

# **The impact of direct child assistance strategy as an approach for rehabilitating children and youths with disabilities: a baseline survey of the three senatorial districts of cross river state of Nigeria**

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## **Abstract**

The direct child assistance (DCA) service approach is a core strategy used by the Liliane Funds in providing rehabilitation to children and youths under its care across the world. This quality service delivery strategy is provided in partnership with organizations with similar mission and vision through mediators and field workers. The baseline study examined the successes of the programme so far in the area under survey. Emphasis was on core areas of interest in the rehabilitation process such as Education, Social, Medical, Economic independence, Interpersonal relationships and in recent times Enabling environment. The aim of the study is to find out the impact of the programme on the children and youths, their families and community adjustment, parents and care givers basically on the areas of focus and participation in the rehabilitation process. A total of 150 participants drawn from children and youths who previously and currently benefit from this programme, representatives of partner organizations and Mediators who are

actually involved in the delivery of the packaged services to beneficiaries in schools, training centres and shops, hospitals and at their door steps. Five research questions were posed reflecting the five core focus areas. Also, interview guide which provided smooth transmission of discussion with informants were drawn. Interview was conducted on a face to face contact with participants by the researcher. A simple percent statistical tool was used to describe the outcome of results. The result revealed that 80% of children and youths, who are beneficiaries, cooperated with the rehabilitation and could set goals and work toward achieving them. It also revealed that success was more recorded in the areas of education and medical rehabilitation, with social and interpersonal relationship scoring only 45%. 17% constituted dropout from the programme due to lack of parental participation, truancy on the part of the children/youths and sometimes due to more handicapping conditions. Mention also was made of inadequate financial allocations for mediators to execute the programme.

**Key words:** Direct child assistance strategy, Rehabilitation process, inclusion, family and community adjustment, enabling environment.

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## Introduction

Disability is not just a health problem; it is a complex phenomenon reflecting the interaction between features of victims and features of the society in which they find themselves (Liliane Fund 2013). Overcoming the difficulties faced by children with disabilities is imperative requiring deliberate interventions to remove environmental and social barriers thereby empowering the children and youths with disability to become active actors in their own lifelong process of rehabilitation and overall development. "For many years now, direct child assistance has been our core strategy in the delivery of needed services to our children and youths. Our primary focus is on the child's personal needs" (Liliane Funds, 2013). One landmark achievement of the Catholic Church in Ogoja and its environs has been its unchallenging record of service to humanity. This the church has carried on over the years either single handed or through collaborating with other bodies. Hence, it is on record that services to the disabled and their families in Nigeria have been provided by a joint efforts of the Missionaries, Government,

Voluntary Organizations, Philanthropists and International bodies since the turn of the century (Ajobiewe, 2000).

The focus of this paper is to closely examine among others, the success and failures of the use of direct child assistance rehabilitation programme of the Liliane Foundations Netherlands as delivered through the programme and services for the disabled of the Catholic Diocese of Ogoja and its environs. Major focus points were family adjustment including interpersonal relationship, family relationship, social activities, community groups and religious activities. Others highlights of the programme focus areas are Education, Social participation, Medical services and enabling environment that would facilitate inclusion of the disabled in to the mainstream of the society.

This baseline study described the condition and strategy under which services for people with disability were provided prior to the partnership enjoyed now between the Liliane Foundation and the Catholic Church in Ogoja Diocese and its environs. The study examined the intervention period to determine progress or any lack thereof.

How can observation and asking of question make the difference in righting the wrongs in most families and communities with children who are disabled for adequate adjustment to the reality of the situation? As the programme for children with disabilities gradually expand, the need for collaboration and partnerships in service delivery becomes imperative with stakeholders looking beyond the children's characteristics but rather focus on the child's personal needs and special demands of the environment. This is a prominent feature and a motivating factor in the direct child assistance strategy.

