

Children with Special Needs in the Kingdom of Saudi Arabia: Their Needs and Rights

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By
Ahmad Al rubiyea, BA, MA,
School of Social Work
University of Leicester

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Dedication

*“To my Parents, Wife and
Children”*

Abstract

Kingdom of Saudi Arabia is in the process of developing and modernising its organisations to meet and cope with the challenges posed by national and international changes. Child and family issues have become an integral part of the Kingdom strategies, vision and policies.

There is a lack of comprehensive research that focuses on children with special needs rights and needs in Saudi Arabia and the role of the Kingdom of Saudi Arabia in meeting and protecting their rights. This research represents the first research in this area. The research aims to examine the rights and needs of children with special needs in the Kingdom of Saudi Arabia.

Extensive quantitative and qualitative data collected from Saudi Arabia children special needs sector using semi-structured questionnaires, focus groups and in-depth interviews. The collected data analysis with outcome of the literature survey used to discuss the main outcome of the research.

A number of conclusions have been drawn from this research. The Kingdom of Saudi Arabia has taken several steps towards ensuring children with special needs rights and needs such as the introduction of inclusion of children with special needs with the main stream primary school education. However, the child with special needs in the Kingdom is still in its early stage in the Kingdom. The Saudi parents with children with special needs under stress due to a lack of appropriate policies and guidelines for there children with special needs. The research has identified social barriers as one of the main obstacles for children with special needs rights and needs. The research also provides practical recommendation for prompting children with special needs in Kingdom of Saudi Arabia.

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Chapter One

Introduction

Introduction

Children and the family represent an important element in terms of planning for the Kingdom of Saudi Arabia's authorities as Saudi society is culturally loyal to the idea of belonging to a family. Children play an important role in the family's activities, commitments and development. The UN defined a child as follows:

“A child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.”

(UN Convention on the Rights of the Child, 1990, Part 1, Article 1)

The Kingdom of Saudi Arabia is one of the most influential and active countries in the Middle East, economically and politically. In recent years, the Kingdom has become the focus of regional and international interest due to its role in and impact on the regional and international economy, and on regional conflicts. The main reason for this international influence is that Saudi Arabia is one of the largest oil producers in the world. Also, the Kingdom is the site of the two holiest Islamic cities, Mecca and Al-Medina; Mecca is the place that all Muslims consider one of the Islamic pillars. The Kingdom started to build and develop its institutions relatively recently, compared with the developed countries and some other countries in the region, such as the United Arab Emirates and Kuwait. The development projects started initially on the discovery of oil, and then accelerated when oil prices increased to a level that provided massive revenue for development and building programmes. Although it is a long time since the discovery of oil, the Kingdom is still in the process of developing. Of the areas identified for development, Education, Health and Security have formed the largest part of the development and building programme in the Kingdom.

However, there are still several sectors which need attention, recognition and development in the Kingdom. These include services for children with special needs. Until recently, children with special needs were not fully considered in the

Kingdom's policies and future plans. The public was not informed about children with special needs and their rights.

Research Aims and Objectives

This section presents the main aims and objectives of the research:

Research Aims

The aim of this research is to examine the rights and needs of children with special needs in the Kingdom of Saudi Arabia.

The main aims of this research are:

1. To investigate the rights and needs of children with special needs in Saudi Arabia;
2. To examine the role of the Kingdom of Saudi Arabia in meeting the needs of children with special needs;
3. To determine the role of the Kingdom of Saudi Arabia in protecting the rights of children with special needs;

Research Objectives

The main objectives of the research are:

1. To examine the current situation regarding the rights and needs of children with special needs in the Kingdom of Saudi Arabia.
2. To explore the stresses on families with children with special needs.

3. To investigate the opinions, views and attitudes of the families of children with special needs towards the current rights and needs of such children in the Kingdom of Saudi Arabia.
4. To examine the views and attitudes of child care professionals towards children with special needs regarding their needs, rights and care.
5. To explore the educational and health care needs and rights of children with special needs in the Kingdom of Saudi Arabia.
6. To explore the main barriers facing children with special needs regarding their needs, rights and care.
7. To provide suggestions concerning how to improve the quality of life for children with special needs in the Kingdom of Saudi Arabia.

Importance of the Research

As noted above, the Kingdom of Saudi Arabia is in the process of developing its institutions so there is a need for information that can help the authorities in their development strategic plans. The literature reveals that there is a lack of knowledge about children with special needs in the Kingdom. This is primarily due to the lack of comprehensive research that has examined the rights and needs of such children in the Kingdom of Saudi Arabia. The present study will contribute towards a better understanding of their needs and rights and will help to fill this gap in the literature. It is worth noting that the topic has been more extensively examined in developed countries than in developing ones and it is hoped that this study will contribute to the literature, bearing in mind that the experience and research findings from developed countries need to be applied with care and sensitivity to different countries and different cultural settings.

The commitment of Saudi family members has changed over the last few decades due to changes in the socio-economy of the Kingdom; these changes include work commitments and the need of women to work in order to cope with the new style of living in the Kingdom. Thus, working families are often finding it difficult to provide appropriate care for their special needs children. Therefore,

there is a need to support the Saudi family to reduce their stresses by exploring and promoting the rights and requirements of children with special needs.

It is anticipated that the results and findings of this research will be used to promote awareness and understanding of the rights of children with special needs in Saudi Arabian society.

Research Questions

The research seeks to address the following questions:

- 1: What is the current situation regarding the rights of children with special needs in Saudi Arabia?
- 2: What are the main roles and duties of the State, parents, child welfare and care agencies in meeting the care needs of children with special needs?
- 3: What are the roles of the Kingdom of Saudi Arabia in protecting the rights of children with special needs?
4. What are the main barriers facing children with special needs regarding their needs and rights?
5. What are the main stress facing parents with children with special needs?

Research Methodology

The research used both quantitative and qualitative methods. Quantitative data were collected through semi-structured questionnaires while qualitative data were collected through semi-structured, in-depth interviews and focus group discussions. Agency documents and records also provided further information.

Quantitative Data

Questionnaire Design

Quantitative data were needed in this research to help achieve the research objectives by providing quantitative evidence to support the research outcomes. Two separate questionnaires were used to investigate the opinions and attitudes of parents of children with special needs and of professionals regarding the needs and rights of these children. The questionnaires were also designed to investigate the stresses of having a child with special needs. Finally, the questionnaires were used to identify the main barriers and obstacles that face children with special needs in Saudi Arabia society regarding their needs and rights.

National and Care Agencies' Documents

Documents and records of the national and care agencies were examined to identify policies and practices regarding the rights, needs and care children with special needs. These documents included national statistical documents from the Ministries of Planning, Education and Social Affairs, as well as documents and reports from the care agencies.

Qualitative data

Interviews with social workers and child care authorities

The opinions and attitudes of care authorities towards the rights and requirements of children with special needs were explored through interviews. The participants were also asked about their roles in the welfare and rights of these children. This information was needed to identify the authorities' roles in meeting the needs of these children and in protecting their rights.

Focus groups

Focus groups were carried out with parents of children with special needs in order to explore their opinions and attitudes towards their children's rights and needs. The focus groups also aimed to explore the main sources of the parents' stresses and the main barriers facing children with special needs in terms of their rights and needs.

Structure of the Thesis

The thesis consists of eight chapters. These chapters are:

Chapter One: Introduction. The introductory chapter presents the main aims and objectives of the research, its importance, and the research methodology that was used.

Chapter Two: The Literature Survey. This chapter presents and discusses the research's theoretical framework. It includes an examination of culture and national culture, the rights and needs of children with special needs, disability models, child development, children with special needs and politics, the family, shifts in cultural values, and society and the family as systems.

Chapter Three: Research Background: The Kingdom of Saudi Arabia. This chapter presents information on and a background to the Kingdom of Saudi Arabia. It also discusses the Saudi family, Islamic perspectives of disability, provision for people with special needs in Saudi Arabia, the rights of people with special needs in Saudi Arabia, social welfare in the Kingdom, and social welfare policy in Saudi Arabia.

Chapter Four: Research Methodology. This chapter presents the methodology adopted in this research. This includes the research philosophy, the aims and objectives of the methodology, research questions, research strategy, and the methods and design of the research. This includes the design of the questionnaire, interviews and focus groups. The chapter closes with the pilot study that was used.

Chapter Five: Quantitative Data Analysis. This chapter presents the analysis of the collected quantitative data and the analysis of the questionnaire. The analysis focused on the opinions and attitudes of the parents and professionals regarding the rights and needs of children with special needs.

Chapter Six: Qualitative Data Analysis. An analysis of the collected qualitative data, the semi-structured in-depth interviews, and the focus groups, are presented in this chapter.

Chapter Seven: Discussion. This chapter presents a discussion of the main results and findings relating to the main research questions. The chapter discusses whether the Saudi authorities are meeting the needs of children with special needs and whether the children's rights are protected. The chapter also discusses the impact of changes in family structure on the rights and needs of these children. Finally, the chapter discusses the role of the Kingdom, the child welfare agencies, childcare professionals, and the parents in meeting the children's needs and protecting their rights.

Chapter Eight: Conclusions, Recommendations and Suggestions for Future Work. Based on the key findings of the research, this chapter provides recommendations for change to promote the rights of children with special needs. The chapter also provides suggestions for future research.

Chapter Two

Literature Review

Introduction

People with special needs have become an important issue in developing countries. This is mainly due to increased awareness of people with special needs and their needs and rights in society. Furthermore, pressures from national and international bodies, such as the UN, and the pressure on families, particularly mothers, have helped to increase society's awareness of people with special needs. Several authors have highlighted that mothers' depression can be associated with child care problems (Cox *et al.* 1987; Sheppard, 1994).

It is necessary to consider the rights of children with special needs for two main reasons; the first is from the point of view of the law, such as in terms of social services and benefits; the second reason is from the social point of view. This is necessary to ensure that children with special needs have the right to contribute to society as a whole.

The most common definition of children with special needs is that offered by the UN:

According to article 1, paragraph 2, of the draft convention on the rights of persons with disabilities, "Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN, 2007: A/AC.265/2006/4, Annex II).

It is important to stress here that there is a difference between the needs of children with special requirements and those of children in general. It can be argued that all children have needs: for example, all children need the love and comfort of parents but children with special needs are children who face unusual barriers to their full and effective participation in society.

People with special needs need to interact within society to carry on their normal daily lives. Therefore, this interaction and any relations within society need to be free of any oppression by ensuring such people have their needs met and that they receive their rights. There is a need for research to investigate and analyse the main drivers of and reasons for such oppression and to find ways to ensure the rights and needs of such people are met within society. Thomas and Corker stressed this by stating:

The study of disability should carefully consider the ways in which oppressive social relationships interact, and the consequences that this has for lived experience (Thomas & Corker 2002, p. 18).

One of the key elements that plays a crucial role in the interactions of individuals, groups and organisations with people with special needs is the negative attitudes towards them. Moreover, it can be noted that such attitudes reflect social beliefs, values and norms. UNESCAP indicates that:

People with disabilities, particularly in developing countries, are often victims of negative social attitudes and are subject to stigmatisation and neglect (UNESCAP, 2002; in Bradshaw and Mundia, 2005, p. 572).

At the present time, Saudi Arabia is in the process of developing and modernising its institutions to cope with changes in social, economic, communications and political spheres. As has already been noted above, one of the main factors encouraging Saudi Arabia to carry out these changes is the increase in national revenue, due to the increase in the price of oil and the expansion of the tourism sector, particularly the religious pilgrimages (Hajj).

The Rt Hon. Lord Morris of Manchester (2000) in his keynote speech to the proceedings of the 2nd International Conference on Disability and Rehabilitation in Saudi Arabia stated that:

The charter for the Third millennium looks forward to a world where all citizens with disabilities are seen as giving as well as receiving; where their potential is understood and valued; where needs come before means; where if years cannot be added to their lives, at least life can be added to their years; where disabled people have an undoubted right to participate in the work and life of their communities; and where no disabled person has cause to feel ill at ease because of her or his disability.

This statement and the Conference itself expressed and reflected the increased awareness and improved attitudes towards people with special needs among Saudi authorities.

As part of this development and modernisation process, care agencies represent important institutions for managing, administering and providing care for children with special needs. There are several factors that have helped in the establishment of such agencies worldwide. These factors include United Nation declarations regarding the rights of children with special needs, local and international pressure groups, and the families of children with special needs.

Care agencies for children with special needs must provide high quality services to meet the children's needs; this quality service should include the protection of these children as well as other vulnerable children. Garrtett (1999, p.42) stated in this regard:

Clearly, there should be cause for concern about the quality of care available to 'looked after' children and young people, both in terms of their day-to-day experiences and their long-term opportunities.

This chapter examines and discusses the literature on children with special needs from a social care point of view. Figure 2.1 presents the main research areas reviewed to develop the research framework. The framework is needed to help in understanding children with special needs and evaluating their care needs. This review can be divided into five areas:

- Culture, values and norms
- Children with special needs: rights and needs
- Models of disability
- Child development
- System theory

Reviewed Main Issues

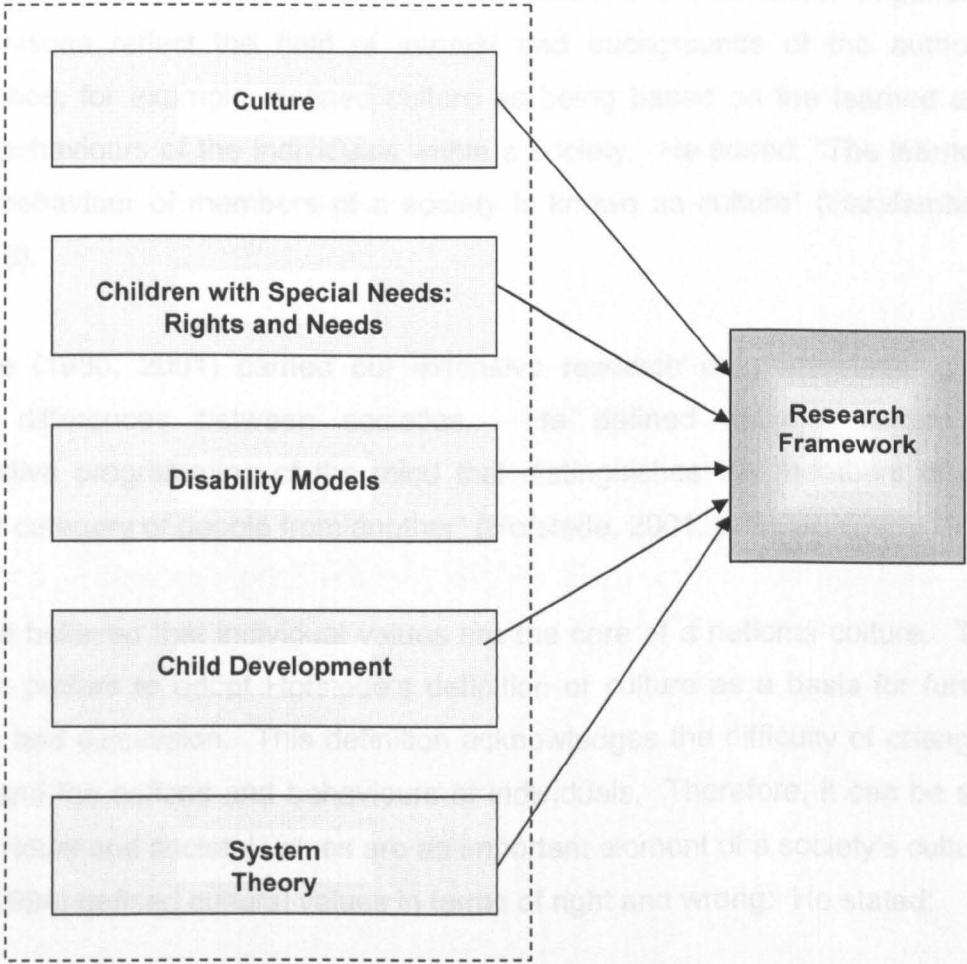


Figure 2.1: Research framework

Culture

Understanding a given society and its culture is necessary for investigating and understanding the needs of its members, groups and organisations, as well as their development, actions and behaviours. It is difficult to find a generic definition for culture and there are several definitions in the literature. In general, the definitions reflect the field of interest and backgrounds of the authors. Haralambos, for example, defined culture as being based on the learned and shared behaviours of the individuals within a society. He stated: "The learned, shared behaviour of members of a society is known as culture" (Haralambos, 1996, p.8).

Hofstede (1980, 2001) carried out extensive research on understanding the cultural differences between societies. He defined national culture as "...collective programming of the mind that distinguishes the members of one group or category of people from another" (Hofstede, 2001, p. 9).

Hofstede believed that individual values are the core of a national culture. This research prefers to adopt Hofstede's definition of culture as a basis for further analysis and discussion. This definition acknowledges the difficulty of changing culture and the actions and behaviours of individuals. Therefore, it can be said that individual and societal values are an important element of a society's culture. Petrie (1994) defined cultural values in terms of right and wrong: He stated:

Values are the basis of concepts of right and wrong,
of high quality and low quality, of what's preferred
and what is rejected

(Petrie, 1994, p. 60).

Several researchers in the literature argued that societal values are embedded within the individual and relate to numerous internal and external factors, which may have evolved over a long period of time. These factors may include

religion, family and kinship patterns, political systems, social systems, and training. Understanding society, and the individuals which form it, are important to understanding its impact on and role in individual interactions, attitudes, behaviours and reactions (Petrie, 1994).

In his discussion of society, Petrie also explored the influence of the mass media on personal values. The mass media today play an important role in cross-cultural interactions and may, therefore, play a role in shifting the values and norms of individuals and of society.

However, shifts in societal values and norms are difficult to make and take time. This is due to the fact that the values are embedded and programmed within individual minds and are passed on from one generation to another. Moreover, state power plays an important role in any shifts in values and norms. State ideology and philosophy, usually elite ideology within the state's power system, can build and change values within a society and within individuals over long periods of time by introducing state rules and regulations. For example, the shift in power in Eastern Europe from strict to more liberal regimes has contributed to a shift values and norms in these societies in the last few decades. The newly shaped interactions and beliefs in Eastern Europe's societies have changed due to the important Western European countries where the individual and society have more freedom to express their beliefs, culture and traditions in these societies; for example, they are free to open churches and mosques. Another important factor in shaping a society's culture is religion. Religion and religious scholars are important in shaping society's values and norms; from the early days of humankind, religion has played an important role in establishing social rules and behaviour.

However, it is also important to emphasise that individuals differ. Therefore, their understanding and values concerning children with special needs, and their rights

and requirements, are different. Armstrong and Barton, (1999, p. 221) argued this by stating:

Within and across societies, individuals and groups have different understanding, values, interpretations and discourses with regard to issues of human rights and disability (Armstrong and Barton, 1999, p. 20).

Therefore, national culture has an impact on an individual's values which also have an impact on his/her behaviour.

Various models have been put forward to help explain and understand national culture. One of these models is Hofstede's (1993) five-dimensional model of national culture. These dimensions are: (i) Power distance; (ii) Individualism/collectivism; (iii) Masculinity/femininity; (iv) Uncertainty avoidance; and (v) Long-term/short-term orientation. A summary of these dimensions are presented below:

Power Distance (PD)

This dimension is based on the argument that the levels of people's social status are unequal in society. Individuals within a society are unequal and therefore power is distributed unfairly.

Individualism versus Collectivism

This describes "the relationship between the individual and the collectivity that prevails in a given society" (Hofstede, 2001, p. 209). It relates to the degree of integration of the individual into a society.

Masculinity versus Femininity (MF)

This dimension describes the degree to which gender roles are clearly differentiated within a country. In masculine countries, gender roles

are very distinct and separate. Men are assertive and tough; women are modest and tender.

Uncertainty Avoidance (UA)

This is related to the level of stress in a given society in the face of an unknown future.

Long-term versus Short-term Orientation

This is the fifth dimension of national culture and is independent of the four above. This dimension is based on items reminiscent of the teaching of Confucius. On opposing poles are plotted long-term to short-term aspects of Confucian thinking, from persistence and thrift to personal stability and respect for tradition (Hofstede, 2001, p. 361). These are related to the choice of focus for people's efforts: the future or the present.

It is important to identify national culture based on the dimensions above to help in understanding social activities and interactions within society. The main finding of Hofstede's work (1980, 1997, and 2003) is that Western societies are orientated along the individualism dimension. Individuals in these societies are driven by their personal or their family interest. This suggests that ties with their culture and history among Western peoples are weaker than in the East. The other important observation concerning Western countries is that they are becoming more multi-cultural due to immigration.

In contrast, Eastern societies, such as that of the Chinese culture, are orientated along the short-term dimension of Hofstede's national culture. This means that these societies show respect and have stronger ties towards their own culture and history: i.e. they value their culture and traditions. It can be argued that Saudi Arabian society also has strong ties with its culture and history. This type of national culture has an impact on an individual's interactions within the societies and the care it provides. For children with special needs, this means that the attitudes of people towards them in Eastern societies are based on their

cultural values and norms. In other words, their views reflect these values and norms. Although Western people have weaker ties to their history and culture, they have a strong sense of human rights, rules, guidelines and laws to safeguard the rights of children with special needs. They argue that part of the state's responsibility is to establish appropriate institutions, processes and laws to ensure that children with special needs are accorded their rights and that their needs are met.

Therefore, understanding national cultural values and norms is important in gaining an understanding of the awareness of and attitudes towards children with special needs. In line with this idea, Owusu-Bempah (1999, p.2) stressed the importance of culture in deriving the meaning and understanding of childhood. He stated:

In terms of child-rearing practices or childcare, we
derive our meaning and understanding of childhood
from our culture

(Owusu-Bempah, 1999, p. 20).

The literature indicates that social workers need to consider the religion and spiritual needs of users when organising social services (Derezotes, 1995; Patel *et al.*, 1998) in order to ensure that cases are understood and dealt with appropriately. From an educational point of view, there is therefore a need to include religious and spiritual issues in social work study programmes (Derezotes, 1995). Furness (2006) carried out research on the role of religion and spirituality in social work practice. The research was based on the views and experiences of social workers and social work students at Bradford University. They indicated that spiritual intervention and religious needs had to be taken into consideration by the social worker in any intervention in order to solve social problems. They stated that: "qualified social work practitioners and students indicated a need for social work education and practice to focus attention on the importance of both religious and spiritual interventions" (p. 67). They concluded

that there is a clear need for all social work practitioners and educators to give greater priority to exploring the potential significance of religious and spiritual beliefs in their training.

Child Development

Family, child educators, care workers and social workers need to understand that children develop continuously and that the needs of children at each stage of development need to be met. Maier (1978) stated that humans develop almost every minute of the human life cycle.

Bronfenbrenner (1979, p. 3) defined human development based on the individual's interaction with his/her environment. This definition stresses the importance of the environment on the development and evolution of the individual child. The continuous interaction and the need of the individual to cope with his/her environment for survival are the key elements of the individual's development. He went further to offer a comprehensive definition of human development.

Human development is the process through which the growing person acquires a more extended, differentiated and valid conception of the ecological environment and becomes motivated and able to engage in activities that reveal the properties of, sustain, or structure that environment at levels of similar or greater complexity in form and content

(Bronfenbrenner, 1979, p. 27).

The definition above has three features (Bronfenbrenner, 1979, p. 28):

1. Human development involves a change in the characteristics of the individual that is neither ephemeral nor situation-bound.

2. Development or change takes place concurrently in two domains: those of perception and action.
3. From a theoretical viewpoint, each of these domains has a structure that is isomorphic with the four levels of the ecological environment. These four levels are described in detail in the following section: "The Ecology of Human Development".

Bronfenbrenner (1979, p. 35) also emphasised that human development implies a change that is not merely momentary or situation-specific. He argues that it is not possible to show that a certain variation in the environment has produced an alteration in behaviour; it is also necessary to demonstrate that this change exhibits some invariance across time, place, or both. He refers to such a demonstration as the establishment of development validity and states that:

To demonstrate that human development has occurred, it is necessary to establish that a change produced in the person's conceptions and/or activities carries over to other settings and other times. Such demonstration is referred to as developmental validity
(Bronfenbrenner, 1979, p. 35).

Whiting and Edwards (1988, p. 240) argued that children of school age face four major tasks. They "must learn new motives involving the acceptance of remote goals; must learn to perform individually; must learn to manage competition with peers; and children in societies with social classes or mixed ethnic groups must learn to interact with children whose families have different conventions and styles of life."

Understanding child development helps in understanding children's behaviour and needs. It also contributes to analysing and discussing children with special needs.

Child Development Theories

Child development theories help in understanding the developmental needs of children with special needs.

There are several psychological developments for children with special needs that need to be identified and explored to help in providing appropriate practical action to care for such children. A child's psychological development is due to his/her experiences, understanding and knowledge of his/her environment. It can be argued that the individual special needs child is part of his/her society's interactions and systems. Bijou and Baer (1978) defined psychological developments as "progressive changes in interactions between the behavior of individuals and the events in their environment". This definition recognises the importance of the interactions between children with special needs and their environment.

The psychological needs of children with special needs must be taken into account in understanding the development processes of such children and this emphasises the important role of psychological factors on the development of these children. Schmidt (1973) argued that the psychological needs of a child with special needs are one of the most important factors that affect the child's development process. This is important to the current study because, as Heywood (1973, p. 9) argued, psychology is the most important factor in the provision of children's services.

Rodgers (2001, p. 203) argued that there are three main child development theories : (i) theories that stress the role of nature; (ii) theories that stress the

influence of nurture; and (iii) theories that view child development as an interplay between nurture and nature.

This research adopts the third approach, especially in terms of Bronfenbrenner's (1979) eco-system theory of human development, as it takes care of both the other two approaches.

Ecology of Human Development

Ecological systems theory (Bronfenbrenner, 1975; 1979) is an important theory in understanding children with special needs; it is a useful framework for designing interventions for such children.

Bronfenbrenner (1979) saw human development as a product of the interaction between the growing human being and his/her environment. He defined the ecology of human development as:

The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded

(Bronfenbrenner, 1979, p. 21).

The ecological environment is conceived topologically as a nested arrangement of concentric structures, each contained within the next. These structures are referred to as the micro-system, mesosystem, exosystem and macro system.

Figure 2.3 shows the general ecological environment structures for child development.

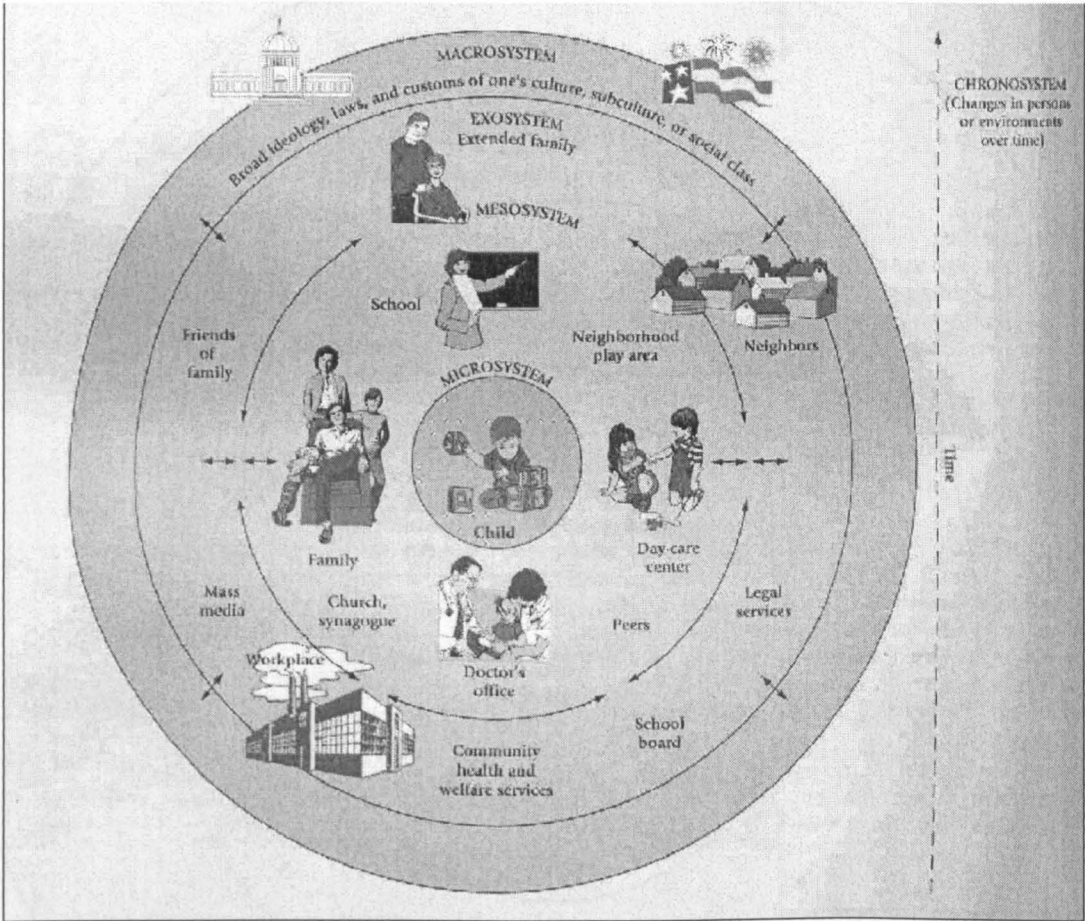


Figure 2.2: Ecological environment structures

<http://www.des.emory.edu/mfp/302/302bron.PDF>

Figure 2.4 shows the ecological environment structures for the development of children with special needs.

