STUDY GUIDE
M.A. and M. Ed. Special Education

HANDICAPPED PERSON IN THE COMMUNITY

(Code No. 673)
Units, 1 – 9

DEPARTMENT OF SPECIAL EDUCATION
FACULTY OF EDUCATION
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FOREWORD

The course "Handicapped Person in the Community" is an endeavour in continuation of Allama Iqbal Open University's efforts in teacher training prgramme of Special Education.

This course covers most of the educational aspects and problems faced by the handicapped persons in the community.

Handicap is a social deviation when environment is negatively stigmatized; majority of the handicapped feel difficulty in adaption to the environment. This course highlights strategies for psycho-social adjustment of the handicapped persons.

Only few developing countries have adopted labour market policies designed to encourage employment opportunities for disabled people. This course provides all possible ways to train disabled youth for employment.

I take this opportunity to express my appreciation to the leadership of Dr. Mahmood H. Butt, vice Chancellor, whose continuous inspiration and incentive played a supportive role in the process of revision of the courses.

While appreciating the tiring efforts of the course team and faculty members of the Department of Special Education, particularly Chairman, Dr. Muhammad Mahmood Hussain Awan and course coordinator Mrs. Shaista Majid who reviewed and updated the study guide in a detailed and exciting manner. I am grateful to all those persons who extended their assistance in the preparation of this study guide.

Like any other initial efforts of the university, the revised version of this course is being offered on trail bases. Comments and suggestions from readers, particularly course students and tutors would be appreciated and incorporated whenever deamed suitable by the course team.

Prof. Dr. Zafar Iqbal
Dean, Faculty of Education

PREFACE

The study guide titled “Handicapped Person in the Community” of M.A. and M.Ed Special education has been reviewed by Mrs. Shaista Majid, Assistant Professor, Department of Special Education to update the knowledge of Special Education teachers, vocational teachers and counselors involved in education training and rehabilitation of persons with disabilities.

This course will help in providing knowledge for bridge the theoretical and practical gap among the diagnostic team, teachers, parents and service providing agencies.

My special gratitude goes to Prof. Dr. Mahmood H. Butt, Vice-Chancellor, for his keen interest in the activities of Special Education Department by providing professional guidance and necessary resources to update this course.

I would like a thank all those who have given their valuable comments in the preparation of this study guide and reader. I am thankful to Dean, Faculty of Education Dr. Zafar Iqbal for providing conducive atmosphere to update this course within stipulated period. I appreciate the efforts of course coordinator Mrs. Shaista Majid who worked very hard to meet the targets.

Dr. M. Mahmood Hussain Awan
Chairman,
Special Education Department

OBJECTIVES OF THE COURSE

It is hoped that after going through the course materials with the help of this study-guide, the students should be able to:

1. Appreciate the problems of growing up with disability and developing a handicapped identity.
2. Visualize the normal parent child interactions and how they are affected 'by the handicap.
3. Understand the medical approaches to the handicapped.
4. Become helpful in making psycho-social adjustment of the handicapped in the community.
5. Identify the work needs of disabled people, aims and scope of vocational rehabilitation.
6. Comprehend the complexity of the concept of community
7. Understand the consequences of various impairments and role of the technical aids in self maintenance and education.
8. Compare the relative cost of care for the handicapped in institutions with that at home.'

INTRODUCTION TO THE COURSE

This study-guide consists of nine units of the course "Handicapped Person in the Community". These units deal with different areas concerning the handicapped person. The main focus is on education, prevention and rehabilitation of the handicapped.

Almost all the suggested material is extracted from foreign sources as this is a pioneering effort and experience of its nature in Pakistan. You may not sometimes find these in accordance with our own cultural context but it is designed for providing understanding and competency in the field so as to enable us to evolve our own set-up and sources.

Each instructional unit provides material for a two-week study. Introduction of the unit gives a brief description of the unit followed by specific objectives of the unit. Every sub-topic contains exercise while every unit is summed up at the end by Self Assessment Questions to give you an overview the whole content of the unit. Self evaluation is an integral part of distance teaching and an important technique of learning. Self Assessment Questions are meant for self judgment of your understanding of the concepts. If you feel difficulty you should not get worried, take rest for a while, get fresh and have a second reading.

Reading material

Each sub-topic is provided with compulsory reading material. Brief commentary/ theme of the reading material is given after referring to compulsory reading. The compulsory readings are compiled into the allied material. It is recommended that you should go through your "Reader/allied material" present in your study packet and also available in the regional office of AIOU. This activity will help you to attempt "Exercises and Self Assessment Questions" and the assignments of this course.

Workshops

Workshops are compulsory component. Workshop for each course is held by the regional offices of AIOU. In the workshop course concepts are taught by the experts. You may find this opportunity the best to learn and exchange your ideas with the teacher, coordinator and your classmates in the discussion sessions of the workshop.

Assignments

Assignments are the compulsory component of the course. Success in assignments qualifies you to enter the examination hall. For this half credit course, like other courses, you have to submit your assignments to your tutor within due dates. Please remember, medium of instruction of this course as well as of Assignments and Examination is English only.

Tutorial support

To complete your course successfully, tutorial support is provided. This support is not in the form of lectures. This is an opportunity for you to discuss your academic issues and difficulties with your tutors who are professionals. Please be regular in your

Tutorial meetings at the proposed centre and seek necessary educational guidance from your tutor. Tutor will also evaluate your assignments and return the same with his/her remarks. These assessments will help you to improve your understanding and the way of attempting examination questions.

Activities

This is a compulsory component of the course. This is the structure which involves your understanding, and provokes your thoughts in planning for practical situation so it provides you with an opportunity to apply the thoughts of others and your own and then putting them to test situation. It is better to discuss the activities with your fellow students, colleagues and tutors. This will enrich your vision and plan.

Assessment

Students will be assessed in the following manner.

(i) Assignments: Students are required to score at least 40 per cent marks in each assignment.

(ii) Final Examination: Final examination will cover the whole course material (1-9 units). Students have to score at least 40 per cent marks to qualify the examination.

These two components contribute 30:70 respectively in final grading of the students. It seems necessary to mention here that students have to qualify each component separately and to score at least 40 per cent marks of the total to pass. Failure in any one component accounts for total failure in the course.

Final grade will be determined as under:

40%. to 54%	C
55 % to 69%	B
70 % to 79%	A
80% and above.	A +

UNIT NO. 1

HANDICAPPED PERSONS AND THEIR SPECIAL NEEDS

Written by
1. Muhammad Javed Iqbal
2. Mrs. Shaista Majid

CONTENTS

INTRODUCTION

Special education is a dynamic enterprise. It is basically individualized in nature and aims to meet the potential of handicapped by constructive planning. This planning may include special materials, techniques and services as a result of which the handicapped can experience social respect and enjoy independent lives to their maximum potential.

Needs of the disabled are relative in nature. They relate to the nature of impairment and society's attitude towards impairment. Needs should be diagnosed and assessed in an objective manner. Recognition of special needs will assist the planner to re-shape the discipline of special education by coordinating special services. Thus shift can make its way from survival and maintenance to maximum nourishment of the potential.

Basic terminology is of pivotal nature in developing understanding of a specific subject. It will be unrealistic to move further without having clear insight in basic concepts as, "there is continuing debate over definition of some of the most common handicapping conditions" (Hallahan & Kaufman, 1986). Some terms are used interchangeably and can cause confusion and ambiguity. A refined knowledge of the terms helps to have a clear view of problems related to specific degree of needs of the handicapped growing up in a heterogeneous and complex society like ours.

Objectives

After studying unit I you should be able to:

1. Differentiate between impairment, disability and handicap.
2. Recognize the relationship between the fundamental terms.
3. Acknowledge the difficulties faced by the handicapped.
4. describe special needs of the handicapped.

1.0 Definitions Related to Disability

It is important for the teacher that he/she first becomes aware of the definitional aspects of the area of disability. Let us read “Discrimination Based on Disability” from the following reading.

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability	1.1

1.1 Impairment

It is a basic concept of sub normality. It may base on medical, economic, legal, physiological or any other ground. Many authors have analyzed and defined the term “impairment” among these definite descriptions. We consult World Health Organization (W.H.O.), whose definition is medical based and is accepted and quoted world-wide.

"Impairment is any loss or abnormality psychological, physiological or, anatomical loss of structure or function".

As social and psychological conditions remain always under change, so it can be said that one who is impaired at a time may not be at another time.

1.2 Disability

Disability is linked with ,and based upon impairment. Like impairment, it has multiple causes and each cause contributes towards disability. Before we study this concept in depth, let us have again a definition of W.H.O. about disability in the context of health experience: "disability is any restriction or lack (resulting) from an impairment of ability to perform an activity in the manner or within range considered normal for a human being". Further observation was made in 1980's by W.H.O.

According to these:

(i) Impairment and disability may be visible or invisible, permanent or temporary, progressive or regressive.
(ii) Impairment may not proceed to handicap via disability.
(iii) Social and environmental factors may increase or reduce the handicapping stage.

The following pages describe ‘disability’ in an interesting way:

Retrieved on 15 March 2007 from http://www.capegateway.gov.za/pubs/news/2004/dec/95240	Cape Gateway EASY Access to government information and services	1.2

Michael Oliver devoted a full chapter to comprehend disability. Let us study some of the relevant pages from it.

Michael Oliver	Social Work with Disabled People. pp.33-39	1.3

Disability refers to culture, its structure and norms. It may have medical or social root or both. Different cultures assign different values to disability.

Definitions of disability are based on:

(i) Static condition.

(ii) Functional Loss, clinical condition, functional limitation of everyday activities, disability as deviance and disability as disadvantage are five grounds for definitions noted by Townsend.

But functional assessment of disability has three dimensions (i) Impairment (ii) Disablement (iii) Handicap, as referred by Harris Buckle in the light of research conducted by the Ministry of Health, London.

Townsend criticized Harris' study on his limited definition and put forward his operational definition on wider boundaries.

1.3 Handicap

Handicap is the result of impairment and disability. It is socialized disadvantage as commented by David Thomas. Again we refer to W.H.O. definition based on health experience i.e. a handicap is a disadvantage for a given individual resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, social and cultural factors for that individual).

The meaning of the concept of handicap differs for children and adults. It is the result of social-psychological interaction which is continuous, not continual process evolved from impairment and it is important to note that cultural diversity may assign different values to the people having same kind of disability or impairment. Let us read the following reading for further enhancement of knowledge.

North Carolina Division of Motor Vehicles 1100 New Bern Avenue, Raleigh, N.C. 27697-0001	APPLICATION FOR HANDICAPPED PLACARD FOR PERMANENT DISABILITY REGISTRATION CARD	1.4

1.4 Definition of Handicapped Person

A person is said to be handicapped whose personality is severally affected by prolonged influence of impairment or disability, which restricts activities.

Jerry refers handicapped as "individuals who because of impairments and disabilities are adversely affected psychologically, emotionally or socially". Handicapped persons may function normally in some situations because their handicapping condition is civic based more than anatomical & physiological.

There is no single agreed definition of a handicapped person. Every scholar puts forward a definition according to what he assesses with his professional eye, while handicapped persons have their own definition according to their own views about themselves.

According to some authors handicap covers least size of population but impairment covers largest. Impaired person is said to be handicapped when others react to his impairment negatively and continuously. Let us read the following reading for further clarification.

Retrieved on 17 March 2007 from http://www.unhchr.ch/html/menu3/b/72.htm	Declaration on the Rights of Disabled Persons, Proclaimed by General Assembly resolution 3447 (XXX) of 9 December 1975 Office of the High commissioner for Human Rights	1.5

There are many systems of classification for the sub-normal but usually medical base is practiced e.g. muscular dystrophy can be further divided on the basis of causes and prognosis. Emotional, social, or mild disorder etc. is some other causes besides medical grounds.

In this regard British Department of Special Education (DES) framed a system based on educational needs and grouped the disabled as blind, partially sighted, deaf, partially hearing, physically handicapped, educationally sub-normal, epileptic, speech defected and autistic.

It is worthwhile to note that any other system can be evolved. Trend in practice is to emphasize the classification on psychological and educational needs but problem of such categorization of the handicapped is its subjectivity. Sometimes these controversies cause difficulties in adjustment to school and society.

Having gone so far you may feel a need for reinforcement. Please attempt it.

Exercise

l. Some part of body missing refers to _____

2. Functional inability refers to_____

3. _____is bases of reduced motor activities.
4. _____is ultimate outcome of impairment.
5. Functional capacity is important to_____
6. _____is the state when personality is affected.
7. Symptom to social role is_____

1.5 Growing up with Disability

As discussed in earlier pages disability and handicap is relative in its nature. Their meaning and intensity is determined by the attitude of the society. The worth allocation affects the adjustment, growth and life style of the disabled. Society can make life pattern easier, happier by providing economic, social & legal assistance and vice versa.

Earnest Siegel comments, "Many handicapped children including the minimally brain injured, often enter school late, spend time at home or in an inadequate setting awaiting proper class placement, and due to frustration, misunderstanding and shortage of individualized supportive facilities, drop out of school early".

For detailed discussion, please have an interesting reading.

Michael Oliver	Social Work with Disability. pp. 71-81	1.6

Disabled people enjoy less opportunities of public contact. They feel difficulties while initiating social interaction with non-disabled persons.

Special schools are criticized for their efforts and out put. According to Oliver's discussion lack of social interaction is a bi folded problem: (i) prejudicing of people in reacting towards the disabled (ii) The disable do not know how to act in a special situation.

By the advancement of age, necessity of marriage evolves. As marriage is not only sexual function but it has allied problems also e.g. housing, mobility. If husband is handicapped, problems may be of varied nature which affects the life pattern of partners. Their lives become difficult. They have their own expectations and people also have expectations from them without realizing the reality of situation.

Another different approach in this respect has been discussed in the pages referred below:

David Thomas	Social Psychology of Childhood Disability. pp. 11-13	1.7

Behaviour of the handicapped is the result of interaction with the society. This interaction is dual in its nature. Attitudes towards the handicap are not consistent in their nature and vary from mild to drastic; media pressure groups or economic factors influence the change in attitude.

Some writers view that when the social status of the handicapped is considered: the social sub-culture as compared with the normal, naturally restrictions is imposed on the disabled. These difficulties may be seen in seeking education and job opportunities.

The society which is positive in its approach accelerates the process of stabilization and social cohesion. In general each society categorizes disabled, and behaviour has "defining value in respect of predictability to the stereotype".

Every disabled person has his own perception of his body, skills and limitations. This perception draws a line between him and the non-disabled. Greater the deviation, the greater the personal insecurity.

Following pages further highlights the concept:

Retrieved on 15 March 2007 from http://www.ohioline.osu.edu/hyg-fact/5000/5210.html	Ohio State University Extension Fact Sheet: Family and Consumer Sciences Campbell Hall 1787 Neil Avenue, Columbus, Ohio 43210	1.8

I hope you have successfully gone through the suggested pages of David Thomas. Please attempt the following to check your understanding..

Exercise

1. Mention some basis of social behaviour of the handicapped.

   _____
   _____
   _____

2. Some disabilities restrict reciprocal behaviour. Please mention the possible reciprocal behaviour against each disability.

Visual disability _____

_____

Hearing disability _____

_____

Physical disability _____

_____

Mental retardation _____

1.6 Special Needs of the Handicapped

Impairment may be significant at the time of birth but many become prominent at developmental norms for children. Parents especially with impairment history should be conscious if any warning sign is observed in their baby. Acceptance of impairment, disability leads our focus to recognize special needs of the child, their needs should be "met with affection not with smothering". The needs may be primary or secondary in nature. Maslaw has reported some basic needs, psychological, safety, belongingness, esteem and self actualization, while Judith and Felicity divided needs into three major classes, medical, educational and social. Needs and services should be fussed together with spirit of sympathy, stimulation, and hope.

Warnock Committee's report provided a turning point in this regard as it has proved an axis for the special efforts.

Brennan has also contributed in this field. Surely these pages will provide better understanding.

Barennan	Curriculum for Special Needs pp.28-35	1.9

According to Brennan it is very difficult to establish a single agreed definition of special education needs as all pupils have special educational needs of some kind. In this respect, Warnock Report, is a landmark. It has an advantage of being "educational". After Warnock's Report, special educational needs based on "learning difficulty" were clearly defined in the Education Act 1981. Now in the field, two definitions are in function one is legal while other is educational.

Warnock's Report and the Act both accept that special educational needs extend over a range of mild to severe but according to Warnock may not necessary be permanent. Needs may differ in ratio also, single disability ,or a combination of disabilities demand an operational definition so that it may fulfill requirements of multi-aspects of need and this demand is met by Brennan in his discussion.

Discussion on special educational needs naturally gives rise to curriculum requirements. Every curriculum is developed in accordance with aims. Aims for all pupils are same but the degree of achievements of aims is largely varied.

Schools have to frame its activities curriculum in accord with the aims, knowledge, skills and values.

The range of special needs varies even within specific group. Ten groups are formed by National Bureau of Co-operation in child care while Guilford has formed nine groups. Warnock's Report emphasize the "specific condition" within the group. Mary Wilson is another contributor in this respect and puts forward four group classifications, on the other hand it is commonly admitted that multiply handicaps challenge the curriculum. Multiply handicaps have wide range with in a group which implies complex relationship between severity of disability and its effect on learning.

Exercise

1. Educational needs defined by Warnock Report are "Educational" How?
2. The common factors in Warnock's Report and Education Act 1981 (with reference to educational needs) are:

   _____

   _____

   _____
3. Enlist implications of Warnock's Report for special educational needs:
   1. _____
   b. _____
   c. _____
   d. _____
4. Wide range of special needs gives rise to curriculum problems; Discuss with reference to Pakistan.
5. Multiply disability generates more stress on curriculum. Quote examples from your environment in support of the fact.

Activities

Observe a visually impaired person for a full day and note the difficulties he faces in social interaction.

Self Assessment Questions

Q. No. l Encircle T if true F if false

T F (i) Spina bifida is one of the major causes of mental retardation.
T F (ii) The Major classification of handicaps is based on medical approach.
T F (iii) When a person has more than one disabilities the minor is emphasized.
T F (iv) Self is shaped by social interaction
T F (v) Broadly speaking, special educational needs are divided in three categories.
T F (vi) The greater the deviance from normal, the least the disability.
T F (vii) Secondary deviation stems from community.
T F (viii) The behaviour of a handicapped person is reciprocal to others.
T F (ix) Minton divides disability role in five classes.
T F (x) Disability classified on medical approach is not vague in general.

Q. No.2 Choose right one

(a) Developmentally young is substitute term for
(i) Physically Handicapped (ii) Mentally retarded (iii) Visually impaired (iv) Educationally handicapped.
(b) Affect on the handicapped of some factor of known origin is not always;
(i) Predictable (ii) Non-Predicable (iii) i & ii (iv) ambiguous to the handicapped.
(c) Communication in educational process is
(i) Conscious (ii) Cooperation (iii) Non-Cooperative (iv) i & ii
(d) Reaction to continuous love shown by the handicapped is
(i) Non cooperation (ii) Cooperation (iii) Neutralization (iv) Offensiveness.
(e) Handicap is said to be,
(i) Social disadvantage (ii) Social advantage (iii) Individual disadvantage (iv) Personal efficiency.

Q. No.3 Construct a relationship between impairment, disability and handicap.

Q. No.4 Suggest five possible ways to meet the difficulties of visually impaired and comment how a plan will meet them.

Q. No. 5 A handicapped person has sub-normal pattern of life. Why?

Key

Exercise of readings

1.1, 1.2, 1.3, and 1.4
1. Impairment.
2. Disability.
3. Impairment.
4. Handicap
5. Self Care
6. Handicap

Self Assessment Questions

Q. No. 1 (i) F (ii) T (iii) F (iv) T (v) F (vi) F (vii) T (viii) T (ix) F (x) T

Q. No.2 (a) iv (b) i (c) iv (d) 11 (e) i

UNIT NO. 2

HANDICAPPED CHILD IN THE FAMILY

Written by
1. Muhammad Javed Iqbal
2. Mrs. Shaista Majid

CONTENTS

INTRODUCTION

Usually handicap is a chronic state by its nature and lasts the whole life. Proper management may reduce its severity but a complete remedy is not always available: Responsibility of management of handicapped children mainly lies with the parents. Their contribution towards betterment constructs the life pattern of their handicapped child. Parents should be realistic in their love and help. Their stress free rational role can help in developing constructive personality. So, it is necessary to understand and accept the nature and degree of impairment. Effectiveness of parent's attitude can be seen in guilt free smooth social interaction of the handicapped with family and society. It also carries value to say that handicapped child in normal family alters the whole pattern of family life both qualitatively and quantitatively.

Consistency in attitude towards the handicapped, whether positive or negative, leads the child to perceive self picture. Parents are not the only ones who shape the self image of the handicapped but socio-economic influences are also important forces. Personality of the handicapped is joint reflection of physical and social environment along with heredity.

Limited income of family surely imposes frustration on the whole family and especially on the handicapped child. Security and social respect have hidden association with economic factors. Economic pressure puts limits on social relationship; it may increase social pressure on the family and the handicapped. It also creates gap between the chronicle age of the handicapped and his relative normal social development as noted by Thomas (1982).

Objectives

After completion of this unit you should be able to:

1. understand parents role on more scientific bases.
2. recognize the problems of over protection and negligence.
3. motivate the parents to help the child in gaining independence.
4. help the parents and the handicapped in better adjustment
5. assist the handicapped child in having positive self concept.

2.1 Normal Parent with Handicapped Child

Parents and nucleolus family is the first to come in contact with the handicapped. Identification of disability at early stage is important but the way it is conveyed to the parent is more important whether parents are told "skillfully or clumsily". Sometimes a person out of family identifies the handicap first, parents especially mother, is slow to recognize any disability in their child. On recognition of having a handicapped child, parents may feel shame, anguish, loss

of self-esteem, grief and shock, expected outcomes of these may also result in maladjustment of both parents and the handicapped child. But there are supportive services which can modify their cultural stereotype.

It is interesting to note that according to Thomas (1982) research has emphasized on initial reaction of parents, not on the development of positive attitude and relationship towards the handicapped child. If accurate information is made available it can provide security and emotional assistance to the parents as well as to the handicapped child. Cliff views supportive services as (i) visits (ii) development of knowledge based on skill and (iii) weaning phase.

