaker in their respective institutions. Easy access to class rooms was reported by 100% of the respondents. Monthly stipend as a service was availed by the 100% of the respondents.

Table: 2

Demographic characteristics

Sr. No	Demographics Characteristics	Percentage / Mean Value
1	Participant Gender	Male 53%
		Female 47%
2	Participants Age (Mean)	13.3
3	Reasons of disability	Congenital 70%
		Accidental 12.5%
		Disease 15%
		Any other 7.5%
4	Family type	Nuclear 55%
		Joint 40%
		Other 5%
5	Monthly income in Rs (Mean)	21,312.5/-

Demographic characteristics of the children are listed below in table-2 and results highlighted that 53% of the respondents were male and 47% were female in this study. The average age of the respondents (N=80) was 13.3 years. 70% of the respondents' reasons of disability was congenital, followed by 15% as a disease, the remaining 15% were accidental, and 7.5% had other reasons. Majority of the respondents' family type was nuclear i.e. 55%, followed by joint and other (40%, 5%). The mean monthly income of the respondents' family was 21,312.5/- Rs.

DISCUSSION

The aim of this research was to evaluate the services being provided in the institutions for the physically disabled children. The current research shows that the institutions for physically disabled children were providing appropriate services like free uniform, free

transportation, free books, facility of caretaker, easy access to class rooms, monthly stipend as reported by the respondents. But some basic services like library, computer labs and laboratory were not available in the respective institutions as observed by the researchers. This study will help to enhance and plan further facilities and services for the physically disabled children. This study recommended the need to provide more financial and material help to agencies working for the welfare of disabled children. Vocational training is suggested in the institutions. The employment of a medical social worker and physiotherapist is recommended in these institutions.

CONCLUSION AND RECOMMENDATIONS

The current research provides to the field of children with physical disability with knowledge about institutional care and services, but there are limitations. In fact, the sample is limited and cannot be considered representative for the entire institutions in district Lahore. Other institutions can provide different type of information. This study provided only a certain type of information, for example, the availability of services and the overall quality of institutions. The differences between different institutions, their provision of services could be studied further in a larger sample in order to see if these types of institutions are widespread, what kind of resources they obtain and what their qualities are.

REFERENCES

- Adhikari, E. R. (2018). The experiences of learners with disabilities in mainstream vocational training in Nepal. *International Journal for Research in Vocational Education and Training*, 5(4), 307-327.
- Anaby, D., Hand, C., Bradley, L., DiRezze, B., Forhan, M., DiGiacomo, A., & Law, M. (2013). The effect of the environment on participation of children and youth with disabilities: a scoping review. *Disability and rehabilitation*, 35(19), 1589-1598.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental process. In W. Damon (Series Ed.) & R. M. Lerner (Vol. Ed.), *Handbook of child psychology: Vol. 1. Theoretical models for human development* (5th ed., pp. 993-1028). New York: John Wiley.
- Diana, D., Waluyo, E., & Mukminin, A. (2017, December). Children with disabilities: An analysis of a learning process in the early years' classroom toward inclusive practice. In *International Conference of Early Childhood Education (ICECE 2017)*. Atlantis Press.
- Foley, V., & Camden, C. (2015). Contribution of public health to pediatric physical disability rehabilitation units. *Santé Publique*, 1(HS), 95-103.
- Gregorius, S. (2016). Exploring narratives of education: disabled young people's experiences of educational institutions in Ghana. *Disability & Society*, 31(3), 322-338.
- Groark, C. J., & Mccall, R. B. (2011). Implementing changes in institutions to improve young children's development. *Infant Mental Health Journal*, 32(5), 509-525.
- Jigyel, K., Miller, J. A., Mavropoulou, S., & Berman, J. (2018). Benefits and concerns: Parents' perceptions of inclusive schooling for children with special educational needs (SEN) in Bhutan. *International Journal of Inclusive Education*, 1-17.
- Khan, S. & Jabeen, F. (2016). A comparison of different aspects of special education of Pakistan with USA, England and France.

- Journal of Educational Sciences & Research*, 3(2), 9-22.
- Kuper, H., Monteath-van Dok, A., Wing, K., Danquah, L., Evans, J., Zuurmond, M., & Gallinetti, J. (2014). The impact of disability on the lives of children; cross-sectional data including 8,900 children with disabilities and 898,834 children without disabilities across 30 countries. *PloS One*, 9(9).
- Manzoor, A., Hameed, A., & Nabeel, T. (2018). Voices of parents about their out of school children with disabilities. *Journal of Inclusive Education*, 2(1), 77-92.
- McCall, R. B. (2013). The consequences of early institutionalization: can institutions be improved?—should they?. *Child and adolescent mental health*, 18(4), 193-201.
- Michael, A. S., McClain-Nhlapo, C. & Lord, J. (2013). Education and HIV/AIDS. In M. Langford, A. Summer & A. Ely Yamin (Eds.), *The millennium development goals and human rights: past, present and future* (pp.274-294). Cambridge: Cambridge University Press.
- Pakistan bureau of Statistics. (2017) *Block wise provisional summary results of 6th population & housing census 2017*. Retrieved from <http://www.pbs.gov.pk/content/block-wise-provisional-summary-results-6th-population-housing-census-2017-january-03-2018>
- Special Education Department Government of the Punjab. (2019). *Institutes*. Retrieved from <https://sed.punjab.gov.pk/institutes#4>
- United Nations Children's Fund (UNICEF). (2013). *Children and young people with disabilities fact sheet, May 2013*. Retrieved from https://www.unicef.org/disabilities/files/Fact_Sheet_Children_and_Young_People_with_Disabilities_-_2013.pdf
- World Health Organization. (2001) *International classification of functioning, disability and health*. Geneva (Switzerland) Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf;jsessionid=7EF9C5511C8870D4255414C091ABEB26?sequence=1>
- World Health Organization. (2008). *The global burden of disease 2004 update*. Geneva, Switzerland. Retrieved from https://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf
- World Health Organisation & The World Bank. (2011). *World report on disability*. Retrieved from https://www.who.int/disabilities/world_report/2011/report.pdf
- Xiong, N., Yang, L., Yu, Y., Hou, J., Li, J., Li, Y., & Jiao, Z. (2011). Investigation of raising burden of children with autism, physical disability and mental disability in China. *Research in developmental disabilities*, 32(1), 306-311.
- Yeo, L. S., & Tan, S. L. (2018). Educational inclusion in Singapore for children with physical disabilities. *Asia Pacific Journal of Education*, 38(2), 175-186.