The following five research questions were put forward to guide the study:

- To what extent does family and community adjustment enhance a rehabilitation process and acceptance of the disabled child?
- To what does educational rehabilitation contribute to the overall development of a disabled individual?
- What role can a person with a disability play in the fight against social forces that stand on his or her way in living a fulfilled life?
- To what extent can the environment be explored to make life better for an individual with disability?
- To what extent does attending to individual child's needs delivery in terms of progress or positive change from focusing on a group or organization?

The survey is limited to Cross River State and included are ten Local Government Areas out of the eighteen in the state. A total of 150 participants were drawn to be interviewed. The subjects were selected from children who might have been beneficiaries of the direct child assistance rehabilitation programme of the Liliane Funds within the study area or still in the process of rehabilitation in the focus areas of Education, Medical, Social, Economic, Family and community adjustment and enabling environment for inclusive practices. Also included in this study were Representative of the partner

organizations and their Mediators and Field workers. Not least among the participants were the parents of the children with disabilities who currently are receiving assistance or must have completed training in any one or more of the focus rehabilitation areas.

The study is significant in many ways. First of all, it served as an appraisal of the project inputs and outputs revealing progress and lacks. Secondly, the strengths and weaknesses of this direct child assistance strategy is x-rayed and necessary amends or adjustments are noted. More so it is a vital tool for assessing the cooperation and involvement of parents and care givers, other family members, children and youths with disabilities and teachers. Other trainers on vocational skills and Disabled people organizations in terms of commitments and participation and the need to continue or discontinue or improve on the strategy to ensure more results that would create and build an inclusive society for all including the children with special needs in general and the disabled in particular.

To support the outcome of this study, a brief professional review of related literature was undertaken to ascertain facts linked to the phenomenon.

The Family and Community adjustment as an ingredient for effective rehabilitation of a disabled child:

The direct child's assistance strategy in the rehabilitation process recognizes the family as one of the major forces in the environment which influences the child "normal or special". Jordan, Gallagher, Huntinger and Karnes (1992) noted that if we expect to be effective in special education, we have to work with the family in our efforts to help the child. This is more especially when we are dealing with a child with disability. The point of contact between the child and the environment is the family. The association is lifelong and complex. In their discussion of the bond which glued the family and the child, Turnbull, Summers and Brotherson (1986) identified and listed seven areas of responsibilities which the family shoulders. These include:

- Economic: In this case, the family is committed to generating income for the payment of bills and investments.
- Domestic and health care: The family is in charge of provision of food, clothing and security.
- Recreation: The family is responsible for initiating and providing respite and diversion to reduce stress for the children and other members of the family.
- Self identity: Creating and making it possible for children to develop a sense of belonging is very useful and paramount in children and most essential for those with disabilities.
- Affection: Expression of love and companionship provides a great deal of respite to and reassures the child with disability of acceptance and security.
- Socialization: Helping children generally and disabled in particular to develop interpersonal relationships and skills through social interactions is of great importance in every rehabilitation process and is highly encouraged in the direct child assistance

strategy by involving the disabled child in practical social activities within and out of his/her immediate family.

**Education and vocational:** This has to do with ensuring that homework is done by the child and assisting the child make a career choice is an important role of the family. Commenting on the reactions of most parents to the birth of a handicapped child into a family, Kirk, Gallagher and Anastassiow (1993) identified two major crises faced by such parents and which influence their reactions. These crises include:

“Symbolic death” of the child they were expecting and for whom they had set goals for successful education and financial security. They consider their dreams a lost hope.

**Providing daily care for the child:** The feeling is that the child may not develop along the usual pattern to become an independent adult, a situation which weighs heavily on such parents setting in confusion and trouble and of course blames and accusations.

The Direct child assistance approach to rehabilitation process capitalizes on these enviable roles of the family and the negative influence of the crises that sets in as a result of the birth of a handicapped child to insist that delivering the needed services to the child must begin with the child’s family and/or caregivers.