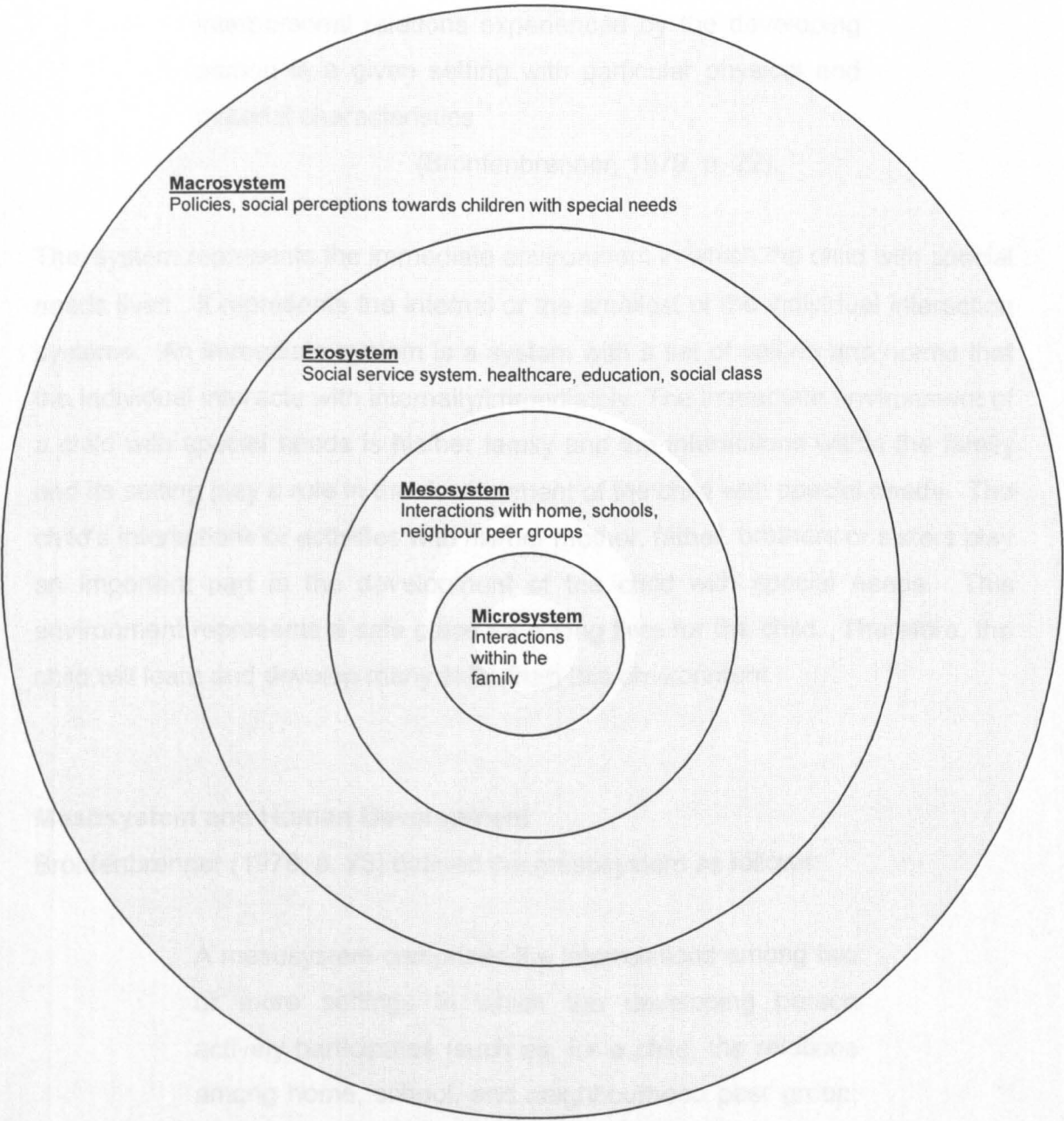


Figure 2.3: Ecological environment structures

Microsystems and Human Development

Bronfenbrenner (1979, p. 22) defined the microsystem thus:

A microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics

(Bronfenbrenner, 1979, p. 22).

This system represents the immediate environment in which the child with special needs lives. It represents the internal or the smallest of the individual interaction systems. An immediate system is a system with a set of values and norms that the individual interacts with internally/immediately. The immediate environment of a child with special needs is his/her family and the interactions within the family and its setting play a role in the development of the child with special needs. The child's interactions or activities with his/her mother, father, brothers or sisters play an important part in the development of the child with special needs. This environment represents a safe place for a long time for the child. Therefore, the child will learn and develop many skills from this environment.

Mesosystem and Human Development

Bronfenbrenner (1979, p. 25) defined the mesosystem as follows:

A mesosystem comprises the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and neighbourhood peer group; for an adult, among family, work, and social life

(Bronfenbrenner, 1979, p. 25).

The mesosystem can be viewed as a set of interrelations between two or more settings in which the developing person becomes an active participant (Bronfenbrenner, 1979, p. 209).

Bronfenbrenner (1979, p. 209) proposed four types of interconnection. These are:

1. Multi-setting participation

This is the simplest type of interaction for the child with special needs. It refers to the interconnection of the child with special needs with multi-settings within his/her system: for example, interactions at home, within the neighbourhood, at school, and in child care agencies.

2. Indirect linkage

This type of interconnection refers to an interaction where the child does not participate directly in the interaction. The interaction occurs between others where the main driver for their interaction is the child with special needs. This type of interaction has an impact on the needs and rights of the child. For example, the interaction between the parents of a child with special needs with the childcare agency has an impact on the child's needs and on his/her development plan. Typical interactions occur between the parents of the child with special needs and the care agency, while developing the processes of health, education and care programmes, when parents need to provide information and offer opinions concerning their child's development plan.

3. Interesting communications

This refers to the transmission of messages from one setting to another. It includes face-to-face interactions between the child and social workers, care agency staff and other children with special needs. These interactions help in developing the child's social skills, such as being a good listener.

4. Interesting knowledge

This refers to information or experience that exists in one setting about another. Such knowledge may be obtained through interesting communication or from sources external to the particular settings involved: for example, from library books.

The Exosystem and Human Development

The exosystem is defined by Bronfenbrenner (1979, p. 25) as follows:

An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person

(Bronfenbrenner, 1979, p. 25).

The exosystem recognises two settings. The first setting is the connecting events in the external setting to processes occurring in the developing person's microsystem. The second links the processes in the microsystem to developmental changes in a person within that setting. The causal sequence may also run in the opposite direction (Bronfenbrenner, 1979, p. 279). One of the key points in understanding the exosystem is the external influences that affect socialisation within the family, such as the parents' place of employment, the wider community, and the media.

In the case of a child with special needs, it is essential to understand the child's exosystem or external environment. There are also various exosystem factors that may have an impact on the child's behavioural development.

One of the main factors involved in providing appropriate social care services for children with special needs is characterised by parents on low incomes which, in turn, may lead to inadequate diet and a poor housing environment. Therefore, social service departments need to offer services and support to both the parents and the children if an appropriate care environment is to be provided.

Children with special needs, whose environment is characterised by low income, inadequate diet and poor housing, for example, often experience developmental difficulties.

The Macro-system and Human Development

A macrosystem refers to 'the consistency observed within a given culture or subculture in the form and content of its constituent micro-, meso-, and ecosystems, as well as any belief systems or ideology underlying such constituents (Bronfenbrenner, 1979, p. 258). In terms of human development, the macrosystem can be influenced by class, ethnic and cultural differences in socialisation practices and outcomes. The individual's development may be influenced by the interaction between two cultural societies or between sub-cultures within a society. The interaction leads to a flow of information, materials and images that may influence the individual's development.

Bronfenbrenner (1979, p. 26) defined the macrosystem thus:

The macrosystem refers to consistencies in the form and content of lower-order systems (micro, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies

(Bronfenbrenner, 1979, p. 26).

Cultures and subcultures are different from one society to another and from one group to another; however, they are homogenous internally. One of the key issues of the macrosystem relates to social change within the child's environment.

Figure 2.5 shows the interrelations among the four ecological systems that affect children's development (Schwiger and O'Brien, 2005, p. 513). The figure shows that the child's microsystem is the child-parent relationship. The interaction of the child with his/her school peers, the other system, represents a meso-system. The interaction of the child with an external system, such as the state social system, is an exo-system. The interaction of the child with the society represents the macro system. These help in analysing a child's development in terms of the ecological systems approach.

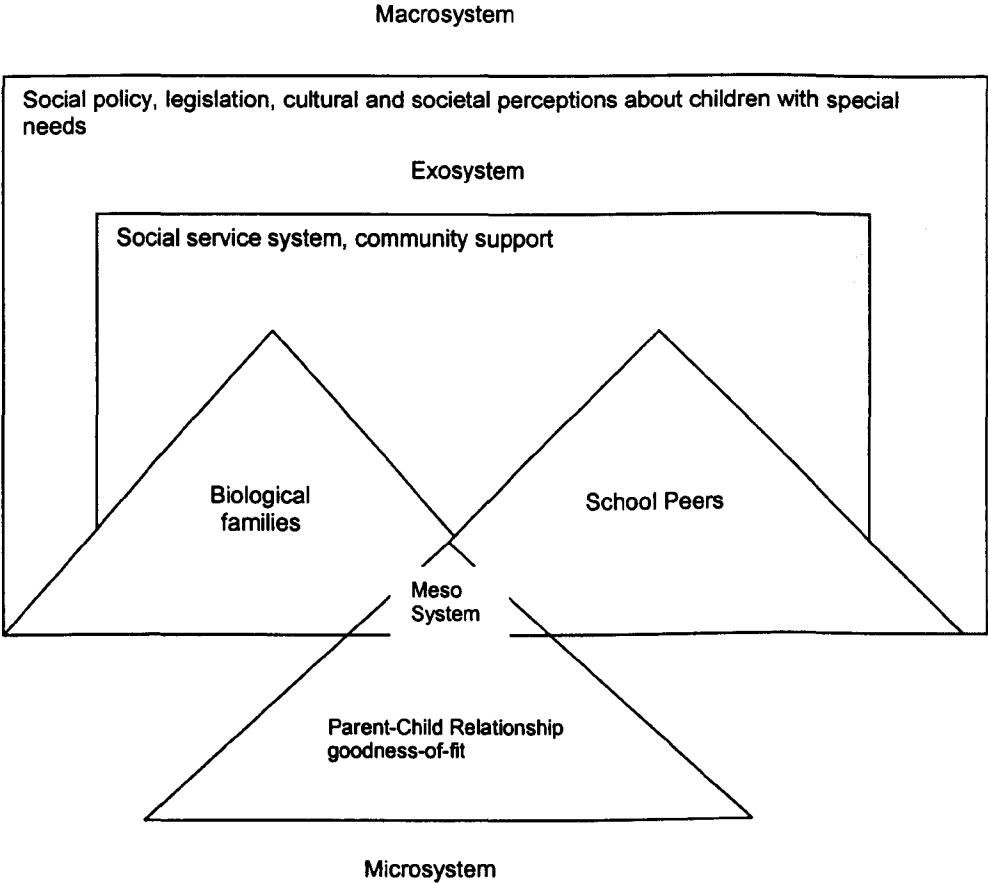


Figure 2.4: The interconnected systems that influence child development, hypothesised by ecological system theory (Adapted from Schwiger and O'Brien, 2005, p. 513)

Children with Special Needs and Politics

Politics is an important factor that influences our daily lives. Politics has an impact on markets, industries, and the way that national services are managed. Welfare and care systems are affected by government philosophy regarding how the needs of individuals and groups within the society should be met. To discuss children with special needs and politics, it is important to consider a pressure group definition of disability. Oliver (1990) argued that:

If disability is defined as social oppression, then disabled people will be seen as the collective victims of an uncaring or unknowing society rather than as individual victims of circumstance

(Oliver, 1990, p. 2).

If such a view is accepted, it will be translated into social policies geared towards alleviating oppression rather than compensating individuals. The importance of a political definition of disability is that, historically, it centres on the need to identify and classify the growing number of the urban poor in modern industrial societies. In this process of identification and classification, disability has always been an important category in that it offers a legitimate social status to those who might be defined as unable to work, as opposed to those who might be classified as unwilling to do so (Oliver, 1990). Another reason for the importance of a political definition relates to the financial consequences of caring for a child with a disability.

One of the main challenges for the parents of a child with special needs is to provide an appropriate plan for their child's intellectual and emotional development through appropriate care and education. One of the main influences on the development of such children is the role of the state and the state's politics. The state has regulations and guidelines for children with special needs, such as separation or inclusive policy in education. These rules and

guidelines have an impact on families and the development of their special needs children and thus raise the debate of pro- or anti-family rights. The effect of state intervention on the family is noted by Pugh:

How far parents are able to share in making realistic plans for their child will bear some relation to their intelligence and emotional maturity. It will depend on their capacity for looking ahead; on their ability to see the child as an individual with needs differentiated from their own; on the extent to which they have been able to come to terms with the separation and with the role of the local authority (Pugh, 1968, p. 39).

Disability Models

Priestly (2003) argued that the historic shift of emphasis from the individual to the social has allowed both activists and academics to promote a fundamental and far-reaching critique of the way in which societies view people with perceived impairment, and to envisage the possibility of more enabling social alternatives.

Some writers have argued for a political economy of disability that explains the oppression of people with physical impairment or learning difficulties as a product of industrial capitalism (Finkelstein, 1980; Ryan and Thomas, 1980).

Priestly (2003) argued that there has been a shift of emphasis from the individual to the social which has allowed the development of a wide-ranging critique of how disabled people are viewed by society.

He argued that a model of disability should incorporate different approaches to explaining disability. For example, how do structural changes in the mode of

production affect our collective cultural understanding of what it means to be disabled in a particular society? Society's cultural values and norms lead to the identity of special need groups or individuals in a society.

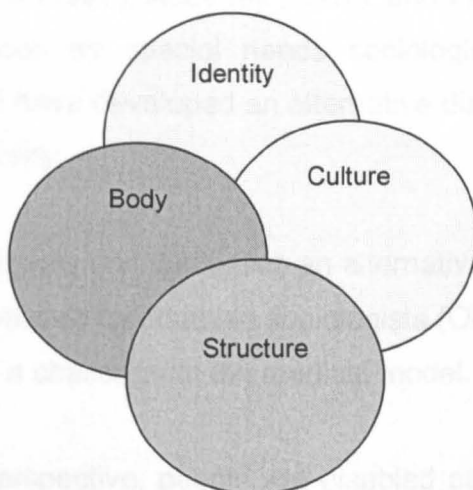


Figure 2.5: The complexity of disability (Priestley, 2003)

Medical Model

This model sees disability as essentially a medical problem and the experience of disability as being contingent upon a variety of psychological and medical adjustment processes (Oliver, 1990). This model argues that the performance of an individual with special needs is related to his/her medical condition. Hahn (1986, p.89) stated that disabilities:

impose a presumption of biological or physiological inferiority upon disabled persons

(Hahn, 1986, p. 89).

The major problem with the medical model of disability is the failure of the medical profession, and indeed all other professions, to involve disabled people in a meaningful way in decision-making. The medical model views disabled

people as passive objects of intervention, treatment and rehabilitation. This has not just trapped professionals within the medical approach but has had oppressive consequences for disabled people (Oliver, 1990).

In recent years, Oliver (1990), Abberley (1987), and Finkelstein (1981), based on their own experiences as special needs sociologists, have challenged the medical account and have developed an alternative discourse which elaborates a social model of disability.

The next section presents and discusses an alternative social model of disability, which has been developed by disabled sociologists (Oliver, 1990; Abberley 1987; Finkelstein 1981) as a challenge to the medical model.

From the medical perspective, people are disabled as a result of their individual anatomical or cognitive impairments. Medicine responds by seeking to cure or rehabilitate disabled people. Such processes aim to return them to the 'normal' condition of being able-bodied.

The attitude and approach of medical professionals is important because Barton (1986) identified the medical profession as a major force in configuring the perceptions of disablement held by non-disabled people. He argued that its particular influence has been felt, both in terms of a society needing to control a deviant section of its population, and in the creation and provision of a particular form of institutional management and legitimisation.

Social Model

The social model takes social interactions and barriers as the main basis for viewing disability. The model argues that disability has an oppressive quality and becomes a product of the social relationships that exist between people who are socially marked as having impairment and those who are marked as physically

and cognitively 'normal' (Thomas and Corker, 2002, p. 18). Disability is a form of social oppression involving the social imposition of restrictions on the activities of people with impairments and the socially engendered undermining of their psycho-emotional well-being (Thomas and Corker, 2002, p. 20).

This model is critical of society's negative attitudes towards children with special needs. These attitudes are based on a view that children with special need are non-contributors to and non-participants in society. In the last few decades, several authors and researchers have developed a social model to challenge the pathological and religious models: for example, Oliver (1990, 1996); Beresford (1994, 1996); Middleton (1990). Middleton (1999) argued in support of a social model:

... Disabled children are construed by the majority of society as non-contributing. This model implies they will also be perceived as non-participating
(Middleton, 1999, p. 121).

The above attitudes encourage the separation of children with special needs, excluding them from participating in and contributing to society. There is no logic or sense in this attitude because they can be seen as based on socially constructed attitudes rather than being specifically related to something inherent in children with special needs. Middleton argues against the exclusion of children with special needs by stating:

There is no rational basis for exclusion. Disabled children share the same right to be included as a child without impairment, and any segregated treatment should be justified with their short and long term well-being in mind
(Middleton, 1999, p.139).

Social models also recognise the extra economic costs, lack of social support, existing discrimination, and the increased demands of duties involved in the care of disabled children (Howe, 2006, p. 755).

In a similar way, Oliver (1990) argued that the main problem is society's unwillingness to accept the fact that these disabilities lie within society's attitudes towards people with special needs and not within the people with special needs themselves. This proposed model represents a shift from an individual approach to a social model of disability. The main idea behind the individual and the medical models is that the 'problem' of disability lies with the individuals themselves and not in society. It argues that the causes of functional limitations or psychological losses are assumed to arise from the disability (Oliver, 1999).

The social model of disability puts the problem outside the disabled person and into the collective responsibility of society as a whole. The social model includes criticism of a wide-range of social structures, such as architectural barriers, inadequate pensions, powerless legislation, a lack of structure for self-representation, and much more. It also holds that the medical model itself is disabling by displaying negative images of people with impairments and by attempting to treat the disability, not the person.

Disability stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of a disabled individual to adapt to the demands of society

(Hahn, 1986, p. 128).

The approaches of the social model of disability focuses on explaining the social processes and forces that cause people with perceived impairments to become disabled and, as such, a minority group in society (Priestly, 2003, p. 12).

Social model approaches are therefore more concerned with illuminating the social processes and forces which lead to the categorisation of people with so-called impairments as a 'disabled' group in society (Priestly, 2003, p. 12).

Children with Special Needs and the State

There are several international bodies and pressure groups for children's rights and protection, the most important of which is probably the United Nations. This is due to the role of the UN in international political, economic and educational activities, and also to the large number of countries which have ratified the UN Convention on the Rights of the Child. The UN requires member states to introduce legislation in their states to ensure children's rights. One of the most important of these rights is that the state recognises that each child has a right to develop his/her physical, mental, spiritual, moral and social capacities (UN Convention on the Rights of the Child, Article 27, 1990).

Another key aspect of the Convention is a requirement to introduce legislation that protects the child from any discrimination based on his/her race, colour, sex, language, religion, opinion, ethnic or political views. The UN article states:

States' parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status (UN Convention on the Rights of the Child, 1990).

The UN Convention on the Rights of the Child also demands that UN member states take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians or family members (UN Convention on the Rights of the Child, 1990, Article 2).

The UN also requires that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (UN Convention on the Rights of the Child, 1990, Article 23).

In addition, states shall respect the responsibilities, rights and duties of parents or, where applicable, members of the extended family or community, as provided by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise, by the child, of the rights recognised in the present UN Convention on the Rights of the Child, 1990, (Article 5).

One of the issues for children with special needs and their parents is the state's recognition of their right to appropriate care. The Convention on the Rights of the Child (Article 5) requires that UN member states recognise the right of the disabled child to special care. The Convention (Article 5) goes on to note that this care should take into consideration the following: "States' Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child."

The Convention also stresses that the state shall provide this care free of charge whenever possible and that the state must take into account the financial circumstances of the parents. The Convention also requires that children with special needs have the right to access and receive education, training, health care services, rehabilitation services, preparation for employment, and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development (Article 5, UN Convention).

One of the key elements of Article 5 is the child's right to be integrated with other children. *Integration is based on a particular kind of rationality, referring to the right of disabled children to attend their local schools provided the rights of other children are not threatened.* In practice, children with special needs are excluded and there are several types of exclusionary policy. Armstrong and Barton (1999) identified three types of exclusionary policies and practices within schools. The first type involves placing disabled pupils in ordinary schools but in groups that are essentially segregated and supported by limited resources, with little meaningful change organizationally. The second type is typified by disabled children who have never participated in an ordinary school and have spent all their school careers in segregated forms of provision. The third type of exclusionary policy is to place young people within ordinary schools but to exclude them from full participation.

Namssoo and Armstrong (1999) explored the struggles for educational reform in Trinidad and Tobago. They noted both the complexity of the politics of change and the enduring character of these conflicts. Disability is not the only challenge that faces children with special needs. Many of them experience also discrimination based on colour, race and religion (Owusu-Bempah, 2001).

Although the rights of all children are protected by the UN Convention on the Rights of the Child (1990), Sullivan and Knutson (2000, p. 1266) found the

following rates of risk of maltreatment for children with special needs compared with non-disabled children:

1. **Neglect:** autism 1.3, visual impairment 1.5, physical disabilities 1.8, learning disability 2.0, hearing impairment 2.3, health impairment 3.4, 'mental retardation' 3.7, speech/language difficulties 4.7.
2. **Physical abuse:** autism and visual impairment showed no increased risk, physical impairment 1.2, learning disability 2.0, health impairment 3.3, hearing impairment and 'mental retardation' 3.8, speech/language difficulties 4.7.
3. **Emotional abuse:** autism showed no increased risk, visual and hearing impairments and learning disability 2.0, health impairment 3.4, 'mental retardation' 3.8, speech/language difficulties 6.6.
4. Excluding those with behaviour disorders, the groups most at risk of being sexually abused were children with speech/language difficulties (2.9) and 'mental retardation' (4.0), including abuse from people outside of the child's family.

Saudi Arabia is committed to the UN Convention. One of the major steps taken in Saudi Arabia regarding children with special needs is the policy for their inclusion into primary schools as a first stage. Children with special needs are included into main-stream educational schools.

The Family

This section discusses family structure and its impact and role in the development and well-being of children with special needs.

Providing a definition of the family, and what is meant exactly by a family, is not an easy task because it depends on an individual's views and perceptions; these

may differ from one society or culture to another. Nevertheless, a definition of family is important for policy and decision makers in general, and for social workers in particular. From a social work research point of view, it is important to understand the environment of a child's interactions and their potential impact on child-care, behaviour and development. However, it is difficult to find a generic definition of family in the literature. Gittins (1993, p. 155) states:

There is no clear, unambiguous definition of what a family is; indeed it has been argued that the family is little more than an ideology that influences and informs the ways in which people interact and co-reside with one another.

Klein and White, (1996, pp. 21-23) provide some general characteristics of a family. These are:

- Families last for a considerably longer period of time than do most other social groups.
- Families are intergenerational.
- Families contain both biological and affinal (e.g. legal, common law) relationships between members.
- The biological (and affinal) aspect of families links them to a larger kinship organisation

(Klein and White, 1996, pp. 21-23).

Family theories can be classified in terms of the interaction of the family, as a social system, with others with reference to macroscopic and microscopic theories. Macroscopic theories stress and explore the importance and the role of family interactions with the external environment. System theories, for example, represent an important type of macroscopic theory. They explore the interaction between the family as a social system with other groups and

institutions within a society, and the interaction with external societies (societies with different cultures) (Klein and White, 1996, p. 27). Microscopic theories are concerned with the interaction of the family members within the family environment, and human relations' theories are good examples of such theories. These theories differ from macroscopic theories in that they deal with individual family members, personal relationships within families, a single culture or society, episodes of relatively short duration, or some combination of these (Klein and White, 1996, p. 27).

The family is an important element of society; it represents the smallest unit of a society's systems. Throughout history, the family has taken an important role in the social agenda of the state: a healthy family produces a healthy society and vice versa. In Western societies, family structure has changed over the years due to changes in life style, the economy, increases in job opportunities, and shifts in cultural values due to interactions with other societies. The values of married life are also changing. The number of first time marriages has halved, the number of divorces has trebled and the number of children born outside marriage has increased by a multiple of four (Newman, 2003, p. 15).

Gender, marital status, social class and family structure are all variables that are significantly associated with levels of psychiatric.

(Newman, 2003, p. 15).

There are similarities between the theories discussed earlier and Bronfenbrenner's (1979) ecological system theories, also discussed above. They are similar in envisaging systems as the environments of individuals. They try to explain and understand the family and child development by understanding the interaction between these systems and any dissimilarity focuses on understanding child development through these ecological systems (Bronfenbrenner, 1979). He identified these systems and how they interact.

Family Structure and Children with Special Needs

The family is the main element of society and plays a crucial role in the lives of children. The Commission of the European Commission (1993, p. 60) found that 96% of Europeans indicated that family life was the most important aspect of their lives. Therefore, understanding the family and family structure is important in understanding and appreciating its role in the childcare system. McKie et al. (2005, p. 10) argued that the family is a strong institution that forms one of the foundations of the world in which we live. As a consequence, it is not surprising that state policy decision-makers give particular consideration to family issues.

From a child development point of view, Bronfenbrenner (1975, p. 347) argued that the family is the most effective and economical system for fostering and sustaining a child's development. He argued that the family is the most important social system for engendering children's development and makes the point that intervention in childcare issues is unlikely to be successful without the involvement of the family. The structure of the family plays an important role in general in the children's lives and in the lives of children with special needs in particular. The family structure has an impact on child care.

It can be argued that changes in the state welfare systems, in technology and in improved living standards have contributed to taking, from the family, many of its functions, support roles and contributions to the lives of family members (Donnel and Garrod, 1990, p. 21). In Saudi Arabia, the State plays a critical role in stripping the family of its tradition functions due to the sharp changes in the State's welfare systems in the last few decades. The State is replacing the functions of the traditional tribal family as it is now taking responsibility for the education, the financial support of children with special needs, state retirement pensions, and health, as examples. However, the family is still the primary carer for its members, especially for children of the family.

The next section presents the single parent family and family class within Saudi society.

Single parent family

With increases in the number of divorces, there are large numbers of single parents in Saudi Arabia. Based on statistics from the national survey, Al-akeel (2007) indicated that 2.4% of married females were divorced; he further stated that 46.8% of divorced males and 46.5% of females were aged between 25-39 years old. The study explored several factors that accounted for the increase in divorce and identified the following: (1) dramatic changes in Saudi society and in the nation's economy; (2) the education of Saudi females which meant that many Saudi women rejected the idea of being a second wife; and (3) the increased employment of Saudi women which has meant that more women are now more independent financially.

The single parent type of family structure has an impact on the child's care and a child in a single parent family needs to cope without the support of an important figure (i.e. the father or mother) from a caring point of view.

Family and class

Social class has its own social systems as each class has its own characteristics: the middle class has different social characteristics from the working class from a Western perspective, for example. Working class families tend to receive lower wages, enjoy less job security, and receive fewer fringe benefits than the middle class (Holborn and Langley, 2002, p. 11). Until the last few decades, working class children were part of the labour market, for example, and social class may have an impact on the child with special needs. Social class provides a different environment for a child's development and care, especially for those children with special needs.

Family Structure in Saudi Arabia

An understanding of the basis of the family structure is necessary in order to develop policies and practices for social care. Changes in family structure have an important impact on social activities, particularly social care, and the family structure in Saudi Arabia has changed over the years due to changes in the economy, in politics and in social activities. The following section presents and discusses family structures in more detail; it includes a discussion of both the nuclear family and the extended family.

The Extended Family

Giddens (2001) defined the extended family thus:

Close relatives other than a married couple and children live either in the same household or in a close and continuous relationship
(Giddens, 2001, p. 173).

The environment and social values play an important role in shaping family structures. The environment, i.e. where families live, can influence the family structure, as it may, for example, make the extended family more viable or make it an efficient unit of family organisation. Families in the desert need to live as an extended family because the family must fight to survive.

The extended family structure still exists in the Gulf States, due to cultural and religious values. These values stress the responsibility of the sons of the family to care for their parents, as well as their more distant relatives.

Willmott (1986) identified three types of extended family:

1. The local extended family which is two or three nuclear families who live in separate households but see each other often and who live in close proximity to each other
2. The dispersed extended family: these are nuclear families who see each other relatively frequently but not as regularly as the local extended family. They live much further apart.
3. The attenuated extended family: this is similar to the dispersed extended family but the contact between members is even less frequent.

Lieberman (1979, p.13) defined the extended family as "Those individuals bound by blood or marriage who, through their culture, make up a kinship".

The nuclear family

The notion of the nuclear family is well established in sociology. Indeed, Morgan (1985, p. 45) argued that the nuclear family is now the conventional model of family structure.

Giddens (2001) defined the nuclear family as:

Two adults living together in a household with their
own or adopted children

(Giddens, 2001, p. 173).

In the majority of societies, there has been a shift in family structure from the extended family to the nuclear family in recent years. Gauthier (1996, p. 23) states that the shifts in family structure have resulted from:

1. The rise in feminism and, in particular, as a result of the increasing tendency of women to seek independence through employment.

2. A decline in religious faith which has led to family disorganisation and individualism.
3. The increase in both the cost of living and the cost of children, caused by factors such as urbanisation, legislation against child labour, and legislation on compulsory education.
4. The increasingly deliberate use of family limitation, encouraged by birth control propaganda and a more liberal attitude to the use of means of contraception.

One of the critical changes in recent years is the reduction in kinship systems. This may also be the case in various Arab countries.

Changes in the nuclear family can affect the extended family and vice versa (Bronfenbrenner, 1979).

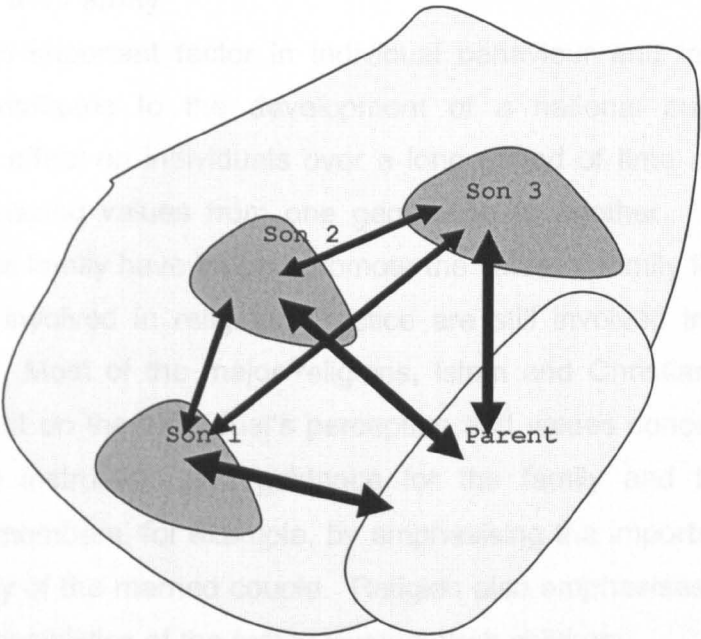
The semi-nuclear family

Al-kaabi (2004, p. 197) offered a semi-nuclear structure to describe the new form of family structure emerging in the State of Qatar (see Figure 2.6). He argued that the main reasons behind this change, from an extended family structure to a semi-nuclear family, are due to women's work commitments, changing styles of living, and economic, financial and social factors. He identified the following characteristics for this type of family structure (Al-kaabi, 2004, p. 197-199):

- The family and their relatives are still living together, not under the same roof but in separate houses, close to each other.
- The family still acts together as one unit at many social events. For example, they still gather at various times in the week for dinner and maintain strong social ties.
- The father still has a great say in family issues.