After introductory lines, study of these pages will be fruitful.

Brain Frasser	The social Psychology pp. 40-43, 45-47	2.1
David Thomas	The Experience of Handicapped pp. 92-103	2.2

Brain Frasser is of the view that parents, attitude is the reflection of norms of the society, this may impose restriction on the handicapped and in this way sub-normality is facilitated by society's attitude.

Allen and Person suggest social treatment to the handicapped child as well as to the parents. Inadequate relationship between mother and her handicapped child also magnifies the whole situation.

According to Thomas, abnormality is social and biological in its very nature Stress on parents is natural on having a handicapped child. Hauerwes is quite right in mentioning the two-fold nature of responsibilities of parents: (i) fulfillment of basic needs (ii) protection from suffering.

Exercise

1. State two factors which shape the parental attitude towards their handicapped children.

(i) _____

(ii) _____

2. Enlist some supportive measures for better adjustment of the handicapped.

(i) _____

(ii) _____

3. Birth of a handicapped gives rise to stress. Mention some ways of handling the stress.

(i) _____
(ii) _____
(iii) _____

4. Discuss with some of your colleagues how family attitudes are formed. Record four reasons.

(a) _____
(b) _____
(c) _____
(d) _____

5. The society produces following negative feelings in the parents of handicapped child.

(i) _____
(ii) _____

Additional reading

John D. Kershaw	Handicapped Child Pp. 20-27

2.2 Neglect and Over Protection

The desire to be accepted and protected in early childhood is natural, this support' and security is provided by the family. The relationship of child to parents and siblings within home is thought to be a system or network of interactions and this is the major group who consistently and consciously affects the personality. It is also the primary institution through which a new born gets the concept of the living world around him.

Care taking is biological and psychological in nature but patterns vary according to culture. Mode and degree of care is not generally in line with actual needs of the handicapped. Parents attitude may be of over protection or neglect; this can cause deviation, the more the deviation the lesser the predictability of social behaviour. Ross (1961) claims that parent's reaction to their child is related to their own experiences of childhood.

No intensive research has been conducted on the neglect of the handicapped as narrated by Thomas (1982) but so far research shows that life for neglected handicapped is rough, unsure and cruel.

Warmth and positive attitude towards the handicapped is reflected in the degree of adjustment of the disabled. Another significant study is of Luke Off as referred by Thomas (1982). The parent's attitude of patronizing, over-protection and being overly sentimental effects the independence more than it affects the attitude of blind.

Brain feels that over protection is a relative individual term that may eliminate the stress which is necessary for learning. The primary root of over protection is at home and same is the factor behind the institutional over protection. It also restricts cognitive and social activities.

Now let us read Rosemary in this connection.

Rosemary Shakespeare	The Psychology of Handicapped. pp.52-54	2.3

Rejection of the handicapped is rare, but acceptance and consideration of special needs are two different aspects. Over optimistic attitude means not to recognize the limits of the handicapped and it leads to frustration. Modes of acceptance of child within family may vary, handicapped may be accepted as baby, not at later stages because his care needs more attention:

Over protection limits the independence and skill. Over protection is a term used when the handicapped is not allowed to have a part in activities which are not safety threatening.

James M. Gaudin, Jr. Ph.D. April 1993, Retrieved on 13 April 2007 from http://www.pantucek.com/cps/neglect.pdf.	Child Neglect: A guide for Intervention	2.4

Retrieved on 23 April 2007 from http://www.irishspartscouncil.ie/code/documents/childprotectionfarefactsheet.dc	Protecting your child with Disabilities and Additional Problems	2.5

Exercise

1. The factors that encourage normal behaviour of the handicapped are

   _____

   _____

2. Give two examples of secondary handicap;

   _____

   _____

3. Physical acceptance is less important than acceptance of limitation. Give examples

_____

_____

4. Acceptance of handicapped child is permanent in its nature because of

_____

_____

5. Geberak criteria of over-protection includes

_____

6. What are the results of over-protection as stated by Shakespeare?

_____

2.3 Self Concept

Development of self concept in early childhood is reciprocal to family's attitude towards the disablement. It is the depot of memory as commented by Abrar Ahmad (1986) which filter's down the experience. If the handicapped feel taking not giving, dependent not independent, rejected not accepted, anxiety and frustration will arise.

Realization of handicap and continuous frustration may lead the disabled to develop the concept of guilt and self pity which is evolutionary and not revolutionary process. Parents are not the only ones who contribute to develop guilt and self pity, pears and other family members also have a share. Repeated signals of depression and inferiority in the handicapped indicate the presence of guilt as described by Thomas (1982).

Our prior discussion on over protection and neglect also has relationship with self concept formation. The lack of self confidence about social competence, personal appearance and adjustment to impairment also counts in framing self concept. Low self-esteem may form guilt and self pity and may put limits on normal activities, autonomy, courage and leadership in the view of Erikson (1983).

David Thomas	The Social Psychology of Childhood Disability. pp.87-90	2.6

Experience of the handicapped in early years form the basis of self concept. At early age sensory motor development and their vocal development contribute to self. Programming for the handicapped at early stage should be made as close as possible to the normal. Self concept is also reflected in the behaviour of children but adults show varied responses. It is mutual interaction and perception.

According to Shakespeare, sick role is appropriate at early stages not at later. Behavioral results of handicapped are not in accordance with expectations but the life style along with disability shapes the behavior.

Pearlman and Scott	Raising the Handicapped Child pp. 11, 148 – 156	2.7

Self concept can be measured by self-report, observational and repertory grid method but commonly used is self-report. As mentioned by David, research results may be questionable due to the validity and reliability of problems in self concept measures. Girls with mental retardation seem to have high self-concept than boys. Garling House and Sharp's study indicates that family stress is "directly related to bleeding irrespective of level of self concept" in hemophiliac children.

Laura Scott indicates a pathway towards independence with security and safety. She discusses various components of independence. Assistance provided by parents: **basic** unit of inspiration, counts much both quality wise and quantity wise but quality a of prime importance. The parents should try to ignore the interruptions made by handicapped, at dinner. make him feel accepted. This will prove an enjoyable time for all of the participants. Self concept based on confidence gives rise to success in life but confidence in the handicapped is proportional to the trust fused in him.

Exercise

1. If a disabled person is not able to narrate himself, he is assessed as

   _____

2. Realization of handicap by the handicapped at early stage many result deterioration in his personality. Suggest some steps to avoid this.
3. Self concept is bifacial because of the following reasons.
   (i) _____
   (ii) _____
   (iii) _____
4. Please indicate the persons other than parents who contribute tremendously towards the amelioration of the disabled.

Additional reading

Kohaska and Brollin	Career Education for Handicapped Individuals. pp. 130-136

2.4 Fostering Independence in the Handicapped

As we have discussed that neglect and over protection hinder independence of the handicapped. Disability i.e. lack of organic function restricts one's abilities. For severe conditions, efforts for betterment do not seem to have much to contribute but the aim in such cases is to help the handicapped himself so that sense of responsibility may arise.

Independence may be in sensory perception, motor function, interpersonal relations. If possible the employment is one of the most important factors in attaining independence at adult life but type and nature of employment is of significant importance.

The more independence the handicapped gain, the lower the sub-normality will be. It creates higher degree of tolerance and greater consistency in behaviour.

David Thomas	The Social Psychology of Childhood Disability. pp.91 – 107	2.8

Over protection in early life deteriorates the child's personality, leaving lack or confidence in accepting the responsibility and leadership role. Feeling of self- worth can help the handicapped to be productive member of the society. If any success of the handicapped is rewarded warmly he will put more efforts without waiting for success. Capacity to avail a chance will contribute towards the feeling that life is valuable.

As we have based our basic definitions on health experiences (W.H.O.) impairment and body image are very closely related. Irrespective of loss of organ or function, it is parent's attitude which make life pattern healthy or unhealthy. In this concern handicapped should be encouraged to choose his clothes, hair style etc. If possible personal aids and hygiene should be given top priority.

Need of being respected is even more required in the cases of severely handicapped child and more care than even `qualified' is suggested.

Retrieved on 23.04.07 from http://specialneedsparenting.suite101.com/articles-efm/special_needs_learned_helplessness	Special Needs Learned Helplessness	2.9

Here is an exercise to check your, understanding.

1. Punishment to the handicapped is necessary where appropriate (p.150) for the following reasons.
   (i) _____
   (ii) _____
2. Add two more types of over protection to your material.
   (i) _____
   (ii) _____
   (iii) _____
3. Body care is related to body image because of
   (i) _____
   (ii) _____
   (iii) _____
4. Sense of competition arise from
   (i) _____
   (ii) _____
   (iii) _____
5. Taking part in the activities by the handicapped gives rise in him to a sense of _____
6. With certain limitations the handicapped should be treated as_____

Suggested additional reading

Diana	Daily Living with Handicapped pp. 5

2.5 Socio-Economic Pressure

No society allows its members to deviate from its verbal or non verbal norms. It is the general behaviour of the society which converts impairment into handicap. As the handicapped child is a living element of a number of overlapping groups e.g. home, pear group, working class so interpersonal and interpersonal behaviour of the handicapped is directly effected by the norms of

the society. Components of these norms exert pressure which carries economic aspect as well.

Economy of family has a prominent role in developing personality and life pattern of the handicapped. Money is a major contributing factor which alters the life style of family and ultimately effects the handicapped because money can not buy health but means to, health.

Handicapped persons from low-socio-economic groups suffer with much more difficulties in their adjustment as compared with well to do families. The primary care taker has to arrange the facilities for the handicapped and delivery of all such provisions depends upon the resources of parent's primary care taker.

Let us go through the following pages to have a good peep into causes and effects of socio-economic pressures on the handicap.

David Thomas	The Experience of Handicapped pp.54 - 70	2.10

Rosemary has discussed factors which influence the socio-economic circumstances of the family, in these employment is an important element. Nature of work and feeling of employer both determine the opportunities. Employer's attitude towards employment of the disabled often varies in different situations but least opportunities are provided for mentally retarded, especially on managerial and sales job.

In the previous years positive change has taken place in the society's attitude towards disabled persons. Considerable proportion of society still have negative attitudes towards employment of the disabled. If one handicap is accepted by employer there is more scope of adjustment for other handicaps. People of high socio-economic groups accept mentally and emotionally handicapped more than the physically handicapped. Nature of job and acceptance also has some co-relation e.g. for some jobs sound physique is basic requirement.

Usually handicapped person faces negative stereotype attitude while coming in contact with non handicapped, length of contact is also a contributing element in this regard.

Empathetic meetings with the handicapped can produce better understanding of needs and requirements of the handicapped.

Exercise

1. Aids facilitate the hearing impaired in their a.

   (a) _____

   (b) _____

2. Suggest some measures which can contribute towards better adjustment of the handicapped who is member of low socio-economic segment of the society.

   (a) _____
   (b) _____
   (c) _____

3. The broad social factors creating deviant behaviour in the handicapped in Pakistan are

   (a) _____
   (b) _____
   (c) _____

4. Mostly employers hesitate in providing job to the handicapped due to:

   (a) _____
   (b) _____
   (c) _____

Self Assessment Questions

Q. No. l Encircle T if the statement is true, F if it is false.

T F (i) Parents' Attitude forwards handicapped children is not biased in general.
T F (ii) Attitude of parents always magnifies the degree of severity of handicap.
T F (iii) Support for disability should be provided to the whole family.
T F (iv) For parents of visually handicapped, feeling of grief are immediate at birth.
T F (v) Employment under limitations, is known as open employment
T F (vi) Depression may be a result of guilt.
T F (vii) Over protection increases flexibility.
T F (viii) Cognition is the factor which constitutes the persons' attitude towards himself.
T F (ix) Continuity of memory and experience produces the awareness of self in children.

Q. No.2 Choose correct one.

(i) In self development of children who contributes longer
(a) teacher (b) parents (c) siblings (d) none of these

(ii) Rejection to handicap depends upon
(a) subjective severity (b) objective severity (c) acceptance (d) level of expectation.

(iii) Positive self respect will be propagated in the handicapped if they enjoy.
(a) love (b) rejection (c) shock (d) over protection

(iv) Feeling of incompleteness at the birth of the impaired child may lead parents to loose.
(a) self respect (b) self integrity (c) a and b (d) none of the these

(v). Over protection of handicapped child is relative to
(a) age (b) level (c) race (d) a and b

Q.No.3 What measures can be suggested for the parents to protect the handicapped? How can avoid over protection?

Q.No.4 "Dreams scatter when parents come to know of having a handicapped child" Please comment.

Q.No.5 Construct a relationship between restriction and dependency.

Q.No.6 Give some examples of negative social pressure.

Q.No.7 If socio-economic pressure is canalized in a proper way, what will be its effects on the handicapped.

Activity

1. Select a family-with a handicapped child record their feelings about the handicapped.
2. Observe the life of a handicapped person for day, note down the attitude of handicapped towards himself and others.

Key to Self Assessment Questions

Q. No. 1 (i) T (ii) F (iii) T (iv) T (v) F (vi) T (vii) F (viii) T (ix) T Q. No. -2 (i) b (ii) a (iii) a (iv) c (v) d

UNIT NO. 3

THE MEDICAL APPROACH TO THE HANDICAPPED

Written by
1. Muhammad Javed Iqbal
2. Mrs. Shaista Majid

CONTENTS

INTRODUCTION

Parents have so many questions in their mind about their disabled children on their first visit to clinic. These questions are usually about causes, nature, and treatment of the impairment and implications imposed by the impairment on the present and future life pattern of their disabled children. Although new surgical methods, increased knowledge of etiology, advancement in chemotherapy, preventive measures, application of electronics to diagnoses and management have made great contribution to the treatment and management of the handicapped yet limitation of medical profession are still there as a doctor cannot grow limbs or manufacture a lens for eye, cannot alter genetically outcome at post-natal stage.

When handicapped child is in clinic, emphasis is laid on diagnosis and maintenance of residual function organ. Diagnosis should be sought through physical examination or clinical investigations. It should be made accurate and comprehensive up to the maximum but the possibility lies that diagnosis once made may be inappropriate at another time. For complete assessment, history of the family of the disabled should also be considered, as the handicap is inseparable component of his environment and heredity. It also helps to have a more stable picture of the disability.

Careful history record generally supplements the information gained by clinical tests. Clinical tests may be applied when screening the causes and confirmation of diagnosis is required. For treatment purpose handicapped child may be referred to physician, surgeon, therapist etc.

The treatment and prognosis may be short term, long term or life long. Expert's opinion, 2nd opinion even 3rd opinion may be sought before confirming any cause and determining the line of action.

In the treatment process, human factor may hinder or facilitate the management of disabled child. Child's first visit is of vital importance especially for the mentally retarded. Physician should be sympathetic even emphatic in his behaviour. The initial contact should be/made in an attractive atmosphere e.g. room may have beautiful cartoons, pictures etc. Physician should not only examine the handicapped but also look into the future of the handicapped. It is not always possible to develop a remote goal or plan for the handicapped at early stages. Physician may not have full picture of impairment in spite of his dedication in observation and depth of professional insight and skill.

Objectives

After successful completion of this unit you should be able. to:
1. Explain causes of impairment.
2. Describe genetical disorder.

3. Refer the handicapped to the possible concerned specialist.
4. Appraise diagnosis and assessment procedure method.
5. Appreciate the contribution made by medical services to the handicapped.

3.1 Categories of Disabilities

A widely used system of classifying disabilities was drawn by Dr. Agerholm. It was designed to improve the quality of statistical information collected by the Department of Employment. The main division of the classifying system was as under:

1.	Location Handicap	Mobility, poster, manipulation
2.	Visceral Handicap	indigestion, excretion
3.	Visual Handicap	loss of sight, partial loss, perceptual disorder
4.	Communicative Handicap	receptive, expressive
5.	Intellectual Handicap	retardation, memory impairment
6.	Emotional Handicap	psychoses, behavioral disorders, drug addiction
7.	Invisible Handicap	metabolic disorders, epilepsy
8.	Visible Handicap	skin disorders, scar (David Thomas)

Retrieved on 23.04.07 from http://nhrc.nic.in/publication/documents/chapter4 Htm#ch4i	Discrimination on Disability	3.1

3.2 Visual Impairment (Definition and Classification)

Vision is one of the most important senses through which world is perceived. Visual impairment affects the human functioning as this leads to handicap. Classification of visual impairment in definite terms leads to transitional phase of assessment which aims at rehabilitation of visually impaired persons.

Visual impairment may be total (blind) or partial. Partial visual impairment varies depending upon the degree of loss of vision which affects every day life: A detailed definition, classification of visual impairment can be better understood by consulting the following.

W.L Heward and M.D Orlensky	Exceptional Children pp. 333 – 341	3.2

Snellen's chart is a tool for measuring visual acuity in general. For example 20/ 200 means that an object which can be seen at distance of 200 ft. clearly by normal eye is only seen at the distance of 20 ft by the eye with low vision.

Kauffman, Hallahan classify the visual impairment into legal and educational. Legal definition is used by law people and medical experts which is pertinent to our discussion but educational definition is of no less value. Partially sighted are those whose vision falls below 20 / 70.

Before moving ahead let us have some check.

1. A blind person is that whose visual acuity is less than
2. 20 / 200 means partially sighted. Person with this acuity can see the object at a distance of
3. With 20 / 70 visual acuity a person is said to be
4. Central of vision can cause loss of central vision.
5. Eye and camera are visually

Suggested additional reading

Patton et-al	Exceptional Children in Focus. pp. 114-118

3.3 Hearing Impairment

Man is differentiated from animal because of his developed communication. Ear is also one of the major sensory organs through which perception of world is attained.

According to Alice "Children with hearing lose from 20-26 decibels as measured by pure-tone or speech audiometry are generally classified as hard of hearing". Children with hearing impairment can be identified only as they come in contact with others, otherwise seem to be normal. Ear is medium effecting on the brain giving sense of hearing. For detailed study please go through the pages suggested below:

W.L Heward and M.D Orlensky	Exceptional Children pp. 280- 297	3.3

Conductive deafness is deafness which is due to disturbance in the perception of sound. It is further divided in cochlear and retro-cochlear or neural.

Exercise

1. _____ hearing impairment cannot be treated.
2. Middle ear diseases can cause _____
3. Classification on the basis of amount of hearing deficit is _____
4. Congenitally deaf means _____
5. 26-54 db loss refers to _____
6. Explain conductive deafness.
7. In classroom causes of functional deafness may be

(i) _____
(ii) _____
(iii) _____

3.4 Mental Retardation

Every disease causes emotional disturbance. This instability is much more significant in the diseases falling in the category of mental retardation. This abnormality may be organic or functional.

Mental retardation may be by birth or gained afterwards. AAMD classify as mild, moderate, severe and profound while American educators divide as educable, moderate, severe and profound while American educators divide as educable, trainable and custodial. Mild mental retardation is not identifiable apparently and needs not be helped for very long but others require assistance for a long time. Need of help is directly proportional to the degree of severity.

Exogenous and Endogenous is another classification. Exogenous: due to brain injury and Endogenous refers to heredity and environmental factors.

Let us see how this concept is described in the following reference.

W.L Heward and M.D Orlensky	Exceptional Children pp. 85- 112	3.4

Mental retardation is commonly and usually seen as subnormal mental ability. The changes in the concept of mental retardation are complex in their nature as causes are not fully known yet.

Experts form different disciplines have put forward their definitions on mental retardation. Each definition, classification hits the mental retardation in a different but specific way. Cantor has bifacial criterion for assessing this abstract concept. While definitions of mental retardation made by AAMD cover adaptive behaviour and intelligence both. This is adopted by American Psychiatric Association also.

Incidence and prevalence are two somewhat basic terms used but often confused in mental retardation. Incidence means occurrence of new cases in a specific period (usually one year) while prevalence includes cases which fall under category of incidence and also cases already in picture. Usual occurrence of mental retardation is said to be 1-3 percent of total population. Occurrence of mental retardation varies with age level but highest rate of incidence is during 5-18 years.

While defining mental retardation, one has to decide the parameter of definition. AAMD definition includes both mental retardation, a developmental framework and adaptive behaviour but choice of parameter is most difficult i.e. what to include and what to exclude some parameters are common in more than one definition. Drew et-al mentioned six parameters which are common in classification.

Symptom etiology is basic parameter used in mental retardation. AAMD classified mental retardation into ten divisions. Mental retardation associated with other conditions occurs more frequently and about 75-88 percent of total of mentally retarded population fall into these divisions. It also means that only a small percentage falls in other categories.

Adaptive Behaviour

In classification of mental retardation made on adaptive behaviour, many difficulties occur. When adaptive behaviour is based as parameter, it has no prefect correlation with intelligence while measurement of adaptive behaviour is not always valid or reliable hence it cannot be standardized.

Adaptive behaviour depends upon age, environment, culture, previous opportunities of learning. Medical professionals also "frequently employ classification on syndrome description", Syndrome titles are usually after the names of pioneer expert of technical, clinical terminology employed in diagnosis.

Additional reading

Patten et-al	The Exceptional Children in Focus. pp. 52-55

3.5 Physical Handicap

Physique plays an important role in life, any check even by non-sensory disability on a child puts limitation on its development. Physical handicaps deshape the body, being very much visible disability goes to handicap easily as it is a social stigma in its nature.

Before we move to 2nd part of this Block, please go through the following pages.

W.L Heward and M.D Orlensky	Exceptional Children pp. 376 – 398	3.5

Physical handicap is the result of born with or attained defects. Causes before and after birth are so many which lead to physical handicap. Occurrence of physical handicap is greater than any other impairment and much more diversified. And no narrow classification has yet been reached though non-sensory element is common in all definition/classification.

It is generally a visible handicap although hidden ones are also present such as tuberculosis, congenital defects of heart etc. Beside these, others are muscular dystrophy, accidents, after affects of poliomyelitis, bone. Muscle and joints problems, some physical losses are age related handicap become severe with the advancement of age.

Now please check your understanding.

1. _____ is an example of combined physical and mental retardation.
2. When physical handicapped is _____ education can make difference.
3. Congenital heart damage is an example of _____ and _____.