In his contributions on the issue of family and community adjustment, Basharu (1983) posited that “life in itself is more than a job”. According to him, life consists of a variety of wide range of experiences of settings which encompasses family, community, religious, occupations and interpersonal relationships. He is of the view that for any all round development of an individual child with disability; a rehabilitation process must concern itself with all of these activities noting that there is no sharp line between a person’s vocational adjustment and his family and community adjustment. Basharu contends that family and community adjustment is not very easy but should however be explored and exploited to the advantage of the individual with a disability. In most cases, the efforts by many individuals with disabilities who try to be assimilated into the society especially into the work and play of the community is met with resistance as the community may not be ready to accommodate him/her without reservations. This occurs both in a formal and informal groups like work place among people who are suppose to even be colleagues, churches among worshippers, markets among buyers and sellers, and even in a most shocking and frightening cases in a one to one interpersonal relationship (Olayi, 2013).

Olayi in retracing some of his most dehumanizing experiences aptly stated that the society is yet to be transformed from the negative influence of ancient fears and anxieties perpetuated by myths and cultural beliefs about disability in our society. To him however, the battle is to seek relentlessly self fulfilment and actualization in the face of stiff opposition from un-daunting agents of discrimination and exclusion. This he contends must rage on until the attitudinal barriers to social inclusion and self fulfilment by the disabled are ranted down by laws and wrestled out by successes and observable

positive changes and role play by the Government, Advocacy groups, Parents, Teachers, Disabled groups and associations through education and social justice.

It is pertinent to note here that the type and quality of life and interpersonal relationships a child with disability develops and attained is seriously conditioned by his/her personality, his or her interest and the situation in which one finds him/herself or lives. The direct child assistance strategy believes by a realistic rehabilitation package if properly delivered can contribute to the effectiveness of the individual disabled child's interpersonal relationships by:

## **1 Removing over dependency on sighted guide in the case of a blind or visually impaired for mobility**

### **1.1 Job creation and empowerment of the disabled child**

#### **1.1.1 Helping the child to understand him/herself fully**

##### **Family Relationships**

Any well packaged and delivered rehabilitation programme especially through direct child assistance can do well to improve upon the level of family ties shattered by birth of the handicapped child. Evidence abounds that families tend to draw closer mostly at the initial stage of crises, but it stand to lose some of its corrosive effects to divisive elements of the family relationships when the crises depends. It is this latent fears and anxieties about disability that the rehabilitation service provider focuses on when implementing direct child assistance programme. The individual becomes employed, can work and earn income with which he or she can alleviate the family's economic problems and help contribute to the development of his or her society and as well enhance his/her acceptance status.

##### **Social Activities**

Generally, leisure time is a vital recreation that cushioned the effect of stress in people. Any rehabilitation should as well concern itself with developing this worthwhile programme of experience in the life of a disabled child. Although not all leisure time activities are available for participation by individuals with disabilities, care should be taken to select activities depending on type, level and impact of the handicapping condition.

##### **Community Groups**

Rehabilitation pursuit that aims at preparing an individual with disability to participate in community functions is and can be rewarding. Although belonging to any commu-

nity group formal or informal, is an individual decision, showcasing ones worth and talent can be well presented in opportunities offered by such community groups like service clubs, Religious organizations, Political and Civic clubs, Intellectual groups or Sporting clubs, age grade associations etc (Basharu, 1983).

### **Religious groups**

Developing in the disabled individual a cordial relationship with the creator is important too. Turning to religious faith for supports is a common practice with many who run into problems. This is not indifferent with individuals with disabilities. Sometimes, ones ties with his or her religious faith become a strengthening force and an avenue for self spiritual and social actualization for many handicapped individuals. In fact, apart from spiritual adjustment of the individual disabled child, religious group provides assurance in terms of acceptance as the individual is often carried along as he or she is encouraged to join in prayer groups or associations and choir and musical group. This kind of participation gives joy and helps the individual to contribute his or her quota to the growth of the church or association.