- The family is financially independent but members support each other in times of need through the open market policy and through job opportunities for men and women.

The norms and cultural values of Saudi society are very close to the norms of Qatari society. Indeed, there is a number of Qatari families who have their roots in Saudi Arabia; there are also strong family relations between the two countries. For this reason, findings on family structure in Qatar are likely to be relevant and applicable to this research.



Arrows represent social interactions

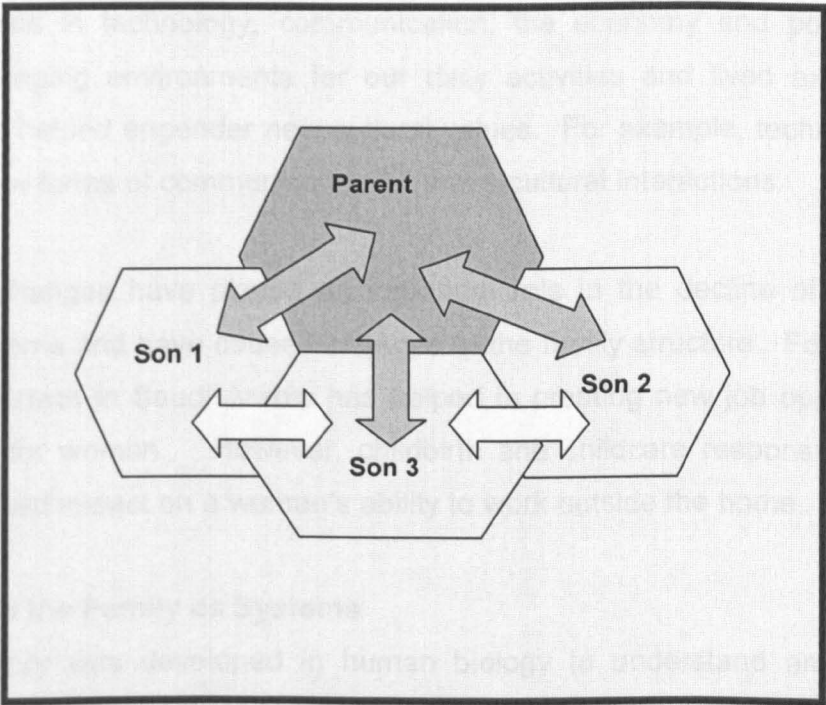


Figure 2.6: Semi-nuclear family structures (Source: Al-kaabi, 2004)

Religion and the Family

Religion is an important factor in individual behaviour and in interaction with others; it contributes to the development of a national culture. It has a programming effect on individuals over a long period of time and can act as a conduit for passing values from one generation to another. Religious values concerning the family have helped promote the value of family life. Even people who are not involved in religious practice are still involved in religious-based ceremonies. Most of the major religions, Islam and Christianity for example, have an impact on the individual's perception and values concerning family life. They provide instruction and guidance for the family and the relationships between the members, for example, by emphasising the importance of marriage and the loyalty of the married couple. Religion also emphasises the importance, role and responsibilities of the family towards their children.

Shifts in Cultural Values

Developments in technology, communication, the economy and politics have created changing environments for our daily activities and lived experiences. These have helped engender new cultural values. For example, technology has provided new forms of communication for cross-cultural interactions.

Economic changes have played an important role in the decline of traditional kinship systems and have caused changes to the family structure. For example, economic growth in Saudi Arabia has helped in creating new job opportunities, particularly for women. However, childbirth and childcare responsibilities still have a marked impact on a woman's ability to work outside the home.

Society and the Family as Systems

System theory was developed in human biology to understand and create a common language for talking about groups and their members (Agazaria and Gantt, 2005). In human biology, system theory is used to understand how systems within an organism interact with one other. This biological concept has

been applied in other disciplines, including social work, where it has been widely used to research the dynamics that occur between individuals and groups in society.

System theory is basically “concerned with problems of relationships, of structures, and of interdependence, rather than with the constant attributes of objects” (Katz and Kahn, 1966). In group interaction, a system is seen as a regularly interacting or interdependent group of items forming a unified whole, which is in or tends to be in equilibrium. System theory is an appropriate tool that can be used to understand, explore and investigate the interactions between systems within a society. It helps to create an understanding of the current situation by exploring the main factors that influence these interactions. Systems are separated by imaginary lines to help in identifying the interaction between the systems; physical and non-physical items cross the boundaries of the system.

Children with special needs interact with various systems within a society and therefore, identifying these systems and their characteristics will help in understanding the roles and rights of children with special needs within their society, as well as exploring the main factors that hinder these rights and roles.

System Boundary

The system boundary is a closed circle around selected variables or parts, such that there is less interchange of energy or communication across the circle than there is within it (Compton and Galaway, 1999, p. 29). The concept of a boundary helps engender an understanding of the interaction between the systems and the external environment. The boundary is an imaginary line around the system, which can help to delineate one or several systems.

Compton and Galaway, (1999, p.20) argued that social workers found that families who have a rigid boundaries have problems (Compton and Galaway, 1999, p.20).

Systems can be either closed or open. In an open system, an interaction between the system and its environment exists. This may lead to changes in the system itself.

Closed Social Systems

In a closed system, it is difficult for external influences to affect a given society, culture, family or community; there is an imaginary solid boundary around that system (see Figure 2.7). It is difficult to cross the boundary of the system which implies that it is difficult for the flows of beliefs, values and norms to cross the boundary and change the system. Societies of this type have no or little interaction with other systems as these are homogenous system with rigid roles, values and norms, and with strong relationships among the system members. Over the years, this creates solid beliefs and attitudes, and social/political policies that make interaction with other societies, or accepting a shift in values and norms, very difficult.

Figure 2.7 shows children with special needs in a closed system have little interaction outside their own system since there is little interaction among the external societies. One of the main factors for creating a closed system for children with special needs is the society. The social system does this by creating various barriers to exclude any influence or participation in the main social system. The social system helps in creating barriers to participating in society for children with special needs and this, in turn, leads to the creation of a social system for children with special needs within that society. Creating barriers for children with special needs violates the rights accorded to such children as stated by the UN Convention. Therefore, states have a responsibility

to break down such closed systems and must ensure inclusion for children with special needs in society.

One of the main responsibilities of society for adequately meeting the needs and respecting the rights of children with special needs, includes introducing policies and procedures to break down such barriers.

From the point of view of children with special needs, the views and perceptions of the system (i.e. society or groups) towards children with special needs will decide the fate of such children. However, the belief system regarding children with special needs will be very hard to shift due to the lack of interaction that makes changing beliefs and attitudes very difficult.

Regarding Saudi society, it could be argued that Saudis are used to a closed society with little interaction with external environments; it is also a society that culturally is not used to accepting change. However, there is evidence that the Saudi boundaries are weaker than they used to be due to developments in communication systems in Saudi Arabia and changes in living styles. These have helped to weaken the barriers of the social system. It is also important to stress that the political decision to join and actively participate in the Gulf Countries' Council has had an important influence on weakening the boundaries of the social system. The Gulf Countries' Council permits the movement of information and materials among the Council's members, such as the United Arab Emirates and Saudi Arabia as examples.

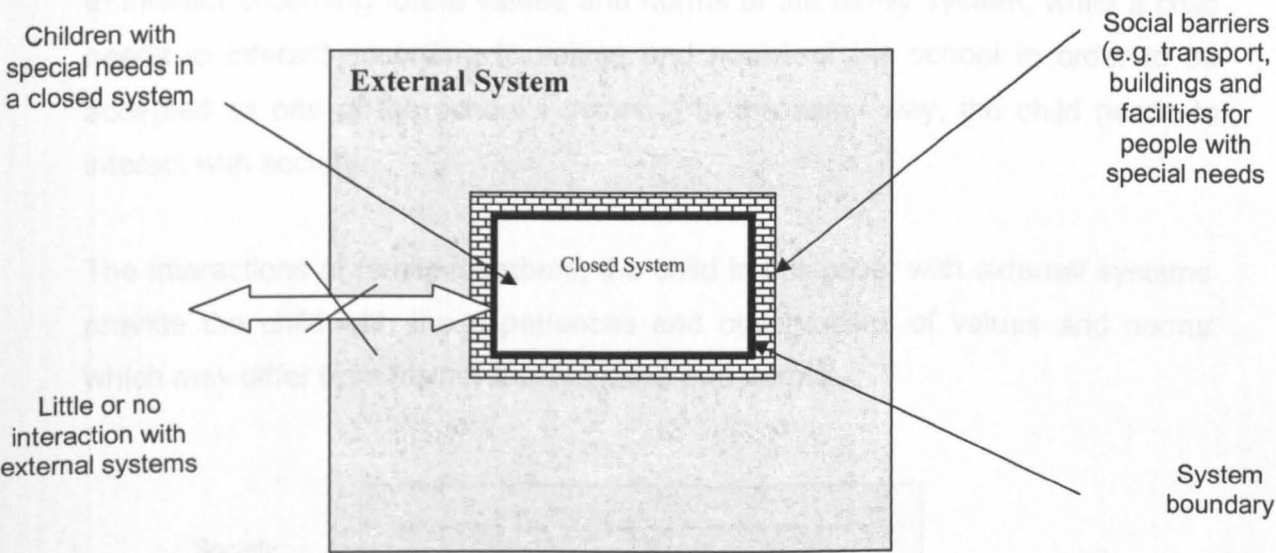


Figure 2.7: Closed system: children with special needs in a closed system

Open System Societies

Open systems are those which maintain continuous processes of exchange with their environment (Morgan, 1985, p. 141). In open systems, interaction between the system and external influences occur across its imaginary boundaries. The system can also receive feedback to itself (see Figure 2.8). The family of a child with special needs can be described as such a system. It is an open system because the family interacts across its boundaries with external systems, which might include school and the wider society. An individual within the family needs to interact according to the values and norms of the family system, while a child needs to interact according to values and norms of the school in order to be accepted as one of the school's actors. In the same way, the child needs to interact with society.

The interactions of family members, the child in this case, with external systems provide the child with the experiences and observations of values and norms which may differ from his/her family values and norms.

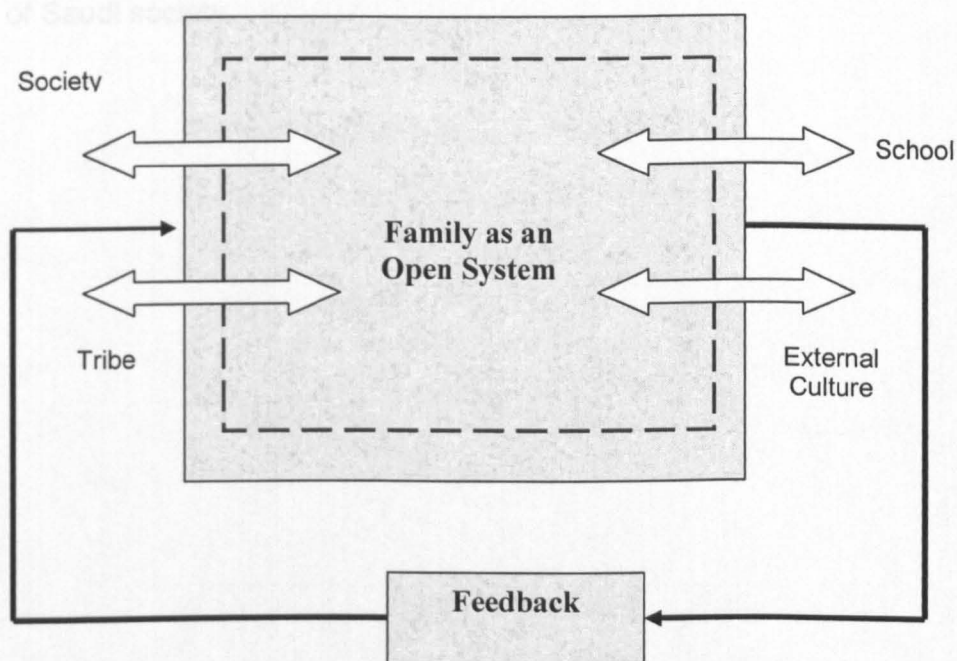


Figure 2.8: Open system

It is difficult to consider Saudi society as an open social system due to the fact that Saudi Arabia still has a strong Bedouin culture; Saudis are still proud of their culture and traditions.

Conclusions

This chapter provides a framework for the research, which is based on three main areas. The first area consists of the disability models. The literature identifies two main theories: the medical model and the social model. This research adopts the social model. The second area is child development theory. The ecology of human development theory of Bronfenbrenner (1979) identified three systems for human development. These systems are the microsystem, the mesosystem and the exosystem. These systems help in understanding the development of children with special needs. Finally, closed and open social systems are also explored and discussed in this chapter. These systems help in understanding a specific society, such as the Saudi society's interactions with other societies. This can be used in understanding the shift in the values and norms of Saudi society.

Chapter Three

Research Background: the Kingdom of Saudi Arabia (KSA)

Introduction

Saudi Arabia is one of the most important countries in the Middle East owing to its place in the Islamic world and its oil production capacity. The Kingdom of Saudi Arabia was established as a country in 1932 and its name, 'Kingdom of Saudi Arabia', derived from the family name of the first king, Abdulaziz Ibn Saud, after his effort to unite the Arabian desert tribes and the country. It occupies a total land area of 2,200,000 square kilometers, which is 80% of the area of the Arabian Peninsula. The total population of the country was estimated at 22.6 million in 2004, of whom Saudi citizens comprised 16.5 million (72.9%) (Ministry of Economy and Planning). The Kingdom shares borders with Qatar, the United Arab Emirates and the Arabian Gulf to the east; Yemen and Oman to the south; the Gulf of Aqaba and the Red Sea to the west; and Iraq, Jordan and Kuwait to the north.

The Saudi Arabian economic history can be divided into two eras: the first was prior to the economic upswing in the Kingdom and before the discovery of oil, and the second was the period after the discovery of oil and the sharp increase in its price. The first era was a time of malnutrition, high infant mortality rates caused by the lack of health care, high levels of illiteracy, a lack of education, low life expectancy, and much emigration. The Kingdom's revenue was very limited before the discovery of oil production and mainly depended on limited trade and agriculture. The second era was the era of oil production. During this time, sharp increases in oil prices and increases in oil production created a large and rapid income for the Kingdom. This helped the Kingdom's authorities to develop the nation's infrastructure: industry, education and health, as well as other institutions. These developments in turn created job opportunities and a better life around the industrial and trade areas.

The last few decades have seen high increases in the number of houses, job opportunities, schools and universities; the nation's infrastructure and organisations have been developed (The Eight Development Plan, 2005-2009).

Today, the majority of Saudis live in the cities; agriculture barely features as an economic activity. Although Saudi has seen dramatic developments in the last few decades, the authorities have always attempted to conserve the traditions and culture of the country.

The official figure of people with special needs in Saudi Arabia is estimated at 8% of the Saudi population (Central Department of Statistics & Information-official website), although this figure is challenged by many professionals and organisations working with such people. This figure does not reflect the actual number of children with special need. The main reason behind this is due to social factors. There are some Saudi families with children with special needs are too embarrassed to say that they have a disabled child.

This chapter presents the research background by discussing the Saudi family, together with the welfare and social security systems with a special focus on children with special needs in Saudi Arabia.

The Saudi Family

The family is the main element of Saudi Arabian society and the Saudi Arabia authorities place family issues at the centre of their social policies and activities. The Eighth Saudi Development Plan, 2005-2009, explored the importance of the family. It stated:

The family is the basic unit of society and one of its vital institutions for it is responsible for maintaining social cohesion and strengthening the social fabric, through caring for its members and bringing up its young on a set of values and principles cherished by society.

Research on children with special needs requires an understanding of the structure and functions of the family and its interactions with its national as well as cultural environment. This is needed to help in understanding how families manage to cope in caring for their children and how external factors, such as the care agencies, help in caring for their children.

One of the main characteristics of the Saudi culture is loyalty and trust, particularly among the Bedouin. Bedouins represent a significant proportion of the population of the country and one of the main features of their culture is loyalty. Alsaif (1991) argued that family members in Saudi Arabia expect great loyalty from each other; they are loyal to each other within the family and they are also loyal outside the family's activities. This loyalty provides them with a sense of solidarity, and a personal and group identity. Therefore, it is not surprising that a number of disabled persons are cared for by their families, rather than in institutions. However, many family members do not have the knowledge or expertise to provide adequate or appropriate care for the disabled, even though this kind of responsibility is part of Islamic laws and traditions. A close relationship exists between families and relatives, and much effort is made to maintain stable relationships.

Family Size

A Saudi Arabian family is generally relatively large compared with a typical Western family. Furthermore, the growth rate of the population in the Kingdom is very fast due to the socio-economy changes that are taking place. The average growth of the population is estimated to be 2.5% annually (Ministry of Planning: Demographic Data for the 1992–2004) and this rate is reflected in the age structure of the country, with young age groups dominating. The ratio of young people (that is, those under 15 years old) to the total population is now reaching about 40.4% with a 79% dependency rate (i.e. the percentage of the population below 15 years of age and above 64 compared to the population in the age group 15–64 years old).

Dependency on the family is still high in the country and this is mainly due to cultural factors. The strong sense of loyalty among family members and the relationships among them mean that dependency on the family is high.

In 1996, the size of the average Saudi family was 7.5. Family size differs between rural and urban areas with the size reaching 7.5 in rural and 6.8 in urban areas, (The Eighth Development Plan, p. 303). Thus, the Saudi family as a social unit is in need of economic support. This can be achieved through the provision of job opportunities, enhancing family incomes, and improving social care and services.

The traditional Saudi family is based on an extended family unit; it consists of the husband, wife, their children, together with their married sons and their wives and children. This type of traditional family is still typical of many families in Saudi Arabia. However, socio-economic changes in the country have influenced this type of family structure. The Saudi family has evolved as a result of socio-economic changes since many Saudis have moved from rural villages to larger urban areas because of job opportunities and expectations of a better life. This has led to changes in the family structure as sons and daughters may need to move away and thus the family unit becomes smaller. This rapid urbanisation has brought with it changes in the way of living and a shift in values and norms.

However, this change in the family structure has not affected the families' role regarding their children and the role of sons and daughters towards their parents as Saudi cultural values, which require the provision of mutual support for relatives and elderly parents, persists in Saudi families. For instance, it is considered dishonorable in Saudi culture to place an elderly parent in a nursing home; it is also the duty of the family to look after their divorced or widowed daughters or sisters.

Marriage and Divorce

The Saudi Family Health Survey revealed a change in the average age at first marriage in Saudi Arabia. The survey data showed a decline in the number of marriage at 18 years of age or under, 75% among females; then in the 35–49 age group, 55% among females in the 25–29 age group; declined further to about 31% among females in the 20–24 age group (The Eight Development Plan). The main reason for this decline is the fact that the younger generation in Saudi gives priority to an education and a career.

Figure 3.1 shows changes in the average age at marriage in Saudi Arabia taken from national data in the 2000 Demographic Survey. It shows that the average age of marriage is 24.9 year for females, compared to 28.5 year for males, with no significant differences between rural and urban areas. The figure also shows that the average marriage age increased between 1997 and 2000 for both males and females. The average marriage age for females increased from 21.7 to 24.9 years, while for males it increased from 25.1 to 28.5 years. The main reasons for this average increase are the sharp increase in the number of women in education and also an increase in job opportunities for females in Saudi Arabia.

The National Survey identified a correlation between educational attainment and the average age at first marriage for females: the average was 21.3 years for illiterates, 23 for primary school certificate holders, 25.7 for secondary school certificate holders, and 25.5 for university graduates (The Eighth Development Plan, p. 306).

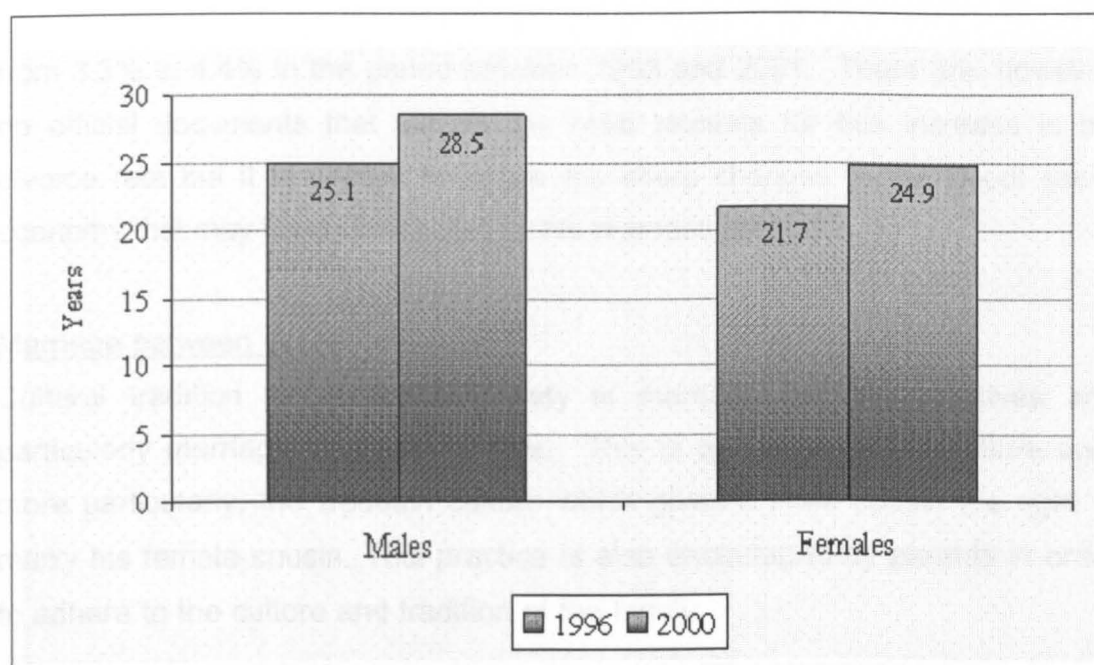


Figure 3.1: Changes in the Average Age at Marriage (The Eighth Development Plan).

There are several reasons for late marriages in Saudi Arabia; these include the cost. The high cost of marriage makes it difficult for a person to marry without the support of parents or relatives. Another reason is the increase in education and job opportunities in the Kingdom that has taken place over the last few decades. This has caused many young people to shift their priorities to their education and career rather than to marriage. Pre-arranged marriages are still common in the Kingdom. The pre-arranged marriage process starts with the mother of the man. She searches for a marriage partner and visits the family of the woman to meet the prospective wife. The mother of the son then briefs her son about the woman and he makes decision to marry depending on the information his mother has provided. In recent years, cultural habits have relaxed somewhat to allow the man to see his prospective wife before they sign the marriage certificate officially. In practice, either the man or the woman can choose to reject the marriage before it is officially announced. One of the main problems facing Saudi families is an increase in the rate of divorce and this is probably one of the most significant changes facing the Kingdom. The annual rate of divorce increased

from 3.3% to 4.4% in the period between 1993 and 2001. There are, however, no official documents that identify the main reasons for this increase in the divorce rate but it is difficult to ignore the sharp changes in the Saudi socio-economy that may have contributed to this dramatic change.

Marriage between Cousins

Cultural tradition within Saudi society is marriage between relatives and particularly marriage between cousins. This is part of the Arab culture and, more particularly, the Bedouin culture which gives a male cousin the right to marry his female cousin. This practice is also encouraged by parents in order to adhere to the culture and tradition of the family.

The National Survey (1996) indicates that there is a relationship between people with learning difficulties and the practice of marriage between relatives. Table 3.1 shows that, for the majority of children with learning difficulties in Saudi Arabia, their parents are related. It shows that more than two-third, 66.6%, of the children with special needs have parents or relatives with special needs, compared 57.9% for normal. Over third, 38.4%, of the children with special needs their parents are married cousins compared with 27.1% for normal.

The National Survey also indicates that the majority of mothers (62.9%) of the people with special needs are uneducated compared with 45.9% for the general population. See Table 3.1. This figure indicated that the mother education is well below the father education of the family. The figure shows that 35.7% of the Saudi parents have an un-educated father compared with 19.6% for the general population, parents without any child with special needs. From gender point of view, the fathers are more educated than the mothers. The main reasons for this difference are that females' education in Saudi Arabia is relatively new compared with males' education. This is mainly due to the cultural attitudes towards women education few decades ago.

Table 3.1: Education of parents of children with special needs
(El-Hazmi et al., 2002, p. 58)

	Parents	With a Disability (%)	General Population (%)
1	Uneducated fathers	35.7	19.6
2	uneducated mothers	62.9	45.9
3	Parents are related (from the extended family)	66.6	57.9
4	Parents are cousins	38.4	27.1

National survey (1996) also indicated that related parents are significant factor for having children with hearing difficulties. The survey indicated that just above third, 35.2%, of children with hearing difficulties in Saudi Arabia their parents are married cousins, compared with 27.2% for children with unrelated parents. The figure also indicated that the parents' is a factor for the disability. It shows that 35.8% of the children with special needs one of their parents has hearing difficulties compared with 19.6% of the general population.

Education

The 2000 Demographic Survey showed that 11.1% of males aged 10 years old and above were illiterate, 16.7% could read and write, 26.2% completed primary education, 20.3% completed intermediate education, 15.6% completed secondary education and 6.9% completed university education (The Eighth Plan, p. 304). The data also showed that 65.7% of males aged 60 and over were uneducated (i.e. they had no formal education), compared with 14.9% for the 40–44 age group; this figure indicates that illiteracy rate approached zero for the 10–14 age group. This reflects the development and changes in the educational system in Saudi Arabia. These changes are also reflected in the level of education attained by females. The survey showed that 28.9% of the females

aged 10 years old and above were illiterate, 23% able read and write, 21% completed primary school education, 13% completed intermediate education, 11% completed secondary education, but only 3% completed university education. 94.4% of females aged 60 and over were uneducated, compared with 55.6% for the 40–44 age group and only 3% for the 10–14 age group.

National Commission for Family Affairs

Saudi Arabia has established National Commission for Family affair to take a lead in the family issues. The main objective of the National Commission for Family Affairs is to provide families with support and services. There are several voluntary and non-voluntary groups and organisations in the Kingdom help and support the family. The Commission's aim is to be the sole government body with the responsibility for providing all the services needed and therefore it is an important stakeholder in terms of family help and support. Coordination among all the stakeholders is a critical part of the Family Commission's responsibilities as coordination is critical to ensure that processes that help and support families are effective and efficient. Coordination can help in avoiding duplication and guarding against the waste of human and financial resources. The Commission also helps in proposing policies and programmes.

The Commission also coordinates the efforts and activities of the public sector. In fact, one of its most important roles is coordinating the financial contributions of the private sector, especially Zakat money and "purity money". Muslims annually must pay a part of their income to the needy. This money is called Zakat and is one of the pillars of Islam.

The objectives of the Family Commission can be summarised in the following (Ministry of Social Welfare):

- To invigorate the role of the family in society.
- To enable families to enhance their social ties.

- To provide support to all agencies concerned with family affairs.
- To coordinate the agencies concerned with family affairs within the framework of adopted policies.
- To promote family awareness and address adverse phenomena facing the family.
- To establish a database on family affairs and provide access to it to all relevant agencies in order for it to serve as a scientific base for policy and programme formulation.

The main tasks of the Commission can be summarised in the following

- To formulate public policies for family care.
- To develop relevant indicators.
- To create coordination mechanisms among the three partners (the state, the civil society and the private sector) nationally and regionally.
- To conduct studies and research and organise symposia and conferences on various family issues.
- To prepare information and cultural programmes addressed to the family and designed to raise awareness.
- To issue pamphlets, magazines, and printed and audiovisual material on family affairs.
- To propose draft laws and regulations designed to enhance the role of the family in society.

Health

Family health improved due to the changes and improvements in health services in Saudi Arabia. The family has access to children's health centers due to increase number of the children health services. The health services provide health checking and monitoring children development and health. The health service educational programmes also contribute towards awareness and

education of the families especially young families. Health services constitute an important part of the Saudi government planning and responsibilities towards their citizens. Health education programmes is one of the programmes used to promote changing opinions and attitudes of the new Saudi generation towards health issues and accepting modern health practices.

One of the indicators showing that family health has improved in recent years is the national average life expectancy. The average life expectancy in Saudi Arabia increased from 53 years in the 1970s to 71.9 years in 2003: 71 for males and 73.6 years for females. This average life expectancy places the Kingdom in a similar rank to that of many developed countries, (The Eighth Development Plan, p. 308).

The high average life expectancy shows a high degree of acceptance of modern health practices in Saudi Arabia and a shift from traditional medical practices. Another important factor is the positive interaction between families and health institutions. Families use health services facilities more effectively than before and accept more readily the new approach to family health issues.

Islamic Perspectives towards Disability

Prior to Islam, people in the Arabian peninsula used to mistreat people with disabilities. The life-style of the Arabian tribes forced them to move from one place to another searching for water and grass for the survival of their animals and so the common practice of such tribes was to leave behind people who were ill or who suffered from disabilities due to the heavy burden of looking after tribal members with such conditions. Consequently, they died from hunger or thirst as, in the desert environment, courage and physical strength were essential for survival. As a result, disabled individuals were left to face the harshness of both nature and people (Turkstani, 1989).

Also prior to Islam, people used to kill new-born female babies. The main reason for this was that a female might ruin the reputation of the tribe and the

family through her future behaviour. They also killed disabled babies since, because of poverty, they were unable to feed them or look after them (Turkstani, 1989).

Islam, which was revealed in the sixth century, gave the right of humans to live regardless of their gender or disabilities. Islam also brought in practices and instructions regarding behaviour and the necessity to respect others. These helped to create a positive attitude towards new-born female children and disabled children.

People with special needs in Saudi Arabia view their disability from an Islamic perspective. According to Alshaia (1997), a disability or sickness is considered to be a test from Allah to determine whether the individual is patient, believes in his/her destiny, and will thank God for whatever is sent to him/her. It is believed that the person who is patient and endures suffering will be rewarded in the hereafter.