3.6 Diagnosis and Diseases

3.6.1 Visual Impairment (Diagnosis, Diseases)

Written by
Muhammad Javed Iqbal

Reviewed by
Dr. Tariq Rashid Toosy

Eye is one of the main media of perception. Any defect in vision can cause hindrance in smooth living and learning.

"Most of the visual impairments in school-age children are a result of event occurring prior to, during or shortly after birth (Hatfield, 1963). A significant portion of visually impaired children have cataracts (clouded lens) or retro lent-al fibroplasias (caused by excessive oxygen given to infants). Many severely visually impaired children have eye problems caused by a condition that also affected another biophysical system. Consequently, for a significant portion of these children, the visual impairment is just one of several impairments caused by a single prenatal disorder or pathogenic agent (e.g. rubella)" (Payne et-al, 1983).

Classical causes of blindness can be eradicated while congenital and developmental causes cannot be cured as our knowledge of field of genetics is still limited irrespective of rapid progress made in the field of genetics.

Partial impairment and low vision are generally caused by myopia is among the most common diseases and grows with the growing of age. Weakness caused by myopia is arrested from growing further when body height is fully developed

Irreversible nature of blindness requires greater attention. If blindness is there, focus should be made on attainment of confidence and development of other special senses.

Treatment by medicines like antibiotics does not contribute in congenital diseases whereas surgery has come to play a greater role. In congenital cataract, the removal of lens in the first month of life and correction with glasses has become common where as in children the intact ocular lens implantation is the treatment of choice. Medical treatment like antiglaucoma drugs can help a congenital glaucoma.

Most children are longsighted at the time of birth. If not hereditary, proper and regular visit to ophthalmologist can prevent the child to fall in the group of low vision.

According to them acuteness of vision can be discussed in three categories while test of low vision falls into four. These tests may be administered individually or collectively. Discussion has been made on distant vision. Low vision test includes reading of different prints, contrast sensitivity-vision, colour perception and field of vision.

Myopia is the most common eye disease in which rays of light make a blurred focus in front of retina. In high myopia research has shown that short sightedness grows even after adulthood and the image is constructed by rays in front of retina. Concave lens (–) can be helpful in the correction of myopia vision while hypermetropia can be corrected with the help of convex lens (+)

Astigmatism

In this ailment the radii of curvature of cornea are different and rays passing - through lens form a blurred image on retina thus transmitting depressed image to brain. Astigmatism can be treated with cylindrical lenses. It is worth while to note that now remedy for severely affected is also available (contact lenses, radial keratotomy).

Albinism and Aniridia are inherited diseases and their treatment is poor

Glaucoma is another threat to vision. It may cause serious impairment. It is caused by inadequate aqueous drainage. It can have association with other age problems. It results in irreversible damage to retina, optic nerve and fields of vision.

Hemianopia

In this condition vision is only in one half on each retina. It is due to some diseases in visual pathway and macula is not involved in this disorder. It may appear at any time in life. Squnit may supplement already existing visual problem.

Nystagmus

Nystagmus is an involuntary deviation of the gaze followed by a return of the eyes to their original position.

It may be the principal sign of a vestibular disturbance or paralysis of certain ocular muscles especially the external rectus. Ocular nystagmus may be irregular where as vestibular is rhythmic, never lasts more than three weeks and is always accompanied by vertigo or dizziness.

Macular degeneration

Reduction of central vision caused by a syndrome which affects fovea and macula.

Optic atrophy

A disease of optic nerve which is medium of transmission of electric impulses to visual cortex of brain. It has multiple affects and linkages.

Retinitis pigmentosa

It is progressive impairment, may result in tunnel vision and night blindness. Its progress may be high in adolescence. Vitamin A can be helpful in night blindness.

Squints

It is a disease in which eyes do not focus on the object simultaneously and cannot fuse the separate images of eyes in one. It may be due to paralysis of extra occular muscle or may be congenital in nature.

Self Assessment Questions

Q.No.I Encircle T if true F if false

T F (i) The most common loss of colour vision is red yellow
T F (ii) Aniridia: absence of iris
T F (iii) Hemianopia originates in visual path ways.

T F (iv) When image is formed beyond macula the condition is known as myopia.
T F (v) Disturbed image refers to astigmatism
T F (vi) Albino: lack of colour pigment.
T F (vii) Child with squints does have difficulties in focusing.

Q.No.2. How squint is assessed?

Q. No.3 Describe some subjective ophthalmic examinations?

Q. No.4 Write a brief note on (a) Myopia (b) Optic Atrophy.

Q. No.5 Discuss the common causes of total and partial blindness.

Activity

Please visit a home of visually impaired child. Discuss with his parents about the measures they have taken for the maintenance and improvement of vision. If necessary guide them according to your sub-unit.

Key

(i) F (ii) T (iii) T (iv) F (v) T (vi) T (vii) T

3.6.2 Hearing Impairment (Causes, Conditions)

Written by
Muhammad Javed Iqbal

Revised by
Dr. Tanweer Sarwar

Every organ has its own role to play which makes it unique. Ear is no directional sensory organ which performs three functions. First is to detect rational movements of the head, second is to maintain balance while third is to detect sound waves of specific frequencies and then transmit these to brain .for interpretation.

Ear is mainly divided into three parts, external, middle, and internal. Every part is complex in its formation but middle and internal are complex in their function also. For hearing purpose, each element is important. Disorder. of any part may cause hearing impairment i.e. disturbance in transmission or interpretation. It is invisible impairment as compared with others.

A normal person can identify the waves of frequencies ranging 20-20,000. Ear is more sensitive to 1000-3000 Hertz but 125-8000 Hz are more important as this is speech sound range.

Causes of deafness are not yet fully known, some may be meningitis, inherited, German measles in early pregnancy, brain damage during labor, jaundice and certain drugs.

Medical and surgical treatment carry a little sign of profit to the severely impaired (congenital and nerve damage). Main focus of treatment is on the infection of ear. Care and management supplement each other in auditory training.

It has been proved that early detection of handicap makes it minimum. Screening and diagnostic tests are two major classification of the test. Mostly' used screening tests are sound field test, and behavioural test. Neo-natal Screening test is based on changes caused by sudden sound in heart rate, respiration rate, head movement, body activity, muscle tone, head jerk & eye blink.

Tests can be administered only by expert and long duration may be required to note reflex responses. Autopalpebral reflex (eye blink response) is most common in sound responses and efforts have been made to make it objective.

Micro-process-based-systems can be applied at neo-natal stage, crib-o-gram, audiotry response cradle while high risk registry is an alternative method of identification of babies at hearing risk.

The PAM responses are carried out routinely in all children who attend health clinics. Important of these is distraction test, it has value both as screening and diagnostic test. In spite of all these, tests have some problems and pitfalls.

Pathological conditions causing conductive deafness in children.

1. *Eustachian Tube Dysfunction:* It is due to negative mid ear pressure.
2. *Middle Ear Fluid:* Fluid in middle ear can cause impairment by stiffness.
3. *Ossicular Discontinuity:* v: Scarred or Flaccid tympanic membrane ossicles high than normal, even free movements of tympanic membrane and ossicles become the cause.
4. *Otosclerosis:* Middle ear pressure is normal but the movement of the stapes is below normal.
5. *Tympanic Membrane Perforation:* Perforation may be accidental as a result of some insertion. If there is no air pressure difference across tympanic membrane, there will be no vibration in the tympanic which results in deafness.

Exercise

1. Function of hearing test is _____
2. In screening test error may be up to _____
3. Physical responses to sudden sounds in new-born are:
   (a) _____
   (b) _____
   (c) _____

(d) _____
(e) _____
(g) _____

4. Post-Auricular Myogenic Response refers to _____
5. Sleeping babies response on PAM as _____
6. Signal based on smell not on sound is known as _____
7. Child can act according to signal heard at the age of _____

Activity

Discover a student who is partially hearing impaired. Try to locate the disorder by observation and simple techniques.

3.7 Mental Retardation (Etiology, Disease, Management)

Written by
Muhammad Javed Iqbal

Improved and Reshaped by
Dr. Iftikhar Ahmad

Mental retardation may be defined as a subnormal state of intellectual development. It is a discipline where many professionals like physicians, psychiatrists, psychologists, sociologist, educationists and religious experts operate together. All these help mentally retarded in the process of treatment, management and growth.

It seems necessary to categories mental retardation so that help can be provided in management and prognosis. I.Q. assessment technique may be utilized for this purpose and such individuals can be categorized in the following manner.

Term	I.Q. Range or Level
Mild mental retardation	50-55 to approx -70
Moderate mental retardation	35-40 to 50 -55
Severe mental retardation	20-25 to 35 -40
Profound mental retardation	Below 20 -25

Source. H.J. Grossman (ED) Classification in Mental Retardation Washington D.C. American Association on Mental Deficiency, 1983.

Features of Mental Retardation

Features of mental retardation depend upon the age of the retarded and severity of the case. In mild mental retardation (educable) the individual is capable of making moderately satisfactory social adjustment and can gain self support in

jobs not requiring abstract thought, though the individual is poor in academic achievements. Such individuals constitute about 85-90o of the total. While in moderate mental retardation (trainable). the individuals usually identified in the early life because of delayed development of milestones and may have physical defects also. The individual may look after himself and may be employed in a sheltered type of occupation. Such type of individual constitute about 5 - 10 e of the total

The severe mentally retarded and profound mentally retarded individuals are usually dependent on others for care and may have multiple disabilities requiring specialized medical care. Such individual constitute about So.

In general, in the preschool age, the child may have distractibility, short attention span, hyperactivity, easy stimuli and sleep disorders etc.

Etiology of Mental Retradation

l. Prenatal causes

It is the period which ranges from the fertilization of the ovum to the delivery of the baby and any adverse effect on the f^{e}tus will affect tile intellectual level of tile child.

(a) If maternal and fetal infections like rubella, syphilis, toxoplasmosis occur during pregnancy especially in the 1st trimester then the changes of defects in the child are far more.
(b) Fetal irradiation (exposure of mother to radiation e.g. X-Ray)
(c) Kernicterus (Bilirubin encephalopathy). It commonly happens when the mother has a negative blood group and the fetus has positive. (The antibodies develop against fetal red blood cell and destroy them leading to severe jaundice due to high level of bilirubin and this bilirubin gets deposited in brain cells causing severe damage.
(d) Pre-natal indefinite causes associated with placental insufficiency like toxemia of pregnancy. maternal medication, maternal smoking and taking alcohol, nutritional deficiency, trauma etc.
(e) Genetically associated causes.
    (i) Chromosomal abnormalities like Down's Syndrome, Klinefelter Syndrome, Turner's Syndrome, Cri-Du-Chat Syndrome.
    (ii) Disorders of metabolism due to lack off certain enzymes involved in protein, carbohydrate and fat metabolism like phenylketonuria galactosaemia cerebral lipidosis etc.
    (iii) Cranial anomalies like micro-cephalic, congenital hydrocephalus.
    (iv) Cerebral demyelinating diseases.
    (v) Cretinism, metabolic disorder due to thyroid hormone deficiency.

2. Natal causes

This period constitutes the process of delivery. It is a very critical period and an\, mishandling will affect the future life: During this period more common causes can b c listed as below

(a). Birth injuries
(b) Increased duration of labor (prolonged labor) either due to maternal defects or position of baby.
(c) Hemorrhage (bleeding)
(d) Anoxia (lack of oxygen supply) due to any reason.

3. Post natal cause

After delivery any adverse condition may have stress on the normal growth of the baby and following conditions may affect the intelligence severely.

(a) Cerebral infections like encephalitis, meningitis (b) Cerebral trauma
(c) Poisoning like carbon mono-oxide poisoning or lead poisoning and others
(d) Post-immunization encephalopathy (e) Epilepsy

Some common conditions are presented in some detail for better understanding.

l. Down's syndrome on mongolism

It is one of the most common ca uses of mental retardation. It's incidence is 1.s per 1000 live births. It is an autosomal disorder with an additional chromosome at the chromosome's pair No. 21. So it is also called as trisomy 21. The Chances of having a child with Down's Syndrome largely depend upon the age of the mother. "More such children are born to women under 20 and especially over 40 (Hallahan and Kauffman, 1986).

The clinical diagnosis depends upon the presence of mental retardation along a variety of physical manifestations like disorders of growth of skeletal system, particularly of skull. There is usually upward slope of eyes, protruding tongue due to small oral cavity, flattened head interiorly and on the back. There is short stocky stature or heart defects may be present. I.Q. score ranges from moderate to severe retarded stages.

The effect of early stimulation and education programme may result in the improvement of mental functions.

2. Phenylketonuria

It is a genetic disorder transmitted by autosomal recessive gene. There is deficiency of an enzyme which normally converts phenylalanine (an amino acid) to tyrosine to be excreted from the body thus absence of this enzyme. the level of phenylalanine in the blood and other body fluids rise progressively after birth and may

start depositing in the brain resulting in mental sub normality, ranging from moderate to severe along with schizophrenic behaviour. The child may have blue eyes, must odor along some skin lesion.

As the phenylalanine appears in the urine early detection and management is possible by simple test of urine. Thus mental retardation can be prevented by avoiding taking milk and foods containing this amino acid.

3. Cretinism

It is condition which results from deficiency of thyroxin, a hormone secreted by the thyroid gland. During and after birth up to 2-3 months of age, the symptoms are not visible but gradually as the growth proceeds on due to the lack of hormone result in physical and mental retardation. The child may have puffy eyes with a protruded tongue and a large belly and small hands and feet. They usually have umbilical hernia. Mental retardation ranges from moderate to severe.

4. Epilepsy

Epilepsy or fits or convulsions due to abnormal electrical discharge in the brain may occur alone or in combination with mental retardation. The convulsions may be generalized from the onset when discharges occur simultaneously through out, the cerebral cortex or focal, remain localized. Convulsions are common during infancy and more common causes include acute infection, cerebral malformation, acquired lesion of brain and it may be idiopathic (cause unidentified), generalized epilepsy manifests itself by jerky movements of the whole body with loss of consciousness which remains for a period of 3 minutes. There may be tongue bite and urinary incontinence. The child may sustain injury. If the tits occur repeatedly in succession, the condition is called status epileptics.

There may be petit-mal epilepsy in which the attack consists of transient loss of consciousness of very short duration in which the child neither falls nor shows toxic spasm though slight rhythmic movements of head or eyelids may occur. The E.E.G. shows characteristic pattern of waves. Many other types of epilepsy occur. Seizure may be focal, characterized by localized movements limited to limbs or by auto-matism like smacking of lips.

When the epileptic tits start in early life and are not controlled by drugs, there may be progressive mental retardation. So when a child presents with such fits, every possible effort should be made to identify the cause before the diagnosis of idiopathic epilepsy is made.

Management of Mentally Retarded Individual

Critical use of psychological tests, evaluation of physical status, knowledge and understanding of family and social background are essential for diagnosis and appreciation of contributory factors. Management includes detection, treatment and rehabilitation of such individuals.

Certainly prevention of development of mental retardation should be the first item on this list. The most important aspects in the prevention of mental retardation are centered in pre-conception and pre-natal factors. Many disorders related to mental retardation are associated with chromosomal abnormalities and are identifiable. Similarly many metabolic disorders are of genetic origin for example.

(i) As the incidence of Down's syndrome increases with the increase in maternal age, so physicians and social workers can encourage the couples to have their children at early age.

(ii) similarly certain metabolic disorders like phenylketonuria and galactosaemia may he diagnosed at an early age by routine screening. Mental -retardation resulting from such disorders can also be diagnosed earlier.

(iii) Appropriate use of immunologic agents to prevent infection and contagious diseases, careful and specialized management of labor and early intervention in the lives of mentally and other handicapped children would eliminate many instances of mental retardation.

(iv) In cases of Rh- incompatibility between mother and fetus, as the affected fetus may have high level of bilirubin in their blood which can lead to mental retardation. as explained earlier, exchange transfusion immediately after birth may prove helpful. Intra uterine transfusion of blood is also possible to avoid this complication in future. Rh-immunoglobulin (desensitizing drug) should be injected within 72 hours of delivery to the mother so that she may not develop antibodies against future pregnancies.

Thus one of the most important contributions that can be made in the prevention of mental retardation is early identification of mothers and infants at risk and their specialized management.

Treatment and Management of Mentally Retarded Child

The effective management of a mentally retarded child is a complex problem and requires different disciplines to co-operate in this task, like.

(i) Role of Physician

(ii) Role of Community Sources: The physician can seek help from community like day-care centers, special schools, social organizations and religion. Our religion places great emphasis on welfare and management of such individuals and Imams, Khateebs can play an important role.

(iii) Parents Organizations: These seem to be helpful in facing the situation as parents with common problems gather and exchange their views and experiences, with reference to their mentally retarded child.

Self Assessment Questions

Q.No.1 Mark True or False

(i) Mild mental retardation ranges from 50-70o of total mentally retarded. T F

(ii) The period between fertilization of ovum to the delivery of the baby is the safest period. T F

(iii) Maternal smoking and alcohol intake leave a bad effect on the growth of the fetus. T F

(iv) Incidence of Down's syndrome increases with the increase in the age of mother. T F

(v) Slight mistake in managing the labour may hamper the growth of the system of newborn. T F

(vi) Down's syndrome has certain physical features which characterize this condition. T F

(vii) Down's syndrome is a treatable disease. T F

(viii) Phenylketonuria, the main reason for mental retardation is disruption of nervous tissue by phenylalanine. T F

(ix) Phenylketonuria can be diagnosed at an early age by different tests. T F

(x) Cretinism is a treatable condition if diagnosed in early life. T F

(xi) Epilepsy is a common cause of mental retardation. T F

Q. No. 2 Development during the prenatal period and the time immediately after the birth is the most critical period in the life. What are your comments on this statement?

Q. No. 3 Enumerate the genetic causes of mental retardation. Discuss in detail any two of them.

Q. No. 4 *What is the role of preventive measures in decreasing the incidence and severity of mental retardation.*

Q. No. 5 Discuss in detail the role of community in the management of mental retardation.

Assessment/activity

There may be some mentally retarded individuals in your locality. Please record the clinical picture of such an individual and suggest various possible steps for improving the life pattern of the affected individual.

Additional reading

Bartman	Cerebral Dysfunction pp. 127-142
Drew et-al	Mental retardation pp. 160-182

Key
Q.No. 1 (i) T (ii) F (iii) (iv) T (v) T (vi) T (vii) F (viii) T (ix) T

3.8 Physical Handicaps (Causes, Conditions)

Written by
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Revised and Improved by
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A handicapped child can be defined as one suffering from any continuing disability of body, intellect or personality which is likely to interfere with his normal growth, development or capacity to learn.

About 10o of the children are handicapped. The rate of occurrence of certain physical disabilities has been rising in the last two decades to a considerable extent.

The majority of handicap fall into the categories of physical, mental and emotional.

Physically disabled are those who have non-sensory limitation of function creating interpersonal and intrapersonal problems. Physical handicaps may be motor or sensory. The greater proportion of those with motor handicap has either cerebral palsy or spinal palsy. The latter is associated with spina bifida. Other motor defects result from congenital dislocation of the hip & congenital or acquired limb deformities.

Children with physical handicap may develop emotional handicap but it is rare. The prevention of emotional problems is one of the major aims of therapy for children who are physically or mentally handicapped.

The classification shows a variety of range of physical handicap which may lead from mild to severe, temporary to permanent disability. In addition to the congenital defects a bulk of causes is there which may contribute their share in the formation of physical handicap as Jarkly & Wilson's view quoted by Kuffman & Hallahan.

In this section we will deal with physical handicap as primary dysfunction and will not discuss other allied secondary problems such as visual impairment and hearing defects associated with a physical handicap.

A normal I.Q. can be facilitated by sound body to get the maximum potential. But physical impairment may put hindrance in developmental process ultimately forcing one to live subnormal life both economically & socially.

Cerebral Palsy: Cerebral palsy can be defined as persistent but not unchanging disorder of movement and posture appearing in early years of life caused by a nonprogressive disorder of the brain.

Incidence: 2-2.5/ 1000 of childhood. There is greater occurrence of disease in children of mothers with low socio-economic status.

Etiology: The group as a whole has no common etiology. Cause of the disease may be in pre-natal, natal or post natal period. In majority of cases the abnormality originates at or before birth; pre-natal anoxia represents the most important single factor though pre-natal infection and birth trauma may play a role. In approximately 10-15ro of cases, condition is acquired after the birth. Cerebral palsy is more common in males and a high proportion of cases are in the first born.

Classification

Classification of acquired cerebral palsy depends on limb involvement and inadequacy of motor function. Denhoff summarizes the whole situation as hemiplegia, diplegia, quadriplegia, paraplegia, monoplegia, triplegia and double hemiplegia.

Cerebral palsy due to motor disorder is of three main types.

Spastic (80) athetoid and ataxic (20): Research has proved it to be a complicated developing disability. Hearing defects, visual impairment, speech impairment and mental retardation are the common disabilities associated with cerebral palsy,

The prognosis as regards life, depends largely on the extent and nature of the cerebral damage, the onset of symptoms, the degree of mental development, the quality of home-management and the occurrence of intercurrent infection. The most severely affected patients are likely to die in infancy while many others survive to adult life. Prognosis as regards functional improvement is largely

governed by the intelligence of the patient and the age at which intensive rehabilitation and education are commenced.

Little improvement can be expected in patients with severe mental sub normality, where as in those with normal or superior intelligence, prolonged training may render them as useful members of the ¯community even where the initial physical disability is great.

Spina bifida: It is a congenital defect resulting form failure of closure at the lower end of the neural tube. Spina bifida may occur at any level but is most common in the Lumbo-region. It is frequently associated with hydrocephalus. "When the spinal cord involved in the defect, the nerve supply to the lower limbs and sphincters is affected and varying degree of paralysis and loss of sensations result." Spina bifida alone does not affect the intelligence. Treatment lies in the surgical repair of the defect.

Poliomyelitis (Infantile paralysis): It is a viral disease, affecting the anterior horn cells of the spinal cord particularly the lumbar and cranial region and motor nuclei of the cranial nerves.