### **Enabling Environment**

Apart from working with the family and community to create an enabling environment for acceptance and coexistence, this area of activity has just been introduced by the Dutch Office of the Liliane Funds for mediator to implement as direct child assistance core activities. This aspect of the programme promotes participation by the disabled child in the society towards achieving inclusion (Liliane Funds 2013). According to the Organization, "this offers more enriched and sustainable results and positive changes for the children with disabilities". It as well addresses the barriers the children face or experience in their communities.

Creating enabling environment through community level intervention involves parents, neighbours, teachers, administrators, social workers, health workers, clubs and indeed associations of disabled persons themselves and should aim on improving the physical environment and attitudes toward the disabled as well as grass root policies that would influence participation and acceptance of the disabled in education, political, medical services and every day today activities without exclusion by discrimination and marginalization (UNESCO, 1994, Inclusion International, 2006, Kisanji, 1999). In order to ensure accessibility of the environment for participation by children with disability, the following activities can be of help to planners and implementers of the rehabilitation programme:

### **Counselling and training of parents and/or care givers.**

Creating and sustaining awareness about the needs of the disabled among parents, neighbours, teachers and other community members on the need to accept children

with disabilities in their schools, classrooms, skills training centres, community groups, social clubs etc.

Training and retraining teachers on better skills and competencies in coping with and managing children with disabilities in their classrooms.

Formation of advocacy and lobbying groups with stakeholders and politicians.

Engaging on small scale adjustment of the physical environment on school compounds and homes to improve on accessibility especially for wheelchair users and others.

Facilitating and setting up of Organization of Disabled People and self help groups.

## Education

Realizing the importance of education for fighting and reducing the impact of disability in the people living with disabilities, individuals, voluntary organizations, philanthropists and Governments working for and with disability groups or organizations should try to ensure that it is prominent in their design of programme and services among others. Quality education is one of the keys to empowerment. Realizing self esteem and lifting people out of poverty (Sight Savers, 2012). Realizing the need for education, Article 26 of the Universal Declaration on Human Rights provided for the right to education aimed at the full development of every child, youth and adult (UNESCO, 2006). UNESCO noted that in spite of this great need for education, about 77million children are not enrolled in schools and that at least 25 million of them have one form of disability or another.

Contributing to this appalling situation, World Bank (2003) stated that not more than 5 percent of children with disabilities do complete even a primary school education. Going to school in the viewpoint of Inclusion International (2006) is one of the few rite of passages shared in countries the world over. It outlined the benefits to include:

School is where we make friends to last a life time.

School is where we learn about the rules that govern our communities and our nation.

Going to school and getting the right education brings about personality development thus promoting understanding, tolerance and friendships.

Driven into the theme "Education", Sight Savers International noted that access to quality education for disabled children is not a policy priority in many countries. From experience over time, the organization went on to state that lobbying for the visually impaired children is most effective as part of an advocacy for the inclusion of all disabled children, bearing in mind that the diversity of learning needs must be addressed for any sustainable results (Sight Savers International, 2012). Emphasizing on the objective of sticking on the child's personal needs while implementing the direct child as-



sistance rehabilitation programme, the Liliane Foundation observed that teachers have a responsibility to educate all the children in their classrooms but do not always have the skills and knowledge to cater for those with special needs (Liliane Funds 2013). They advised that rehabilitation personnel should provide within the limited resources at their disposal through awareness programmes the needed information to the teachers.

## Results

Dealing with special needs children directly by focusing on their personal needs through mediators and field workers remains an important strategy for rehabilitation service delivery. Several facts revealed by this study show that this strategy expose more of the actual state of mind of family members including parents and care givers as well as the handicapped children themselves about the associated problem of disability.