Saudi Arabia is a country ruled and guided by the religious beliefs of Islam. Theoretically, religion determines the social relationships of the entire society. In short, Islam governs the way people perceive, think and behave. Accordingly, Saudi people should exhibit positive attitudes toward persons with disabilities. However, such a statement can only be valid if the majority of Saudi people carry their beliefs into their behaviour. Few empirical studies have been conducted to investigate people's attitudes toward persons with disabilities but the majority of the empirical studies that have been conducted in Saudi Arabia have reported that people have positive attitudes toward persons with disabilities (Almarsougi, 1980; Sadek, Mousa and Sesalem, 1986; Musalt, 1987; Dubis, 1987; Alsartawi, 1987; and Aldemadi and Alshinawi, 1989). Yet one of the major barriers to integrating persons with disabilities into mainstream society is the negative attitudes of non-disabled people toward persons with disabilities.

Provision for People with Special Needs in Saudi Arabia

Saudi Arabian decision-makers take the affairs of people with special needs as one of their duties and as an important element of Saudi society. One of the main reasons for this is that special needs provision is relatively new in Saudi Arabia. Therefore, the authorities have established a Supreme Council for the Affairs of Persons with Disabilities and the members of this Council are from the government's higher ranks in order to ensure its effectiveness. Article 8 stresses that two people with special needs must be representatives.

Article 8

A Supreme Council for the Affairs of Persons with Disabilities will be established. The Council shall be associated with the Prime Minister and shall be constituted as follows (Provsion Code for Persons with Disabilities in The Kingdom of Saudi Arabia, 1421H):

- A Chairman, to be appointed by Royal Order, and members
- A Secretary General for the Supreme Council
- The Minister of Labor and Social Affairs
- The Minister of Health
- The Minister of Higher Education
- The Minister of Education
- The Minister of Finance and the National Economy
- The Minister of Municipal and Rural Affairs
- The General President of Girls' Education
- Two persons with disabilities
- Two businessmen interested in the affairs of persons with disabilities
- Two specialists in the field of disability.

The last six members of the Supreme Council are appointed by the Prime Minister and these appointments are based on recommendations of the

Chairman of the Supreme Council; the appointments are for renewable terms of four years.

The article also gives the Chairman of the Supreme Council power to appoint any member of the Council to act on his behalf in the event of his absence.

Definition of People with Special Needs in Saudi Arabia

In the Kingdom of Saudi Arabia, special needs are defined by the highest authority in the Kingdom and this constitutes the legal definition with which all organisations must comply. The Code of Provision for Persons with Disabilities in the Kingdom of Saudi Arabia defines such people as follows:

A person with a disability is one who is totally or partially disabled with respect to his/her bodily, material, mental, communicative, academic or psychological capabilities, to the extent that it compromises the ability of that person to meet his/her normal needs as compared to his/her non-disabled counterparts.

(Article 1, Paragraph 1)

Paragraph 2 of Article 1 goes further to provide an insight into persons with special needs to avoid any confusion or misunderstanding of the definition. This is particularly necessary regarding organisational processes for establishing procedures and guidelines and is clearly needed in terms of the right to access the facilities of care agencies and welfare benefits for example.

For the purpose of this code, "persons with disabilities" shall refer to individuals who have one or more of the following disabilities: visual disability, hearing disability, cognitive disability, motor disability, learning disabilities, speech and language impairments, behavioural problems, pervasive developmental delay, multi-disabilities, and other disabilities which require special care.

(Article 1, Paragraph 2)

The Rights of People with Special Needs in Saudi Arabia

The Kingdom of Saudi Arabia is dedicated to providing opportunities, services, facilities and privileges to disabled persons to enable them to take advantage of their natural rights and enjoy social care and facilities, as well as to assist them in participating, to the best of their own abilities, in the economic, cultural and social life of the nation and to be able to depend on themselves without the need to seek assistance all the time and for all their daily requirements. This aim is generated from the equality principle that is applicable in Saudi Arabia to all the community's individuals without differentiating between healthy or disabled persons. Atiya (1991) identified the objectives of social services for disabled people as being:

To help disabled people to lead normal lives, achieve their personal aims, increase their abilities to solve their problems themselves, link them with the social institutions which can provide them with resources and services. Generally, these services help the disabled discharge their duties effectively.

To achieve these objectives, the Kingdom of Saudi Arabia has issued several laws, decrees and recommendations to enable disabled persons to obtain their rights, benefit and privileges. The following section discusses the rights of people with special needs in Saudi Arabia. These include the right to work, the right to education and the right to care.

The Right to Work

Saudi Arabia's lack of skilled workforce has led to the recruitment of a large number of foreign nationals to contribute to the country's development and restructuring. However, in recent years, the education system in Saudi Arabia has expanded and a shift in some cultural values and traditions has led the country to employ Saudis in more of the Kingdom's activities.

The Kingdom recognises the right of children with special needs to employment. Within the country's Saudisation policy (a policy designed to replace non-Saudi nationals with Saudis in employment), the Kingdom, through the Ministry of Labour (Decree No. 12898/4 on 30/06/1425), decreed that each person with special needs who is employed will be considered as three employees in the Saudisation calculation percentage in the private sector. This encourages employers to employ people with special needs.

The Kingdom's labour law stresses the right to work of people with special needs and the law obliges private sector employers who have 50 employees or more to employ 2% of the total workforce from people with special needs. This has given people with special needs the opportunity to work and to participate and contribute to society. This right is well recognised in the public sector (i.e. government departments) and the Ministry of Civil Services pays special attention and gives particular consideration to job applications from people with special needs; the Ministry offers them suitable jobs once they graduate or complete their training.

The Right to Education

Special needs education in Saudi was begun through the initiatives of individuals in the mid 1950s and started when some of the blind people learnt how to use Braille. The initiative expanded in several areas of the country and these individuals then convinced decision makers to open classes to help in learning the Braille technique. The authorities agreed and opened evening classes attached to the Arabic College in Riyadh in the early 1960s (Al-Maghlooth, 2000, p. 7).

The Ministry of Education is responsible for all the educational systems in the country. This includes special needs education; the General Presidency for Girls' Education provides educational programmes for disabled females.

Article 2 of the code for provision for people with special needs in the Kingdom of Saudi Arabia state that his majesty's government will guarantee to provide education services to persons with special needs.

This includes all phases of education (pre-school, general, vocational and higher education) that are suitable to the abilities of the disabled and that are commensurate with their various categories and needs, including the continuous updating of curricula and services provided in this field.

(Article 2)

The Right to Care

The first practical and official step taken towards providing care for disabled people was when the Ministry of Work and Social Affairs opened a small unit for people with special needs in the year 1970 (Al-Maghlooth, 2000, p. 7) in Riyadh. The Ministry then opened the first formal centre for rehabilitating disabled persons soon after.

The first by-law to establish rehabilitation programmes was issued through Decree no. 1355 which created a professional rehabilitation centre under the supervision of the Ministry Social Affairs. This is responsible for (Ministry of Social Affairs, 2007):

- Setting up and executing the general strategy for rehabilitation programmes for disabled persons and carrying out related research to develop the programmes.
- Proposing what systems are required for providing services for disabled persons and for proposing rehabilitation methods.
- Preparing disabled persons to participate in the Kingdom workforce, by training and promote their work competence and skills.
- Registering the services provided.

The Prime Minister's decree was issued to approve the establishment of the General Rehabilitation Department at the Ministry of Social Affairs. The main aim of the department is to review and study applications for individual or joint projects for rehabilitating disabled persons through paying an amount of 30000 SR (£1=7.5 Saudi Riyal) to whoever wishes to establish a project that meets the Ministry's conditions (Ministry of Social Affairs, 2007).

Then a ministerial decree was issued to increase the amount of donations to 50000 Saudi Riyals made to individual and joint projects created for the main purpose of rehabilitating disabled persons in order to provide work for them after graduation and/or to establish suitable projects for them (Ministry of Social Affairs, 2007).

A ministerial decree was also issued to approve reductions in transport and travelling costs on planes, ships, trains and buses by 50% from the normal fee for disabled persons and their escorts.

A further ministerial decree was issued to approve recommendations made by the ministerial committee to study the conditions of disabled persons and to decide on the best methods for ensuring their care. This included (Ministry of Social Affairs, 2007):

- Improving the efficiency of the committee coordinating problems regarding the disabled and the rehabilitation system by including a member from the pedagogic faculty and the General Presidency for Girls' Education.
- Supporting allowances for the families of disabled persons,
- Preparing a national media plan to acknowledge disability and provide a means of protection for such people.

Article 2 of the code of provision for persons with disabilities in the Kingdom of Saudi Arabia stressed the right of people with special needs for social programmes that would contribute to the development of their social skills and competence. The article aimed to integrate people with special needs with the main stream society by providing with social skills and competence to participate positively to the society activities and functions. The articles stresses the needs for appropriate programmes to enhance and promote people with special need social skills and competence. Article 2, No. 5 stated:

This includes programmes which contribute to developing the capabilities of persons with disabilities to enable them to integrate naturally into various facets of public life without hindrance from the nature of their disability (Article 2, Paragraph 5).

Social Welfare in Saudi Arabia

Social services represent part of the chain of interaction between people with special needs and their social environment. The overall objectives of social welfare are to help people with special needs to lead normal lives and participate in society.

Yunus (1991) argued that the fundamental notion of social welfare is as old as the human race with the actual institutional social welfare systems being products of evolving situations in care and welfare. The nature of the social welfare system varies from one country to another and changes over time due to changes in people's needs. Yunus (1991) highlighted the fact that developing countries tend to be influenced by the Western European and American experience and so the experiences of the west need to be assessed and evaluated in order for developing countries such as Saudi Arabia to benefit from their approaches. Although there are differences in terms of culture, history and economy, the main idea and philosophy should stay the same: which is to help and support needy people in carrying on with their lives with a sense of respect. According to Khalifa (1987), the social welfare system depends on a country's political and economic situation and so changes in society or in its structure naturally lead to changes in the definition of social welfare.

The social welfare system in Saudi Arabia provides certain free services to all citizens. Revenues from the petroleum industry have enabled the government to offer free medical care and medicine to both Saudi citizens and foreign residents. There are 1,719 primary health care centres in Saudi Arabia which are located in the villages and cities around the country. In 1994, there were 279 hospitals, 40,000 hospital beds, and 130,000 paramedic and medical personnel, including 33,989 physicians. In 1971, Saudi Arabia had only 75 hospitals. Today, in almost every city in Saudi Arabia, a good private hospital supports the public hospitals. The King Faisal Medical City, in Riyadh, has the reputation for being one of the most technically advanced units in the world. The Saudi budget allocation for expenditure on social services and health was 10% of the total government expenditure in 1997.

The main welfare rights for people with special needs can be summarised in the following (Ministry of Social Welfare, 2007):

- A monthly remuneration or training allowance.

- The parents of people with special needs who take care of their children at home and who do not have access to a care centre, due to lack of spaces available, receive financial benefits.
- People with special needs receive a 50% discount for all public transport. This includes air, land and sea transportation.
- The authority awards 50,000SR to every vocationally qualified handicapped person to undertake individual or group projects.
- The authorities provide accommodation; special housing units are allotted to the handicapped. This is full accommodation for people with special needs who live far away from the special needs centres.
- Daily meals.
- Free entertainment.
- Free medical services, including free medicines.
- Appropriate equipment for people with special needs is provided.
- Processes and facilities are provided to help people with special needs to carry on their daily lives. This includes consideration in the designs of public and private buildings.
- They are accorded the right to job opportunities.
- Car park spaces are provided for people with special needs.
- Educational institutions are available for people with special needs.
- Financial support is available to convert cars for people with a physical disability so that they can control their car by hand.
- Open access to vocational training.
- Financial benefits for undergraduate and postgraduate special needs students.

Institutional Welfare Programmes for People with Special Needs

One of the main strategies established in the Kingdom of Saudi Arabia is to establish centres for people with special needs. These centres, the vast majority of which are located in big cities, aim to care for people with special needs and to promote their skills and competence to enable them to participate in and

contribute positively to society. These centres are located in the big cities because of the high population of the cities, availability of human resources, national and non-national transport facilities, and the infrastructure. These centres are government-run and are managed and sponsored by government funds. However, there are also voluntary centres sponsored by local people. The main aim of these centres is to provide services and appropriate programmes for people with special needs to enhance and support and motivate them to contribute to the society and to live independently.

There are five different types of welfare programme centres in the Kingdom of Saudi Arabia and each one of these centres tries to focus on certain activities. They are: vocational rehabilitation centres, social rehabilitation centres, comprehensive rehabilitation centres, day care centres, and polio-care institutions for paralysed children. See Figure 3.2.

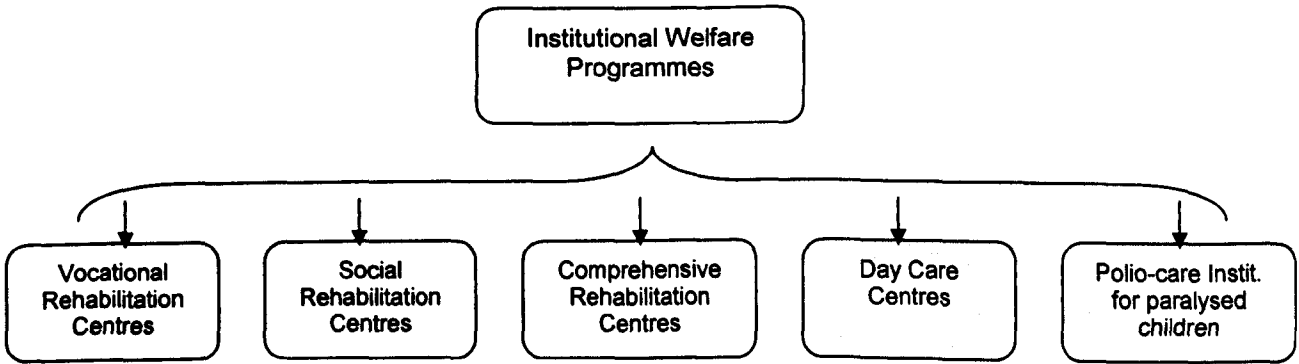


Figure 3.2: Institutional welfare programme centres, in KSA

Vocational Rehabilitation Centres

The main concern of these centres is the rehabilitation of people with special needs. This includes people with physical, emotional and mental needs. These centres aim to prepare people with special needs for work through

providing vocational training. They offer several vocational training programmes such as electrical, bookbinding, carpentry, decorating, gardening, dress-making and telephone operations as examples.

Social Rehabilitation Centres

The main concern of these centres is to accommodate people with severe needs who cannot be vocationally trained due to the severity or the multiple nature of their disability, or due to severe mental retardation. These centres help and support families by reducing the burden borne by the parents.

Comprehensive Rehabilitation Centres

These centres offer a new approach to welfare for adult and children with special needs. These centres have vocational sections, aimed to provide vocational rehabilitation and social sections, targeting people with severe needs. The main rationale for the creation of these centres is to combine all rehabilitation services in one centre which provides its services simultaneously under the supervision of one management. The centres are available in 22 locations: in Riyadh (two centres for males and two centres for females), Al-Karj, Jeddah (one centre for males and one centre for females), Al-taif (one centre for males and one centre for females), Macca, Shaqra, Al-bakeria, Al-damam, Abha, Ha'al, Tabok, Al-baha, Al-jof, Jazan, Najran, Breda, Hafer Al-baten, Wadi Al-doassar, Yanbou, Al-majmaa, Al-madena Al-manora and Al-ahssa (Ministry of Social Affairs, 2007, p. 106).

In the case of a comprehensive rehabilitation centre failing to accept a child, the parent will receive a benefit payment of 10,000 SR to help with the cost of looking after their child and to reduce their financial and psychological stress.

Day Care Centres

These centres are relatively new, being established in the early 1990s. The main aim of these centres is to provide day care services for children with

special needs under the age of 15 years. The main reason for offering day care only to those under 15 is cultural as children with special needs who are aged 15 and over are segregated based on their gender since the Kingdom's culture does not allow the sexes to mix once they are over 15. Once past this age, a young person will be transferred to another care centre.

These centres provide day care that is appropriate to the child's needs, together with rehabilitation programmes for the centre's children during the daytime. The day centres play an important role in reducing the stress of parents, giving them the chance to carry on their work and social commitments. The main programmes of such centres include training programmes to improve the child's skills regarding his/her daily needs, programmes to improve social skills, psychological and health programmes, educational programmes, entertainment activities, and programmes to promote parents' awareness and attitudes.

Polio-care Institutes for Paralysed Children

The main aim of these centres is to provide care for paralysed children, aged from 3 to 15 years old, and children who suffer from congenital diseases or deformities that impede their physical activities. One of the main goals of these centres is to integrate the children into society and into mainstream schools in order to improve their social status. The main activities of the centre include providing entertainment activities, educational programmes and social activities. The children in the institutes also receive pocket money (Ministry of Social Affairs, 2007).

Social Welfare Policy in Saudi Arabia

In considering social welfare policy in KSA, it is important to emphasize the fact that, as an Islamic Kingdom, KSA accepts some fundamental duties towards people with special needs. As Al-Saud (1996, p. 99) commented, within the

context of Islam it is an obligation for those in positions of responsibility to protect and take care of the weak and the needy. The Kingdom of Saudi Arabia carries out her duties towards people with special need by:

1. Training and helping them to gain suitable experience, knowledge and skills.
2. Exploring their readiness and desires to develop their skills to contribute in the society. This can be achieved by motivate them, building the confidence and by providing them with suitable conditions to live. This is achieved by helping them to participate with others in various activities and integrate them in the society.
3. Providing them with the suitable rehabilitation programs of specific vocational skills which suite their abilities, desires and conditions.
4. Providing them with a barrier-free environment which, might, otherwise prevent them from participating in various activities..
5. Rehabilitate them by helping them to acquire vocational skills that are appropriate to the type and condition of their disabilities so that they may achieve a quick rehabilitation.
6. Provide health, psychological, and social services that will help them disabled to integrate with other members of society, and to enable them to be aware of their rights and duties.
7. Remove obstacles that might affect the integration and participation of the disabled in the different activities of society. (Al-Maghlooth, 2000, p.1)

Al-Mudaymigh (1998) argued that social services are the focal point for disabled people in KSA. The care services, both public and private, operate according to their own missions; they have their own values, principles and aims which seek to meet the needs of all members of the community. They provide the services that contribute to helping and supporting people with special needs.

Welfare System in Saudi Arabia

There is a large number of services available to people with special needs in Saudi Arabia. These services are provided through several ministries and non-profit organisations or associations. The Saudi authorities, with the help and support of professionals, have made considerable efforts to improve services and to meet the needs of disabled to allow them to integrate into society and carry on with their daily lives. This section presents the main organisations that provide care and support for those with special needs.

Ministry of Education

The education sector is one of the most important sectors and represents a core part of the Saudi National Five Year Plans. The number of students in all stages of general and higher education increased from about 547,000 in 1969 to more than 5.37 million in 2005, (Ministry of Economy Planning, 2006). The number of boys' schools went up from 2772 in 1969 to 12,424 in 2005 while girls' schools increased from 511 to 13,489 over the same period.

The Ministry of Education established, in 1960 in Riyadh, the first Institute for Blind and Visually Impaired People. In 1964, the Ministry established two institutions for deaf people (the Alamal and the Alnoor), and the first institution for Persons with Mental Retardation (General Secretariat for Special Education, 1992). A number of these institutions have been established in different cities throughout the country.

The Ministry established the General Secretariat for Special Education to supervise the administration of the Alamal Institutes. Through the Alamal (which means "hope") Institutes for Deaf People, educational, cultural and rehabilitation programmes, as well as health, social and psychological welfare, are provided for both males and females. Residential facilities are available and the institutes also provide elementary, intermediate and high school vocational instruction. Training areas include interior decorating, secretarial skills, data processing, microfilming of

documents, electrical repairs and photography. These skills prepare deaf students to enter the work force.

In addition, other services are provided to people with disabilities who are interested in pursuing a university education through Saudi universities. These services are: (a) the Abin Omm Mactom Centre for students with disabilities at King Saud University; (b) the Blind Services Centre in the Proprietary College at King Saud University; (c) the Alnoor Committee for Blind People at the Omm Algora University; and (d) the Club for Students with Disabilities at King Abdalaziz University. According to Almusa (1994), these centers provide disabled students, especially those who are blind, with many different services. The services include (Ministry of Education):

1. The provision of a variety of academic, social, psychological, sporting and recreational services;
2. The provision of audiotape books to blind students;
3. The translation of tests and student answers to and from Braille;
4. The provision of a Braille typewriter;
5. The integration of disabled students within student communities;
6. The translation of books and other literature into Braille;
7. The provision of places for blind students to meet and rest;
8. Help for blind students to overcome any barriers they encounter.

The following general services are provided for students with disabilities (Almosa, 1994):

1. For blind students only: in addition to the usual college student allowance of 800-1000 Saudi Riyals, 3,190 SR are paid to them monthly which is equivalent to the salary of a government employee with a high school diploma.

2. Assurance that all university facilities are accessible to all students with disabilities;
3. Providing disabled students with disability identification to help them park as close as possible to the places they want to reach.

Amal Institutes for the Deaf:

These institutes are managed and supervised by the Department of the Hearing Impaired Department in the Ministry of Education. The department plans and evaluates the special programmes provided by the Amal institutes and also promotes high quality standards for the educational programmes provided, as well as furthering the competence of the staff involved. A main aim of the department is to plan and supervise the institutes' programmes for deaf children and it also contributes to the development of the curriculum. The institutes address the psychological and educational needs of people with hearing difficulties in order to promote the educational processes of such children, as well as improving the effectiveness of people working within the institutes. The children attending the institutes are aged between 5 and 14 years.

There are 20 institutes for deaf students in Saudi Arabia catering for 1241 students; there are also 98 programmes for children with hearing difficulties in mainstream schooling. The number of students benefiting from these programmes totals 1501.

Noor Institutes for the Blind:

These institutes are supervised by the Ministry of Education's Department of Visual Impairment which is responsible for planning programmes for blind and partially sighted children. The department also supervises the evaluation and improvement processes of these programmes. The institutes accept children aged between 4 and 14 years of age.

These institutes provide (Ministry of Education: General Administration for Special Education):

1. Educational and health services for the children;
2. Visual equipment to help in the children's educational processes;
3. The same curriculum as mainstream schools where appropriate;
4. Free transport to and from the institute;
5. Free health and psychological care;
6. Free equipment and instrumentation to support the children's learning processes;
7. Financial rewards for children completing their stage successfully.

There are institutes for blind and partially sighted children in Saudi Arabia in Riyadh, Macca, Breda, Al-Ahsa, Al-Madina al-Manora and Abha, six for males and six for females, with a total of 428 male and 376 female students benefiting from them. There are also 206 programmes for children with visual disabilities in mainstream schooling with 2287 students benefiting from these.

Institute for the Mentally Retarded:

This institute was created in 1971 by the Ministry of Education; it is managed by the Department of Mental Retardation. The special institutes for children suffering from mental retardation, autism and multi-disabilities focus on the special mental support needs of such children. These are children who are able to improve their social and academic skills if they have the opportunity to be educated using appropriate methods, approaches and special needs processes. The main benefits for the children in these institutes include:

- Financial support, provided monthly;
- Free transport from the child's home to the centre and from the centre to home;
- A 50% transport discount for the child and his/her escort.

There are four educational stages in the institutes for the mentally retarded which are as follows:

1. Foundation Stage
2. Primary Stage
3. Intermediate Stage
4. Secondary Stage

There are 11 institutes for mentally retarded children distributed across the major cities of Saudi Arabia and there are 666 educational programmes within the public education system for such children. They represent part of the integration policy of the Ministry of Education and the right of children with special needs to access educational institutes.

Ministry of Social Affairs

The main responsibility of the Ministry of Social Affairs is to undertake all aspects of social care and rehabilitation provision in the country. The Ministry aims to meet the requirements of families and individuals who are needy due to their special health and social conditions in order to help them carry on with their daily lives and contribute positively to society. The Ministry of Social Affairs delivers its services to children with a variety of special needs, including the paralysed, the handicapped, orphans and juveniles vulnerable to delinquency, as well as providing services for the elderly. The Ministry attempts to encourage the maintenance of family ties, it protects children and underpins the role of women in family care (Ministry of Social Affairs).

The Ministry's services are provided through a network of facilities which, by 2005, the services has 18 care homes and institutions for orphans, 23 care homes and institutions for male/female juveniles delinquents, 2 care institutions for paralysed children, 30 centres for the rehabilitation of the handicapped and 10 care homes for the elderly (Ministry of Social Welfare, 2007).

The total number of beneficiaries of the institutional and non-institutional social welfare services provided by the Ministry of Social Affairs reached 236,326 persons in 2002. These were distributed as follows: 51 percent benefited from social development centres and committees, 36 percent benefited from the financial assistance programme which offers in-family help for the disabled, 6 percent benefited from juvenile care and observation institutions, and the remaining 7 percent benefited from services provided by special care homes offering care for orphans, the elderly and the disabled (Ministry of Social Welfare, 2007).

Social Security

The Ministry of Social Affairs provides assistance to disabled citizens, divorced or widowed females, orphans, handicapped persons and prisoners' families. It also provides relief assistance to victims of natural disasters. During the period 1389/90 -1425/26 (1969 -2005), the total annual amount paid to beneficiaries as (temporary) relief assistance rose from SR 2.3 million to SR 436.1 million, at an average annual growth rate of 15.7% (Social Security).

Services Offered by the Ministry of Social Welfare

The Ministry of Social Welfare provides various services to people with special needs through a number of social welfare and development institutions throughout the country (Ministry of Social Affairs):

- Special services provided to the disabled and the paralysed through 29 rehabilitation centres, the beneficiaries of which totalled 8,062 persons in 2002.
- Four social nursery homes providing care for orphan children, twelve social education homes providing services to both males and females, and two model social education institutions. Beneficiaries from the orphanages totalled 1912 children in 2002.
- Ten homes for the care of the elderly which served 664 persons in 2002.

- Five social guidance homes providing care to juveniles, twelve social observation homes for juveniles, and three juvenile institutions for girls. The beneficiaries of services offered by these institutions totalled 13,684 persons in 2002.
- Local community development services provided by 7 social service centres in major cities, 18 development centres, and 95 development committees in villages. Beneficiaries of these centres and committees totalled 121,690 persons in 2002.

In addition to the services provided to groups with special needs through institutions, the Ministry also provides non-institutional care services such as the foster family programme, the in-family assistance programme for children suffering from paralysis, and the disabled assistance programme. Beneficiaries of these programmes numbered 90,314 individuals in 2002.

The total number of beneficiaries of the institutional and the non-institutional social welfare services provided by the Ministry in 2002 was 236,326 persons, distributed as follows: 51% benefited from social development centres and committees; 36% from the financial assistance programme which offers in-family help to the disabled; 6% from juvenile care and observation institutions; and the remaining 7% from services provided by special care homes offering care for orphans, the elderly and the disabled.

Ministry of Health

The Ministry of Health is the third direct service provider and it is responsible for the medical rehabilitation and general health care of people with disabilities. Services are provided through Medical Rehabilitation Centres. In addition, prevention is a primary goal.

The Ministry of Health provides direct health services to disabled people through medical rehabilitation centres which provide compensatory and medical

equipment through hearing and speech therapy clinics, and through the provision of services for those with psychological disorders. Also, the Ministry supplies maternity and childcare welfare with preventive medicine in the form of vaccination campaigns and information programmes.

In addition to providing treatment and medical rehabilitation for the disabled persons in all its hospitals and medical centres, the Ministry also provides free reparative devices and visual and sound assisting devices through rehabilitation centres.

The Saudi Care Association for Children with Disabilities

Established in 1986 in Riyadh, this association provides welfare services for children with disabilities. Rehabilitation services are offered to provide the necessary skills so that such children can be self-reliant and able to integrate into society. The Association specialises in helping children with physical disabilities.

Prince Salman Centre for Disability Research

The main mission of the Centre is to develop knowledge and awareness and to develop principles of care and prevention for people with special needs (Prince Salman Centre for Disability Research, 1996). The main objectives of the centre can be summarised as:

1. Giving attention to and encouraging scientific research in the field of childhood disabilities.
2. Utilising in-house the findings from applied research and studies in order to improve the care of disabled children in Saudi Arabia and internationally, as well as encouraging the exchange of information and expertise in these areas.
3. Increasing knowledge through the organisation of and participation in

seminars, training courses, conferences and local and international symposia that identify the needs of disabled children.

4. Establishing close contacts and links with public and private institutions, specialised centres and universities in order to ensure joint coordination and cooperation for the service and care of disabled children.
5. Establishing improved medical and educational care provided by the Disabled Children's Association, along with continuous updating of its programmes and the provision of advanced services to its various affiliated sectors (Prince Salman Centre for Disability Research, 1996, pp.6-9).

Concluding Remarks

Saudi Arabia has special place in the Middle East and the Islamic world. The Kingdom has seen development in its infrastructure, education, economy and health and on its organisations in the last few decades. The main drives of the development are sharp increase in the oil production and price. One of the important changes in Saudi Arabia is the change towards females education and right to work. The number of Saudi females' in higher education is more than the males'. The main reason for this is the change in the attitudes towards women education and work. The family and health services take an important part of the last Eight Saudi National Plan. Health services and social care expanded and improved in the last few decades.

Chapter Four

Research Methodology

Introduction

The literature reveals that there is a lack of research concerning the rights and needs of children with special needs in Saudi Arabia. It is a new area of research in the Kingdom. Attempting to fill this gap in knowledge provides the rationale for this research. It is also important to stress that Saudi Arabia is in process of developing its institutions and services to the citizens. Evidence regarding children with special needs and their rights is needed in order to formulate policies and design appropriate programmes not only to meet their needs but also to safeguard their rights.

The lack of research into the circumstances of children with special needs in Saudi Arabia means that this research is primarily exploratory. This means that the research aims to understand and evaluate the current situation rather than testing theories or hypotheses. As a result, this research has a wide scope and uses mixed methods which suggests that data should be collected from a wide range of sources, using a wide range of methods so that a broad overview of the current situation can be gained. The focus of the research's concern is children with special needs in terms of meeting their needs and their rights to appropriate education, health and care services and to participate in society.

Research Philosophy

It is important to understand different research paradigms as they influence the adopted methodology in any research. Positivist and the phenomenological are the main paradigms identified in the literature. Table 4.1 shows the main features of these paradigms. Research can adopt any one of the paradigms or mixing the two depending on its main aims and objectives.

Table 4.1: Main features of Phenomenological and positivistic paradigms.