This results in gradually increasing weakness of the muscles of extremities, particularly of the lower limbs. Intelligence of the child is not disturbed. The incidence of the disease has decreased in the areas where mass vaccination has been practiced.

Muscular dystrophy: This group of heredofamilial disorders of the skeletal muscles is characterized by progressive weakness and wasting of various groups of muscles.

The conditions are usually familiar but sporadic cases are not very un-common. Various clinical types are described but one set of muscular dystrophy is very insidious and symptoms commonly appear before the 10th year of life.

Although muscular dystrophy is compatible with life a proportion of cases die due to cardiac failure or respiratory infections.

No form of treatment has been found effective but regular exercise is desirable and occupational therapy and education are of great help in rendering the child's increasing disability more tolerable.

Arthritis: Pain in or around the joints or both is referred as arthritis. It is supposed to be a disability of adulthood and older people but any one of any age

group may fall victim to this disease. Rheumatoid arthritis is the most common disease of joints and muscles affecting children. The condition occurs in both sexes but with a slightly increased incidence in the girls. It may start at any stage of infancy but the peak age of onset is between 2-5 years. The disease is marked by repeated exacerbations and remissions. As a general rule the child is more seriously incapacitated following each attack and with more joints involved.

Under the umbrella of congenital malformations are club foot, scoliosis, perthes disease, arthrogryposis, and osteogenesis imperfecta are important. These may render minor to major disabilities from impairment to handicapping. As we are living vehicle life, accidents are the other factors which cause physical handicap. Asthma, rheumatic fever, tuberculosis, hemophilia, cancer and even adolescent may contribute towards physical handicap.

Acquired cardiac defects: Developments in medicine & medical technology has reduced the frequency of occurrence of acquired defects. Recovery may be attained if disease-damage is not irreversible, but education and maintenance may lead child to live close to normal.

Asthma: It is caused by allergy, emotional disturbance or infection. The cause may be combination of the three. Asthma attacks may disturb schooling of the child on change of season. Before administration of any treatment, it is better to investigate specific factor responsible for asthma. Emotional factor is very complicated.

Diabetes: It is an endocrine disturbance. It can be controlled by small quantity of insulin with controlled diet but it will require heavy doses of insulin if diet is not controlled. Diet quality and quantity depends upon family finance also.

Self Assessment Questions

Q. No. l Fill in the blanks:

(i) The most common type of C.P is _____

(ii) oxygen deprivation includes _____

(iii) Extreme bitterness of bones is called _____

(iv) Entrance of virus is generally through _____

(v) A child with cerebral palsy can have good adjustment if his/her_____ is good.

(vi) In poliomyelitis, neural damage is due to _____.

Q. No.2 Discuss cerebral palsy?

Q. No.3 Enlist psychological and educational disturbance caused by accidents.
Q. No.4 Spina bifida is an important cause of physical disability. How?
Q. No.5 Musculo-skeltal conditions may lead towards physical handicap. Make a commentary with examples.

Activity

Visit an orthopedic ward, calculate the percentage of impairment caused by accidents at that time and then classify them into mild and severe.

Key

Q.No. l (i) Spastic (ii) Anoxia & hypoxia (iii) Osteogenesis imperfecta (iv) Oropharyrgeal route (v) Intelligence level (vi) Direct virus multiplication.

Additional readings for the whole unit.

Michell	Diseases in infancy and Childhood. pp.370-382
Vugham, Victor C.	Nelson Text Book of Pediatrics pp.713-721, 1412-1415, 1423-1425

UNIT NO. 4

PSYCHO-SOCIAL ADJUSTMENT OF THE HANDICAPPED

Written by
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CONTENTS

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INTRODUCTION

"Behaviour is the movement of an organism or of its parts in a frame of reference provided by the organism or by various external objects or fields" (Skinner, 1938). Another conceptually sound and comprehensive definition of the concept is put forwarded by Johnston *and* Penny Peeker (1980): According to them; "Behaviour of an organism is that portion of the organism's interaction with its environment that is characterized by detectable displacements in space through time, of some part of the organism that results in a measurable change in at Mast one aspect of the environment".

Behaviour is a continuous process which moves through these developmental stages with time.

(i) Continuous and orderly
(ii) Results in long lasting changes.
(iii) Results in more advanced, superior type of functions.

Every growth is similar but also unique while socializer's reinforcement, punishment and modeling also share in psycho-social adjustment. Society approves some types of behaviour while it also condemns some other types of behaviour. In developing behaviour patterns, chemical actions in brain join with rearing practices, teaching etc.

Greek physician saw behaviour as a result of four bodily fluids in human-blood, phelgm, yellow, bile choler, and black bile Alberto (melancholy).

Another valuable study is of Thomas, Chess and Brich (1968) who divided behaviour into nine categories; i.e. activity, rythimicity, approach to withdrawal, adaptability intensity of reaction and threshold of responsiveness, quality of 'mood, distractibility, attention span and persistence.

Human-behaviour remains extremely difficult subject matter (Skinner, 1969) while research has proved that study of abnormal behaviour *is* much more difficult and it may be due to some disorder of chemical or structural balance of body i.e. biochemical, bio-physical. Many explanations of behaviour pattern may be found in Sigmund Freud's stage theory, stage theory of Piaget, Kohlberg and Turiel's theory of mood development. So adaptive and maladaptive behaviour pattern are learned and learning is result of consecutive events.

Behaviour assessment as defined by Linehan "is to figure out the clients' problems and how to change it for the better. While assessment, in the opinion of Hawkins et-al

(1979) and Cone and Hawkins (1977), proceeds through these stages.

1. "Screening and general description
2. Definition and general quantification of problems or desired achievement.
3. Pin pointing target behaviours to be treated.
4. Monitoring progress. 5. Follow Up',

Analysis of behaviour is an aspect which ultimately counts in adjustment, analysis may be carried out before, in or after assessment. It is a debate of psychiatrists, psychologists, social workers, teachers, judges, legislators and handicapped themselves. All of these are concerned with appropriate behaviour development. While planning for appropriate behaviour one should distinguish between facts and opinions. If for a moment, we ignore all psychological and social aspects, man emerges as a machine. A machine with impairment cannot function to its full capacity so an engineer is required to maintain and repair it. In this way disabled persons also need rehabilitation. Human body has different systems which function rhythmically. Any disturbance in function needs to be tackled on wider front. Expansion in scientific and technological boundaries has developed new horizons of services for the handicapped. A multidisciplinary, community based rehabilitation design can bring desirable results because of its flexibility.

Objectives .

After successful completion of this unit you should be able to:-
1. observe behaviour pattern of the disabled objectively.
2. compare various assessment techniques.
3. help the handicapped children in attaining target behaviour.
4. recognize the need of community based rehabilitation programme.
5. discuss the role of different experts in rehabilitation.
6. identify, the link between the services of different rehabilitation experts.

4.1 Normal and Exceptional Pattern of Behavior

"Every structure has a foundation. The modern science of child behaviour is built upon bricks of history, theory and methodology" (White, Hurst and Vasta, 1977)

Patterns of child rearing practices vary from family to family, from generation to generation. Consistency in these help to promote behaviour growth, which is the function of interaction between organism and environment. The biological aspect determine various stages of appearance of behaviour at appropriate developmental levels while the environment provides stimulation for behaviour development.

Many of the behaviour disorders are due to serious faults in the emotional aspect of rearing. It is believed that emotional aspect is partly a biological process. It also has physiological basis. Aggression, dependency and prejudice precipitate behaviour disorder because human behaviour is interdependent with other people. Children usually learn to behave the same way as adults interact with them. The perception gained in this regard is an important factor in the development of behaviour. ,

Every child grows in his own culture. Behaviour which is appropriate in one culture may not be acceptable in another culture. It may be normal or abnormal in accordance to the cultural pattern because each culture has its own set of beliefs and behavioural. We may look into various styles of growth as there is variability in behavioural manifestation of human nature.

Stimulation and deprivation have their specific effects. Positive stimulation may have a positive response while deprivation may cause a negative one. While making provision for stimulation, timing and duration of its administration may be considered. Effects of positive reinforcement are deep, tender and rewarding in its nature.

Body conditions such as strength, energy, state of senses have relationship with efficacy of different modes of behaviour, learning and adjustment i.e. physique associated behaviour.

In particular variations in physical energy and body sensitivity appear as important links between physique, structure and general behaviour.

The handicapped may show inferiority in feelings, self consciousness, lack of self confidence, fearfulness and depression as noted by Hewett and Froness (1984). Now let us study Kauffman (1985) who has analyzed the factors which influence child’s behaviour. Surely it will provide you a basis for better understanding of the topic.

kauffman	Characteristic of Children Behaviour Disorder. pp.93-97, 114-115	4.1

According to Kauffman, family structure provides a basis for behaviour analysis of the child. Role of father or mother and role assigned to child are complex. Father's absence and any other instability towards home structure, produces disorder in children's behaviour negatively, but all the factors that contribute towards disorder are not known yet.

Kauffman has discussed conceptual models of family influence on behaviour analysis of family interaction.

Let us have another reading in this regard.

Hewett & Froness	Education of Exceptional Learner. pp. 172-181, 183-188	4.2
Mary Anne Winslow Retrieved on 23.4.07 from http://ezineartides.com/?disorders-in-emotional-behavior&id=313754	Disorders in Emotional Behavior	4.3

Behaviour pattern is judged by primary criteria. The criteria established by Hewett and Froness have three components. Man is basically a social creature in his nature but quite a large number of elements affect him.

Visually impaired children: Visually impaired persons use their hearing capacity in social contacts but their social contacts remain uncertain and frustrated. They feel rejected. If blind are praised, their academic score rises. A study also suggests that suffering is due to social pressure not because of blindness. Studies on behaviour of the blind show that blindness does not cause psychological or developmental disturbance but the disturbance depends upon the experience the blind person has of his environment.

Hearing handicapped individual: The higher the loss, the higher the degree of difficulty of interaction. The behaviour of the hearing impaired is the result of isolation because of difficulty in conceiving emotions of their peers, hence deaf lack maturity of social interaction Deafness from early childhood produces stress, the influence of which can be seen in his behaviour.

Orthopaedically impaired child: Difference between aspiration level of orthopaedically impaired child and his actual capacity creates social problems. if orthopaedic problem is visible, the negative effect is more prominent on the child. Seizure disorder may produce irritability, temper outbursts and aggressiveness along with emotional change and ability (keating, 1961).

Diseases just like asthma and heart diseases produce psychological and social problems. A long duration of illness or hospitalization may result in low-self esteem.

Emotionally disturbed: Problems of the emotionally disturbed increase with the increase in number of people around them. They feel comfortable within a small group. They cannot establish reasonable, adequate social relations with people. This fear of competition is based on previous experiences. If others do not make contacts with' emotionally disturbed children the severity of detachment increases and they usually lack in role taking ability as compared to normal persons.

Speech handicapped persons: The behaviour of the speech handicapped is usually aggressive or of withdrawal. They are said to be nervous or fearful and shy or insecure. They usually have psychiatric disorder which is much more severe.

The physical appearance of mentally retarded person

Stigmatization, discrimination and rejection are result of mental retardation as concluded by Alioa et-al. The social conduct of mildly mentally retarded is immature but not anti-social. Over-protection may lead to dependency. As mentally retarded are slow in recognition of right and lack in internal control which results in an inappropriate behaviour outcome. They face more difficulties, more frustration and more disorder in behaviour. The retarded from low socio-economic or broken homes have low chances of social development. Retardation also effects capacity of friendship and decision making.

Exercise

Nuclear family is central factor in early development of child due to

(a) _____
(b) _____
(c) _____

2. The assumption of learning model is _____
3. Shortcomings of learning model are _____
4. Inter-actional perspective model elaborate the learning model in the following way _____
5. Abnormal features of mentally retarded may lead to _____
6. Negative effects of placing retarded child in regular class may be _____
7. Multi handicapping condition increases the degree of maladjustment. How?

4.2 Psycho-Social Adjustment and Handicapped

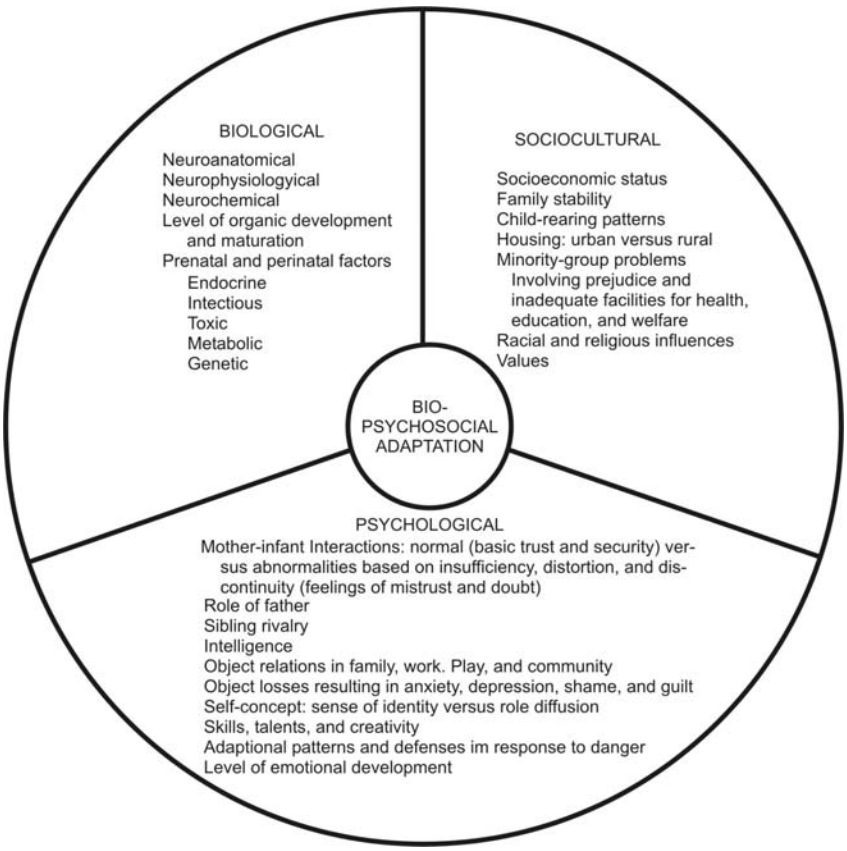
Disability is experience objectified in its nature while handicap is experience socialized (Philip and Duck Worth, 1985). So therefore, handicap is a social deviation when environment is negatively stigmatized; majority of the handicapped feel difficulty in adaptation to the environment.

In Pakistan social structure is mainly based on economic and cultural factors. Our socio-economic system has various classes; moreover lack of education in rearing of children is also accompanied by want of information about the management of disabled persons. Social; educational and psychological patterns are at present in a transitional stage. This process of change has implications for the rearing practices regarding the disabled which have become less helpful than in earlier times.

As normal children can develop emotionally and socially in a satisfactory way but handicapped children may show signs of maladjustment in their attitude, continuous maladjustment can cause defective moral development. Support and

positive attitude will help the handicapped in developing constructive approach to situations because any situation is the res[u]lt of so many interlinked factors.

The most favorable situation for adjustment for the disabled is the home- where disabled can gain optimum psycho-social adjustment. Family has received world wide recognition as the primary socio-cultural institution. The first contact of an impaired child is with his parents who provide biological and cultural heritage for adjustment. Close and warm interaction tends to provide stability and maturity adjustment. Living in society, cannot be free of tolerance without withdrawal and aggression. When a disabled person comes in contact with others, he is never sure what aspect of him will be used (Breachin et-al 1983). Either they will treat him as an object of pity, shame, holy innocent, sick; object of ridicule may concentrate on disability by imparting sympathetic response which gives psychological and social meaning to the adjustment of handicapped. For better adjustment, gentle, loving, consistent conditions are required. As a result of this psychological integration a rational personality evolves: sum total of thoughts, feeling and actions that a person habitually has in his future life (Linn, 1980). Linn summarizes the adjustment in a circle given below:



The following references will provide you more understanding of the topic

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Psycho-social implication of Disability	4.4
Kirk	Educating Exceptional Children pp. 372-377	4.5

Barker, "Study on Physically Disabled" concludes that maladjustment is common. The degree of maladjustment is greater, than that in normal persons, overall result of physical handicap. Degree of maladjustment is directly proportional to the longevity of handicap, but if crippling occurs at adult life, it does not affect the personality. Attitudes of parents affect physically handicapped children more than their normal peers.

Motivations: All children have some kind of aspirations. However, handicapped may have different or inadequate means of satisfying these, the gap between these can be bridged by proper motivation.

Affection and recognition: The urge to get one's worth determined by others is a natural instinct. Recognition of physical beauty, strength and ability occupy a prominent role in the social acceptance. When stress is on physical qualities, physically handicapped may feel depressed, but love for physically handicapped as a unique individual will help to eliminate this distress.

Self realization: Body image and self realization are interlinked. If crippled person is negative about his body, he should be helped to regain faith in 'his physical competence to enhance his body image.

Security: There are many types of security. If physically handicapped is provided with more security than required at home, then teacher should-adopt an appropriate attitude to balance it.

Frustration: As there is limitation associated with impairment the ways to fulfill the aspirations which are similar to normal children becomes limited. Response to frustration is aggression, physically handicapped may response in one or several ways as enlisted by Kirk.

The role of school: Studies have been conducted by experts whether it is possible to produce better adjustment in special schools or in normal schools. Both have their own advantages and limitations. It-is better to adopt a policy of integration to achieve good adjustment.

Exercise

1. Characteristics of physically handicapped as a group are
   _____
   _____
   _____
2. The findings of study of Bark et-al are
   _____
   _____
   _____
3. Grade some types of security required by the handicapped in your locality.
   _____
   _____
   _____

Additional reading

Millard	Daily Living with a handicapped Child. pp-87-89
Thomas	The social Psychology of Childhood Disability Chap-5

4.3 Assessment of Strengths and Weaknesses

Assessment of strengths and weaknesses of human behaviour aims to provide helps in most satisfying and effective living. Human behaviour is emergence of ' individual within culture. When we assess the individual we only assess the pattern through which an individual has reacted to the environment. The process of organization of experience and reaction to the situation is dynamic and continuous in its nature.

Assessment provides a view of individual identifies and evaluates his difficulties and traces alternative ways of action. It is not a single-area-based-process; psychologist should look for help from social worker, educator, psychiatrist and parents. There are many factors which operate together in the process of assessment which is collection, interpretation of information about a person and his situation. Another definition describes assessment as "description, explanation and prediction of behaviour of individuals in their natural situation."

Clinician is a man who is not biased, he is objective in. his approach and well informed about assessment techniques. In clinical setting usually projective techniques ¯are employed. Decision based on assessment helps the clinician to chalk out appropriate kind of treatment. The assessment also assists in decision

making of specific value e.g. entering in the institution, occupation entrance, marriage etc. Helpful "general aspects of decision theory, as mentioned by Sundberg, Tylor are:

1. *"Emphasis should be on payn off or outcomes not on specific techniques.*
2. *Questions of validity of tests or other assessment activities should be considered as problem of improving on existing procedure rather than improving on chance.*
3. *Strategies of assessment or whole sequences should be object of concern. One asks about the contribution of both test and non-test procedures.*
4. *Examination of values is fundamental to assessment; decisions are made that will maximize movement towards goals".*

Assessment should be administered positively and with ethical responsibility.

Here is Hogg & Sebbaa's work for your reference.

Hogg & Sebba	Profound Retardation Multiple Impairment pp- 148-165, 178	4.6

Impairment may affect the developmental task of an individual. Hogg and Sebba in these pages have discussed some techniques of assessment.

Intelligent Quotient (I.Q) or Developmental Quotient (D.Q) is the term used in traditional ways employed to measure intelligence but in measuring cognitive function. We have to adopt a different approach when we are considering mentally retarded. Psychometric tests have no concern with the developmental stages of child and do not give any clue how behaviour changes from one level of mental development to another level.

Inhelder's approach was extended to children who are profoundly retarded and whose sensorimotor development is delayed. Dunst pointed out differences between Piagetion tests and traditional psychometric tests both in terms of composition and style of administration.

SENSORIMOTOR ASSESSMENT

Uzgiris and Hurt's ordinal scales of psychological development: These were designed to eradicate the shortcoming of traditional psychometric tests and to tackle theoretical issue. Both psychologists argue that "Piagetion position is as yet unproven". That is, "achievement of same stage in different sensorimotor domains at the some time has not been demonstrated" while the Uzgiris-Hurt Scale is free of C.A. And Piagetion stage placement, high reliabilities were established for these scales.

Dunst's clinical and educational manual for use with Uzgirs and Hunt scales of infant development: In these, 73 items are spread over 7 sensorimotor

domain with 53 experiments. These are administered in more flexible manner. Information is collected on prescribed forms but Dunst gives details how these scales should be administered and how report should be established. These scales carry value for non-handicapped, retarded, multi-retarded and profound retarded.

Woodward's assessment of sensorimotor development: As noted by the authors there is bifacial grounds of interest for Woodward's work. She took two problems from each stage, iv, v, vi. Procedure for administration is made flexible while assessment procedure is on experimental basis. It is self explanatory in its nature and does not claim standardization.

Gourin Decarie scale of object permanence: This is basically designed for thalidomide children. Child is placed into one of sequential stages mainly of "Visual Manual Items".

The Corman Escalona scales of sensorimotor development: It is developed on the Piaget's observation. The scales developed are prehension, object permanence and spatial relations.

Preoperational assessment: Research in preoperational period is not as intensive as in sensorimotor development. Design of scales is more comprehensive when increasing differentiation of functions becomes prominent at the end of sensorimotor period and the beginning of preoperational period.

Let us read the following reading for further elaboration:

Retrieved on23.4.07 from http://pareonline.net/getvn.asp?v=2&n=4	Practical Assessment; Research and evaluation,2(4)	4.7

Exercise

1. Differences between Piagetion tests and Traditional psychometric tests are
   1. _____
   2. _____
   3. _____
2. Limitations of D.Q. and D.Q. are
   _____
   _____
   _____
3. Please discuss Woodward's Assessment of Sensorimotor Development.
4. Cognitive test spells out intelligence in the following way:-
   _____
   _____

Addtional Reading

Anastasi	Psychological Testing, 5th Edition pp.264-297

4.4 Multidisciplinary Approach Towards Rehabilitation of the Handicapped

Rehabilitation includes all measures aimed at

1. Reducing the occurance of impairment (first-level prevention).
2. Limiting or reversing disability caused by impairment (second level prevention).
3. Preventing the transition of disability into handicap (third level prevention) (Disability prevention and rehabilitation, 1981)

As this process involves many fields, it seems necessary to look into the guiding principles of disability prevention and rehabilitation before we study actual material.