Generally, the parents of the handicapped children under the programme studied expressed their emotional constraints about their children's conditions. They stated that there are still many barriers to be overcome including frustrations, disappointment, and a sense of failure resulting from the fact that one member of the family is disabled. This revelation corroborates the claim of Adedoya, who posited that the consequent effect of a disabled child in a family is that the position of the child with disability is not "normal". This picture was visibly observable by field workers on visit to parents and children in their homes. Also, there was evidence of difficulties in the adjustment of parents and family members to the problem they face as a result of their children's abnormality. Only 53% of families and children with disabilities show acceptance of their conditions and positive disposition after a series of counselling meeting and other interventions.

Similarly, participants in the study who were mostly disabled children acknowledged that it is not very easy to adjust to any significant level of total comfort for both the affected children, family members and friends. This is a match with the position of Basharu (1983), who posited that family and community adjustment for handicapped persons, is not very easy no matter how hard a handicapped individual tries to achieve, "Assimilation" into the work and play of the community is and may be not without reservations.

Prominent among the successes recorded as found in the study was the impact of the rehabilitation process on interpersonal and family relationships. Most parents, caregivers and field workers reported a 65 percent improvement on evidence of acceptance as indicated by warm friendships between the disabled and their non disabled children/peers. This also was noticeable in marriages and rearing children and maintaining families. Also in joining community groups, participating in community events and decision making as well as contributing to building up personal and family status and economy.

On social and recreational activities, participants contributions during the interview and discussions show a positive result as more than 60 percent of the disabled beneficiaries mostly the Blind and visually impaired were reported to be involved in club activities within and outside school. Church prayer and choir groups, indoor and outdoor games and sports, debates and quiz clubs etc. Discussants who were parents or care givers expressed delights in their children and wards level of social engagements and interactions.

Although there is reasonable evidence of a number of disabled children integrated into regular schools majority of who are blind and visually impaired students on the Liliane funds direct child assistance programme, there were still some level of ignorance as shown in the rejection of admission and placement of disabled children by school heads arguing that such children are meant for their own special schools. The study however revealed a fascinating approach of inclusive practice by the three main special schools in the state, one for the Blind and visually impaired and two others for a mixed categories where “normal” children are rather admitted into the special schools to learn alongside their disabled peers.

Mediators and field workers reported lack of funds for effective management of the programme especially where children are to move from home to local schools. This shortage of funds affects supply of study materials and equipment, transport to and from school on daily basis, other needs etc. Another frustrating observation made by the field workers and some disabled participants was on existing believes on ancient and outdated superstition which grip the Nigerian and African society about people with disabilities, as this ignorance and ugly practice will account for continuous barrier against courtships for the disabled.

The study reported a number of dropouts of the rehabilitation process due to uncooperative attitudes of some parents and caregivers and a level of ignorance and truancy on the part of the enlisted children with disabilities.

One very vital point stress in the study was the revelation that it is impossible to effectively and successfully provide any rehabilitation service delivery without working on the environment which the individual child lives and is to live after completion of a rehabilitation process for a lifelong living.

## Conclusion

To conclude this paper, the writer would like to note that the aim of any rehabilitation process for special needs children of any kind, type and form is to make for optimal functioning of the child. In this vein, Partner organization including voluntary agencies/organizations, philanthropists, missionaries, Governments and international agencies should close ranks to ensure that those aspects of the environment that make for

frustration of the individual efforts at maximal and realistic functioning are minimized through realistic and well implemented goals. Besides, every child undergoing a rehabilitation process needs be adjusted to his or her handicap vis-à-vis the environment where the individual finds him or herself.

The rehabilitation programme objectives, facilitators, parents and other members of the family should as a matter of concern make available for the child the enabling environment stimulating enough to make him or her face the challenges of competition and self identity.

The challenge to as many organizations and Agencies like the Liliane Funds Netherlands, parents, Governments and professionals is to demonstrate the mission and vision they hold, believe and share, so that together, we can all give the special needs children particularly the disabled the opportunity which they seek to realise that destiny ultimate.

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