Phenomenological Paradigm	Positivistic paradigm
<input type="checkbox"/> Produce qualitative data	<input type="checkbox"/> Produce quantitative data
<input type="checkbox"/> Uses small samples	<input type="checkbox"/> Uses large samples
<input type="checkbox"/> Concerned with generating theories	<input type="checkbox"/> Concerned with hypothesis testing
<input type="checkbox"/> Data are rich and subjective	<input type="checkbox"/> Data are highly specific and precise
<input type="checkbox"/> The location is natural	<input type="checkbox"/> The location is artificial
<input type="checkbox"/> Reliability is low	<input type="checkbox"/> Reliability is high
<input type="checkbox"/> Validity is high	<input type="checkbox"/> Validity is low

Research Strategies

It is important to understand the different research strategies available to the researcher to help him/her adopt the most appropriate research strategy for the research. There are several research strategies identified in the literature. Yin (2003, p. 3) identifies five main research strategies. These strategies are:

- Experiment strategy
- Case study
- Survey strategy
- Archival research
- Historical research

Experiment strategy

McQueen and Knussen (2006, p. 55) refer to experimental research as a set of procedures whereby individuals are manipulated into different groups, groups are compared on some factor and relationships among variables are explored. This type of strategy is designed to test the impact of a treatment (or an intervention) on an outcome, controlling for all other factors that may influence that outcome (Cresswell, 2003, p. 154). The current research does not adopt this strategy as the research is not aiming to test certain hypotheses.

Case Study

McQueen and Knussen (2006, p. 14) define case study as “an intensive, detailed study of a single individual, group or event, using a variety of methods”. Furthermore, McBurney and White (2007, p. 215) define it as “exploratory study of an existing situation as a means of creating and testing a hypothesis”.

A case study is driven by the desire to establish a sociological study based on a case. (Hamle, Dufour and Fortin, 1993, p. 1). This research strategy is needed when the data to be collected are qualitative and the research is focused on an individual or group of people.

Survey

McBurney and White, (2007, p. 215), discussing surveys, state that:

A survey design provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population. (Cresswell, 2003, 153)".

Furthermore, Fink (2003, 1) define the survey as a "system for collecting information from or about people to describe, compare, or explain their knowledge, attitudes, and behaviour."

Archival research

This is defined as a "study method that examines existing records to obtain data and test hypotheses" (McBurney and White, 2007, p. 215). This is not the case in this research, as the research is not based on examining existing records.

Historical research

This type of research is appropriate in investigating, analysing and evaluating historical issues and therefore is not appropriate for the research presented in this paper.

Survey strategy is adopted in this research due to the nature of the research aims and objectives. The aims of the research are not focusing in one institute or one special needs type. The research aims and objectives require the collection of quantitative and qualitative data from the research main subjects namely parents" of children with special needs, care professionals and care authority, to investigate and analyse children with special needs rights in Saudi Arabia.

Research Sample and Design

This section presents and discusses the research samples.

Research Samples

A sample can be defined as "a portion or subset of a larger group called a population" (Fink, 2003, p. 1) A successful and effective sample is one that represents the population or a model of the population. Researchers need to be careful in the sampling process owing to the possibility of errors and reliability of the data in the sampling process. There are three main factors to be considered in the sampling process (Hedges 2004, p. 66). These factors include (1) the size

of the sample selected (2) Characteristic variability (differences) in the research population, and (3) the impact of the size simple error in the sample design.

Simple random Sampling

This is a sample where the selections are made by chance alone, all the subjects have equal chance of selection, and are selected totally by probability, (Reader, 2004, 67). Simple random sampling is appropriate in homogeneous populations i.e. there is no large difference among the populations. For example, this might be appropriate in the selection of a sample from a population of school teachers.

Systematic sampling

Systematic sampling is appropriate in the research when the exact population under investigation is known. The research sample can be selected at fixed intervals from the available population list. The sample process involves selecting the sample values from the list spread across the research population.

One of the main advantages of systematic random sampling is that it can eliminate bias errors found in sampling and gives accurate averages of the population. The main disadvantage of systematic sampling is where a periodic cycle exists in the sampling process, or within the provided population list, which would bias the sample (Burn, 2000, p. 89)

Stratified sampling

A stratified sample involves sub-dividing a population into strata and then sampling the participants from within each stratum randomly (McQueen and Knussen, 2006). This type of sampling is appropriate when the research population is heterogeneous, or dissimilar, and where certain homogeneous, or similar, sub-populations can be isolated. "It offers increased possibility of accuracy by ensuring all groups are represented in the sample in the same proportion as they are in the population" (Burns, 2000, p. 90).

Clustered Sampling

Cluster sampling involves the selection of groups rather than individuals as the objects of study (Mackey and Gass, 2005, p. 120). For example, this type might be used in a national interview survey where it would be highly uneconomic if the sample is scattered over the country at random (Hedges, 2004, p. 68). The main disadvantage of this type of sampling is that it reduces the precision of the sample. The sampling error for a given sample size will usually be larger when clustering is used, because people in the same area will tend to be similar in respect of the survey variables.

Robertson and Dearling (2004, 108) presents the above types of samplings and their characteristics, advantages and disadvantages.

Figure 4.1 shows the main targets of the current research fieldwork. The targets include parents of children with special needs, child welfare professionals, and children with special needs agencies.

- **Children with special needs' parents**

Children with special needs selected to investigate the current situation of children with special needs rights and needs. The investigation also aims to identify and explore the parents' opinion and attitudes towards the current care services, role of the Kingdom in protecting children with special needs rights and needs. The parents also selected to identify and explore the role and the steps that Kingdom of Saudi Arabia has taken in meeting the needs of children with special needs. The parents' selection gives helps in identifying and exploring parents' problems, pressure and stress.

- **Care Agencies**

Care agencies represent an important environment in which children with special needs can develop their health, education and social interaction skills. Care agencies are the places where the child spends most of his/her time and the place where the child care stakeholders interact.

The Institute for the Mentally Retarded was one of the care agencies selected in this research. The main reason for this was that it is one of the largest care agencies in Saudi Arabia, it has a branch in all regions of the Kingdom, and it specialises in caring for children with mental disabilities. The main goals of the institute are to improve children's social skills and to provide educational programmes.

Polio-care institutes exist for paralysed children and children with physical disabilities. These care agencies have branches in all regions of Saudi Arabia as they are government public services; they specialise in caring for children with physical disabilities and have extensive and wide experience.

- **Care Professionals**

Care professionals at these places are rich of experience and understanding of the children with special needs rights and needs. Therefore, selecting care agencies professionals to participate in the research needed in helping to explore the children with special needs rights and needs. Care professionals of the care agencies are the main subjects in care agencies and they have the experience and knowledge on children with special needs through their interaction and communication with the children, parents and the State. They selected to explore their opinions and attitudes towards children with special needs rights and needs. They also selected to express their view on how the Kingdom meeting the needs of children with special needs and in protecting the rights of children with special needs.

- Child Care Authority

Authorities' opinions and attitudes towards children with special needs is important and critical. This can help in understanding the authority decisions making, planning and policies towards children with special needs rights and care of the Kingdom in meeting their needs and to protect their rights.

The research also focused on children with physical and mental disability. The main drives for this selection are that the vast majority of the children with special needs are mental and physical. It is also the two of disability as the most vulnerable for right violations. It also these disabilities depend highly on others help and support.

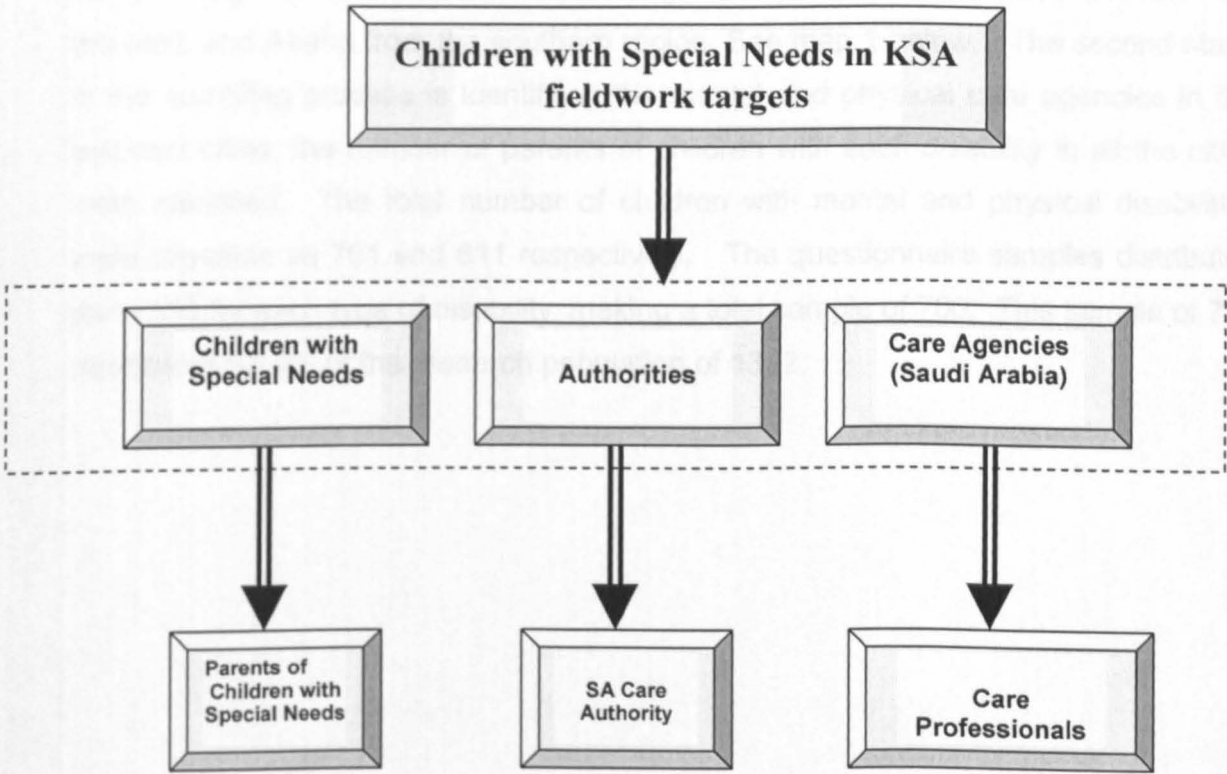


Figure 4.1: Research fieldwork targets

Parents and Care Professionals Samples

There are large numbers of parents of children with special needs and care professionals in Saudi Arabia. It is difficult to select all parents and care professionals as subjects of the research. Therefore, a sample process was used to select the appropriate number of parents and care professional to participate in the designed questionnaires

Questionnaire for the Parents of Children with Special Needs

Table 4.2 shows the samples for the parents of children with special needs. First step in the selection process is selecting one city from each of the five regions. The process for selecting a city from each region based a certain criteria. The centres of the regions are selected because they are the largest cities in the regions, most the care agencies are in these centres. The selected cities included Hail from the northern region, Riyadh from the central region, Jeddah from the west, Dammam from the east, and Abaha from the southern region. See map 1 below. The second stage in the sampling process is identifying the mental and physical care agencies in the selected cities; the number of parents of children with each disability in all the cities were identified. The total number of children with mental and physical disabilities were identified as 701 and 611 respectively. The questionnaire samples distributed were 350 for each type of disability, making a total sample of 700. This sample of 700 represents 53.4% of the research population of 1312.

The selected sample from those with mental disabilities amounted to 350 out of the total 701 of the disabled population while the sample from the physically disabled was 350 out of the population of 611. The samples were based on the regional populations.

Table 4.2 shows the selected samples for mental and physical disability for the five cities of Saudi Arabia.

Table 4.2: Parents of children with special needs selected samples

		Selected Sampled					Total
		Centre (Riyadh)	West (Jeddah)	East (Dammam)	South (Abha)	North (Hail)	
Disability	Mental	100 (205)	75 (154)	75 (148)	50 (93)	50 (101)	350 (701)
	Physical	100 (198)	75 (144)	75 (116)	50 (89)	50 (98)	350 (611)
Total		200 (49.6%)	150 (50.3%)	150 (56.8%)	100 (54.9%)	100 (50.3%)	700 (53.4%)

Figure 4.1b shows the main area of research in Saudi Arabia. It also shows the centres of the regions where the fieldwork carried out.

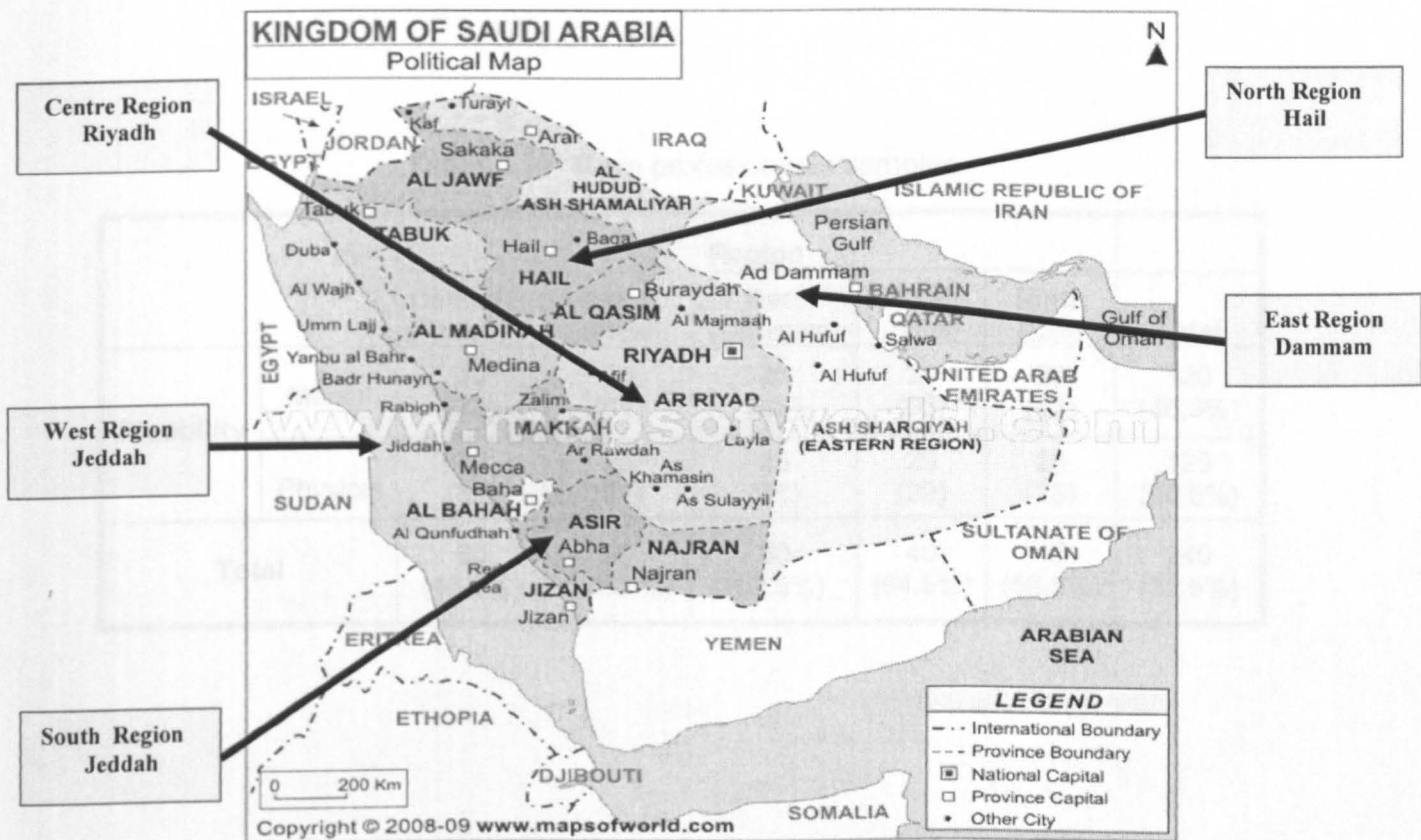


Figure 4.1b: Research main regions and cities

Care Professionals Samples

Care professional selected sample is shown in Table 4.3. The total population of the care professionals of the targeted care agencies for the mentally and physically disabled for the five regions was 457 care professionals. The selected sample was 240 out of the 457). This represent 52.5% o the population.

Table 4.3: Care professionals samples

		Region					Total
		Central (Riyadh)	West (Jeddah)	East (Dammam)	South (Abha)	North (Hail)	
Disability	Mental	30 (73)	25 (61)	25 (49)	20 (33)	20 (43)	120 (46.3%)
	Physical	30 (59)	25 (51)	25 (31)	20 (29)	20 (28)	120 (60.6%)
Total		60 (45.5%)	50 (44.6 %)	50 (62.5%)	40 (64.5%)	40 (56.3%)	240 (52.5%)

Interview Samples

Child care authorities' opinions and attitudes towards children with special needs are important in understanding and evaluating children with special needs rights and care.

A sample of 14 childcare authorities was selected for the interview, Table 4.4.

Table 4.4: Interviews Samples

Interview	authority	Region	Disability
Semi-Structured Interviews	Children with Special Needs Care Agency Managers	North	Physical (1)
			Mental (1)
		South	Physical (1)
			Mental (1)
		Centre	Physical (1)
			Mental (1)
		East	Physical (1)
			Mental (1)
		West	Physical (1)
			Mental (1)
Deputy Minister of Social Welfare			
Deputy Minister of Education			
General Managers for Special Education			
General Managers for Social Welfare			
Total			14

Focus Groups Samples

Parent is one of the main subjects of this research. Ten focus groups with the parents of children with special needs carried out to explore the children with special needs rights, care and problems and obstacles that impede children rights and care. Two focus groups for each region of the Kingdom regions, one from each disability selected. Table 4.4 shows the selected region, disability, and number of participants in each focus group.

Table 4.5: Focus Groups Samples

Focus Group	Parents	Region	Disability	No. of Participants
Focus groups	Parent of children with special needs	North	Physical (1)	9
			Mental (1)	7
		South	Physical (1)	9
			Mental (1)	8
		Centre	Physical (1)	13
			Mental (1)	11
		East	Physical (1)	10
			Mental (1)	9
		West	Physical (1)	12
			Mental (1)	9
Total			10	97

Research Method Design

The main rationale for the approach used in this research is to use multiple methods in collecting data and information. The main benefit of using multiple methods is that it provides different sources of data to enhance the quality and depth of answers to the research questions. This is likely to improve the quality of the research

(Denscombe 1998, p.84) and credibility of the research instruments used and of the data produced through these instruments (Sekaran 1992).

The methods that are used in this research include both qualitative and quantitative, questionnaires, interviews, and document analysis.

Fielding and Fielding (1986, p. 31) argue that one of the most important features of this triangulation approach is its attempt to relate the various methods used to counteract the threats to validity which may be present in each method used.

Triangulation can then be seen as a means of mutual confirmation of measures and validation of findings (Berg, 2001 p.5).

The quantitative data is collected with the aim of providing data in a numerical format to identify the current situation of social care for children with special needs in Saudi Arabia, and the main barriers. This also makes it possible to investigate the attitudes of a large number of the research subjects. This facilitates comparisons and statistical aggregation of the data, which is needed to draw conclusions.

The importance of including quantitative methods in carrying out research and not relying solely on qualitative methods is noted by de Vaus (2002, p.5) who states: "Qualitative research is often criticized for lacking generalisability, being too reliant on the subjective interpretations of researchers and being incapable of replication by subsequent researchers".

As we have seen above, mixed methods research, involving the collection and analysis of both quantitative and qualitative data (Creswell and Clark 2007), is probably the best approach to ensure validity and reliability of findings, as it provides a more complete picture of the problem than either of these approaches alone.

Semi-Structure Questionnaire

Frazer and Lawley, (2000, p. 3). Identify five design processes for questionnaire design and notes that the questionnaire designer needs to consider the following stages before commencing on the design process. These stages considered

and followed in the questionnaire design process are to determine the required data and information: stage 2 is administering the questionnaire and the length of the questionnaire: stage 3 is preparing the draft questionnaire: stage 4 is the pre-test and revise the questionnaire: Step 5: Assess the reliability and validity of the questionnaire. These steps are considered in this research methodology process.

A semi-structured questionnaire designed for both parents and the care professionals with both open-ended and closed responses. Open-ended questions needed to give the respondents the opportunity to express themselves freely. This helped in exploring issues that the researcher may not be aware of. Closed-ended questions needed to direct the respondents to specific issues so that "respondents can recognize a response rather than remember it" (Frazer and Lawley 2000, p. 29).

Two questionnaires were designed for this research. The first questionnaire was the parent questionnaire, see Appendix A. The questionnaire was designed in five sections with one, open questions. These sections include:

Section A: Personal Details

Section B: Child/Children with Special Needs and the Family

Section C: Children with Special Needs: Needs

Section D: Children with Special Needs: Rights

Section E: Children with Special Needs: Problems and Obstacles

The questionnaire closes with an open question: Please express your view regarding the rights of children with special needs.

Semi-structured questionnaires distributed randomly to the parent of children with special needs and the care professionals. The parents' questionnaire included a set of questions to explore the current situation and practices towards children with special needs in relation to their social care rights, see Appendix A. the questionnaire designed to gather information on opinions and attitudes towards

children with special needs and problems of having a child with special needs. The questionnaire distributed to the parents of children with special needs in care agencies.

The second questionnaire designed for the care professionals of children with special needs, see Appendix B. The questionnaire distributed randomly and aimed to identify the care professionals opinions towards children with special needs rights, care agency, role of authority, and parent in protecting children with special needs rights and their opinions towards the main problems and obstacles of children with special needs rights. The questionnaire designed in five sections, see Appendix B. These sections include:

Section A: Personal Details

Section B: Care Agency

Section C: Children with Special Needs: Rights

Section D: Children with Special Needs: Roles

Section E: Children with Special Needs: Problems and Obstacles

The questionnaire closes with an open question: Please express your view, if you wish regarding the rights of children with special needs.

The questionnaire was distributed in person with the researcher establishing a distribution and collection point at a place within the care agency. The questionnaire was placed in self-addressed envelopes and distributed to the care agency professionals and parents of the children with special needs. The researcher was available at the times of the distribution and collection processes to provide clarification or explanation when it was needed. The collected questionnaires were recorded directly onto SPSS for statistical analysis with each response having its own code on the SPSS spreadsheet.

In-depth Semi-structured Interviews

A qualitative approach is needed to study selected research issues in depth and detail, from the point of view of the respondent's experience, background and history. It is also important to note that the qualitative approach potentially gives the researcher greater control over the outcomes of the qualitative inquiry, dependent upon the skill, competence and rigor of the interviewer.

Face-to-face interviews provide data, information which help the researcher explore, discuss and understand complex cultural issues (Sekaran 1992, p. 220). As a result, face-to-face interviews with the care authority conducted in this research to obtain direct quotations from them about their experiences, opinions, feelings and knowledge (Patton 2002, p. 4).

The insights from the interviews can be used to enhance data and information gathered from the other methods in this research, namely the questionnaires and the interviews.

Face-to-face interviews can be in the form of structured, semi-structured or unstructured interviews. A structured-interview was not suitable in this research as it is used when the interviewer knows exactly what sort of information he/she needs (Sekaran 1992, p. 192), which is not the case for this research where there is a need to give social care authorities some freedom to express their opinions and perceptions.

Unstructured interviews are not used in this research either as the interviewer in this type of interview enters the interview process without planned topics and sequences of questions (Sekaran 1992, p. 220). This gives the respondent control of the interviewing process and they may give responses which are not relevant to the interview objectives.

Semi-structured interviews used in this research to ensure that the researcher is in control of the interviewing process, ensuring that the participants' responses to the prepared questions better serve the research objectives While at the same time giving the respondents freedom to expand on the issues raised.

Drever (2003, p.1) highlighted the main advantages of using the semi-structured interviews. These advantages are:

- Gather factual information about people's circumstances
- Collect statements of their performances and opinions
- Explore in some depth their experiences, motivations and reasoning.

The questions were carefully worded and arranged in order to ensure that each respondent has the same questions and sequence, which helps ensure fairness and reliability (Patton 1987, p. 112). The interview questions of this research focused around four main issues regarding children with special needs in Saudi Arabia. These include the following issues:

- Issue 1:** Children with Special Needs: Needs
- Issue 2:** Children with Special Needs: Rights
- Issue 3:** Children with Special Needs: Roles of State and Parents
- Issue 4:** Children with Special Needs: Problems and Obstacles
- Issue 5:** Children with Special Needs: Future Plan

The role of the researcher in the face-to-face interviews was mainly to manage the pre-interview arrangements and the interview process. The researcher first identified the interviewees and then arranged a convenient date, time and place for the interviews. The interviews were carried out mainly in the offices of the care agencies, usually in an office far from any disturbance. The interviewees were given the time and space to express their opinions and perceptions freely.

Parent of Children with Special Needs Focus Group

Bryman, (2001) defined focus group as interviewing at least four interviewees at the same time. Focus group gives the opportunities to interact with the group and helps to explore issues in depth and detail. Parents of children with special needs attend care agencies to deliver and pick up their children from the care agency. This provided a great opportunity to interview them as a group in the form of a focus groups.

It was necessary to take the permission of the care agency authority and the parents prior to the focus group. The care agencies permission obtained through writing them officially for the permission to carry out the focus groups at their places with the parents of the care agency children with special needs.

A set of issues regarding children with special needs in Saudi Arabia prepared for the focus groups, see Appendix C. The issues drew from the research objectives. The focus groups began with an introduction to the research's aims and objectives, and the role of the focus group on the outcomes of the research. The introduction also stressed the confidentiality of the participants' responses and the researcher promised to provide the parents and the care agencies with the main outcomes of the research.

The care agency's premises were selected as a place to hold the focus groups, which were organised mainly to explore the parents' points of view, as these were convenient since the vast majority of the parents went there to collect their children. It was also easier to obtain participants' permission through the care agencies themselves.

Prepared issues for the focus groups and the plan in how to manage and process the focus group planned well before the focus groups. The main issues prepared and explored on the focus groups were:

- Issue 1:** Children with Special Needs: Needs
- Issue 2:** Children with Special Needs: Rights
- Issue 3:** Children with Special Needs: Roles of State and Parents
- Issue 4:** Children with Special Needs: Problems and Obstacles

The focus groups were carried out at a convenient date and time for the children with special needs and the care agencies. The researcher contacted the care agencies to obtain their permission to conduct the focus groups and to identify an appropriate date and time. The researcher's role was mainly to facilitate and manage the focus group discussions, which were recorded manually in Arabic and then translated also by hand. The focus groups records were based on statements covered in the research's main themes.

One of the main limitations of this process was that the focus groups were the themes recorded manually which may have led to some important statements being lost. The main reason for not using a tape recorder was due to cultural factors as many Saudis, and particularly Saudi women, do not wish to be recorded. The main strategy used in managing the large quantity of information was by the researcher writing out the statements; in some cases, the care agency staff were used.

Documentation

Written materials and other organisational documents such as programs records; memoranda and correspondence; official publications annual reports; personal diaries; letters; artistic works, photographs and memorabilia; and written responses to open ended surveys can provide rich data and information to enhance and support the collected data from questionnaires and interviews .

Official documentation analysed to identify statements, policies and guidelines that refer to the care of children with special needs. The documents that were

analysed included annual reports, care agencies documentations, organisations' web sites, and internal documents and leaflets.

The findings of the documentation analysed used to enhance and inform the findings of the questionnaires, interviews and the case studies. This research used the care agencies documents and national documents.

Data Analysis

The data collected were quantitative and qualitative data. The quantitative data consists of a large number of numeric data. Therefore, SPSS was the most appropriate statistical software that can be used to analyse this type of data. SPSS provides descriptive statistics to describe questionnaires respondents' characteristics, to explore relationships between the research variables and compare groups within the research samples.

Qualitative data from the interviews, focus groups and documents analysis, and the open-ended questions comments of the questionnaire were analysed manually. Thematic analysis was used in analysing the collected qualitative data. Thematic analysis is the analysis of text material in order to indicate the major theme to be found in it", Howitt and Cramer (2008).

The findings of the analysis of the quantitative and qualitative were then used as a basis for the discussion of the main research main outcomes discussions.

Pilot Study

As noted above, it is important and highly recommended to test the questionnaire before its distribution to the subjects of the research sample. Oppenheim (1968, p. 26) argues that the pilot study ensures the appropriate wording of the questions;

Pilot work can be of the greatest help in devising the actual wording of questions, and it operates as a healthier check, since fatal ambiguities may lurk in the most unexpected quarters.

(Oppenheim, 1968, p. 26)

Accordingly, a pilot study was used in this research. Table 4.5 shows the sample size, targeted subjects and justifications for the selection. The first stage was carried out in UK with five parents with children with special needs of Saudi postgraduate students in UK universities. The main reasons for this decision were that the students' share the same culture and background of the research main subjects and it was convenient with very little cost involved. The second stage of the pilot study was carried out on the research main subjects of the research, 10 parents of children with special needs.

The results of the pilot study were taken into consideration in formulating the final version of the questionnaire. The first main outcome of the pilot study involved the wording of questions 17 and 19 of the questionnaire for parents of children receiving care in the Kingdom of Saudi Arabia. The other important outcome of the pilot study concerned the tick box as, in the first version of the questionnaire, the tick boxes were relatively small. The questionnaire was modified, edited and restructured where the pilot study suggested this was necessary. The final version of the questionnaire was then distributed to the parents of children with special needs.

Table 4.6: Research pilot study

Stage	Sample Size	Targeted Sample	Reasons
<p>Stage 1: Pre-fieldwork visit</p>	<p>5</p>	<p>Saudi Postgraduate students in UK (Parents with children with special needs)</p>	<p>To identify problems in the questions and the analysis</p>
<p>Stage 2 Fieldwork visit Pilot Study</p>	<p>10</p>	<p>Parents' of Children with special needs (Saudi Arabia)</p>	<p>To identify problems in the questions and the analysis</p>

Chapter Five

Quantitative Data Analysis

Parents' and Care Professionals' Opinions and Attitudes

Introduction

Parents of children with special needs and childcare professionals are the key actors in the children's welfare and therefore it is important to examine and explore their opinions and attitudes towards children with special needs.

These opinions and attitudes were examined and explored by distributing two questionnaires. The first questionnaire was designed for parents whose children were receiving care and the second was designed for care professionals working in the care agencies.

Fieldwork was carried out between December 2007 and March 2008 in order to collect quantitative and qualitative data. The questionnaire was distributed in person to the care agencies' management in a self-addressed envelope; the questionnaires were also collected in person. The researcher was also available during the response time in case there were inquiries or a need for clarification.