An International Undertaking to bring about changes and improvements should be based on the following principles:

Expanded and more effective efforts to prevent childhood impairment are essential. They should be, for the most part, components of more general programmes for the development of health, nutrition, welfare and education.

Primary attention must be given to the preservation of the normal process of child development to the greatest extent possible. The validity of any intervention with an impaired child must always be measured by its relevance to normal child development.

The family is the most important instrument for the preservation of the normal child development process, and its capabilities to deal with the problems of impairment must be strengthened and supported.

Community-level resources and action, if motivated and fed with improved information can provide most of the support needed by families to overcome the difficulties resulting from 'childhood disability.

Relevant aspects of existing doctrines should serve as the foundation for such an undertaking.

-- accepted principles of child development;
-- the UNICEF concept of basic services for all children;
-- the concept of primary health care (PHC) as elaborated by the International Conference on primary health care in Alma-Ata in 1970, and similar approaches to the delivery of basic services for education, social development and vocational preparation. The application of the PHC concept to the health aspects of disability

is well described in the policy on this subject approved by the World health Assembly in 1976 (WHO, Geneva, A29 INF.DOC 1, 28 April 1976)*
-- concepts of technical cooperation among developing countries (TCDC).

(Extract taken from Assignment Children Spring, 1981).

Although valuable initial work has been done by N.G.O's, medical profession is also playing its role. However, efforts in the area need enrichment and expansion to cover a wider spectrum. Approaches to rehabilitation may be evolved on better health services, better nutritional practices, provision of basic and family education, strengthening of families and communities.

The poverty is one of the principal root causes of disability especially in rural areas of developing countries and it needs to be strongly emphasized. Poverty influences nutrition and child rearing practices also.

Let us study the Golden Sons' work.

Golden Son	Rehabilitation Professional pp.716-727, 730-734, 749-751, 758-761	4.8

In this reference, traditional professional fields and newly evolved areas have been discussed. GoldenSon divides professionals into medicals, non-medical and para medical categories. Fields which are relatively more important for Pakistan are included in the pack. Psychiatrist, radiologist, neurologists, ophthalmologist, pathologist, fall under the umbrella of medical specialists, while non-medical specialists comprise of rehabilitation psychologist, social worker, rehabilitation nurse, special educator, optometrist, speech pathologist, audiologist, orientation mobility instructor, and volunteer worker.

Another category of rehabilitation professionals comprises of allied medical and pharmaceutical professionals, genetic counselors, bio-medical engineers, osteorhaphy physician, orthotist and prosthetist, laboratory technicians.

Some of the rehabilitation professions may be new to our country but their important role cannot be neglected while rehabilitation, maintenance and prevention measures are being planned.

Self Assessment Questions

1. Family physician plays a key role in the rehabilitation process. Please comments if you agree. If not, then give reasons for disagreement.
2. Discuss the importance of pathologist and radiologist process.
   in the rehabilitation

3. Can you differentiate between the functions of a psychologist and psychiatrist?
4. The services of speech pathologist and audiologist can replace each other. How?
5. Optometrist and Ophthalmologist both deal with eye problems. Mention the differences in their function.
6. Discuss the role of para-medical staff in the rehabilitation process.

Additional reading

NICEF	Assignment Children pp. 43-55

4.5 Role of Community Based Supportive Programmes

Rehabilitation means returning of ability or helping the disabled person to manage better at home and in the community (Werner, 1987). It is a process of meeting the needs of disabled to make them self-reliant, productive for them and for the society. Rehabilitation also aims to create a new social set up which will be more accommodative to disabled person.

Effectiveness of community based rehabilitation depends upon the quality of opportunities on the areas such as economy, management, education, political will, and religious efforts. In a society like ours poverty plays a significant role in converting impairment into handicaps. Financial assistance to the disabled and help to their families in acquiring services and specific aids may be useful.

In the process of rehabilitation the role of professionals and therapists are extremely important. Experts can help the technician to develop artificial limbs which involves integration of knowledge with skill.

Another aspect which is of considerable importance is "Secondary Rehabilitation".

Medical professionals also place emphasis on the secondary rehabilitation. As the stage of handicapping is social in its nature, so rehabilitation should aim to prevent occurrence of impairment. It should be initiated from the point where it is thought to be important. The most concerned persons in this process are disabled themselves and their families but while providing support, it should always be kept in mind that the care and supporting services be made available to that extent which is required to develop the full potential of the disabled. So that they can become useful members of the society (Naseer, 1988).

World wide, there is no single. accepted rehabilitation programme. It is better, even necessary, to develop our own plan according to our cultural needs. The most prominent hurdle is non-availability of trained manpower, next constraint is the gap between identified national resources and requirement of rehabilitation programme. While planning, these two factors should be considered, specialized professionals are needed to be trained as co-workers at different levels of competencies. These may be family members of the disabled.

Decentralization of services and facilities may put wheels to the process of rehabilitation. Developing small community rehabilitation centers at small and remote places, utilization of locally available resources can help a common man to understand basic principles of rehabilitation. Depth in understanding of principles may make them to adapt the principles according to the situation being faced by co-workers.

The aim of rehabilitation process is to make the disabled functional. See child as child, abilities of disabled which are usually ignored should be given more importance than the disabilities. Basic focus should be on the child not on disability while planning for a community based rehabilitation programme.

Concept of community based rehabilitation has been discussed in an interesting and impressive manner in these pages.

Werner	Disabled Village Children pp.405-412	4.9

Community based rehabilitation programme is of two types, Top-down and Bottom up. Top-down programme is designed by governments and high authorities and people of the locality have to participate as directed by these agencies. In this programme decision are not made by community itself the responsibility of designing the programme lies with high authorities. In bottom up programme, community makes the plan i.e. according to the local needs of the disabled. They can adapt this from other communities; each of the programme has its own benefits and drawbacks.

Top-down programmes is easy to access as it is well organized by the government In this programme local community centre staff is usually not very popular as it lacks in leadership qualities. They may not be able to fulfill the objectives due to nonflexibility of plan.

In bottom-up approach when a decision is agreed upon, the plan becomes more interesting, meaningful and useful for the disabled. It may be highly flexible and can be adapted to every new situation.

The aims of rehabilitation programmes should be based on the needs of the disabled person and society's requirement. The programmes should attempt to integrate the disabled and non-disabled in the community. First involvement must be between disabled and their families. The rehabilitation programme should start-from the aspect which is most critical. Any person who is willing to, take a start in a rehabilitation work, is known as an agent of change Warner suggests that an agent of change should behave as "Counselor not as Boss". It will open up new horizons if we let the disabled provide leadership themselves in community based programmes.

A better scheme of rehabilitation can be planned as chain e.g. small villages should be linked with towns and then towns with resources and research centers. Any rehabilitation process should start from what is most important and in this respect; popular demands may also be considered.

Exercise

1. Enlist group activities which in your opinion can helpful in the progress of rehabilitation in villages of our country.
2. Rehabilitation centers have their own attraction for the disabled. Give four reasons.
3. A rehabilitation centre in a small community is fruitful because of _____
   _____
   _____
   _____
4. Goals of rehabilitation are
   _____
   _____
   _____
5. Following are the characteristics of bottom up programme of rehabilitation.
   _____
   _____
   _____
6. Features of top-down programme are
   _____
   _____
   _____

Self Assessment Questions

1. Fill in the blanks:

(i) Observational learning is an example of modeling and
   _____

(ii) _____ has an important role in utilizing phenylalanine
(iii) Encephalitis can result in permanent damage of _____
(iv) Loss of 85 decibels or more results in _____
(v) Exceptional is a _____ term.
(vi) Teacher's expectations affect student's _____
_____
(vii) _____
Consists of visual-manual items.

2. Discuss the role of educational therapist in rehabilitation.
3. Discuss Scale 1: the Development of Visual Pursuit and the Permanence of Objects.
4. Mention some measures which can help in social adjustment of physically handicapped persons.
5. Economically disadvantaged handicapped children face much more hurdles in psycho-social adjustment. How?

Activity

1. Please suggest some activities as can win the involvement of common man in a rehabilitation programme of the disabled of the community.
2. Visit the centers of handicapped in your town, record the activities which involve community in rehabilitation process.

Key

Q.No.I (i) Imitation (ii) Phenylalanine Hydroxyls (iii) Brain (iv) Deafness

(v) Relative (vi) Behavior (vii) Gouin Decarie's Scale of object Permanence.

UNIT NO. 5

WORK POTENTIAL AND VOCATIONAL OPPORTUNITY

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CONTENTS

INTRODUCTION

Prevalence of economic imbalance in the family and society is often due to meager resources which is a further set-back to the handicapped. The shadow of disability narrows down the career opportunity and adversely affects the working, efficiency and productivity to a considerable degree. More funds are required to maintain the physical and social status of the handicapped even by the primary caretaker. Vocational choice of services may be required for a limited period or may need to expand to a relatively longer period. These services focus on the working potential of the handicapped in such a way that minimization of discrepancies between" work potential and the labor market may be achieved. Education, age, health condition, work experiences and socio-economic conditions are variables of job determination. If the disabled are given an appropriate chance of work, potential will reduce the disability and promote rehabilitation.

For a productive and effective pattern of work, a career plan must be developed skillfully; perhaps vocational test should be utilized. Training may begin after specific academic achievement or both academic and vocational programme can be carried out together.

Vocational placement of the handicapped can contribute a lot to the national economy, as they constitute about 10 percent; 11.7 million* (Economic Survey 1991-92) of our total population. An astonishing and interesting result is indicated by the research that in terms of quality and quantity, the out put of the handicapped is, in general, better than those of their normal colleagues.

Objectives

After studying this unit you should be able to:

1. appreciate the significance of suitable available employment.
2. understand the difficulties caused by handicap in connection with work.
3. identify the hardships to the persons becoming impaired in adult life.
4. help the handicapped in transition from school to the labour market.
5. complement the efforts of the handicapped in vocational rehabilitation.
6. help to establish restore self confidence in the disabled person.

* Total population 117.32 millions on January 1, 1992. (Economic Survey 1991-92)

5.1 The Pattern of Disablement in Relation to Work

Vocational participation reduces economic worries and frustration of the disabled but the inappropriate selection of a vocation hinders efficiency rate, lowers down output-ratio, so that human dignity and respect lose their value. Emphasis should be both on collaboration of the Government and private sectors, the more there is coordination, the greater the maintenance, improvement and promotion of employment opportunities.

Disability adversely affects a person in seeking employment and in maintaining employment. For some types of severe handicap, there is hardly any opportunity for employment.

Parker & Hanson	Rehabilitation and Counseling. pp. 180-86	5.1

Baxt describes that the pattern of disability affects the selection of work. The constant nature of disability may mean confirmed limitation of the type of work as in case of blindness.

Early and timely provision of services for the handicapped has a positive relationship with recovery and adjustment. The longer the span of treatment and rehabilitation (both qualitative and quantitative) the wider the opportunities in labor market. Delay in normal development also postpones the learning of work skills.

Due to disability "millions of man hours" are wasted fruitless. The employer's attitude that does not employ a person with a handicap is not the only hindrance in job performance. Attitudinal, physical conditions and procedural requirements also act as barriers towards employment of the disabled.

Digest a supplementary reading:

Golden Son (Edit.)	Disability & Rehabilitation Handbook. pp.67-71, 85-99.	5.2

According to GoldenSon rehabilitation generally means to achieve self-sufficiency. A person can be in need of any of the 12 services listed in these pages. When a handicapped person is accepted for rehabilitation we have to decide the duration and scope of services to be rendered for him. While working on jobs, the handicapped are generally thought to be maladjusted even if they do not seem so. In this stereotype behaviour, the employer also contributes his share.

Self-employment is one of the suitable forms of employment which can be adopted at home. Self-employment has its own benefits of saving money and traveling

time, protection and safety. To find suitable and profitable work to be carried out at home is difficult in the beginning.

Sheltered workshop is a transitional employment for the disabled. Besides employment, it provides -opportunity for the disabled for having social contacts. Physical conditions of the plant should be considered carefully and workshop programme should be evolved through five stages as mentioned by Golden Son.

In the last, the operational aspect of a sheltered workshop should be based on a business pattern irrespective of the nature of employment.

Now have a check

Q.No.1 What is result of "No" (Be ship)? _____
_____

Q. No.2 Procedural barriers can be changed by _____
_____

Q. No.3 Factors which influence individual's accommodation at the work are

(i) _____ (ii) _____ (iii) _____

Q.No.4 Stereotype attitude is _____ attitude.

Q.No.5 Hydrophobia is an example of _____

Q.No.6 Disability is _____ in nature and should be dealt _____.

Q.No.7 List the stages of a sheltered workshop programme.

(i) _____ (ii) _____ (iii) _____ (iv) _____ (v) _____

Q.No.8 How can financial problems be solved by the handicapped? Mention some types.

(i) _____ (ii) _____ (iii) _____ (iv) _____ (v) _____

Q.No.9 Follow up is the path to the nourishment to any plan. Make comments on it.

Q. No. 10 From where can a disabled person get referral services in Pakistan?

For further reading:

Rosemary	The psychology of Handicapped pp.31-36
Warnock	Special Educational Needs pp. 184-192

5.2. The Need for Employment of the Disabled Person

The need of being respected is an intrinsic need of the adolescent age, the basic need of economic independence grows and disabled are more conscious of their economic independence. Their care and management cost much, causing disturbance to their mini budget particularly and to the family budget generally. To cope with this they need paid work if their handicap is not severe. Through their paid work, they earn their own income, so they can get rid of the over protective patronizing and generally unfavorable negative attitude of the public. He can modify and improve their self concept leading to a better social adjustment. The work needs of the disabled are recognized by every one but neglected in most cases.

For study in detail, go through these referred pages.

Hasan	Vocational Training for the Handicapped Children & Training Required. pp.15-17	5.3

Personal identity depends upon personal learning. This is also true of the handicapped persons as the handicapped persons are normal with some limitations. Acceptance of these limitations makes the handicapped persons productive members of society.

Mental retardation is a field which needs a full concentration of evaluation process. A typical programme should be established according to their mental retardation level. It is worth while to note that all efforts should be made in collaboration with all concerned professionals.

Exercise

1. Emotionally established handicap can find its way towards (p.16)
2. Emotional support is _____is its nature.
3. _____and _____ converts into handicap.
4. The deaf can choose every vocation except _____
5. A child with minor physical disability can be placed in normal structure keeping in view his _____
6. Mental retarded is the group which is more _____ in the attainment of vocation.

5.3 From School to the World of Work

Services provided at home are enriched and upgraded at school. Schools develop the abilities of the handicapped in accordance with national objectives and their aptitude and needs.

However, keeping in view the facts it is commonly observed that disabled students leave the schools with lower level of general education and occupational competencies. But following steps may facilitate the transition from school to the world of work.

1. *"leaching them to survey the `help wanted' section of the newspaper*
2. *preparing them to complete job application*
3. *explaining and discussing the necessity of applying to several employers*
4. *helping them to evaluate the various job possibilities through the use of the telephone*
5. *assisting them to recognize the necessity of appropriate dress in applying for jobs*
6. *providing training in communication skills necessary for job interviews with a potential employer*
7. *providing training and experience in working with fellow employees on the job*
8. *acquainting them with the necessity of arriving on time for job interiews and work*
9. *acquainting them with various methods employers may use to pay their employees, ranging from daily to monthly salaries*
10. *providing information on the deductions from pay that can be expected including state and federal income tax, social security, and any health and retirement benefits*
11. *instructing them on ways of banking and budgeting one's salary". (Miller and Scholess 1982)*

For detailed reading get help of your reader. Its emphasis is on the U.S.A. but it provides a comprehensive picture of the topic.

Kokaska & Brolin	Career Education for Handicapped Individuals. PP. 286-295	5.4

In the above stated reference, discussion has been made on vocational assessment which is essential before we plan and provide vocation for the handicapped. It starts from school and may continue even in the employment period. Assessment begins in the early years of schooling. Brolin constructs a very useful ladder, for work assessment throughout the schooling, based on clinical assessment. This is a logical foundation for the whole scheme but supplementary factors may also be kept in consideration. Work evaluation has four faces while work adjustment aims at providing more satisfaction to the employee and an increase in accuracy and complexity.

Job-site evaluation is an important factor before conducting vocational training as the work environment also controls the success of vocation.

For the severely handicapped, success in standardized vocational assessment tests is very low, as for hearing impairment, visual impairment, mental retardation also. Modification in the tests can be made in these but it gives rise to validity questions as each impairment has its own limitation and assessment problems.

Self Check

1. Vocational Assessment Techniques are necessary to identify _____
2. Psychological consideration means _____
3. Test on job is also called _____
4. To modify a hand driven machine into foot driven is an example of _____
5. Proper job try outs may result in _____

For additional reading

Healy	Career Development Counselling Through Life Stages. pp. 392-393
Warnock	Special Educational Needs pp. 164-168

5.4 Aims and Scope of Vocational Rehabilitation

The constitution of Islamic Republic of Pakistan aims to "provide basic necessities of life such as food, clothing, housing, educational and medical relief for citizens, irrespective of sex, caste creed or race as permanently or temporarily unable to earn their livelihood on account of infirmity, sickness or unemployment".

The aims of vocational rehabilitation if provided by the state, makes blueprint for rehabilitation services. Vocational rehabilitation is an aspect of rehabilitation which according to W.H.O. includes all the measures aimed at reducing the impact of disability and handicap to achieve social integration.

Every concerned corner i.e. family, government, private sector and community as a whole has to play its role effectively if vocational rehabilitation is to be achieved. In this connection we shall go through a valuable paper because of its reference to Pakistan.

Sardar Hadiayt Ullah Mokel	Vocational Preparation for the Integration of Disabled Persons. pp. 23-29	5.5

In Pakistan it is mainly the private sector which has paid attention to vocational rehabilitation, no planned effort was made up to 1984 by the Government.

Vocational rehabilitation involves multidisciplinary aspects focusing on secure and suitable employment. Vocational rehabilitation services should not be limited. It should be available to all the needy, irrespective of their age, race, caste,

nature and degree of disability. Vocational rehabilitation should be made an integral part of psycho-social rehabilitation and the national economy.

It is worthwhile mentioning that the handicapped person is a better worker if provided with stimulating training and if safety conditions are observed during work.

After studying the position in Pakistan, let us have a paper on vocational rehabilitation from "International Labor Conference" with special emphasis on women with disabilities.

STACE	Vocational Rehabilitation for Disabled Women. Pp. 308-314	5.6

According to STACE, the process of vocational rehabilitation started with the end of World War II. It was those with physical impairment who provided a base for this process. It aims to make handicapped person productive and self-sufficient. Disabled women are disadvantaged further in developing countries due to negative stereo-type attitudes. They are not supposed to be married but rehabilitation services should encourage the situation, so to enable them achieve financial independence. In developing countries, social security is low and disabled persons have to depend on their families for financial assistance.

It is time when vocational rehabilitation of the disabled should be recognized as a human right. While planning a rehabilitation programme, the social and financial needs of the disabled along with those of society have to be kept in mind.

As we have studied such a rich paper, it will be necessary to check the insight you have gained.

1. What do you think is the difference between definitions of vocational rehabilitation of I.L.O. and LL.C.?

2. (i) _____ (ii) _____ are the major aims of vocational rehabilitation.

3. In monetary terms, justification of investment on vocational rehabilitation is their_____

4. _____ are given little attention by ERC.

5. Why do reserved seats in different organizations for disabled lie vacant?

6. Vocational guidance means matching of vocational aptitude with _____

7. _____ is the theme of future vocational rehabilitation.

8. In Pakistan, which group of disabled women need more attention _____

5.5 **Becoming Impaired in Adult Life**

There are many causes which ultimately result in impairment, progressive biological disorder and accidents are very important in this regard. To meet the situation of strain, rejection, segregation and emotional disturbance caused by fall of impairment at adult life, it may be necessary to re-develop life plan.

The first impact of impairment is psychological which results naturally in the loss of confidence. The period of loss may be little or profound. It also disturbs the adjustment independence and self-reliance.

An adult also wishes to maintain his vocational activities in his remaining life. for this he may change his employment to sheltered home employment. His residual capacity may lead to non employment. When open employment is not feasible, sheltered home employment may stimulate positive living as every disabled person is willing to get employment that his age and impairment allows (Doubree and Boulter, 1982)

Counselors, administrators, rehabilitation workers, psychologists, business bosses must get involved along with their spouses and fellow workers of the disabled. Vocational rehabilitation vocational guidance becomes a process of sharing of responsibility among home, institution and community. These agencies have to explore new job opportunities if required and prepare the disabled for it and help in placement. There must be a follow-up study. A follow-up study gives information about a specific person, it may also provide guide lines for future planning.

There must be some financial adjustment along with social adjustment. One can adopt different strategies for this, even some specialized instruction is required for reentrance into the job-market. The new job may or may not be according to his plan which was developed prior to the impairment e.g. a medical student who becomes blind is not likely to earn a degree in surgery.

The employment of disabled person does not always require specialized techniques. The attitude of the employer's or his willingness to organize is very important. Active involvement of different agencies is also a vehicle through which the economic, social and personal potential can be fulfilled.

According to Brolin and Kakaska (1985), the development of skills is important for the people who want to live independently. Some of these carry equal importance for disabled also.

1. Managing family finances
2. Selecting, managing and maintaining a home
3. Caring for personal needs.
4. Raising children and family living.
5. Buying and preparing food.
6. Buying and caring for clothes.

7. Engaging in civic activities.
8. Utilization of recreation and leisure.
9. Getting around in the community.

However, these can be re-shaped, modified according to our own needs and culture.