The Kingdom of Saudi Arabia is a relatively large country and is divided into five main regions: the North, South, East, West and the centre. A total of 750 questionnaires were distributed to these five regions and a total of 467 responses were received; this represents a response rate of 62.3%.

This chapter presents an analysis of the parents' and care professionals' responses to the questionnaires. The main results of the analysis and the analysis of the qualitative data, Chapter Six, will be used in the research discussion, Chapter Seven.

Characteristics of the Sample

Parents' Gender

More than half of the parents (57.8%) were males and the rest (42.2%) were females.

Professionals' Gender

More than half of the professionals (54.6%) were males. The rest were females (45.4%). The figures for the males and females are close for both parents and professionals.

Parents' Age

The majority, around two-thirds of the parents (79.7%), were between 30-59 years old, while (16.3%) were young parents aged between 20-29 years; only (4.1%) were 60 years old or over. The mean age of the parents was 39.4 years with the range being 45 years (from 20 to 65 years), with a standard deviation of 10.7 years.

Professionals' age

Just over half (53.8%) of the professionals were aged between 30-39 years. Twenty seven percent of the professionals were aged between 20-29 years old while only (2.3%) were aged between 50-59 years old.

The mean age of the professionals was 33.8 years while the range was 35 years (from 24 to 59 years), with a standard deviation of 7.8 years.

Parents' Martial Status

The number of the divorced respondents was low among the parents (4.7%). The vast majority of the parents were married (92.7%) and only (2.7%) were widowed. The above percentages reflect the social culture of Saudi society, which is conservative with a strong religious influence. The Saudi culture encourages marriage at an early age and society has a negative attitude towards

divorce, especially for women. This has led families of divorced women to re-marry them quickly.

Parents' Employment

Parents' employment in Saudi Arabia plays an important role in the care of a child with special needs. Education and employment rights are relatively new for Saudi women due to recent cultural shifts and changes in social attitudes towards education and employment. The surveyed parents indicated that just over half of the parents were unemployed (51.2%). The main reason for this high percentage of unemployment among the parents is due to cultural factors, particularly society's attitude towards working women. The second reason is that the parents of children with special needs are required to take care of their disabled children.

Professionals' Professions

The professionals came from different professions. The main professions were: education, special education, social work and psychology. The majority of the professionals (65.4%) were teachers and only (11.5%) were psychologists, while (23.1%) of the professionals were social workers. The main reason behind these figures is that teachers in education and special education are needed in large numbers to cope with the educational programmes for children with special needs.

Professionals' Experience

Having professional working experience in care is important in the opinion of professionals in order to fulfil the rights of children with special needs. 80.0% of the professionals had over 6 years' working experience in child care, just over half of the professionals (53.8%) had experience of 11 years or more while only (6.9%) had over 21 years' experience in child care.

The mean of the professionals' experience in care was 11.3 years. The range was 21 years (from one month to 22 years), with a standard deviation of 6.0 years.

Regions and Disabilities

The questionnaires were distributed to the five regions of Saudi Arabia to ensure representativeness; one city in each region was selected. The main reason for selecting the regions' centres was because most of the care agencies and special needs activities were located in the centres of the regions (see Chapter Four, Table 4.2). Table 5.1 shows that 56.7% of the children had mental disabilities and 43.3% of them had physical disabilities.

Table 5.1: Types of disability of children with special needs by region

Disability	No. of Children
Mental	264 (56.7%)
Physical	203 (43.3%)
Total	467 (100%)

Number of Children in the Family

The number of children in the family has an impact on the family care and financial commitments. This impact becomes greater in the case of families with one or more children with special needs. Over half (57.2%) of the parents of the children receiving care had more than five children in the family and only 6.2% had only one child in the family. (See Table 5.2.) This reflects the Saudi culture. The Saudi culture, (mainly the Bedouin culture), has positive attitudes towards large families as the tribe's strength comes from the number of members in the tribe. There is also a feeling among the family that the children will be their carers

in their retirement. It is also important to state that the government supports and encourages having more than one child in the family. This is due to the lack of human resources compared with the size of the country and its resources.

Table 5.2: Number of children in the family

No. of children	No. of families
1	29 (6.2%)
2	46 (9.9%)
3	67 (14.3%)
4	57 (12.2%)
5 or more	267 (57.2%)
Missing values	1 (0.2%)
Total	467 (100%)

Number of Children with Special Needs Receiving Care in the Family

Table 5.3 shows the number of children with special needs in the surveyed families. It shows that the majority of families who responded had only one special needs child in their family (N= 390, 83.5%). The responses also show that 11.4% of the families had two children with special needs and only 4.3% of the families had three such children or more.

Table 5.3: Number of children with special needs receiving care in the family

No. of children	No. of families
1	390 (83.5%)
2	53 (11.4%)
3	20 (4.3%)
4	2 (0.4%)
5 or more	1 (0.2%)
Missing values	1 (0.2%)
Total	467 (100%)

Children receiving Care, by Age

Table 5.4 shows that more than three quarters (77.3%) of the children receiving care were between 5 and 14 years old. The Table also shows that 13.5% of children with special needs were 15 years old and only 9.0% of children with special needs and receiving care were less than 5 years old.

The mean age of the children in care was 9.5 years. The range was 17 years (from 1 to 18 years), with a standard deviation of 4.0 years.

Table 5.4: Age of the children in care

Age	No. of families
Less than 5 years	42 (9.0%)
5 - years	202 (43.3%)
10 -years	159 (34.0%)
15 and over	63 (13.5%)
Missing values	1 (0.2%)
Total	467 (100%)

Time Spent Receiving Care

Figure 5.1 shows the number of years the children had been receiving care from the care agencies. It shows that over half (59.78%) of the children receiving care had been in care agencies for less than three years. Only 0.43% of the children had been receiving care in the care agencies for five years or over.

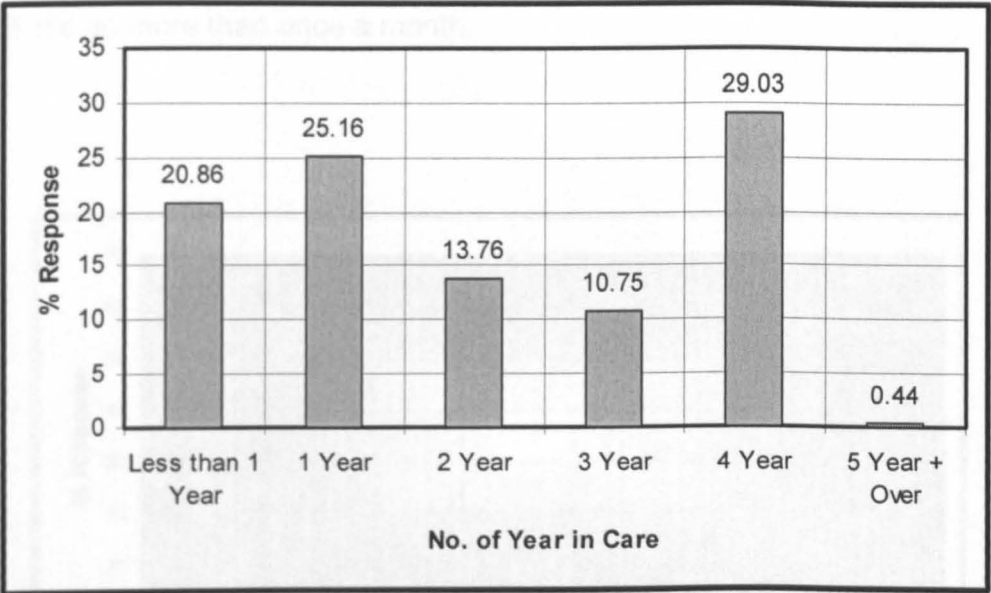


Figure 5.1: Number of years in care

Frequency of Attendance at the Care Agency

As mentioned before in Chapter 3, Saudi Arabia has many organisations, governmental agencies and voluntary associations working with children with special needs. These organisations provide many programmes and services such as social and psychological services, special education, and vocational rehabilitation for these children and their families. Figure 5.2 shows how often the parents of the children receiving care took their children to the care agency. Almost two-thirds (63.87%) of the parents took their children daily while only 5.81% did so more than once a month.

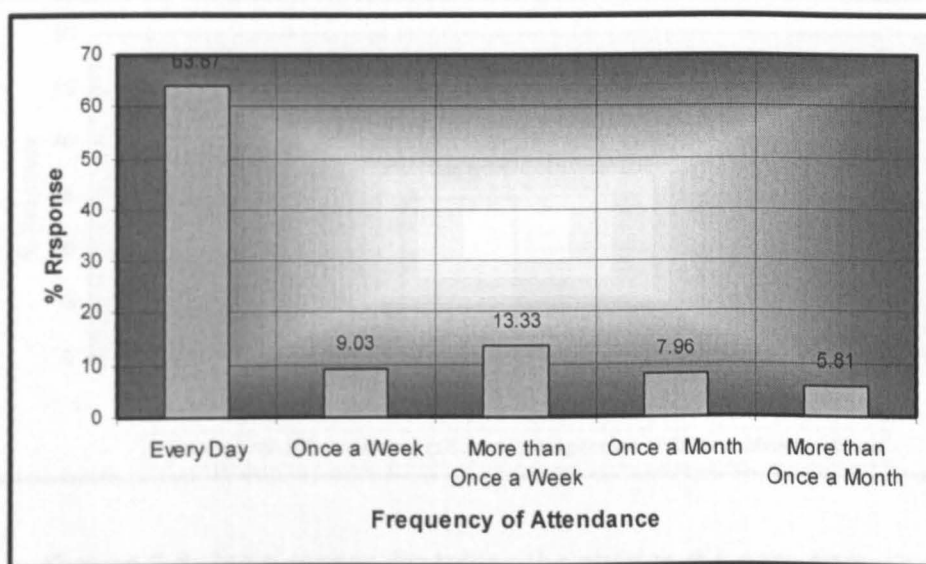


Figure 5.2: Frequency of attendance

Reason for Taking the Child to the Care Agency

Parents of the children receiving care were asked about the main reason for taking their children to the care agency. Figure 5.3 shows the parents' responses. The figure shows that just over half of the parents (51.6%) indicated that the main reason for taking their child/ren to the care agency was to improve the child's reading and writing skills. 29.3% of the responding parents indicated that the main reason for taking their child/ren to the care agency was to introduce the child to social life while only 4.1% indicated that the reason was to keep the child busy while they were at work. Taking the child to the care agency for entertainment was the least likely reason (3.6%) for the parents.

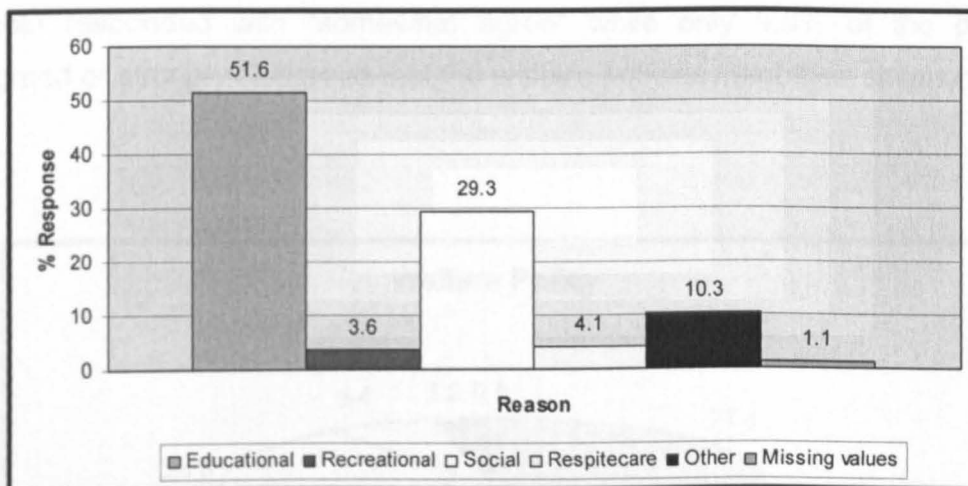


Figure 5.3: Main reason for taking the child to the care agency

Rights of Children with Special Needs

One of the main objectives of this research was to investigate the rights of children with special needs. This section presents and analyses the opinions of parents of children with special needs towards their children's needs and rights in terms of education and health care.

Welfare Policy Meets Children's Needs

Figure 5.4 shows parents' opinions towards welfare policy in terms of meeting their child's needs. The figure shows that over two-thirds (65.3%) of the parents agreed or strongly agreed that the welfare policies meet their child's needs, and only (9.6%) disagreed or strongly disagreed. Almost a quarter of the parents (24.6%) responded with "somewhat agree" while only 9.6% of the parents disagreed or strongly disagreed that the welfare policies meet their child's needs.

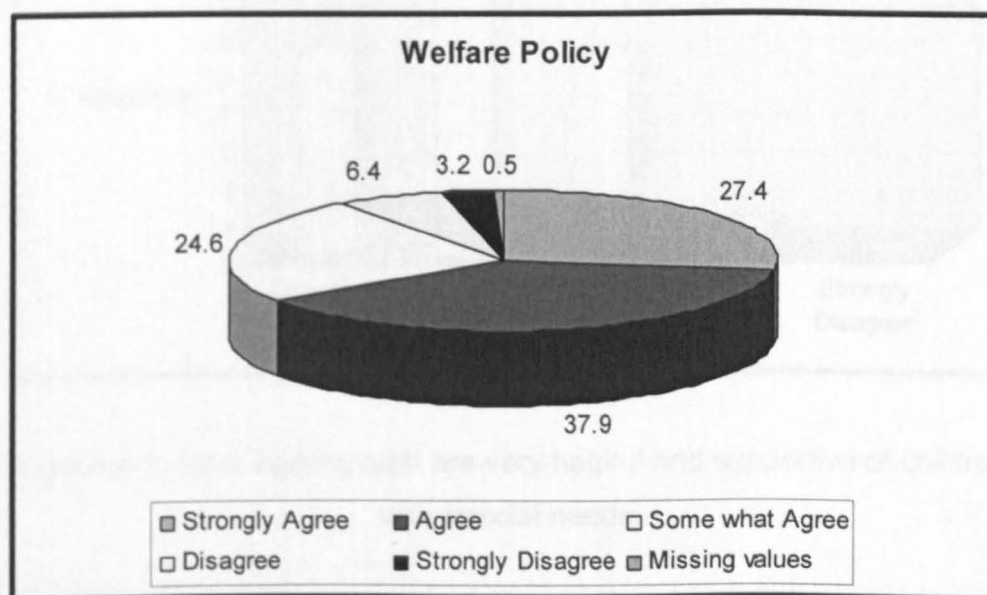


Figure 5.4: Welfare policy meets children's needs

Care Agency Staff are Helpful to Children with Special Needs

Care agencies employ staff from many professions, such as: education, special education, social work, psychology, vocational rehabilitation, medicine and nursing. The professionals involved in this study were asked whether they agreed with the statement that care agency staff are supportive and helpful to children with special needs and their parents. Figure 5.5 shows that most of the professionals (70.8%) strongly agreed or agreed that care agency staff are very helpful and supportive for children with special needs. Only 3.1% of the professionals disagreed that care agency staff are very helpful and supportive to such children.

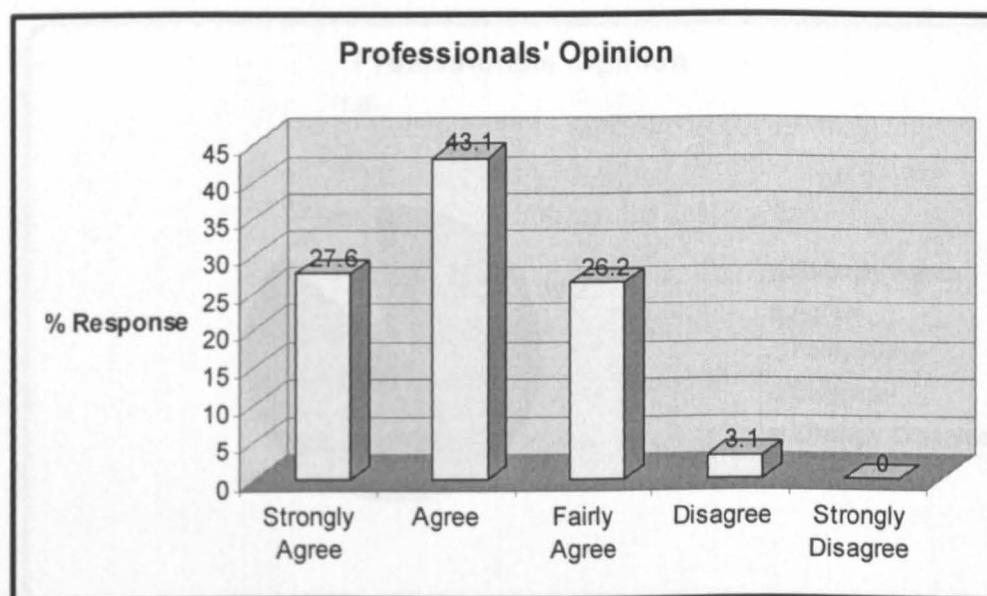


Figure 5.5: Care agency staff are very helpful and supportive of children with special needs.

Care Agency has High Values

Care agencies, either governmental or voluntary, established to provide special education, care programmes or rehabilitation programmes, should have high values in terms of their regard for children with special needs and their parents. Figure 5.6 shows care professionals' responses regarding care agencies' values. It shows that the majority of the professionals (86.1%) strongly agreed or agreed that care agencies have high values concerning the children and their families. Only 3.8% of the professionals disagreed or strongly disagreed that the care agencies had high values.

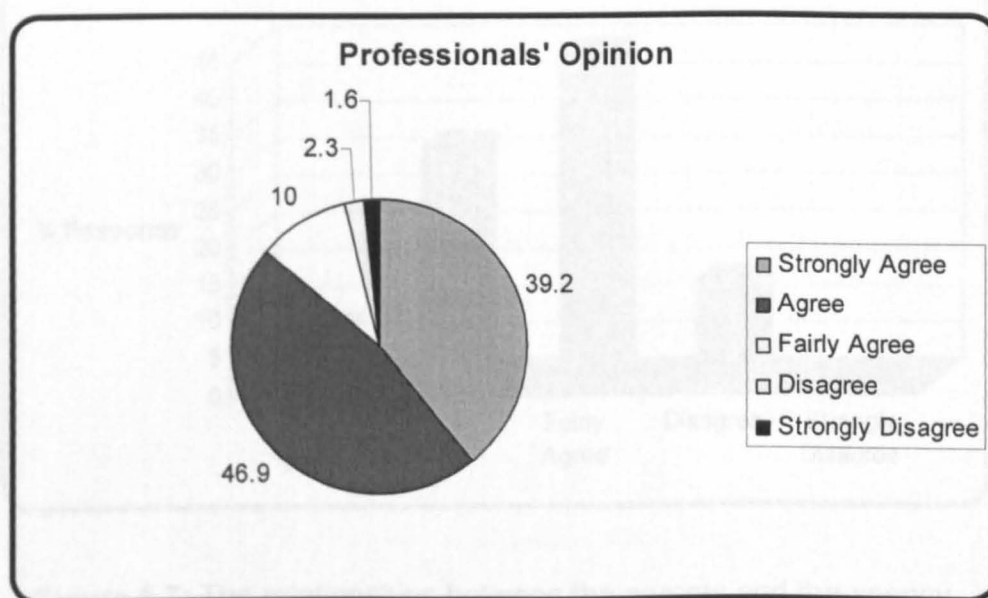


Figure 5.6: Care agency staffs have high values regarding children and their families.

The Relationship between the Parents and the Agency

A strong relationship between the parents of children with special needs and the care agency is very important; it is a crucial factor for the success of the care programmes and activities for children with special needs.

Figure 5.7 shows the care professionals' opinions concerning the relationships between the care agency and parents. The figure shows that 40% of the professionals strongly agreed or agreed that the relationships between the parents and the agency were strong. Only 15.3% of the professionals disagreed or strongly disagreed that these relationships were strong.

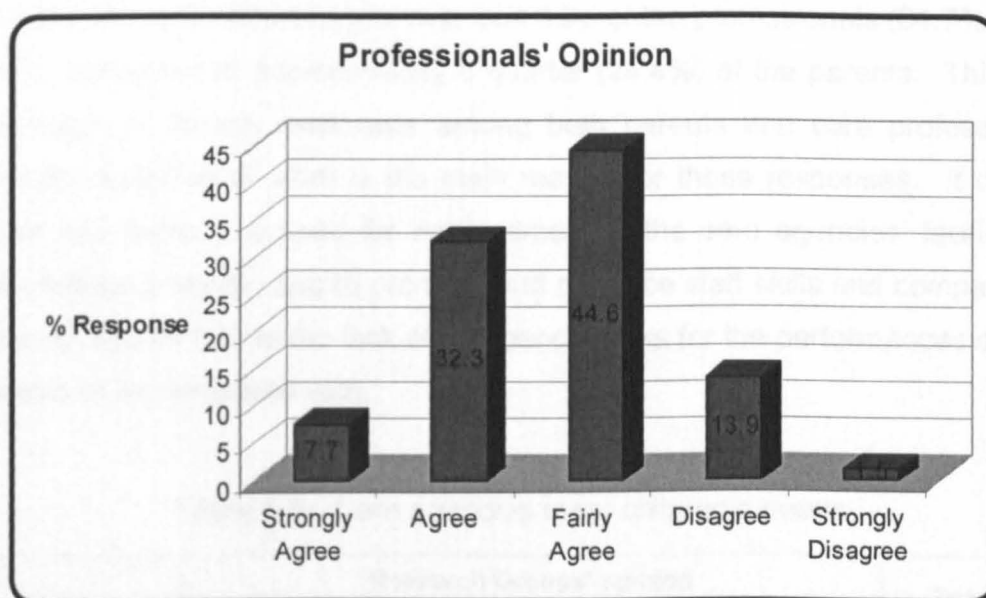


Figure 5.7: The relationships between the parents and the agency.

Care Agency and Children's Needs and Satisfaction

Table 5.5 shows the analysis of the parents' and professional's opinions towards the care agencies. The statistical analysis revealed that there was a significant difference between the parents and the professionals in terms of their opinions towards whether care agencies meet and satisfy the needs of children with

special needs ($\chi^2 = 17.176$, $df=4$, $p<0.01$)*. This shows that 36.9% of the professionals strongly agreed, compared with 33.2% of the parents. Care professionals were more supportive of the statement "care agencies meet children's needs" compared to the parents' responses. This could be explained by the fact that the family is more likely to meet the needs of their child because of their closeness, and their knowledge of the needs of their own child. In other words, the care professionals are more aware of their resources in meeting the children's needs. It could also be argued that the parents are the main sufferers if the agencies fail to meet their children's needs.

The table also indicates that just over one third of the professionals (34.7%) were neutral, compared to approximately a quarter (24.4%) of the parents. This high percentage of neutral responses among both parents and care professionals raises the question of what is the main reason for these responses. It can be argued that there is a need for improvement in the care agencies' facilities to meet children's needs, and to promote and enhance staff skills and competence. This may also be due to the lack of any benchmarks for the performances of care agencies to be compared with.

Table 5.5: Care agencies meet children's needs

Groups	Research Groups' opinion					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Professionals	48 (36.9%)	23 (17.7%)	45 (34.7%)	12 (9.2%)	2 (1.5%)	130 (100%)
Parents	155 (33.2%)	165 (35.3%)	114 (24.4%)	21 (4.5%)	12 (2.6%)	467 (100%)
Total	178 (29.8%)	213 (35.7%)	159 (26.6%)	33 (5.5%)	14 (2.3%)	597 (100%)

$$(\chi^2 = 17.176, df=4, p<0.01)$$

* χ^2 = Chi square, df = Degree of freedom, p = Level of significance

Care Agency Meets and Satisfies the Needs of Parents

Children's parents are greatly concerned for their child's care and development at the care agencies. Therefore, one of the main aims of the care agencies is to meet the needs and satisfaction of the children's parents. Figure 5.8 shows the responses of care professionals towards the statement "The care agency meets and satisfies the needs of the parents". Figure 5.8 shows that 43.9% of the professionals strongly agreed or agreed that the care agency meets and satisfies needs of parents. Only 15.3% of the professionals disagreed or strongly disagreed that the needs of parents are met and satisfied by the care agency.

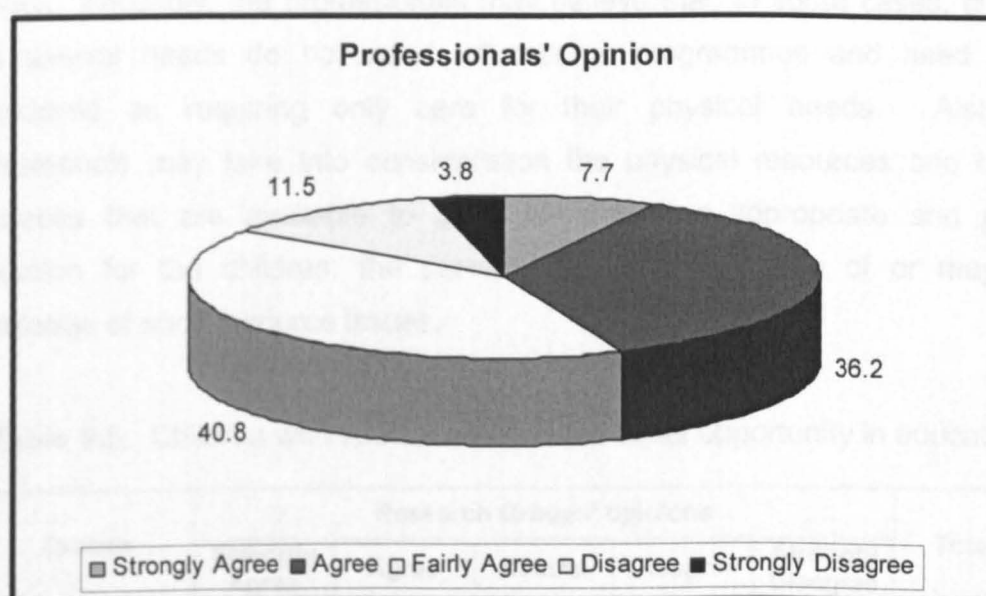


Figure 5.8: Care agency meets and satisfies the needs of the parents

Equal Opportunity in Education

One of the main rights that children with special needs should have is their right to proper and appropriate education. Table 5.6 shows the care professionals' and parents' responses towards the statement "Children with special needs have equal opportunity in education". A chi square test indicated that there was a significant difference between the two groups with respect to its equal opportunity in education for children with special needs. The majority of the parents (70.2%) agreed or strongly agreed that children with special needs have equal opportunities compared with 42.3% of the professionals who strongly agreed or agreed. The main reasons for this significant difference in the opinions may be that the parents, both culturally and emotionally, wish their children to be educated as parents believe education will facilitate their child's integration into society. Secondly, the professionals may believe that, in some cases, children with special needs do not need educational programmes and need to be considered as requiring only care for their physical needs. Also, the professionals may take into consideration the physical resources and human resources that are available to them for providing appropriate and proper education for the children; the parents may not be aware of or may lack knowledge of such resource issues.

Table 5.6: Children with special needs have equal opportunity in education

Groups	Research Groups' opinions					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Professionals	17 (13.1%)	38 (29.2%)	38 (29.2%)	30 (23.1%)	7 (5.4%)	130 (100%)
Parents	114 (24.4%)	214 (45.8%)	97 (20.8%)	27 (5.8%)	15 (3.2%)	467 (100%)
Total	131 (21.9%)	252 (42.2%)	135 (22.6%)	57 (9.9%)	22 (3.7%)	597 (100%)

$$(\chi^2 = 49.376, df=4, p<0.01)$$

Equal Rights in Health

Table 5.7 shows the attitudes of care professionals and parents towards the statement that children with special needs have equal rights to health care. 70.2% of the care professionals and parents strongly agreed or agreed that children should have a right for equal opportunities in health care. A chi square test showed a significant difference between the opinions of the two groups on this issue. The figure shows that 16.9% of the professionals strongly agreed while almost double this percentage of the parents (30.4%) strongly agreed. The table also shows that just over half of the professionals (50.7%) strongly agreed or agreed with children with special needs having equal rights in health care compared with 75.6% of the parents.

The main reasons for this significant difference may be that parents carry a financial burden in ensuring proper and appropriate health care for their children. In contrast, professionals do not carry such a burden. Another reason for the difference may be that the parents themselves suffer from the lack of health care support.

Table 5.7: Children with special needs have equal rights in health care

Groups	Research Groups' opinions					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Professionals	22 (16.9%)	44 (33.8%)	39 (30.0%)	18 (13.8%)	7 (5.5%)	130 (100%)
Parents	142 (30.4%)	211 (45.2%)	71 (15.2%)	29 (6.2%)	14 (3.0%)	467 (100%)
Total	164 (27.5%)	255 (42.7%)	110 (18.4%)	47 (7.9%)	21 (3.5%)	597 (100%)

$$(\chi^2 = 49.376, df=4, p<0.01)$$

Children's Views and the Care Agency

Children's views are important in planning for and in meeting their needs in the care agencies. It is important for the care agencies to respect the children's views in order to help both the child and the agency in terms of meeting their needs. It is also important to stress that care agencies need to recognise that it is considered a human right that the child's views need to be taken into consideration in any interaction and planning in the care agency's activities. To respect their stakeholders should be part of any organisation's policy; it is also needed to improve the organisation's performance. Table 5.8 shows the professionals' and parents' responses towards the consideration of children's views in the care agency. The table shows that the majority of parents (71.1%) agreed or strongly agreed that the care agencies respect the views of children with special needs compared with only 33.1% of professionals. Parents, more than professionals, are the ones who are always concerned about their children's views. Statistical analysis using the chi square test showed a significant difference between parents and professionals in terms of their opinions regarding whether the views of children with special needs are respected. The professionals' responses can be explained by taking into consideration the national policies and care agencies' guidelines, regulations and procedures that professional must comply with; parents are not completely aware of these. Therefore, professionals may believe there are boundaries that the children cannot cross.

Table 5.8: Care agencies respect children's views

Groups	Research Groups' Opinions					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Professionals	10 (7.7%)	33 (25.4%)	46 (35.4%)	26 (20.0%)	15 (11.5%)	130 (100%)
Parents	102 (21.8%)	230 (49.3%)	105 (22.5%)	19 (4.1%)	11 (2.4%)	467 (100%)
Total	112 (18.8%)	263 (44.1%)	151 (25.3%)	45 (7.5%)	26 (4.4%)	597 (100%)

$$(\chi^2 = 85.142, df=4, p<0.01)$$

Children's Right to Proper Care

A child's right to have proper care is critical to the children with special needs and their families. Recognised and clear policies, supported by legal backing, help in facilitating children with special needs in carrying out their daily lives and in developing their abilities and skills. One of the main rights of children with special needs is to have proper care. Table 5.9 shows the opinions of parents and the care professionals towards the right of children with special needs to proper care. The table indicates that the majority of the professionals (90.8%) agreed or strongly agreed that children with special needs have a right to proper care compared with 94 % of the parents. The table also reveals a slightly significant difference between the professionals' and parents' opinions towards this issue.

The similarity between the professionals' and parents' views may stem from the fact that both groups are concerned directly with the care of the child. Also, they are carers of such children and provide care to them on a daily basis. Thus, they appreciate the importance of and need for proper care for such children.

Table 5.9: Children's right to proper care

Groups	Research Group's opinions					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Professionals	98 (75.4%)	20 (15.4%)	9 (6.9%)	3 (2.3%)	0 (0.0%)	130 (100%)
Parents	321 (68.7%)	118 (25.3%)	18 (3.9%)	6 (1.3%)	4 (0.9%)	467 (100%)
Total	419 (70.2%)	138 (23.1%)	27 (4.5%)	9 (1.5%)	4 (0.7%)	597 (100%)

$$(\chi^2 = 9.701, df=4, p<0.05)$$

National Policy and the Rights of Children with Special Needs

Saudi national policy plays an important role in establishing and implementing proper care programmes for children with special needs. Parents and care professionals were asked about their opinions regarding the need for a clear Saudi national policy on the rights of children with special needs. Table 5.10 shows that there was no significant difference between the two groups. The majority of the professionals (90%) and 89.1% of the parents strongly agreed or agreed with the statement. The main reasons for this parity in the responses of the two groups is that both the parents and the professionals are the people who suffer most from the lack of a clear policy regarding the rights of children with special needs.

The main driver for this strong belief in the importance of a clear national policy regarding the rights of children with special needs is that the care system in the Kingdom is relatively new. Policies on children's rights constitute a new approach on the part of the government and parents. Traditionally, parents have always been the main carers of a child with special needs but changes in Saudi society, both economically and culturally, and particularly in attitudes towards women working, have created extra pressure on families who now seek help and support in caring for children with special needs. It is also important to stress that family education, and particularly education for women, has made the family more aware of their and child's rights to a proper care policy for such children. A clear policy would also help in facilitating the activities of care professions as well as helping children with special needs to integrate into Saudi society. A clear policy concerning the rights of children with special needs is needed to consider aspects such as the provision of sufficient financial support, and equal opportunities regarding access to society, education and health services.

Table 5.10: Need for a clear national policy regarding the rights of children with special needs

Groups	Research Groups' opinions					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Professionals	87 (66.9%)	30 (23.1%)	11 (8.5%)	2 (1.5%)	0 (0.0%)	130 (100%)
Parents	289 (61.9%)	127 (27.2%)	32 (6.9%)	10 (2.1%)	9 (1.9%)	467 (100%)
Total	376 (63.0%)	157 (26.3%)	43 (7.2%)	12 (2.0%)	9 (1.5%)	597 (100%)

$$(\chi^2 = 4.671, df=4, p<0.05)$$

Care Agency Puts its Values into Practice

Figure 5.9 shows that 66.1% of the professionals strongly agreed or agreed that care agencies put their values into practice, while only 6.9% of them disagreed and strongly disagreed with the statement.

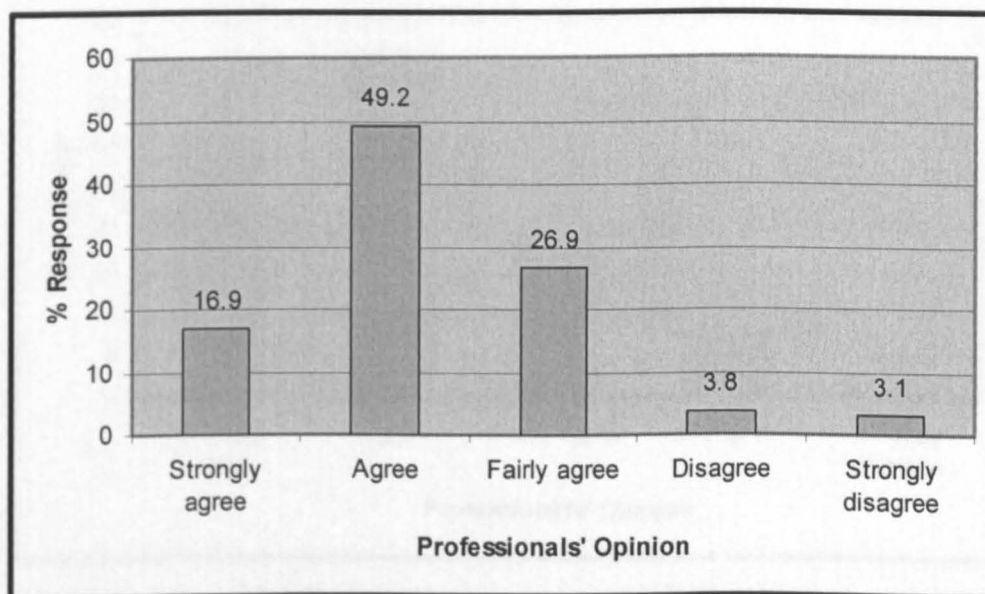


Figure 5.9: Care agency puts its values into practice

The Authorities Play an Important Role in Promoting the Rights of Children with Special Needs

The Kingdom's decision makers, the government, play an important role in promoting the rights of children with special needs. The government is the source of all the Kingdom's policies and laws but has no elected parliament. It is also important to stress that the health services, education and care systems are controlled centrally by the government. Therefore the government plays an important role in introducing appropriate policies for promoting the rights of children with special needs, in specifying appropriate budgets to support their care and needs, and in planning and promoting resources for such children.

Figure 5.10 shows that most of the professionals (72.3%) strongly agreed or agreed that the authorities play an important role in promoting the rights of children with special needs. Only 8.5% of the professionals disagreed or strongly disagreed with this statement.

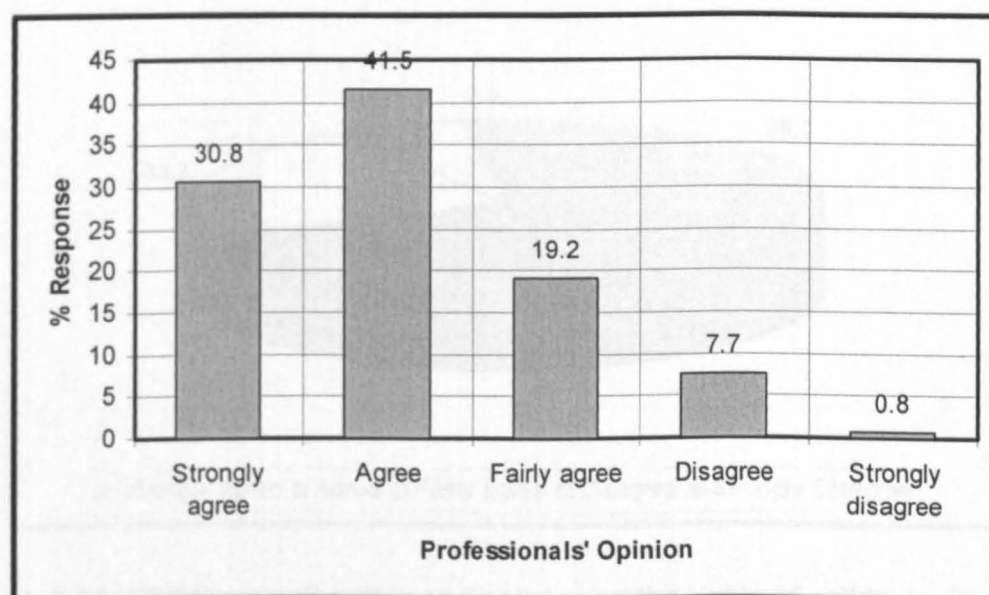


Figure 5.10: The authorities play an important role in promoting the rights of children with special needs.

Childcare Authorities and Policies on the Rights of Children with Special Needs

Care professionals were asked about their opinions concerning the role of the childcare authorities in introducing appropriate policies on rights for children with special needs. Figure 5.11 shows most of the professionals (68.5%) strongly agreed or agreed with the statement "The authority plays an important role in promoting children with special needs rights". Only 8.5% of the professionals disagreed or strongly disagreed that the childcare authorities play an important role in ensuring the rights of children with special needs by introducing policies. This reflects the care professionals' experience with the role of the childcare authorities in the formulation process of childcare policies. The childcare authorities are directly responsible for childcare and have a direct link with the government (the decision makers) thus placing them in a position to play an important role in introducing new policies for children with special needs nationally and to their regional care agencies.

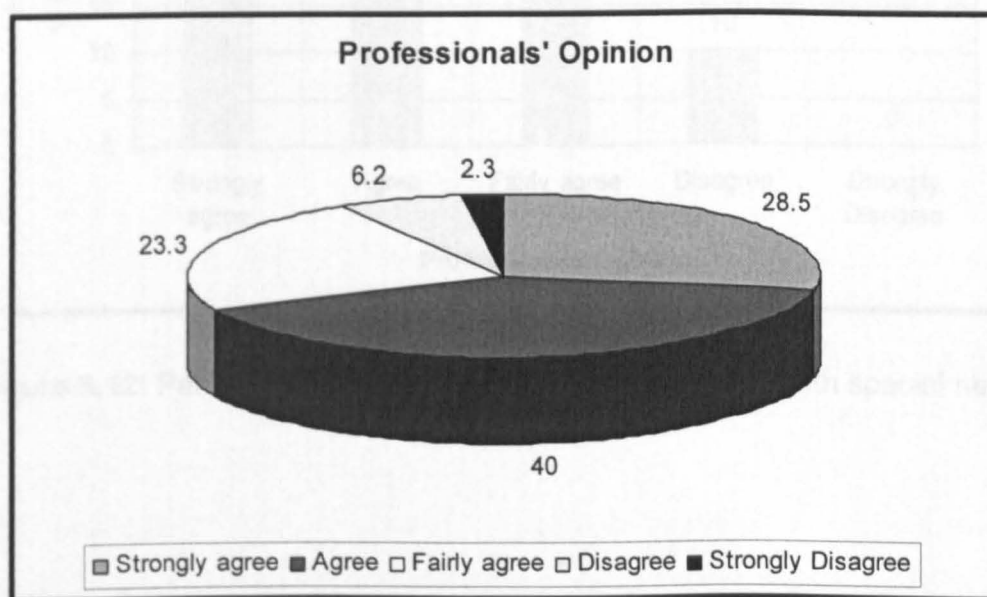


Figure 5.11: Childcare authorities and policies on the rights of children with special needs

Parents Play an Important Role in Ensuring the Rights of Children with Special Needs

Figure 5.12 shows the care professional responses regarding the role of parents in ensuring the rights of the children with special needs. The figure indicates that more than half (57%) of the professionals strongly agreed or agreed that parents of children with special needs play an important role in ensuring their children attain their rights. Only 10% of the care professionals disagreed or strongly disagreed.

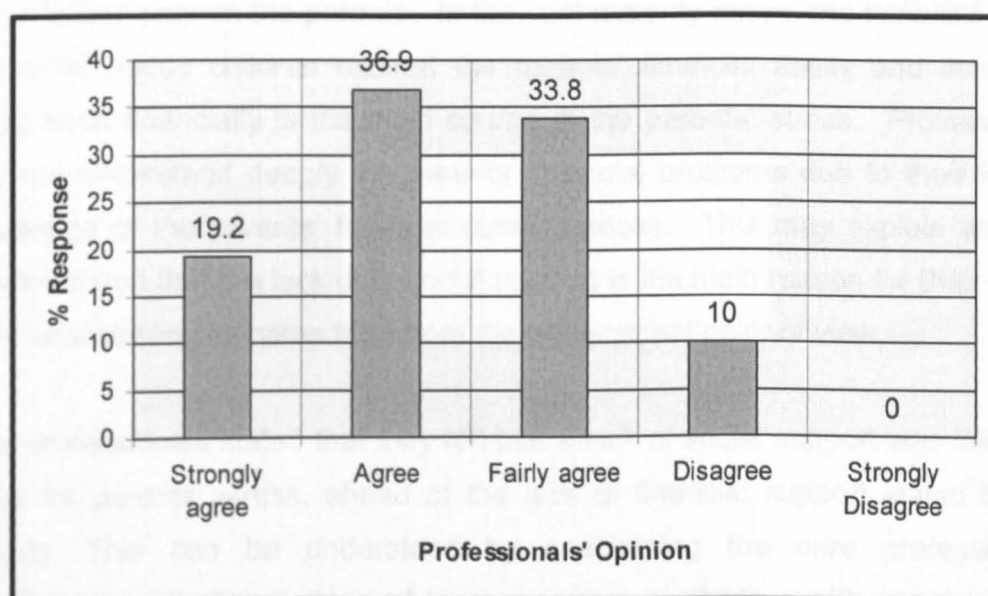


Figure 5.12: Parents role in ensuring the rights of children with special needs

Family Stress

Professionals and families of the children were asked what the main stresses were in caring for such children. Table 5.11 shows that there was a significant difference between the parents and the professionals. Professionals (25.4%) saw lack of social support as the main reason for stress, followed by lack of financial support (19.2%); lack of family support was seen as a stress factor by 18.5% of the care professionals while only 11.3% of the parents stated that they lacked adequate family support. The differences between the parents and care professionals can be understood by considering the parents' financial commitment towards their children with special needs; the impact of financial stress falls mainly on the parents. In the vast majority cases, the financial needs of special needs children exceed the parents' financial ability and therefore, falling short financially is the main source of the parents' stress. Professionals may not understand deeply the parents' financial problems due to their lack of knowledge of the parents' financial circumstances. This may explain why the parents stated that the lack of financial support is the main reason for their stress while financial issues came third from the professional point of view.

Care professionals stated that they felt that a lack of social support was the main factor for parents' stress, ahead of the lack of financial support stated by the parents. This can be understood by considering the care professionals' experiences and observations of large numbers of children with special needs and the interactions between the children and society on a daily basis; this makes them recognise social rather than financial factors. Care professionals and parents see lack of agency support as the least important factor in terms of the parents' stress. For the parents, bringing their children to the care agencies represents a break for them. It gives the parents time and space to carry on a normal life. From the care professionals' point of view, they understand that one of the main aims of the care agencies is to help and support parents by sharing responsibilities in caring for their children. They are aware that this help reduces the stresses on the parents.

Table 5.11: Main cause of parents' stress

Groups	Main reasons of stress					Missing values	Total
	Financial Support	Family Support	Social Support	Agency Support	State Support		
Professionals	25 (19.2%)	24 (18.5%)	33 (25.4%)	20 (15.4%)	28 (21.5%)	-	130 (100%)
Parents	180 (38.5%)	53 (11.3%)	92 (19.7%)	54 (11.6%)	81 (17.3%)	7 (1.5%)	467 (100%)
Total	205 (34.3%)	77 (12.9%)	125 (20.9%)	74 (12.4%)	109 (18.3%)	7 (1.2%)	597 (100%)

$$(\chi^2 = 18.600, df=4, p<0.01)$$

Main Problems and Obstacles

Table 5.12 shows the parents' and care professional's opinions regarding problems that the parents faced in taking their children to the care agency. Parents indicated that the main problem was transport (41.3%). 27.2% of the parents indicated that finance was the main problem that faces them in taking their children to the care agencies while only 7.1% of the parents expressed the lack of or an unclear policy is the main problem.

The table also shows the professionals' responses regarding the main problems and obstacles for children with special needs in terms of their rights and needs. It shows that 33.1% of the professionals stated that social barriers constitute the main obstacle, while only 11.5% indicated transport as the main problem. 21.5% expressed the view that the lack of or an unclear policy is the main problem.

There are differences between the opinions of parents and care professionals regarding the main problems and obstacles in taking a child to the care agency. The parents were more concerned about transport and finance compared with professionals: (41.3% of parents compared to 11.5% of professionals for

transport; 27.2% of parents compared to 20.8% of care professionals). In other words, professionals saw social barriers as the main obstacle: (33.1% of care professionals compared with 14.1% of parents).

Table 5.12: Main problems and obstacles faced in taking a child to the care agency.

Groups	Main Problems and Obstacles					Missing values	Total
	Transport	Finance	Social Barriers	No or unclear policies	Others		
Parents	193 (41.3%)	127 (27.2%)	66 (14.1%)	33 (7.1%)	38 (8.1%)	10 (2.2%)	467 (100%)
Professionals	15 (11.5%)	27 (20.8%)	43 (33.1%)	28 (21.5%)	17 (13.1%)	-	130 (100%)
Total	208 (52.8%)	154 (48%)	109 (47.2%)	61 (28.6%)	55 (21.2%)	10 (2.2%)	597 (100%)

$$(\chi^2 = 12.216, df=5, p<0.05)$$

Statistical analysis indicated that there is a significant difference between parents' and professionals' opinions regarding the main problems and obstacles faced in taking children with special needs to the care agency. The chi square test showed that there is a significant difference in terms of the gender of the parents of children receiving care regarding the main problem in taking a child with special needs to the care agency, ($\chi^2 = 12.216$, $df=4$, $p<0.01$). The opinions of female parents indicated that the main problems are transport and finance. The chi square test also showed no significant differences among professionals concerning the main problems in taking children to the care agency in terms of the care professionals' gender ($\chi^2 = 4.317$, $df=4$, $p<0.01$), their age ($\chi^2 = 11.995$, $df=16$, $p<0.01$), or their years of experience in care ($\chi^2 = 15.48$, $df=16$, $p<0.01$).

Responses to the Open Ended Questions

This section presents the main statements to the open-ended questions of the questionnaire.

Children with Special Needs: Educational Rights

The following section offers several statements from the parents of the children with special needs receiving care and from care professionals regarding the rights of children with special needs. The statements indicate that the children have a right to an appropriate education. One of the parents stated this right clearly in their response to the open-ended question. One response stated:

Children with special needs have the right to be treated
fairly and equally in the education system
(Parent's open-ended question response)

Care professionals emphasised this educational right clearly, stressing the importance of recognising such children's educational needs. They stated that the child has a right to appropriate educational tools, methods and processes to meet their educational needs. One of the responses stated:

They have the right to a proper education which
recognises their educational needs and provides
appropriate tools to meet that needs.
(Care professional's open-ended question response)

The Kingdom is a large country. It seems that children who live far from the cities are denied appropriate rights in education and care. One of the responses stated:

Children with special needs who live far away from the
cities' centres have an equal right to proper care and
education.
(Parent's open-ended question response)

Children with Special Needs: Transport Rights

One of the issues addressed in the open-ended questions was the right to proper transport. One of the main drivers for this need is that women are not allowed to drive cars in the Kingdom. This has led to relying on the father of the child or hiring a driver. The second reason, as indicated in the quantitative analysis, is that the majority of the parents are from low-income families and thus they cannot provide appropriate transport for their child. Therefore, it is understandable that there were several statements regarding the child's right for proper transport. One of the statements said:

Children with special needs have a right to proper transportation.

(Parent's open-ended question response)

From their own experience, care professionals stated the importance of the need for transport and mentioned the importance of having trained drivers to facilitate this transport. One of the responses stated:

They have the right for proper transportation with a driver who is trained to understand their needs and who knows how to interact and deal with children with special needs.

(Care professional's open-ended question response)

Children with Special Needs: Financial Right

Financial support was another right that is discussed in the open-ended questions. The parents stated that there is a lack of financial help to support children with special needs in their education, training and to carry on their daily activities. One of the responses stated:

Children with special needs lack the right for financial support to support their education, training and daily life.

(Parent's open-ended question response)

Care professionals also emphasised the child's right for financial support. They had experience of parents with financial difficulties. One of the statements said:

Each child has the right to financial support. There are parents struggling to support their child financially.

(Care professional's open-ended question response)

Children with Special Needs: Right to Social Integration (Inclusion)

Both the parents of the children with special needs and the care professionals stated that the children have the right to be integrated into society. One of the parents stated:

Children with special needs have the right to be integrated into the Kingdom's systems and into society's activities.

(Parent's open-ended question response)

Care professionals also noted this right in several statements. One of the statements about this right emphasised the need for children with special needs to be integrated into society to ensure that they could live a normal life:

Children with special needs have the right to be integrated into society to live a normal life.

(Care professional's open-ended question response)

The parents stated the importance of society being aware of the right of children with special needs to be integrated into society. One of the statements said:

There is a need to increase the society's awareness of the rights of children with special needs, particularly their right to be integrated within society.

(Parent's open-ended question response)

The parents stated that there are social barriers to integrating children with special needs. These barriers need to be removed to help children with special needs access society's activities. One of the parent's stated:

Children with special needs have the right to access all society's activities. Currently there are social barriers that need to be removed to facilitate such access.

(Parent's open-ended question response)

Care professionals agreed with the need to break such social barriers by ensuring appropriate design of society's infrastructure to help and facilitate the integration of children with special needs into society. One of the responses stated:

Provide an appropriate environment for children with special needs in public activities, shopping centres as an example. The design should help and support accessibility for children with special needs.

(Care professional's open-ended question response)

Children with Special Needs: The Right to be Respected and Valued

Several statements indicated that children with special needs have the right to be respected and valued. These views came from both the parents and the care agencies. One of the parents stated:

They have the right to be respected in the care agencies and in society. Their views and opinions need to be respected.

(Parent's open-ended question response)

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The right of children to state their views and opinions was mentioned explicitly by their parents. They stated that the child has the right to express his/her opinions freely. The statement asserted:

A child with special needs has the right to express his/her opinions and views freely.

(Parent's open-ended question response)

Care professionals went further by expressing the view that the children need to be treated fairly and equally, regardless of their age, nationality, and ethnic origin. One of the statements said:

Children with special needs have the right to be treated as fairly and equally humans, regardless of their age, nationality and ethnic origins.

(Care professional's open-ended question response)

Children with Special Needs: Right to Home Care

Children with special needs should have the right to proper home care. This right was stated in several responses. Parents with a high income have no problem as they can employ people (servants) to work in their homes to help and serve their families and their children with special needs. The problem is for parents with low income, parents who cannot afford to employ people to help their families and care for their children. These parents need home care help. One of the parents stated:

A child with special needs has the right to proper home care, particularly for parents on limited incomes.

(Parent's open-ended question response)

Home care activities for a child with special needs require certain equipment to help them to carry out their daily activities. One of the parents stated this in the following statement:

Children with special needs have the right for appropriate equipment that is needed in order for them to carry on their daily activities.

(Parent's open-ended question response)

The care professionals stated the importance of the child's right to live a normal life at home. They also stated the importance of providing those facilities that will help the child to carry on his/her daily life. This can be achieved by providing home care support which will help prepare the child to carry on his/her daily activities.

Children with special needs have the right to live normally with their parents and all facilities should be provided to ensure the child with special needs can live normally with his/her family.

(Care professional's open-ended question response)

Children with Special Needs: Right to Appropriate Policies:

Several statements indicated the children's right for appropriate policies to support and enhance their rights. One of the parent's statements noted the children's right to a clear national policy and a process for its implementation. The response stated:

They have the right for an appropriate and clear national policy and for such policies to be monitored to ensure the rights of children with special needs.

(Parent's open-ended question response)

One of the parents also stated that there is a lack of policies and procedures to ensure children with special needs attain their rights. The statement mentioned:

I believe that both the Ministry of Education and the Ministry of Health lack policies and guidelines to enhance the rights of children with special needs in education and health care.

(Parent's open-ended question response)

Care professionals went further by stating that children with special needs have a right to all aspects of the United Nation's declaration. The response stated:

Children with special needs have the right to receive all aspects of the United Nation's declaration for children with special needs in order to support their rights.

(Care professional's open-ended question response)

Concluding Remarks

This chapter has analysed the quantitative and qualitative data that were collected from the five regions of Saudi Arabia. The main focus of the research is included in the data collection sample as parents of children with special needs, care professionals and care authorities were the main subjects of this research. Several data methods have been used to collect the research data, including a semi-structured questionnaire for parents and care professionals, focus groups for care professionals, and semi-structured interviews for care professionals. The quantitative data were analysed using SPSS while the qualitative data were analysed manually. The analysis indicated that children needs are still falling short of being fulfilled. It was clear from the analysis that education and social skills are the skills and competences most needed by children with special needs. The rights of children with special needs in Saudi Arabia are focused on their right for equal opportunity in education, health services and for proper care. There is also a need for a clear Saudi national policy for children with special needs. There are still several problems and obstacles facing the fulfilment of children's rights in Saudi Arabia. Parents stressed, for example, the lack of finance and transport. The main outcome of the analysis is that there are several problems and obstacles in taking children to the care agencies.

Chapter Six

Analysis of Focus Groups and Interviews

Introduction

This research collected quantitative and qualitative data. In chapter Five the quantitative data were analysed and in this chapter the qualitative analysis is presented and discussed. To obtain qualitative data, both focus groups with parents of children with special needs and interviews with the care authorities were carried out.

Analysis of Focus Groups of Parents of Children with Special Needs

The experience, role, and the understanding and knowledge of parents of children with special needs are difficult to ignore in this research. These need to be explored in depth in order to provide qualitative data to supplement the qualitative data of the interviews and the collected quantitative data.

This section presents the analysis of ten focus groups with parents of children with special needs receiving care; two focus groups from each region and one from each disability group. The issues raised in the focus groups were based on the research aims and objectives (see Appendix C) and were planned with the help and support of the care agencies. The focus groups were conducted by the researcher at a date, time and place that were convenient for the parents and the care agencies. This arrangement was made with the help and support of the care agencies. The focus groups were carried out in one of the care agencies' rooms. The focus groups were mixed gender, fathers and mothers of children with special needs. The age of the participants varied from a young mother of 28 years to a father of 66 years old. The average length of discussion was between 30–45 minutes.

Children with Special Needs: Needs

The responses from the focus groups to the main issues explored are presented in this section.

Educational Needs

It was clear from all the focus group discussions that the children's education is of the most interest and importance to the parents. They expressed the view that their child's education is the most important issue for them. As one participant pointed out:

My daughter's education is the most important issue in my life. I need and demand that the care organisation establishes a proper education programme for my daughter.

Once the debate and discussion had decided that for children with special needs education is essential, the discussion was taken further by asking the participants why they thought education was important to their children.

The responses to the question focused on three areas. The first was that life in the Kingdom has changed in recent years; it has become more complicated and demanding.

Life in Saudi has changed; it is different from what it was in our own time. We ourselves are finding it difficult to cope due to lack of education.

The second area was the child's career. The parents believed that, without proper education, their child would have no chance of finding a proper job.

Health Needs

The focus groups discussed the issue of the health needs of their children in depth as the parents were very interested in this issue. They related the health needs to child development and the need to monitor this development in order to identify any problems. The most appropriate way to check a child's health development is by regular monitoring and checking. The most popular statement regarding this issue stated:

Our children need regular health checks to monitor their progress and, because they are always growing, their health needs are critical.

The focus groups explored the view that the majority of care agencies lack a systematic health system to check and monitor health. In fact, participants claim that some care agencies lack awareness of child health issues. One of the participants stated:

The majority of the care agencies lack awareness of the importance of child health monitoring. Some do not ask for or have the child's medical records.

Child health monitoring needs coordination between the parents of the child, the care agency and the medical organisation (the hospital) according to the focus groups.

There is a need for coordination between the parents, the care agency and the medical organisation in providing proper monitoring of a child's health.

They believed that, currently, there is a lack of such coordination and, in most cases; the child and their parents are suffering from this lack of coordination.

Social Skills Needs

Children with special needs require certain social skills to cope with their daily life as well as to enhance their future career. Social skills help the children to integrate within the society and reduce the pressure and stress on parents of helping in their social interaction activities. Parents were very keen for their children to gain social skills. One participant commented by saying:

Social interaction skills are the main reason for me bringing my child to the care agency.

Parent expressed their concern regarding the lack of social skills of their children and the needs to improve these skills. They argued that their children have little social interaction and that the main reason for this is their mobility since they spend most of their time at home. Most of their social interaction is with their immediate family, their sisters and brothers. The most popular comment was the statement made by one of the participant.

Our children lack social interaction. The majority of their interaction is within the family environment.

The vast majority of participants agreed with the statement above. One of the participant confirmed this and stated:

The majority of my daughter's interaction time is spent with her sisters and brothers.

The participants indicated the importance of the role of the care agency in developing the child's social skills and expressed their difficulties in developing such skills by themselves.

At home, we try to improve his social skills but this is not enough and sometimes we find it difficult to deal with him. For some of the time, the care agency needs to take on the responsibility.

Daily Care Needs

The issue of daily care needs attracted many participants to contribute to the discussion on this issue. The focus groups explored the stress and the difficulties that parents are facing in caring for their children at home. The parents described the stress they experienced from the demand of providing daily care at home. They found it difficult to cope by themselves with the care that was needed. One of the participants from the females' focus group expressed these difficulties and stress by stating:

We have great difficulty in coping with the care of my child. I have to take care of her all day. I cannot go shopping, visit my family or socialise with my neighbour. It is quite stressful for me.

Once the above statement was offered, several participants participated to explore the issue further. The vast majority of participants in the focus groups, both males and females, agreed that there is need for home care support. One of the comments to support the above statement was expressed by one of the participant who stated:

I do support Mrs X. There is no homecare to support our daily care needs. It is time for the authorities to help us by providing home care services.

One of the issues regarding daily care focused on the need for a home care system; currently there is no such service. One of the statements regarding this issue declared:

It is time for the authority to provide a home care system to support our family and reduce our stress.

Children with Special Needs: Rights

This section presents and discusses the rights of children with special needs.

Equal Opportunity Rights

The Right to be Respected and Valued

The first issue that was raised concerning the children with special needs was their right to be respected and valued as citizens. The parents argued that it is the responsibility of the authorities and society as a whole to ensure such rights.

Children with special needs are human and they have the right to be respected and valued as citizens of the Kingdom.

The strong opinion of the parents towards the rights of children views to be valued and respected is also identified on the quantitative data, parents questionnaire, 71.1% of the parents strongly agreed or agreed that care agencies needs to respect children's views care.

The Right to Education

The right to education frustrated the parents of children with special needs. They argued strongly that children with special needs have educational rights yet

society and organisations have constructed several barriers to proper education for children with special needs. One of the participants stated:

Children with special needs have the right to equal opportunity in education. Any barriers that impede their education should be removed.