The demands of adult of earning a living, running a home, raising a family are just as important to a person with a disability. Employment opportunities should be better located in local market. Before selection of a specific job, one has to obtain occupational competency by virtue of training. When matching is made betwen impairment and vocational market, there is no handicap. It is further mentioned that there is not single remedy for all types and levels of impairment so a variety of vocational assessment procedures and services may be developed. Please have a reading which will add to the above.

ACTION	Employment of Disabled Persons: Where We are going? pp. 1-8	5.7

The theme of international year for the disabled was "Full Participation and Quality". It is true in all areas but it can not be met without creating productive gainful employment. If we fail to achieve this, it will not only have adverse influences on individuals but also on the community. In many situations vocational employment is shadowed by misinformation, traditional stereo-type and in-accurate suppositions. If these are not considered objectively when a particular function has been effected by impairment, e.g. a visual impairment, then subjectivity may reduce the opportunities of employment.

Why is it necessary to get employment? It has four aspects as mentioned by ACTION: (i) need of income both for the handicapped and his family; (ii) honor associated with employment, (iii) vocational rehabilitation; (vi) regularization of life pattern of the handicapped. While discussing our present situation, the author is of the view that employment with normal people is most appreciated because while working with able people, disability may cease. Quota system may also be helpful.

In developing countries I.L.O is providing help in extending vocational training and establishing placement programmes for the disabled. The whole situation is influenced by increasing unemployment and under employment as disabled are given the last chance of employment but loose their job first. Longevity in life has increased the chances of becoming disabled and the older the man, the lesser the chance of employment. It is also influenced by the strain on the social support system which is also heavily over burdened. Usually impairment

reduces the mobility and job opportunities for the disabled but advancement in technology has increased the chances of employment, even for the disabled.

The urbanization and decline in the role of the family may create limitations to the whole process of rehabilitation and employment.

Warnock	Help for Disabled People	5.8

Exercise

l. Encircle the most appropriate answer:

(i) Theme of 1 Y D P (198 l) was

(a) equality (b) priority (c) 30 per cent (d) less participation.

(ii) (a) 10 per cent (b) 20 per cent (c) 30 per cent (d) 40 per cent of labor force is wasted if disabled are not given employment.

(iii) Ideal solution for disabled employment is

(a) normal factory (b) Sheltered workshop (c) home employment (d) none

(iv) Sheltered work may be seen as:

(a) Transition (b) ultimate (c) adequate employment

(d) normal employment

(v) Job opportunity is decreased for the disabled because of,

(a) Quota system (b) nature of work (c) competition (d) technology.

Q.No.2 How does employment build the confidence of the disabled person?

Q.No.3 Outline present employment situation for the disabled in Pakistan?

Q.No.4 Give some examples of change of work when disability occurs.

Q.No.5 Urbanization may have positive effects on disabled people with reference to Pakistan. Do you agree how? Give reasons.

Self Assessment Questions

Q.No.1 Encircle T if True and F if False

T F (i) Progressive disability improves vocational choice.

T F (ii) Stable state of mental retardation is one of the factors which help to maintain stable vocation.

T F (iii) Deaf people do not have any work limitation.

T F (iv) Adaptive building facilitates the working conditions.

T F (v) Every child is not in need of support.

T F (vi) Development of vocational profile is necessary for vocational guidance.

T F (vii) Tests play a limited role in vocational planning for severely disabled persons.

T F (viii) Women for women is a rehabilitation programme of Pakistan.

Q.No.2 Construct a relationship between disability and work.

Q.No.3 Discuss so called "Spread Effect".

Q.No.4 How can the sheltered workshop concept be introduced successfully in Pakistan.

Q.No.5 what are the features of L.C.C.E. approach.

Q.No.6 Vocational rehabilitation enriches national economy. Please elaborate.

Q.No.7 Why do disabled women face more difficulties in vocational rehabilitation than men?

Activity

1. Please visit a disabled person in your neighborhood who is employed. Record the difficulties faced by him in gaining employment.
2. Plan a sheltered workshop for a person mildly retarded by impairment.

Key

5.1

2. Institutional,
3. (i) severity (ii) to what extent body is involved?
4. Biased,
5. Short term disability,
6. Personal, individually

5.2

1. Vocation,
2. Cultural,
3. Frustration, anxiety, disability,
4. Physical disability
5. Please mention area,
6. Restrictive

5.3

1. Vocational potential,
3. Situational,
4. Engineering approach,
5. Job satisfaction

5.4

2. (i) Financial independence ,

3 (ii) Self respect,

4. Flexible work pattern

5.5

Q.N o. l (i) a (ii) a (iii) a (iv) a (v) c

Self Assessment Questions

Q.No.1 (i) F (ii) T (iii) F (iv) T (v) F.(vi) T (vii) T (viii) F

UNIT NO. 6

PHYSICAL ENVIRONMENT, OUTDOOR MOBILITY AND ACCESS

Written by
Muhammad Javed Iqbal
Revised by
Mrs. Shaista Majid

CONTENTS

INTRODUCTION

It is human to struggle for a better standard of living. Developments in technology have provided a great help to the handicapped persons. This assistance can be seen in the style of architecture and aids and support provided to the handicapped persons.

Architecture for the handicapped means to plan the buildings in such a way that they are constructed to accommodate their special needs of the handicapped, especially the mobility factors. Buildings must be constructed strictly in accordance with high safety standards. For example, technology has helped in the design of wheel chairs for the physically handicapped. In turn, the design of building has to consider access for these wheel chairs. Technology has also provided hearing impaired people with better aids for hearing and the visually handicapped with aids for better vision.

Any handicap generally means that there is an additional cost of caring for the family in terms of medical treatment, purchase of mobility aids etc. Special agencies may be located from where the handicapped person may receive aid on low cost or free of cost.

Recreation is a process of socialization which is greatly helped by mobility training. A recreating programme may be designed on the basis of services which are actually available and not on theoretical assumptions. Recreation accelerates the therapy also. It provides a chance for the handicapped to develop a close relationship with the world around him and also enriches his personal experience. It also provides opportunities for the handicapped person to use his residual vision, which then helps to improve his functioning.

Objectives

By the end of this unit you should be able to:

1. visualize the difficulties faced by handicapped people in achieving access to buildings.
2. understand the architectural requirements of the handicapped.
3. assist the architecture in designing the most suitable environment.
4. develop an understanding of the relationship between mobility and recreation.
5. render help towards the handicapped in the process of mainstreaming.

6.1 The Interaction of Architecture and Adaptation for the Disabled

Architecture designed for the disabled should be functional. The specific needs of the disability should be made clear before planning a design. The design should not only take care of present needs but also should have a capacity to accommodate the future requirements. The building should have easy access although it may be complex in its functions.

A comprehensive model of structure designed to suit the needs of all categories of disable people is an ideal. It is very difficult to prepare a design which is applicable to all type of handicaps. Architecture for the handicapped persons is not a new branch; it is just the adaptation of normal architecture to consider special needs of the handicapped. It is the vision of the architect which can integrate the structure, materials, space and special needs into a single design for the ultimate benefit of the disabled. The needs of the disabled are to be recognized at all levels then their participation in every walk of life must be encouraged by minimizing the hazards and hurdles in the buildings. In this way the physical manifestation of our attitudes towards disabilities are translated into architecture. Provision for the handicapped should be made in all public places, no public plan scheme/should be approved by housing authorities without this provision.

The current normal style of buildings in Pakistan is an obstacle by its nature to mobility for the visually handicapped person. It does not meet the demands of blindness and low vision and usually does not cater for the needs of the hearing impaired. The needs of the mentally retarded require separate reading for this purpose. Please go through this reference.

Drew et-al	Mental Retardation pp. 324-329	6.1

Nirja was the first to present the idea of normalization. This concept is dynamic in nature as Drew et-al have quoted on pp. 324. The decision to place a mentally retarded person in a home or institution is taken by parents, guardians and administrators while mentally retarded persons have not veto say in this regard.

Group homes are of two types; small and large. These houses have trained staff. Group homes are financed by the Government and the fees paid by their residents. The availability of a place in the home is subject to the severity of impairment.

Foster family care aims to provide integration within a family setting but such a plan should consider the factor of "Over protection" because of its negative affects as discussed in unit 2. Another plan is of "Sheltered Village". In this, mentally retarded persons are isolated from normal society to avoid the negative demands and aspiration of the normal persons.

For more and comprehensive study of the view please see this one.

Chiara & Cellander	Housing for Handicapped pp.96-106	6.2

Our physical interaction with building starts when we enter into them. The entrance should be wide enough for easy access, revolving doors should be avoided. For partially sighted persons bright but contrasting colours are advisable.

Hand rails with bright colours should be installed in the galleries. Hurdles should be avoided for the sake of visual and physical impairment.

Elevators should be designed to meet the needs of the visually and physically impaired. For the physically handicapped, provision for space for wheel chairs is necessary, consideration should be given to the height of chair when planning for taps, basins and light switches.

Safety is the most important factor especially in the bathrooms. Adequate space is required for turning wheel chairs, sharp projections should be avoided and floors should have a non-slip surface.

Exercise

I. What is the general basis for site selection for the handicapped _____

2. Enlist the services which do not fall into primary services in our culture.
3. For low vision people, list the arrangements which can facilitate their access when they are already using visual aids.
   (a) _____ (b) _____ (c) _____
4. For physical handicap, what is the range of spaces required while parking?
5. Cardiopulmonary disorder falls into _____
6. Lower frequency signals are useful in _____

6.2 Outdoor Mobility for Handicapped Persons

The development of mobility *skills* of all handicapped people are of crucial importance in the rehabilitation process. *Skills* in mobility means independence for them but problems may exist in terms of environmental hazards.

Mobility is fundamental to life and movements of a new born baby mirror this but competency is obtained latter on. Economic factors also affect the utilization of mobility aids. Families of the handicapped do not find it always possible to purchase aids e.g. wheel chairs. Government and non-governmental agencies should arrange for the provision of mobility aids at a nominal price or free of cost. Mobility and orientation programme should be planned on individualized basis in the light of psychological and social needs of handicapped person and should start in the school and home.

Let us read some pages.

Kauffman & Hallhan	Exceptional Children pp.349-351	6.3

According to Kauffman and Hallhan mobility is the most difficult and most important skill for adjusting to a normal life. According to Warren and Kocon, some studies show more negative attitude of the persons having low vision than

those of blind towards mobility. When one loses vision at adult life, one faces much more difficulties in adjustment but with motivation, visually impaired person can benefit from experiences gained before onset of the impairment.

Echo sense can be developed by the blind and sighted. According to referred pages, all visually impaired people have the potential to develop this sense.

Another valuable reading awaits you.

University of Birmingham	Self Help Skills, Independence and Mobility; Unit X PP. 1-8	6.4

Mobility has a wider relationship with education. Mobility training in children requires more effect than in adults who have lost their vision in later life. According to Tooze, as quoted in the unit, the mobility skills for the congenital blind are more difficult than any other category of vision loss. It is through sound that they build some relationship with objects. Dodds also supplement these results. Residual vision and other senses should be developed as early as possible but progress depends upon motivation, personality, intelligence and opportunities they have. Motivation should be immediate not remote. A high I.Q. score may facilitate the mobility process if a large number of opportunities, experiences are provided. In this, a vital role can be played by mobility instructors.

Grow through check

1. _____ makes adult blind more mobile.
2. _____ has greater adjustment problem than who is blind by birth
3. Hand has no _____
4. Doppler effect refers to _____
5. Flight of _____ at night is due to her _____ Property
6. Differentiate between ability and skill _____
7. Mention the institutions where basic practice of mobility can be carried safely.
   (i)_____ (ii) _____ (iii) _____
8. Teachers and parents sometimes face hurdle in the mobility training of visual impaired. How?

6.3 Access to the Building

As accessibility is a component of architectural designing, reading at 5.1 is fruitful in this reference especially pages 96 and 97. In order to supplement our knowledge already gained, study Servedo and Mc & Load's work.

Servedo & Mc Load	Problems of Accessibility pp. 118-119	6.5

Accessibility to a building is part of overall requirements of a recreational and rehabilitation programme for the handicapped. Facilities to reach the building are the basic need to be considered while planning. Signs should be designed in a clear, contrasting manner, in accordance with the visual requirement. Ramps should be constructed in such a way that entrance for wheel chair is easy. The ramps should be provided with hand rails while the handle of doors at the end of ramps may need to be protected from the direction of sun.

Inside, toilet facilities especially for the physically handicapped are very important but generally ignored. The design needs to be tailored with the need for privacy in mind. Drinking points, telephone points etc, should not be out of reach of handicapped persons even for those who are using wheel chairs.

Reynold & Mann	Encylopaedia of Special Education. pp.110-121	6.6

Physical barriers for access to building for the handicapped are so many e.g. ill entrances, poor parking places, inadequate restrooms, non-sufficient light. Accessibility should be barrier free. The design of every component of architecture is the modification of the normal with the aim of provision towards assisting disabled persons. It is very difficult to construct a plan which meets the requirements of all' handicapped persons but it is possible to incorporate good deal of these. In USA it is mandatory by state law to provide accessibility for physically handicapped persons in every public place and necessary funding for this is provided.

Now let us have an exercise.

1. What is the basis for site selection for handicapped persons?
2. Why should steep ramps not be used?
3. Separate provision for parking is required for handicapped persons. Why?
4. Mention the types of doors needed to be installed in toilets for the handicapped.
5. Discuss types of hurdles physical impairment imposes on mobility?
6. How can a telephone be modified for hearing impaired persons?

Additional reading

Chapman & Stone	The Visually Handicapped Child in Your Classroom. pp.43-47

6.4 Attitude and Role of Human Help

As discussed in an earlier chapter, handicap is mainly social in its nature. It is also mentioned in earlier units that the handicapped child is a child first and then handicapped. Every child is in need of help whether able bodied or disabled. Attitudes may be conscious or unconscious in their nature. These attitudes can be helpful or harmful in the adjustment of the handicapped. Changes in human attitude may result from social, economic, religious or legislative considerations. When a change in attitude occurs, the mode of human help also changes.

Human help depends upon the type and level of disability, socio-economic status, age group, and human psychology. Poor, negative human attitude magnify the need for help. Proper help rendered to a person can contribute to rehabilitation process. Human help may dispel the sense of hopelessness if delivered at the right time in the right form.

A plan for assisting each disabled person should be developed separately. The age factor is important because adaptability usually decreases with the increase in age. Planning should be made from the time when the disability occurs.

Let us have a reading on help of family and social service.

Hewett	Who will help? The Family and the Social Services, Statutory and Voluntary. pp. 147-153	6.7

Hewett describes the social services of a state which has developed a network for the welfare of its handicapped persons. Help for children in school is a multidisciplinary process. Support provided to parents means help for their handicapped children.

In brief, the major part of the responsibility of rearing still lies with the parents but is provided by the state and is delivered with the help of other agencies.

Now let us judge your understanding.

1. Mention some common types of mobility aids.
2. Discuss the role of aids in mobility training.

3. Commitment to colleagues and "some other professionals" expedite mobility training, Mention "some other professionals" who contribute towards mobility.

4. What is the theme of commitment to the community?

5. Peripathologist teacher is a teacher who _____

6.5 Recreation

Recreation is the most neglected field in the low socio-economic families. This is true even for the middle classes. The value of recreation cannot be ignored when it is correlated with learning and training tasks. Recreation planning for the disabled means the application of principles and techniques of recreation to special needs. It is therapeutic in nature and aims at gaining self motivation and independence. Recreation can fill the handicapped child with an incentive for life through fun and joy as joy is the basic need of childhood. It acquires a special value with the increasing stress of work in later life.

Recreation can bring learned skills into practice and provide opportunities to explore new competencies and potential. It can also facilitate the rehabilitation process so that handicapped persons may become integrated members of the normal society.

Now a detailed reading awaits you.

Kelley	Recreation Programming for Visually Handicapped Children pp. 63-77	6.8

According to Kelley recreation and leisure are used interchangeably and also independently. Recreation has no definite description. It varies from person to person and from cu1ture to culture.

Now-a-days, recreation is seen as a basic need of all visually impaired people but while planning such programmes, one has to be aware of the problems of financing such programme especially for people from x low socio-economic status.

The author suggests seven points for recreation programmes starting from assessment to revision of the programme. The objectives of the programme are important but their reflection in activities is more important. The evaluation study of programme is, in a sense a process of development. It also provides a check list, "barrier list to recreation specialist" and leads to better management of recreation programme.

Now attempt a re-enforcement.

1. Before planning a programme of recreation what factors should be considered?
   (i) _____ (ii) _____ (iii) _____ (iv) _____ etc.
2. Mention new trends in recreation programming.
3. Write down the steps which form the framework for recreation specialist.
4. Give some suggestions to make a recreation programme suitable when visually impaired are accompanied by a number of normal children.
5. How can recreation specialist collect information when plan is in operation?
6. Revision of recreation programme aims at
   1. _____ 2. _____ 3. _____
7. What is the main focus of a creative recreational programme?
   1. _____ 2. _____ 3. _____

Self Assessment Questions

Q. No. 1 Encircle correct one

T F (i) Kaufman's study shows that intensive care results in dependency.

T F (ii) Building for mentally retarded should only give a feeling of beauty and balance.

T F (iii) Buildings have emotional and psychological aspects.

T F (iv) Floor mats facilitate the mobility of the blind.

T F (v) It is better to provide kitchen facilities adjacent to recreation room.

T F (vi) Mobility progress is related to intelligence level.

T F (vii) Design of architecture for the disabled depends upon type of disability.

T F (viii) Commitment to the profession is the basic component which makes special education effective.

T F (ix) Goals are foundation of planning model of recreation.

Q.No.2 Spatial environment is therapeutically helpful, give comments on this.

Q No.3 What are the minimum consideration required for architecture mode while planning for physically and visually impaired people.

Q.No.4 Blindness by birth puts limit to the social relations. Suggest some points related to mobility to minimize these limitations.

Q.No.5 How does a mobility expert's attitude help in attaining independence.

Q.No.6 How are motor sensory abilities nourished in recreational programme?

Activity:	Plan a day long recreation programme for a multi - handicapped group e.g. deaf-blind or mentally retarded - physically handicapped.

Key

6.1

1. Accessibility, 4. Preferably 12inch, 5. Physical Handicap, 6. Old age

6.2

1. Motivation 2. Adult blind 3. Obstacle sense 4. Bat, echo

7. (i) School (ii) Home

UNIT NO. 7

COMMUNITY ATTITUDE AND ACTIONS

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CONTENTS

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INTRODUCTION

There is no person who is independent of his community. Greatest influence is exerted on infants and children by their first community i.e. home and neighborhood. If a disabled child is isolated, his behaviour is likely to be subnormal, his response towards himself and community may lag behind and his physical, emotional, intellectual and verbal development may suffer. It is worthwhile to mention that most of personal behaviour of the disabled is derived from the community life itself. Human behaviour not only depends upon instinct but also on social and cultural environment.

The effectiveness of kinship and community is related to their ideas and experiences about handicap. Kinship is a "mini community" and is the immediate group capable of providing a sense of we-ness. It is highly personal in nature. When a handicapped child is very young, he is generally accepted by other fellows but as the handicapped child grows, the degree of rejection also increases. For this rejection, many factors can be held responsible but a good deal of effort is needed to counter-act the influence of these factors.

The parents of handicapped child may also feel uncomfortable and unequal members of the community. They cannot enjoy many of the experiences like their other fellow begins with normal children. This uneasiness gradually gives rise to the thought of binding themselves into an organization to gain a voice for their needs.

Objectives

After studying this unit you should be able to:

1. understand `community'
2. get insight into various structures of community
3. acknowledge the significant role of siblings on the behavior of a handicapped child.
4. appreciate the contribution of N.G.Os and professional in the welfare of the handicapped.

7.1 Community

The development of social contacts with others is a human necessity. If anyone is raised in isolation, an abnormal personality will most likely be the outcome. Because of contacts, with others, a child shares experience's and develops understanding which helps personal growth.

A community is a big unit in the social order. It carries some hidden meaning which can be seen in the actions of individuals. Community study is a social phenomenon but is not easy to inquire into it because it involves the study of complex

behaviour of man while a community is more than its members. The community influences the handicapped as a force to which he responds in his unique way.

David Dresslor	Sociology pp.407-412	7.1

The idea of community is evolved when the interests and needs of people of an area overlap. There is not a single agreed definition of community but two factors i.e. area and social interactions are common in most of the definitions. Dressler elaborates these two into four sections.

A community has space and residents who interact directly and indirectly. This relationship may be due to face-to-face contacts as in the small villages or contact may be through media. Every member of the community may feel his membership and existence iv the community, while the concept of space has diversified our concept of community from room to state or even beyond the state.

Another valuable reading is awaiting you.

Retrieved on 23.4.07 from http://www.communitydance.org/metadot/index.pl ?id=24762&isa=dbrow&op=show&dbviewid=17860	Community	7.2

The community is small focal point where basic services for living can be provided and maintained. It is the oldest form of social community. It also acts as a guardian of tradition. Members have common ground to share. An ideal community is intellectual but industrialization had changed its limits. Many types of community have emerged as a result of modernization e.g. cultural, professionals, political community etc.

A community as an ecological approach undergoes continuous changes but there are some factors which do not vary. A community can be identified on the basis of species and there is a chain of dependency between living and non-living organisms.

Exercise

1. George comprehended the factors of community after analyzing.
   (a) 94 definitions (b) 45 definition (c) 70 definitions (d) 100 definitions
2. My living in Pakistan shows specially a sense of
   (a) existence (b) area (c) social interaction (d) all of above
3. "My homeland" is
   (a) merely geographical statement (b) community (c) historical development (d) spatial pattern (p.409).
4. Community provides people with
   (a) factories (b) homes (c) mosques (d) all of these

5. Pact of establishing relationship between two countries is an example of:
(a) national level of community relation (b) provincial level of community relations (c) international level of community relations (d) universal level of community relations.

7.2 Types of Community

There are many social structures which are said to be type of community. These are based on common interest, common goals, common enmities or on common destiny. These dependent factors vary with social changes. They may work on unifying forces or as a threat to the existing set up, changes may also be due to geo-economic factors. They are interlinked with human development, both material and spiritual. These help in the mobilization of community resources. Difficulties in maintaining proper living standards, motivation and bringing about effective changes may be the factors which lie behind mobilization process. It is a process of moving ahead and it is necessary to establish a new equilibrium, the result of which makes the community more operational.

Please go through the following.

Dressler	Sociology pp. 412-427	7.3

Communities are classified in several ways but it is difficult to establish types in such a style that one should understand clearer individualistic characteristics of a community in a sharp way. Some sociologists categorize communities as Urban and Rural. A metropolitan community includes suburbs which extend the geographic area of a metropolitan community. Besides these, there are three types of communities, regional, national and global.

Communities like professionals e.g. doctors, scientists fall into the worldwide community as the whole globe may be said to be one community. It includes all the people living on earth; United Nations is an example of worldwide community where membership is not personal but collective.

The definition of community is the reflection of the corner from which it is forwarded. Community is usually seen as collectiveness or social relationship. These are bonding ties between members of community.

Common grounds provide a sense of belonging. These grounds may be based on territorial and non-territorial considerations. Scientific development in media and mass communication has converted a non-territorial community into a force.

Familiarity between members is directly related to the size of the community. The smaller the boundaries, the greater the familiarity among the members. Warron suggests some functions which should be performed by the community and assistance can be sought ii this respect from a specific section of the community.

When the community is large enough, it can have its own developed system e.g. government, education.

Exercise

1. Ferdinand Tonnies uses the term "Gemeinschat". What do you understand by it?
2. How does Schnore view metropolitan community?
3. What are the bases of composite regions?
4. Self contained community is only possible if we _____
5. When does a community emerge?
6. United nations has to deal with _____
7. A legal philosopher frames his definitions on the following bases.
8. Give an example of non-territorial community and list the important features of its organisation.

Additional reading

Bates & Harvay	The Structure of Social Problem. pp.196-210

7.3 Kinship and Neighbourhood Community

The family's influence is the greatest in nature both for the normal and handicapped child. Father, motile: and other kin are its components. Kinship is derived from marriage. The reaction on the birth of child is an expression of the attitude of family towards the new born. Parents may have realistic or unrealistic expectations for their handicapped children which may be realistic in assessing the current abilities but attitudes may not be realistic in predicting the future. Continued contact with the near and dear ones can assist in developing the abilities of a handicapped child. They can adjust the requirements of the handicapped, in their daily routine by exploring possible ways of helping them. In this the following two elements carry special value.

1. The behaviour of handicapped child' is modifiable.
2. The kinship and neighbourhood community can shape the development of the handicapped child.

Thomas views handicap as a social problem, parents along with siblings are also effected. Siblings may have psychological disturbances.

In this regard, the size of the family and sex of the child may play an important role in the psychological disturbance.

A book of interest awaits you;

David Thomas	The Experience of Handicapped. pp. 109-111	7.4

There are two opposite views in this regard. First one is; more realistic more mature, more considerate and more understanding, while the other view is of being jealous, unhappy. A handicapped member of the family may restrict the social mobility of their normal brothers and sisters, thereby adversely effecting their social integration. Greater attention towards the handicapped child sometimes accelerate the independence process in normal siblings for the reason that they are paid less attention.

For further study:

Pearlman & Scott	Raising the Handicapped Child. pp. 15-29	7.5

Proper adjustment is mainly the result of kinship and of the support received from the immediate community. Having a handicapped brother or sister affect the other children, their place in the family and the development of their personality. Every child needs individual attention, but it should be provided as a routine and not as a special case. Handicapped children should be given proper time and attention, greater degree of involvement with relatives results in a greater share of the caring for the handicapped child.

An "open approach" is a favorable method in accepting and encouraging the handicapped. In order to create a cheerful climate and a healthy balance one should be honest towards people. One's words about one's handicapped child are not the only contributing factor but the manner of expression also counts.

Exercise

1. What is result of study of Martino & Newman?
2. Stress is related to the size of family. How?
3. What is the basic condition imposed on dialogue between mother and the handicapped child?
4. Mention factors which affect the sibling of the handicapped?
5. Honest sharing about the handicapped results in _____

6. What is the result of open approach towards distant relationship?

7.4 Socialization

Stewart & Ghynn (1985) define "socialization" as the process by which people acquire their beliefs, attitudes, and values of their culture. It also involves the development of a distinctive personality for each individual because the traits of the group are never observed precisely the same way by all people.

Socialization is not attained in isolation. It is gained through human interaction. As a result of socialization one may learn one's rights, duties, obligations, approved styles of life etc.

Institutionalization of the disabled is giving way to mainstreaming (integration into the community). Support in favor of this trend is gaining more and more strength. Socialization as integration of disabled with community is being promoted especially by the mass media, N.G.O's and social workers. In Pakistan these provide the specialized services for the disabled which were previously only available at an institution. Provision is not only made for special children but also for their social needs.

Mass media shapes the general attitude towards socialization as "agreed approval" of attitude. With proper adjustment, a disabled person can attain his own income source through self help, if the disability allows. Here is a compulsory reading for in depth study.

David Thomas	The Social Psychology of Childhood Disability pp.91-107	7.6

Socialization is a process of acceptance. The performance of a social role allotted to an individual and the result of socialization is social stability and continuity in stability with accuracy.

Warmness of relations between model and imitators accelerate the process of socialization even if it is speeded up when model occupies strong position: However, it is necessary to mention that all socialization is not model centered. It involves many factors; prominent among these are the family, school, peer group, religious groups and occupational groups. Socialization of the disabled is also different from socialization of non-disabled people. Its deviation from normal depends upon type and severity of disability, attitudes towards disability and socialization practices. For a severe handicap, the time required for socialization is longer than normal. It is even true for mental retardation. When sub-normality is permanent the socialization process may be life long and may not even then achieve its goals. Current approaches of mainstreaming also contribute towards

socialization although a handicapped person may not be able to participate fully in the social order. The greater the deviation, the greater the dif[f]iculty in the process of socialization.

Exercise

1. Mayer refers socialization as: _____
2. What do you understand by ‘Globe’s pattern of behaviour’?
3. What is the "Vernacular System"? Define "human" with reference to our culture?
4. Enlist components of cultural context (Blyth's views).
5. For the blind, Scott suggests the following role of socialization.

   _____
6. Child dependency in early life accelerates independence. What do you think about sub-normal child's dependency?

7.5 Community Care.

Human offspring is dependent on others for a longer time than any other species. He is in need of helping hands from others. From a state of dependency to a world of self reliance, one has to take advantage of community help and care. It has multiple aspects which involve many spheres such as medical, social work, legal protection, barrier free living design and employment etc. Let us read the following reading.

Retrieved on 23.4.07 from http://www.adviceguide.org.uk/index/family_ Parents/family/community-care.htm	Community care	7.7

The concept of community care is associated with human societies. Disability impose restrictions on the freedom of mobility but families determine the way of coping with the need of the disabled. This pattern of coping may be rigid or flexible. Help may vary from person to person and also from person to organization i.e. Government, N.G.O's. Parents feel very worried when no one is available to look after their handicapped child when they go out of the house;

Exercise

1. Mention some restrictions imposed by disability on pre-schooling.
2. What are the characteristics of structural help?

   (i) _____ (ii) _____

3. What do you understand by reciprocal care?

   (i) _____ (ii) _____

4. Administrative set up focuses on the coordination of

   (i) _____ (ii) _____

5. Enlist four levels of community care

   (i) _____ (ii) _____

   (iii) _____ (iv) _____

7.6 Role of the Professional Worker

Society is composed of individuals. Some of them exhibit a dynamic role while some play a passive and limited role. As already discussed, a disabled person may have a limited interaction and require some sort of help one time or another.

Social services and professionals can perform a wide variety of functions including counseling children, parents and families; gathering necessary information for parents and disabled children. Professionals can also explore and help in the provision of various facilities and experiences. The role of professionals must be flexible. The effectiveness of their role depends upon educational background, professional insight and the type of community to be served. Readiness for listening, deep observation and negotiation with parents and handicapped children also contribute towards effectiveness of services.

The basic assumption behind the task of the professional worker is that the behaviour of the handicapped is modifiable so that the process of social integration of the handicapped can take place.

Now step in the material of your bag.

John McKnight	Professionalized Service and Disabling Help pp.24-33	7.8

Modern society focuses at providing service. Terminology used reflects this idea. Every step in modern society is measured by its economic out put. Political priorities also contribute in the designing of professional service. It is not possible to provide choices because the areas are not comparable e.g. education vs. steel production. Care is the ultimate product of professional service and love is its result. Love is the need of every one and the whole of professional structure should be based on this.

Apart from love, need of economic growth is also required to be fulfilled. It is very difficult to face interrogations put by citizens on input and output of professional services. The modernized concept of need relates it to the age factor also and divides age into seven stages. In addition to the needs of the disabled, the needs of professionals and the system in which they are serving are also of an important nature.

Let us study Michael Oliver.

Michael Oliver	Social Work with Disabled People pp. l 1-13	7.9

In the pages referred above role of professional trained workers has been discussed social workers should have to provide social help to the handicapped and their families; to assess the needs of handicapped persons and their families; to provide help in the process of rehabilitation; to contribute to the professional growth of social service staff and to coordinate the services of all the concerned disciplines.

The Barely Committee noted an interesting observation; the senior social workers take on more cases of child care with mental illness and families with multiple problems while junior social workers take on more cases of physically handicapped children and older persons.

Exercise

1. What is the theme behind the consumer, producer etc. in the modern society?
2. "Service is to care" make brief comments.
3. Mention the requirements of a servicing system?
4. Enlist the four factors to be considered if an effective service system is to be developed?
5. Enlist the three disabling components of professional assumption of need.

   (i) _____ (ii) _____ (iii) _____
6. What are the main assumptions of professional help?
7. Parsloe and Stevenson concluded that

Additional reading

Oliver Michael	Social Work with Disabled People pp. 1 19-137

7.7 Role of N.G.O

The survival of an impaired child is the basic need of the parents. It is dealt by the parents of the handicapped with the help of medical professionals. Some times help is also taken from other professionals and these efforts provide foundations to the structure known as Non-Government Organization (N.G.O)

According to Kuffman and Hallahan (1986) one of the first organizations in the U.S.A was established by physicians i.e. Association of Medical Officers of American Institute of Idiotic and Feeble-minded Persons. It is now called American Association on Mental Deficiency. The Pakistan Association for blind is one example in our country.

In Pakistan, these organizations promote education, medical facilities and rehabilitation. Some of the areas that need attention are provision for the protection of legal rights and research work in the field of handicap.

The present practice of membership of N.G.O's is based on partnership between parents and professionals. With the involvement of these two groups, constructive development can occur.

The professional and parents can provide positive stimulation for other members of society to make their contribution in this field. It may be remembered that there is no set pattern of participation in a programme for the disabled, it is flexible and can be developed according to their special needs. N.G.O. may play an important role in policy formation at local, national and international levels. They can work on advisory bodies as parents worked with the Warnock Committee and National Development Group for Mentally Handicapped in the U.K. Availability of a cumulative record makes it possible to hold review meetings and check the progress. New plans for the future can be chalked out. N.G.O. can also make arrangements for case conferences in this regard.

These pages will provide general outlook.

Philip and Duckworth	Children with Disabilities and Their Families pp.95-98	7.10

Volunteer organizations have their advantages and disadvantages. Volunteer organizations can give rise to "anxiety and frustration". On the other hand they also provide "information advising from where help can be gained, enabling parents to share problems and experiences, making authorities aware of problems and providing facilities for children".

Self help groups

Self help group is another style of volunteer organization. The authors have identified seven characteristics of self help groups. It is better if the self help groups are run by the disabled themselves. These groups can initiate and stimulate different agencies to enrich the services provided for the disabled persons.

Now for Pakistan, let us study a leaf from Special Education Journal.

Shahid	Role of Non-Governmental Organizations pp.63	7.11

Shahid developed his paper on the teaching of Islam and human nature. To be social is human. Man always searches for common grounds for interaction. Islam has emphasized the sense of good interactions. Islam puts a check on misconduct and condemns this kind of attitude towards any persons especially towards the needy, the orphans and the disabled.

Islam has advocated equal rights for man and woman and expects similar contributions from each of them for the welfare of the society. This is followed by Muslims all over the world and charitable institutions were established by Muslims of India as well. From its emergence Pakistan has taken its inheritance of Islamic traditions seriously in spite of numerous problems. Most of the initial work for the handicapped was done in the country by N.G.O's. In the first 30 years, Madrassas, hospitals, orphanages, poor houses were established and run by different trusts. The author emphasizes the work done especially for the blind.

The blind people are being helped to become Hafiz-e-Quran by memorizing the Holy book in far and remote areas of Pakistan. It reflects the society's emphasis on the education through religious institutions.

N.G.O's have projected the disabled as having the potential of being independent and self-sufficient citizens. Achievement of this goal is the most important contribution towards rehabilitation. N.G.O's have the advantage of being flexible in approach. As N.G.O.'s are in the centre of the real situation medical, social and educational needs are better identified. In this connection N.G.O's do not require to follow up necessary rules.

Attempt the Questionnaire

1. _____ overlaps with social and emotional disability.
2. Following are the basic groups which constitute N.G.O

   (i) _____ (ii) _____

3. Mention main causes of illness in Pakistan.
   1. _____ 2. _____
4. Mention the main advantages N.G.O's have over governmental institutions.
5. Give an example of education of visually impaired children?
6. What is the most important contribution made by N.G.O's?
7. Discuss the disadvantages of self-help groups.
8. Parsloe and Stevenson concluded that

Additional reading

Oliver Michael	Social Work with Disabled People pp. 119-137

Self Assessment Questions

1. How can territories, attitudes and values fuse together to bring about community pressure?
2. Classification of community is arbitrary, please give examples.
3. Honest communication between family and impaired child may bring them smooth and happy living. Enrich it by providing an example.
4. What do you understand by structural help?
5. How can the role of parents be made much more significant in the process of socialization of the handicapped?
6. Self help groups have their own advantages.
7. Discuss five of these. In our opinion what may be salient features of N.G.O's
8. Enlist some limitations faced by women social workers dealing with disabled women in our culture.
9. In an Islamic state, care of the disabled is basically the responsibility of state. Make comments.
10. Mention ten difficulties faced by handicapped persons in socialization process.
11. Suggest some measures with reference to your locality that can facilitate the socialization of severely handicapped persons.

Key

7.1 (1) a (2) a (3) d (4) d (5) c

UNIT NO. 8

AIDS AND SUPPORT FOR VARIOUS CATEGORIES OF HANDICAPPED PERSONS

Written by
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CONTENTS

INTRODUCTION

The focus of special education is assistance for self-help and independent living. Assistance provided through special education is not merely a mechanical process but also based on humanitarian approach.

All sorts of aids extend help towards the disabled in living smoothly but aids cannot replace human feelings that make the use of aids freely helpful. Role of aids is effective only when they are selected according to the needs of the disabled. Aids selected on these grounds provide opportunities for gaining both sensory and non sensory experiences to break the isolation caused by impairment. Without sympathetic attitude on the part of others, disabled persons cannot have self-realization and self stimulation. Efforts based on individual needs can shift the status of the disabled from a passive one to a dynamic one. It is desirable to join hands with other professionals for maximizing the usefulness of aids and supportive services.

Disabled and normal members of the family are interlinked and interdependent. No doubt primary caretakers are parents. Their emotional involvement leads to special commitment towards independence and rehabilitation.

Use of aids is not an ultimate goal in itself. This is only a means towards the goal. The environment, where aids have to function is also of considerable importance, therefore home, town, road planning and traffic management have great relevance to the usefulness of aids. Assessment prior to administration of aids and follow up is a very significant factor. Assessment once made is not final. It is a continuous process. Disabled persons should be assessed after regular intervals to see whether they are still in need of aids. This is also necessary to evaluate the degree of need which may increase or fall.

OBJECTIVES

After successful completion of this unit, it is hoped that you should be able to:

1. recognize the therapeutic value of aids.
2. acknowledge educational value of aids.
3. develop a relationship between aids support and smooth living.

8.1 Disability and Assistance

Disability is a result of impairment. The parents especially of disabled children are always interested in making their kids independent, whether they are physically handicapped, mentally retarded, visually impaired or hearing impaired. Every step taken towards independence is appreciated by parents of the handicapped more than any other parents.

Time and money spent on the handicapped helps in gaining independence in home and in classroom. Assistance which is consistent and continuous in nature, aims to provide such environment. This assistance may be in mobility training, language development and maintenance of residual organ etc.

Man is a unique creation of Almighty Allah and cannot be sub-divided into separate segments e.g. physical, social and intellectual. One aspect of personality is interwoven with the others.

Aids and support is conscious contribution by technical institutions to promote rehabilitation of disabled persons. Credit of aids assistance does not go to any of these exclusively but jointly to all of them. Provision of aids should be made with love, warmth, comfort and encouragement. No equipment however costly or sophisticated, can replace human factor.

Self-employment is the most contributing factor in providing independence in adult life as already discussed in unit no.5. Vocational guidance counselor may be helpful in making choices of career which is congruent with abilities and aspirations. Vocational guidance counselor should be free of negative stereotype tendencies.

Discussion already carried out under the title of Human Help and Mobility will supplement this sub-unit and revision of these may extend the range of understanding.

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Awareness about Assistive Devices	8.1

8.2 Aids and Support for Blind/Visually Handicapped.

Visual aids are intended to give impaired persons an experience of the world as it is, to whatever extent is it possible. Some of the aids may be the part of treatment procedure but all of them aim to provide assistance for the visually handicapped to cope with the sighted world. The value of visual aids can only be acknowledged by those who have experience of impairment or have a visually impaired child at home.

Aids have made the present and future for the disabled brighter than ever before. According to Tooze, multiplicity of aids available, including electronic devices those can help the disabled to take a fuller and more active part in the social life. Closed circuit T.V equipment enables a person with very limited vision to read print. American researchers have produced a machine that can translate

print symbols by touch. There are also "talking calculators" and many types of "obstacle detectors" on the market.

Compulsory Reading.

Dobree & Bolter	Blindness and Visual Handicap pp. 174-183	8.2

Blindness reduces one's efficiency in the activities of life but this effect can be minimized by rehabilitation workers and counselors.

In writing Braille a wide range of devices from small pocket frame and stylus to braille machine is in use. Braille writing machine helps in writing with greater speed than that with stylus. The Stains by Braille machine was originally designed in Britain and differs in some aspects from Perkins Brailler.

Short-hand notes are read by touch while Braille shorthand is also available. Many devices and hand writing guides have been developed for those visually impaired who still want to practice but face difficulty in keeping lines straight.

Time is an important factor in life. a special watch has been designed so that a blind person may feel the time by running his figures on the arms: A button type watch is also available which tells the time by pushing button. Aids in homes use are designed on the touch audible bases.

For blind students physical, political maps etc. are designed while calculator is replaced by calculating machine which uses synthesis speech. In market, there are many substitutes for sight apparatus. Mobility is an important factor in life, long cane is the most common aid for mobility but the basic function of short cane is to get help from sighted. If a person is going with cane which bears red band on white, be careful, he has severe hearing defect along with blindness. Now ultrasonic devices are changing the scene. Even one can see these in the hands or on the chests of the blind. These work on echo system enabling blind to be careful about hurdles of the way, although these are costly, but it is hoped that research will cut down their prices.

Kurzweil reading machine is the first invention which can readout books etc. at the required speed. But machines of these types cannot read properly the carbon copies and bad print.

Kurzweil Data entry Machine helps in the printing of Braille. It converts ordinary print into Braille with the help of computers through a number of steps. Optacon is the product which enables blind to read the print under his fingers.

Diabetic retinopathy is one of the causes of blindness. For sugar level check, a stick is used which gives audible signals.

Low vision aids include magnifying aids, improving lighting conditions or contrast. For distance vision, binocular, monocular, either hand held or fixed to spectacle frames is used. While considering aids for low vision, it is important to think over the nature of work and degree of involvement of the handicapped so that proper L.V.A. may be selected. Spectacle magnifiers have their advantages in the condition of deteriorating vision while closed circuit television can provide highest magnification but it is costly.

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Aids for V.I	8.3

Self Assessment Questions

Encircle T if True, F if False.

Q.No.1 (i) Blind feels fine by running his fingers on watches.

(ii) Calculating machines can use synthetic speech.

(iii) Most common mobility aid for blind is long cane.

(iv) Playing cards can be identified by their shining and contrast of colour by children of low vision.

(v) The machines can read hand written documents.

(vi) Ultrasonic aids are changing the horizon of aids for the visually impaired.

(vii) Variety of L.V.A is required for different functions.

(viii) Opticon: optical-to-tactile converter.

(ix) Heart diseases give rise to considerable cases of blindness.

(x) Low vision aids are usually magnifying in their nature.

Q.No.2 Write a short note on low-vision aids.

Q.No.3 What do you understand by writing aids?

Q.No.4 Discuss the role of new technology for the life of visually impaired person.

For gaining depth of insight, please read the following also.

Jose	Treatment Options pp.212-240

8.3 Aids/Support for Hearing Impaired

Any device which helps in hearing is known as hearing aid. The simplest aid, according to Ghani (1974) is a cupped hand placed behind the pinna. Hearing aid has its own limitations. They can only provide help and support to child/man who

is sensitive to some of the frequencies. a man with severe deafness cannot get benefit from hearing aids. A good hearing aid should fulfill the following requirements.

1. *"It should watch the frequency response to the type of hearing loss as measured by audiometer ie., it should provide maximum amplification to frequencies with maximum loss etc.*
2. *2.It should have high amplification.*
3. *3.it should reproduce sounds with great fidelity.*
4. *It should be small in size and light in weight,*
5. *it should have low power consumption.*
6. *6.It should have insert type receiver.*
7. *7.It should be easy to handle, manage and repair.*
8. *It should be cheap".*

After basic understanding please go through a valuable reading.

Fran and Purcell et al	The Hearing Aid. pp. 120-124	8.4

According to the author, conventional hearing. aids are widely used but the modern personal hearing aids have brought a revolution. Only moderately and severely hearing impaired persons are taught in special schools while mildly impaired have made their way to the normal schools. Computerized hearing aids are under intensive experimentation. It is hoped that by the passage of time, it will be possible to make these more practical and low priced. The basic advantage of digital aid is that it can be programmed according to individual needs.

Proper use of conventional aids can bring better results but a severe limitation with conventional hearing aid is that it does not amplify more than 5 khz.

Electronic Communication of Written Language

Electronic transmission of written language has opened a new chapter in aids. Acoustic coupler, an invention of 20 years back is economical in its use over conventional telephone lines; computer plays a prominent role in the life of the deaf. With the lowering of cost, its use has spread widely and rapidly for enjoyment and educational purpose.

Visual Aids, Tactile Aids and Computers

In teaching speech, the experimental studies show positive results when electronic video is used for this purpose. At present these are not widely practiced

but there is increase in trend towards use of electronic speech aids. Children face difficulty while using electronic speech aids because these cannot be worn while children can only perform well when their hands are free. Autocue and eyeglass-speech-reading-aids are basically designed to assist in speech reception. These aids are acting as catalyst for bringing aids into classroom to improve teaching learning process.

Here is another reference for our consideration.

Anne (Co-ordinator)	Ways and Means and Hearing Impairment pp.85,86,90	8.5

An appropriate choice of hearing aid and its proper use is very important in order to achieve the desired objectives. Aids usually amplify sounds of human speech.

Effectiveness of hearing aids has been improved in the recent years.

Group hearing aids are usually of class size versions. Components are the same as individual aid system, but slight difference is due to specification of manufacturing plant which makes aids in accordance with the needs of specific group but there are severe difficulties in their use

Infra-red Hearing Aids

In these infra-red light waves are used for transmission and broad-casting on wireless aid. Signals from pair of micro phones, which lie in the middle of the class are mixed up in stereo. From mixer, output goes to infra red units installed at corners and infra red light is identified by the receiver of the students and converts it back to sound. This is useful for sound treated room only.

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Aids for H.I	8.6

Self-Assessment Questions

1. (a) Man's first hearing aid is:
   (i) amplifier (ii) cupped hand (iii) microphone (iv) megaphone
   (b) Principal parts of electronic hearing aid are
   (i) _____ (ii) _____ (iii) _____ (iv) _____
   (c) Basic type of hearing aid is
   (i) body worn (ii) post aural (iii) none (iv) i plus ii

(d) The greater disadvantage of conventional aid is that it cannot provide amplification above:

(i) 5 KHZ (ii) 10 KHZ (iii) 20 KHZ (iv) 25 KHZ

Q.No.2 Discuss the advantages of computer based hearing aids.

Q.No.3 Construct a relationship between hearing aids and speech acquisition for deaf.

Q.No.4 Discuss group hearing aids.

Q.No.5 Electronic communication of written language has opened a new chapter to hearing impaired students. How?

Q.No.6 Elaborate salient features of digital hearing aid?

For further reading:

Welsh & Blash	Fundamentals of Orientation and Mobility. pp. 172-180

8.4 Aids/Support to Mentally Retarded

Aids and support have grown out of efforts for the normalization of the subnormal persons. Aids are most beneficial for mildly retarded. Aids, indeed, help the professionals in diagnosis, treatment management of mild, moderate, severe and profoundly retarded which is ultimately reflected in smooth living. The more severe the mental retardation the greater the need of support and aid.

Cognitive problems, speech problems, academic problems are the difficulties usually faced by mentally retarded persons. Mildly retarded children can be integrated in the normal class situation with individualized instruction personal aids. As mental retardation presents phenomenon of varied nature, assistance should be comprehensive in its nature i.e. aids and services should cover all aspects of problems at all levels.

Teacher should know what he is trying to teach (content), why should it be taught (need) how it should be taught (method). When plan is developed on these lines consciously, aids support will be productive and motivating otherwise it will create anxiety and dissatisfaction in the professionals as well as in mentally retarded child.

In pre-school years, aids focus on readiness skill which includes language and communication, following directions and attending, discrimination of auditory and visual information, self help skill, fine and gross motor co-ordination. With the help of aids, mentally retarded children can learn and grasp new situation quickly while without these they have to make greater efforts to reach the same level.

Now let us study Siegel's book to enrich our insight.

Siegel	Siegel Helpng Brain Injured Child pp.93-116	8.7

Phonics can be developed on the vocabulary of 50-100 words with the help of relationship of sound and photographs. In this connection, keep in view that spelling are not very important. When proper association is developed, this process can be reversed and after this process, flash cards can be used to check the understanding. The quality of result depends upon the length of time for which the card is displayed. This process can be facilitated by pasting pictures on the page. Phonic wheel is a manual device which can help in developing power of grasping words and reading both sense and non-sense syllables. Here sound discrimination can be beneficial.

Verbal comprehension is basic in language development. Read for disabled child, ask him about understanding he has developed. After this exercise, writing can be initiated with the re-enforcement of audio-visual association.

In writing, direction is also important which is relative to the language development. This can be facilitated by putting one's hand on the hand of mentally retarded child. This will help him in copying and making connections of the words. Writing may be started by writing on sand and soil.

Counting is essential in life. This can be taught by feeling objects, discriminating between different sizes and child will slowly move towards addition and subtraction. Touch can help in sensory training.

Sounds are helpful in perceiving things. Training in the recognition of simple sounds can be helpful in identifying loud, soft, rhythmic and noise sounds. Memory is a depot which helps in recognition, recall and association. This can be tested by placing simple objects in a box and then taking some or one out of it and asking mentally retarded what is missing.

Television may hinder the living of hyper-active mentally retarded by its violence. Television also intermingles the dimensions as it has as yet only two dimensions but it may help him to sit still.

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Aids for MRC	8.8

Self-Assessment Questions

Q.No.1 Choose most appropriate answer:

(i) Rehabilitation of polio victims is mainly dependent upon

(a) psychotherapy (b) physiotherapy (c) sociotherapy (d) medication

(ii) The best recommended class strength for mentally retarded is
(a) 4 children (b) 6 children (c) 8 children (d) 10 children

(iii) Early detection of mental retardation will be able to place the child in
(a) isolation (b) special class (c) normal class (d) sheltered workshop

(iv) Teachers of mentally retarded children should have
(a) patience (b) insight (c) skill (d) all of these

Q.No.2 Why soil writing is useful in our country?

Q.No.3 Discuss some aspects of sensory training.

Q.No.4 How much significance the phonic wheel has for Urdu reading for brain injured children.

Q.No.5 Tracing words is an important style in teaching writing for mentally retarded children. Why?

8.5 Aids/support to the Physically Handicapped

Physical impairment is most wide-ranging in its nature. It imposes limitations and stress on functional capacity of the physically handicapped. Physically handicapped is usually at serious disadvantage when he interacts with others. Emotional contact mostly depends upon mobility which is back bone of social adjustment. Any hindrance in mobility puts restrictions on enriching ones experiences. This may lead to a belief that ordinary or extraordinary physical activities can never be performed by the physically handicapped. This may not be true in most of the cases as many of them achieve excellence in physical as well as in other activities.

Pless and Douglas (1971) suggest the following questions to be considered, type of disability along with duration of disability and severity of disability:

(a) Does impairment affect the individual "motorically"? .
(b) Does the impairment involve sensory problems such as restricted vision or hearing?
(c) Does the impairment constitute a disfigurement which is visible to others?

If physically handicapped have some other disability, selection of aids may be made in consultation with the experts in other disabilities. With the passage of time it is assumed that disabled persons may become familiar with the use of aids. This will also facilitate their taking up vocations. The environment where physically handicapped persons are to function is of considerable importance. Transportation and other accessories as discussed in Unit 6 also fall under aids and supportive services. Some cases may require physical help in clothing, bathing, getting in and out of wheel chairs.

A brief picture of aids is drawn in the following pages

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Aids for Locomotors Disability	8.9

Physical handicap involves largely services of members of medical profession such as physiotherapists, surgeons etc. Sometimes co-ordination of these professionals is required prosthetics and orthotics are persons who manufacture artificial limbs and allied materials to help the physically disabled.

Adaptive devices are not commonly used for ordinary purposes but residual limb function is much more emphasized because it helps in becoming independent of devices, more over, it is economical.

Modern technology has its own limitations. Reconstructive and plastic surgeons are also improving the appearance and function of the physically handicapped as modern technology has made technical aids simple, reliable and practical.

Now study following reference:

Colhoun and Howisher	Teaching and Learning Strategies for Physically Handicapped Students. pp. 158-172	8.10

According to Colhoun and Howisher, it is attitude of teacher which can make classroom setting mirror of the curriculum by making necessary alterations in classroom. Furniture, equipment can be designed in accordance with the demand of safety.

Technological aids used for the physically handicapped are simple as well as complex. Usually complex aids are operated by adopting simple techniques and for selecting teaching aids Haskell has provided a guide line.

Mobility is the basic and fundamental problem of the physically handicapped. For these persons, there are several mobility techniques available but selection of proper techniques promotes co-ordination between eyes I and limbs. Skill in mobility facilitates recreation process which promotes academic and daily living activities. They also help to gain better physical and perceptual control.

Self-Assessment Questions

Q.No.1 Elaborate most important principles which are to be kept in mind while selecting aids for physically handicapped children?

Q.No.2 Prosthetics and orthotics occupy an important role in the range of aids for the physically handicapped. How?

Q.No.3 Discuss teacher's responsibilities in teaching to physically handicapped children?

Q.No.4 Physical environment has implications for teaching learning process. How?

Q.No.5 Classroom safety should be given top priority. Why?

Q.No.6 What is the importance of guidelines recommended by Haskell for selecting

Teaching Machines for physically handicapped children.

Key

8.2

Q.No. 1 (i) F (ii) T (iii) T (iv) T (v) F (vi) T (vii) T (viii) T (ix) F (x) T

8.3 Q.No.1 (a) ii (e) iv (d) i

8.4 Q.No.1 (i) b (ii) b (iii) c (iv) a

UNIT NO. 9

NATIONAL RESOURCES, EDUCATION AND COST OF CARE

Written by
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CONTENTS

INTRODUCTION

The investment of human efforts, material resources on the health of disabled persons, care and education may secure returns for the individual disabled person, community and nation. This also helps in improving the personal standard of living which results in self respect and self confidence.

This output does not depend only upon how much investment is made but also how efficiently it is utilized, as there is always scarcity of resources, budgetary constraints and willingness of high output. The efficiency may be in physical and economic terms. In physical efficiency, the quantitative relationship between output and input is important while economic efficiency relates with the cost of input. The knowledge of the cost of alternative courses of actions is the key to the planning. The planner has to decide whether he has to add more scarce resources to the existing facilities or to locate alternative means in future. By developing a deep understanding of cost analysis, its output, one can make provision on a practical basis. Planner may face difficulties which are result of lack of basic Data-Variation in price that effects the achievement of objectives.

It is better to plan for long term as once a policy is launched in the field of work, it is difficult to reverse it. While developing plans for care and education we have to decide where we are and where we want to be in the future. Effectiveness of planning for disabled persons is largely dependent upon their access to professionals, services and physical environment. .

Social integration is the theme of the day. Behaviour modification and learning cannot be attained in isolation. To minimize the stress of isolation, mainstreaming may lead to a restrictive environment. It aims to modify the negative attitude of the community towards the handicapped persons and involves the total faculty of the community. Mainstreaming has three components (1) Integration (2) planning and programming (3) classification of responsibilities.

Objectives

It is hoped that after successful completion of this unit you should be able to:

1. visualize different factors that count towards the cost of care.
2. understand what is meant by mainstreaming.
3. know the problems in planning for special education.
4. help the disabled in being active, productive members of the society.

9.1 Use of Scarce National Resources

Planning for disabled persons is complex and is a concern of various agencies. The more we invest in terms of finance in developing welfare services, the more we achieve in national development. The educational planning in its modern approach has attracted experts from many disciplines and various professionals have learned to work as a multidisciplinary team. Education and rehabilitation of the disabled is not generally supplied with adequate resources. With the increase in the degree of the disability, the expenditure on education and rehabilitation also goes up while income is most likely to decrease or at least remain constant.

When society and individuals both have difficulties the economical use of the resources requires planning in an order of priority. These choices also mirror our present special needs alongwith future consideration. Resources cannot meet all requests at the same time and to the desired degree. While planning services, questions concerning manpower, financial resources, mode of utilization are of vital nature. Coordination of needs and expenditure is a process which must be mentally rehearsed before implementation. Objectives may be stated in general but one must keep in sharp focus the requirements which are considered to be most important.

There must be some strategies to determine the priorities in the use of resources as there is an inverse relationship between demands and resources. Planning strategies for disabled persons are Top-down (centralized) and Bottom-up (decentralized).

Top-down is framed at a high level outside of the local community i.e. by government, international organizations where local people have to comply with the direction indicated there in. This may be of a standardized nature, easy to utilize national resources, easy to administer, easy to seek involvement of other agencies and external experts but the rehabilitation segment is usually feeble as this aspect demands more dedication and love in its implementation.

"Bottom up" is those activities which are organized and administered by the local community by itself. Finances are generated and collected locally, although support may be sought from the government.

The achievement of the target is largely dependent upon the participation of people: "their goodwill friendliness and feeling of shared pleasure" (Thomas, 1982). The output factor is not only measured by evaluation but also by "smile factor". Either planning is based on government finances or local funding. Government funds may have red-tape restrictions, delays and promises. Local resources may be developed by fees or contributions from the families to be served, services, in kind or with work, income producing activities, repair services, an auxiliary fund to help poor families, zakat etc.

The planning situation can be viewed in the following manner.

1. Infinite demand
2. Scarce resources
3. Choices of priorities from various demands
4. Alternative means of achieving priorities
5. Evaluation of alternative project choices
6. Implementation

After making priorities, related factors are to be considered in detail i.e. administration of the plan and its development through different levels.

Planning for the disabled should also consult Manpower Division as there is no comprehensive scheme on for job-education in Pakistan although provision of one percent employment exists in this regard. The varied and complex nature of planning requires greater per capita expenditure both capital and recurrent, for those of formal education.

There is no specific school entry age for disabled children which results in semi open ended school leaving age.

While planning possible changes in the cost of running institutional services, material resources along with the increasing possibility of identification of the disabled, need to be considered.

Best choices lead to the achievement of priorities with the lowest cost. Grading of objectives are the first phase after this, principles of action are to be laid down. These involve both men and materials. Funds are required for this purpose. Materials include land, buildings equipments, machines and consumable materials. Allocation of resources is important but of more significance is the policy through which these are utilized. When the plan is implemented in terms of priorities and in accordance with the guidelines, then need of evaluation arises which results in reshaping and improvement of plan as required.

Retrieved on 23.4.07 from http://uhrc.nic.in/publications/documents/chapter4htm#ch41	Discrimination based on Disability: Effective services (inclusive schools)	9.1

9.2 Personal Income

If various factors affecting the role of the handicapped person in the community are analyzed the financial demand comes up as the most influential. The meeting of treatment needs and other requirements of daily living will depend on personal income. In recent years public pressure has been building up for the

adequate provision of medical care and other necessary facilities for the handicapped. Although measures are being adopted to cope with these without degrading the efficacy of services, these resources are not easily available. "Economic policies are designed to improve the material condition of human existence, not as end in itself but as a means to create a good or better society" (Pakistan Economic Survey, 1985). Self employment is a major contributor to the self development leading to a better environment. It provides a basis for the growth of self respect and confidence.

The process of industrialization during the last few decades has brought several changes in the concept of employment. The job opportunities and level of wages have a significant correlation with demand and supply. Personal insecurity and hardship caused by impairment has also influenced the employment policy. "In any strategy of economic development the highest priority must be attached to improving the quality of educational system" (Pakistan Economic Survey 1984-1985).

The Government of Pakistan is struggling to implement, consciously the policy of equal opportunities which also applies to disabled persons. High level of job security, employee sharing in production, emphasis on employee growth and development are factors in this regard to be considered.

Personal income expands life experiences. These experiences help to fulfill also recreational needs along with financial support to self care and maintenance. Thus it helps to develop a sound body and mind. It gives courage to take initiative in performance to modify environment and helps to put an end to anxiety and strain caused by impairment. It eradicates the disintegration and negative feelings in the handicapped. According to Brolin and other researchers self earning helps in (i) developing personal independence (ii) developing personal autonomy (iii) supplements social skills (iv) developing ability to cope with the daily routine (v) identifying career interest (vi) identifying jobs not within the students skill or interest range (vii) improving self concept.

Self employment means to work for one's self and not for any one else. Self employment also results in social, psychological and emotional stability. It also modifies the attitude of the community in the positive manner and raises the per capita income when a handicapped community is a contributing member. He can share in developing future plans for himself and his family. Earning an income has implications for the handicapped both in social and economic context. Isolation is unhealthy in its nature and in most cases it results in distorting the personality of the handicapped.

9. 3 Relative Cost of Care

The increasing emphasis on the care of the handicapped means increased pressure on the economy of both family and nation. We are in that era where better health and care of the disabled has become a national and international goal. Increased care will

reduce the mortality rate and this investment will result in economic growth. Investment on care is a representation of efforts we are expending on the welfare of disabled children in the form of specialized services.

Lack of proper information effects progress towards our goal. It is the cost of care which determines the feasibility of planning and implementation of programme. High cost of care and education may result in a collapse of services. Hence calculation of cost for a specific programme is of fundamental nature. These factors may be considered.

1. "Sustainability"
2. Community participation especially by poorer or more vulnerable members of community.
3. An equitable distribution of benefits of a project or programme (jolly, 1988).

The cost of care is largely changeable. It depends upon the type and degree of impairment and also on the conditions prevailing in the country. If the cost is in accordance with the resources, it becomes easy to gain specific targets. There is no single method to calculate the relative cost of care of any disabled person or group of disabled. It may also have relationship with per capita income.

Due to the complex nature of the topic, studies done in this area are few. For background knowledge and to develop a basic understanding, a paper is waiting for you.

David M. Boswell and Janet M.Wingrove	The Handicapped Person in the Community pp.49-60	9.2

The care of the marginalized population is usually made at home but hospital and institutional care is there to assist them when required. Usually middle class patients are discharged earlier as they have advantage of being looked after by their family residing at home. Home care also lowers down the cost while hospital care is expensive in its nature.

Home care costs can be subdivided into hotel and medical care cost. It also includes cost of services of the general practitioner, transport and the time factor.

Medical costs cannot be calculated easily as it depends upon the individual patient's condition. Besides Medical care, costs and treatment expenses i.e. ward cost, house costs have also to be met. In a hospital, the cost of care may rise due to maintenance.

Patients of diseases of the central nervous system require more care than patients of other kinds of impairment, when continuity of services is required, cost of hospital administration may be added to the whole of cost.

For cases of a deteriorating nature, care may slow down the rate of degeneration and improve standard of living.

Self Assessment Questions

Q.No.1 What are the bases of cost of analysis in this article?

Q.No.2 Explain the most important factor underlying marginality.

Q.No.3 What do you understand by the term "Capital Cost"'?

Q.No.4 Enlist some ways in which voluntary bodies can be managed by the handicapped.

Q.No.5 Why is home care cheaper in our society than institutional care?

9.4 Education and Care

The instant the impairment is registered by the parents of the handicapped, the need for care and education arises. If the feelings about the handicapped are positive and are fused in the educational system then it will contribute towards the achievement of national objectives which includes promotion of literacy also. Acceptance of impairment by the community provides opportunities for organizations to arrange multidisciplinary programmes of help, care and education. Ophthalmologists, orthopedists, neurologists, cardiologists, endocrinologists, educationists, economists, architects etc. are professionals involved in the process of care and education.

When disabled persons are given proper assistance in the development of their social and vocational skills, they make a significant contribution towards the society. Care can be defined as increased assistance both qualitative and quantitative. It is similar for all the handicapped persons but individualized with respect to the degree and level of impairment. Several factors influence the outcome of care and education of the disabled but heredity may be one. There are different approaches to the care but perfect care remains ideal. As the "learning in most children is so automatic and spontaneous that little consideration is given to all factors involved especially, to the importance of sensory system and their

relationship to brain" (Barrage, 1986). It should be kept in mind that most important care giver is the parents. Formal care has certain limitations when applied to any educational plan. Any successful educational plan for the disabled requires a good relationship between provision of care and the teacher/learning situation. Care can be seen in terms of aids and equipments employed in education as well as in a teaching training programe. Every theory is abstract in its nature. It becomes concrete only when we translate it into action to suit our situation.

Here is a document which caries recommendations, plan for special education.

Directorate General of Special Education	Education and Care of Handicapped pp. 1-11	9.3

The children enjoying special education may/may not attend special school throughout their school life.

Problems of children with hearing disabilities

Hearing impaired and speech impaired children have usually problems of language development and they require integration with normal children even for the sake of therapy. Speech therapy can develop residual speech function. It also facilitates communication.

Problems of children with physical disabilities

Educational achievement and physical handicap "has no single relationship". Children with physical disability can attend normal class while children with severe handicap require special institutions where the services of physiotherapist, occupation therapist, speech therapist will be made available.

Problems of children with visual handicaps

By proper training, visually impaired children can share social activities with their normal class mates.

The curriculum and text books should be prepared and adopted according to the need of the visually handicapped. Difference should be kept in mind. Highly priced equipment can be made available but its proper use should be ensured.

Problems of children with mental retardation

The social integration of mentally retarded children is possible to a certain extent but functional integration is not possible. Moderate and partially mentally retarded children require a wide range of services and arrangements at special schools.

Among other recommendations, it is proposed to establish a resource centre at Islamabad which will provide research facilities, with other centers in the country.

Self Assessment Questions

Q.No.I For whom are special educational facilities required?

Q.No.2 How do you conceive the socialization process of mentally retarded persons?

Q.No.3 Go through the facilities mentioned in "Special Education" Add five more facilities which you consider important to be included.

Q.No.4 "Intermediate and Secondary Board of the Disabled should be a part of Directorate General of Special Education" please make comments on this proposal.

Additional reading

Directorate General of Special Education	Education and Care of Handicapped "Report of delegation which visited the U.K, Denmark, Kuwait, Federal Germany, and India March, 1986.

Activity

1. Select a handicapped child, see his parents and calculate the cost of care at home for a month.
2. Visit an institution of special education. Calculate the investment per student.
3. Search for a disabled who is employed somewhere. Record his feelings on his self employment.

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