The above strong believe on the child with special needs, need for appropriate education is consistent with the quantitative data of the parents using questionnaire were 70.2% of the parents strongly agreed or agreed that child with special needs has an equal opportunity in Education

The Right to Appropriate Care

Discussion on the right to appropriate care took two directions. The first direction focused on the right to appropriate care at home. On this issue, the parents argued strongly that their child had a right to home care in preparing him/her for daily life. They stressed that parents on their own found it very difficult. The second direction was the child's right to a place in a care agency. They argued that this is a shared responsibility.

They have a right to proper care and it is the responsibility of the authorities, as well as society, to provide appropriate care for children with special needs.

The vast majority of the focus groups expressed strong views towards their child's right to proper care. The views based on the parents experience and knowledge gained by caring and interaction with their children with special needs. The strong views supported by the quantitative results, questionnaires analysis. The vast majority of the parents agreed or strongly agreed, 93.3% that children

with special needs have the right to proper care. Care professionals' also indicated strong support for the child's right to proper care, 90.8%.

The Right to Participate in Society

The parents expressed the strong opinion that children with special needs have the right to participate actively in society.

Children with special needs have the right to access all society's activities.

They went further by arguing that any obstacles to their participation in social activities are violating their human rights.

Anything that impedes the child's right to participate in society's activities is acting against human rights.

One of the participant went further by demanding punishment for any individual or organisation that impeded the participation of children with special needs in the activities of society.

This is an unlawful act and they, the individuals and organisations who are preventing their access, should be punished.

Roles of the Kingdom, Parents and Society

This section presents the key points explored in the focus groups. The issues regarding roles raised in the focus groups included the role of the Kingdom of Saudi Arabia, the role of parents of children with special needs in receiving care, the role of Saudi society, and the role of the authorities for children with special needs

The Role of the Kingdom of Saudi Arabia

The participations of the focus groups agreed that the main role of the Kingdom's authorities lies in establishing laws and guidelines to ensure rights for children with special needs.

Their main role is to establish laws for rights for children with special needs.

The focus groups agreed that the Kingdom's authorities have established several laws and guidelines to enhance the rights of people with special needs. They explored the recent policy of Saudisation: replacing non-national manpower with available and appropriate Saudi workers. The law states that all private sector companies must employ at least 10% Saudis in their workforce as part of the Saudisation policy. This policy also encourage companies to employ people with special needs as it states that each individual with special needs is equal to a normal individual for the process of counting the 10% of nationals required for each private sector company.

However, the participants argued that the problem is not with the policy and the guidelines, the problem is in the implementation.

The authorities have established several laws and guidelines to ensure rights for children with special needs but we believe there is a need for monitoring their implementation.

The Role of Parents

Parents of children with special needs play an important role in promoting their children's rights and focus groups participants agreed that they have an important role to play in promoting and enhancing such rights.

Parents can be very active in the pressure groups to make the voice of the children heard in the fight for the right to equal opportunity and its implementation.

People with special needs and the parents of such children have participated actively in media activities to promote and enhance the rights of people with special needs.

The recent participation of parents in TV programmes on people with special needs in general, and in the programmes on children with special needs in particular, have helped to increase the awareness of the authorities towards the implementation and the need for more policies for the rights of children with special needs.

The Role of Society

Society plays an important role in safeguarding the rights of children with special needs as society is the place where the child interacts and pursues his/her normal life. The parents indicated that society needs to break down all the physical barriers in order to help in integrating children with special needs into its activities. Participants argued that society has placed several physical barriers that impede the participation of children with special needs.

Society needs to break down all the physical barriers to help the inclusion of children with special needs into society.

Another important issue explored in focus groups was the need to change society's attitudes towards children with special needs. One of the participants argued angrily that there is a need to change attitudes towards children with special needs, moving them from feelings of "Attaf" (feeling sorry for them) to giving them rights. All participants agreed with this statement. They believed that people tend to help because they feel sorry for such children. This attitude needs to be changed to one which argues that they have the right to enjoy access to all facilities and to have equal opportunities in terms of education, health and care.

One of the focus group participants discussed the need to build positive attitudes and a positive image of people with special needs. They felt that society still lacks a positive image of such children and one of the comments stated:

Society needs to build positive images of and attitudes towards people with special needs in general and of children with special needs in particular.

The focus groups also explored the role of society in terms of the rights of children with special needs by creating social activities and programmes that help to integrate such children, as well as increasing society's awareness of the rights of children with special needs.

Society should create activities and programmes that help in the integration of children with special needs.

The Role of the Authorities

The authorities for children with special needs are an important element, particularly in the implementation of rights. Parents explored this issue from the point of view of their experience and highlighted the role of the authorities in the

implementation process of rights for their children, also stating the role of the authorities in ensuring equal opportunities in accessing and facilitating their services. One of the focus group participants explored this issue and stated:

They should ensure equal opportunity in accessing care education, educational institutions and health services.

The other issue that was explored was the role of the authorities in providing appropriate educational and care environments by providing appropriate facilities and equipment. One of the participants regarding this issue stated:

They should provide facilities and equipment for education and activities for children with special needs.

The quantitative data, questionnaire analysis, indicated that the vast majority of care professionals' agreed or strongly agreed, 72.3%, that the authority plays an important role in promoting rights for children with special needs. This response consistent with the focus groups outcomes regarding the role of the Kingdom authority towards promoting children with special needs rights.

Children with Special Needs: Problems and Obstacles

This section presents the main problems and obstacles facing children with special needs that were explored in the focus groups. These problems included political and social barriers, stress to parents, financial difficulties, and abuse and prejudice against children with special needs.

Social Barriers

Children with special needs have the right to interact with society's activities and functions. They have the right to access all public facilities, entertainments and activities. One of the main problems explored in the focus groups were the social

barriers that contributed to the frustration of the children with special needs and their parents. The parents discussed the lack accessibility and facilities in shopping centres and local shops for children with special needs:

Shopping centres lack accessibility for children with special needs. The shops in the centres have not been designed to help the mobility of such children.

Females' focus groups explored the lack of toilet facilities for children with special needs in the shopping centres and public places as one of the participants stated:

The public toilets and the shopping centre toilets lack special needs facilities.

Car parking spaces in public places is another social barrier for the parents of children with special needs. They argued that there are firm laws to ensure the provision of car parking spaces for children with special needs, their parents, and for people with special needs, in public areas, shopping centres and government institutions.

Our children's interaction with society is very limited due to a lack of car parking spaces.

The participants went on to describe and give details about car parking spaces, supported with many examples and explanations of unusual situations. They argued that the public was unaware of the importance of car park spaces for people with special needs. They argued that, if there are spaces for people with special needs, these are usually occupied by other, normal people. One of the focus group participants stated, concerning this issue:

The other problem is the lack of monitoring of disabled parking spaces. On many occasions, I have found somebody parking in a space designated for a disabled person but nobody can do anything about it.

In recent years, entertainment facilities for families and children have expanded in the Kingdom. Unfortunately, the majority of these places of entertainment lack facilities for children with special needs. This situation has frustrated both the families and the children with special needs. One of the focus group participants stated:

Entertainments for children with special needs are very limited; they are mainly directed at normal children.

The main problems and obstacles facing taking child to the care agency indicated by the quantitative data by care parents' were transport (41.3%), finance (27.2%), social barriers (14.1%), and no or unclear policy (7.1%).

Stress to Parents

The stress for parents with a special needs child was explored in both the females' and males' focus groups. Participants indicated that the mother is the most stressed member of the family. Indeed, comments from the females' focus groups showed that the mother is the most stressed. They stated:

The mother of the family is the most stressed in a family with a child with special needs.

When the groups were asked to explore the reasons behind their strong belief that the mother is the most stressed, they discussed several factors that lead to this belief. The first was the social factor. Society in the KSA is strongly male-dominated.

A mother of a child with special needs is restricted in terms of her social life and work activities.

The focus group participants, particularly the females, stressed that the mother of the family is the one who takes on all the responsibilities with little or no help from the males of the family. This responsibility placed a tremendous amount of stress on the mothers of children with special needs.

We do believe and understand that the mother is the family member most under stress.

One of the female participants (a mother) commented sharply and with anger in her voice:

I wish somebody would come and investigate our stress and our struggle. Only Allaha (God) knows the stress we are under.

The focus groups' discussion went further to explore the reasons behind the mothers' stress. The vast majority agreed that the main driver behind the stress a mother experiences is the workload of the daily care she provides, besides having to care for her other children. These duties leave very little time and space for her to look after herself, her husband and her other social commitments. The lack of home care offered by society, the authorities and family members are the main source of the mothers' stress. One of the participants stated this issue clearly by saying:

The main source of the stress is due to the lack of home care support, the lack of appropriate transport and the lack of financial support.

The idea of the eldest daughter of the family being one of the main contributors to the care of a child with special needs in the family was explored. KSA culture requires the eldest daughter to take on responsibilities and duties in managing the parents' home, particularly in supporting her mother.

However, the participants agreed that this responsibility has contributed to the stress on many young daughters of the parents of children with special needs.

The eldest daughter is also suffering from stress. My eldest daughter, X, is helping me a lot to care for M. She sometimes gets fed up with this and sometimes becomes severely stressed.

Financial Issues

Financial problems were one of the most frequently raised problems in the focus groups and in the open questions in the questionnaire. In fact, the parents were very keen to participate in the focus groups, hoping that the outcomes of the research will help in increasing the benefits received by the parents of the children receiving care. Financial problems were explored in all the focus groups as the main problem facing parents. One of the focus group participants described in detail the cost of caring for a child with special needs and the financial commitment that was needed to cope with this. One of the statements was:

Finance is the main problem due to the high demand necessary to meet the need to care for our children.

The vast majority of the discussion of the focus groups related to the cost of the care compared with their own income. A high number of participants in the focus groups indicated that they are unemployed, particularly the female participants. One female participant explored this issue and stated:

Finance is critical for me as I am unemployed and divorced. My life, and life of my child, is in the hands of Allah and the authorities.

Based on the Kingdom's rules, parents of children with special needs receiving care are given monthly financial support in the form of benefits. This monthly support is not enough; this was expressed strongly in all focus group discussions.

The financial support does not reflect our financial needs. It only supports our child's needs for a week.

The focus group participants stressed firmly the need to increase the monthly benefit payment. They believed that:

Financial benefits need to be increased to help the parents to cope with the financial stress.

One of the other critical issues raised in the focus groups, expressed earlier, is the financial problem for a parent of a non-Saudi. The parent of a non-Saudi said:

I am suffering financially and I have serious financial problems. I do not receive any financial support to help me in caring for my daughter, mainly because her father is not a Saudi. I find it unfair; she should be treated the same as Saudi children.

The vast majority of the focus group participants were sympathetic and agreed that the children of non-Saudis with special needs should be treated equally and should receive similar benefits.

Abuse and Prejudices

Focus groups participants agreed that there is no serious abuse of children with special needs and argued that the main reasons for this is the increase in awareness in recent years and particularly the attention given by the Kingdom's authorities. Saudi society has become more aware of the children with special needs rights due to the public educational programmes by the special needs bodies in SA and the recent Saudi media interest to explore the rights of people with special needs.

We have not experienced serious abuse towards our special need child. I think the main drive for this is the awareness of people in the society.

The parents also explored the notion that public awareness towards people with special needs is one of the major problems facing the children and their parents. There are still people in society who are not aware of the importance of providing a proper environment for children with special needs so that they can participate positively in society. There are still people who use the car parking spaces designated for people with special needs; there are still people who use toilets designated for people with special needs; and there are still organisations without any facilities or access for children with special needs.

Public awareness towards people with special needs is one of the main problems for the child as well as for us as parents.

Interviews with Authorities for Children with Special Needs

The preceding section presented the major issues that the parents raised and discussed. This analysis of the parents' discussions, together with the analysis of the care professionals' questionnaire in Chapter Five, needs to be related to the opinions and attitudes of the authorities towards the rights of children with special needs. This is needed in order to achieve a clearer picture of the situation and to fulfil the research objectives.

Interviews with care managers and authorities representative of the five regions of the Kingdom were carried out. The semi-structured in-depth interviews were designed based on the research aims and objectives (see Appendix B). The process used in the interviews was to use the same semi-structured questions, i.e the same questions asked to all interviewees. The process is also ensured the sequence of the question is the same.

The main aim of the interviews was to explore the care authorities own opinions and attitudes towards children with special needs, and also their views on the children's needs and rights.

The interviews were designed and planned based on consultation with the research supervisor during the design process, and with the authorities in the plan process. The interviews were carried out at a date, time and place convenient to the authorities so the vast majority of the interviews were conducted after normal working hours at the authorities' offices; only three preferred to be interviewed during lunch break. Interviews lasted between one and one and half hours. The interviewees were deputy Minister of Social Welfare, deputy Minister of Education, and General Manager for Special Education, General Manager for social welfare and ten care agency managers. Institute Mental Education and Institutes for Mentally Retarded managers in Riyadh, Jeddah, Dammam, Abha, Hai. These institutes work under Minister of Education.

Five managers from Institutes of Polio Institutes for Paralsed Children from the same cities also selected. These institutes are belong Ministry of Social Affairs.

Children with Special Needs: Needs

The responses of interviewees towards the rights of children with special needs are presented, analysed and discussed below. These include responses concerning the main steps that the Kingdom is taking to meet the needs of children with special needs and the main steps that the Kingdom is taking to help and support the families of such children.

Steps to Meet the Needs of Children with Special Needs

The interviewees were asked about Kingdom's policies and guidelines concerning children with special needs and their families. The respondents stressed that in the last few decades the Kingdom has made tremendous progress regarding the rights and needs of children with special needs. They indicated that a few decades ago the needs of such children were not recognised; this was seen as a family problem. Children with special needs were looked at with sympathy and as a problem in society. The policies and the guidelines have helped in meeting the needs of such children. Therefore, it was not surprising that the vast majority of the interviewees stated that their policies and guidelines were the main step in meeting the needs of children with special needs:

In my view, the main step that the Kingdom is taking
is in establishing policies and guidelines to meet
needs of children with special needs.

(Interviewee)

Interviews also highlighted the sharp expansion in the organisations and support for children with special needs, such as integrating them into mainstream school education.

The interviewees also tried to explore the type of support that the authorities provide to organisations for children with special needs. They said that the main elements of the authorities' support are financial, providing special needs teachers, and providing staff to support the organisation's activities.

The vast majority of organisations are government organisations. They are supported financially by the government.

(Interviewee)

The authorities also explored the idea that special equipment is an important facility to support the needs of children and their families. The care organisation provides the children and families with the necessary equipment to facilitate their activities in meeting the needs of these children. It also provides the child and his/her family with the equipment they need outside school or to join in with the organisation's activities.

We provide materials that are needed for children with special needs.

(Interviewee)

Societies for people with special needs have expanded and are now accepted by society. A few decades ago there were no such societies and, in fact, it was illegal to establish them.

Number of societies for people with special needs increased in Saudi Arabia. They have a strong voice for people with special needs rights.

(Interviewee)

Health services are provided to children with special needs at school and in care agencies. This is one of the proudest steps the authority has taken to support children with special needs.

We provide medical services to meet the needs of children with special needs.

(Interviewee)

Steps to Meet the Needs of Families with Children with Special Needs

Regarding meeting the needs of families of children with special needs, several issues were explored. The key outcome concerning this issue is that the authorities are moving in the right direction but there is a gap that needs to be fulfilled. The interviewees explored the idea that family support to some extent is a difficult issue due to the attitudes of individuals and the culture of society.

I believe there is still a long way to go in meeting the needs of the families of such children. However, the Kingdom is moving in the right direction to meet the families' needs.

(Interviewee)

Providing financial support is one of the main ways of meeting the need of such families and the interviews showed that the authorities are aware and understand the impact of financial stress on the families. However, the interviews also showed that participants agreed that financial support needs to be improved to

reduce the stress on the families. They tried to compare the improvements in financial support with the support offered in previous decades and stated that from no financial support being provided to moving to well established financial support is a positive achievement and is a step in the right direction.

One step in supporting the family is the provision of financial support. The family receives financial benefits for their children with special needs.

(Interviewee)

One of the main problems for the families, in the interviewees' opinion, was transport. This is because the Kingdom's law forbids females to drive a vehicle which means that the family relies on the males of the family for transport or the family driver if they have one. The authorities recognise that this is a problem for the families. Therefore, the authorities explained that they are supporting the families by providing appropriate vehicles for transporting children with special needs to the care centres and to the schools.

One of the main problems for the family, in my opinion, is transport. The Kingdom provides transport for children with special needs from their home to the care agency.

(Interviewee)

Family education and awareness was explored in several interviews and, in some of the interviews, this was seen as a problem regarding special needs children requiring care. Interviewees said that there were families who, for example, refused to make any alterations to their houses to cope with their children's needs. The authorities recognised this and considered it an important factor in meeting the needs of such children. The authorities have a strategic

plan to promote awareness of and educate people about children with special needs. They said they published several booklets and leaflets for families.

The authority provides educational materials for families to help them understand and become more aware of disability.

(Interviewee)

They also explained that the authority provides training and social activities as part of the families' educational programmes. They believed that social activities and interaction with the care staff and other families were effective and that parents were learning from it.

There are educational courses and training courses for the families with children with special needs.

(Interviewee)

The authorities also support families by providing equipment that they need at home to care for and support their children. They said that such equipment is relatively expensive and this places stress on the families. The authorities provide children with audio support and wheelchairs.

Families are provided with equipment depending on their child's needs.

(Interviewee)

Children with Special Needs: Rights

Questions about children's rights were a focus of all the interviews and the interviewees were encouraged to explore the issue in detail. They felt that a child has the right to a proper name at birth and believed that the parent has the responsibility to give their child a name that he/she will be proud of and which will be accepted in his/her environment.

As human beings, regardless of their disability, they have the right to live and be recognised as citizens of the Kingdom. They have the right to be respected and treated fairly in the activities of society.

I would like to start by saying that the child has the right to have a proper name at birth...the right to live as a normal citizen.

(Interview)

One of the interviewees expressed the idea that children have the right to be respected and valued in society by stating:

From our cultural, political and religious background, the Kingdom's children with special needs have the right to live as human beings, respected and valued as part of our dynamic society.

(Interviewee)

Breaking down physical barriers in society was also explored as one of the main rights for children with special needs. Interviewees felt that Saudi society is still in the process of ensuring that such barriers are broken down. However, they believed that the authorities have achieved a lot in achieving this.

These children have the right to break down all the physical barriers that prevent their activities within society.

(Interview)

One of the interviewees explained the importance of breaking down these barriers to help children with special needs access the entertainment facilities in

the Kingdom. The majority of the entertainment places deny them that right, he stated:

Children with special needs have the right to access entertainment facilities in the Kingdom.

(Interview)

Equal opportunity in education was also at the heart of the interviews. All the interviewees argued for and defended strongly the right of children with special needs to gain access to appropriate education, education that reflects their needs. They expressed the view that such children have the right to an appropriate policy to give them equal opportunity in education.

The Kingdom's policy is for equal opportunity in education for all children, regardless of their disability.

(Interview)

Children with special needs require integration into the mainstream education system in Saudi Arabia and interviewees believed that the authorities are moving towards integration. They indicated that the government's policy is to integrate children with special needs into mainstream education. One of the interviewees expressed his view concerning this issue by stating:

One of the main rights children with special needs have in the Kingdom is the right to education. In fact, the Kingdom's policy is to encourage schools to integrate children with special needs into their schools.

(Interview)

Another interviewee went into detail about the importance and role of vocational training for children with special needs. He believed that this is the most appropriate education both for them and to help them integrate into society.

They have the right to vocational training to meet the market's needs.

(Interview)

Facilitating transport was seen as critical in order for children with special needs to participate actively in society. The interviewees argued that children with special needs have a right to proper transport to their care agency or to their school.

They have a right to proper transport to the care agency in vehicles specially designed for children with special needs.

(Interviewee)

One of the interviewees also stated that public transport needs to be designed appropriately to facilitate transport for children with special needs. He explained that, currently, there is a lack of such facilities.

Public transport in general in the Kingdom is not well established. It lacks facilities for children with special needs.

(Interviewee)

The interviewees agreed that children with special needs have the right to financial support to facilitate their care in order to carry on their daily lives in society.

They have the right to financial support to meet the needs of daily life.

(Interviewee)

One interesting point raised by one of the interviewees was the children's social rights. He was asked to explain what he meant by social rights and explained that, within society, there are several social events. For example, it sometimes happens that a child is denied the chance of attending some children's activities due to his/her disability or, when the family has gone to visit another family or friend, they do not take their child with special needs. He believed this is violating the child's social rights.

They have social rights. They have the right to moral support.

(Interviewee)

Children with special needs right to access health services explored in several interviews with the care authorities. The interviewees' statements indicated that the care authorities believe to the child equal right to access health services. However, they stressed that there is a lot of work needs to be done to achieve this rights, such as breaking the physical barriers in some of the health services centres. Home care was also seen as one of the children's rights. One of the interviewees explained this to some extent, stating that this is not well established in the Kingdom. He explained that the lack of such care is due to cultural issues and said that Saudi families prefer to send their children to a care agency rather than having someone in their home. Families usually have a home maid to care for their child with special needs.

They have a right to home care. This includes home care if required.

(Interviewee)

Policies and Procedures for Childcare and Welfare that Safeguard the Rights of Children with Special Needs

The interviews identified several policies and procedures for the welfare and rights of children with special needs. The core of the policy is locating a place in care for any child with special needs. Once the child has been identified as having special needs, the policy states that the child needs to be allocated a place in a special needs agency or in a school. This policy implemented easier when the interviewee asked how easy to locate them a place. The response was mainly due to the fact that the vast majority of the care agencies are government run and orders are received from top management.

The core of the Kingdom's policy is to allocate a child an appropriate place.

(Interview)

One of the most important policies and guidelines that the government has created concerning children welfare is introducing a law to support such children by allocating them financial support and benefits. Each child with special needs receives a monthly maintenance benefit.

There are policies and guidelines for monthly financial benefits for children with special needs.

(Interview)

One of the interviewees explained the importance and the role of qualified care personnel in the Kingdom's care system. He explained that it is critical to establish an effective care system in the Kingdom and said that the authorities have a strategy to develop the care system by providing qualified and competent care personnel. There is a policy to expand and create educational courses in

special needs in the vast majority of the higher education systems in the Kingdom. Training is also provided for all care personnel.

There is a policy for providing qualified and trained professionals in care services.

(Interview)

The authorities have instructed, by providing guidelines, all the official governmental offices to facilitate access to their offices for children with special needs. This includes breaking down all the physical barriers to their access.

There are guidelines for all the governmental offices to facilitate access for children with special needs.

(Interview)

The authorities also explained that the government has a policy to evaluate and monitor the performance of the care agencies to ensure that the services are of high quality. The interviewee stated:

We evaluate and monitor the organisations and agencies for children with special needs.

(Interview)

They also stated that there are policies for follow-up plans for the care agencies. He stated:

There are follow up plans, decisions and policies regarding services for children with special needs.

(Interview)

The interviewees identified the following policies and guidelines for the welfare of children with special needs. These include:

- Monthly benefits (375 SR)
- Annual financial support
- Discounts on public transport
- Flights discounts
- Free access to parking spaces for special needs families in public areas.

In response to how well the Kingdom doing in this area at the moment, the majority of interviewees responded that the Kingdom is doing well.

Children with Special Needs: Roles

This section presents and analyses the role of children with special needs, including the roles of the Kingdom and of parents. The section also examines the main routes for formulating and establishing policies regarding the rights of children with special needs.

Responsibilities and Roles of the Kingdom

Ensuring equal opportunities for children with special needs in terms of accessing education and health were seen as one of the main roles and responsibilities of the Kingdom. Interviewees explained that the care, education and health systems are mainly government organizations and therefore, the authorities' main responsibilities are establishing policies and guidelines:

The main role of the Kingdom is to establish equal opportunities in education and health for all children, regardless of their disability.

(Interview)

The implementation of the policies and guidelines is also critical to ensure the provision of effective childcare. However, the interviewees argued that there is a lack in the implementation process.

Implementation of its policies and guidelines are part of the authorities' responsibility. They need tools to enforce the implementation.

(Interview)

The authorities also felt that the Kingdom has a moral responsibility towards children with special needs. They need to establish an appropriate environment for such children to ensure they integrate into society.

They have a moral responsibility to provide appropriate education and care services to children with special needs.

(Interview)

Educating society is another responsibility in the opinion of the interviewees. The Kingdom has a policy of integrating children with special needs into society and the interviewees expressed the view that the Kingdom has a responsibility to educate society in order to facilitate such integration.

I think the Kingdom has a responsibility to educate society concerning people with special needs to promote their integration within society.

(Interview)

The quantitative data analysis, care professionals' questionnaire, the vast majority of the care professionals' strongly agreed or agreed, 72.3%, that the

authority plays an important role in promoting rights for children with special needs. The quantitative data also indicated that care professionals' also strongly agreed or agreed, 68.5% that the authority plays an important role in ensuring children with special needs' rights by introducing policies.

Responsibilities and Roles of the Parents

The parents' role was seen as critical to the care of the child and the interviewees expressed the view, in several statements, that their responsibilities are critical for children's care and for their rights. From the point of view of rights, the authorities argued that the parents of a special needs child must treat the child as a member of the family who has rights like any other family member. In fact, the interviewees felt that the parents of Saudi children are given these rights and more than these rights. They explained that, from their experiences, that parents spend much of their family caring for their child and support their children with special needs financially, morally and socially. From a care point of view, they expressed the view that the family needs to provide psychological and moral support for their child:

Families support their children to overcome their disability and also provide psychological and moral support.

(Interview)

One of the key responsibilities of the parents, particularly in the early days after discovering the child's needs, the parents need to accept their child's disability and prepare their life and family environment to cope with their child's needs.

They must accept and cope with the disability by providing the appropriate environment and adjusting their life to cope with their child's needs.

(Interview)

The interviewees explained with enthusiasm the roles of the parents in making an effective plan for caring for their child through their cooperation with and support for the care agency. They believed this cooperation is critical for the child to have proper and effective care.

... to cooperate and support care agencies and medical organisations.

(Interview)

From the point of view of rights, the interviewees believed that parents play an important role. Parents of special needs children are an important part of the pressure groups for promoting and establishing rights for children with special needs. They can achieve this by participating in committees and organizations; they also can contact the senior authorities, demanding rights for their children and for themselves.

... parents are an important element in the process for demanding and establishing rights and policies for children with special needs.

(Interview)

Route for Formulating and Establishing Policies for Children's Rights

The route of any policy starts from the people who need it. The voice of the people who need the policy must reach another level in order to formulate the policy in the policy chain. The parents are the real people who need rights for their children and they are the first step in the formulation process. Their activities in the committees and societies present an excellent voice in formulating policy as, in recent years, with the expansion of the Saudi media, TVs and newspapers have begun to play an important role as pressure groups for people with special needs in general and for children with special needs in particular. In fact, the

interviewees named several TV programmes concerned with children with special needs and they are mainly concerned with the rights and needs of children with special needs.

Parents and the media present an important step in the process of formulating rights for children with special needs.

(Interview)

Saudi Arabian academic personnel play an important role in policy formulation and the main reason for this is because the Saudi organisations are relatively new and so policy and decision-makers consult and involve academic professionals. There is a number of people who carry out academic and professional work in the special needs field as consultants or as members of various official committees for children with special needs in the Kingdom.

Academic and specialists in the field of people with special needs constitute one the main steps in establishing policies in the Kingdom.

(Interview)

Children with Special Needs: Problems and Obstacles

In this section, the interviewees were given the opportunity to explore their views concerning the main problems and obstacles regarding rights for children with special needs. A lack of awareness in society is one of the main problems for such children and interviewees argued that, without proper awareness in society, children with special needs are likely to suffer.

Lack of awareness in society is the main problem in my view. Without proper awareness we are wasting our time.

This problem could be solved, according to the interviewees' discussions, by formulating a plan to increase society's awareness. This awareness strategy needs to involve the Kingdom's media as well as organising social activities.

Regarding demanding further rights for children with special needs, interviewees pointed out the lack of effort and coordination of pressure groups to make their voices heard. They believed that progress has been made in this direction but this has still failed to achieve rights for children with special needs and their parents.

There is a lack of individuals and organisations defending the rights of children with special needs.

In the interviewees' opinion, there are no simple and easy solutions to this; it needs time and effort but the key issue is to increase awareness and create a role for establishing rights and policies regarding children with special needs. This could be achieved through educational programmes.

Another interviewee pointed out the lack of parents' participation in formulating policy. Several interviewees believed this was due to a lack of awareness and education regarding their and their children's rights.

In several statements, the interviewees stated that social barriers and social traditions were largely responsible for the lack of parents' participation in establishing policies to obtain rights for children with special needs, as families are generally seen as responsible for their child's care.

... Social barriers in Saudi and social traditions do not encourage and support policies that obtain rights for children with special needs.

The solution to this problem, according to the views of the interviewees, involves increasing society's awareness through educational programmes with the help and support of the media.

We need to increase society's awareness and encourage the media to participate in the awareness process.

The awareness and priorities of decision makers were explored as one of the barriers for establishing rights for children with special needs. The main drives for this lack are lack of experience and knowledge in people with special needs and the authority strategic plan.

There is a lack of awareness among authorities towards children with special needs.

The main solution for the problem above is by working step-by-step and moving forward. Changing process

We need to move step by step until society and the decision-makers understand and are aware of their role.

The main problems and obstacles facing taking child to the care agency indicated by the quantitative data by care professionals were social barriers (33.1%), finance (20.8%), no or unclear policy (21.5%), transport (15%).

Future Plans

In the final part of the interviews, interviewees were asked about their opinions and views regarding the future of rights for children with special needs. The vast majority of the interviewees stated that any future plan should be directed towards educational programmes to increase the awareness of parents, organisations and the public. They believed that the next phase should be to invest in an educational programme and argued that policies alone are not enough; instead, the awareness and understanding of parents, organisations and the public need to be raised.

I believe the main problem for establishing policies is the awareness of parents, organisations and the public.

One of the interviewees explained the importance of parents' awareness regarding the implementation of policies. He said that there are families who have refused to alter their houses to cope with their child's need because they believe the alterations devalue their house:

The Kingdom, as you know, has a policy to ensure that the home of any child with special needs should be modified to help the mobility of the child. I have the names of several parents who refuse to restructure their house.

They believe that, with restructuring, it would be difficult to sell the house in the future.

(Interview)

The interviewees also agreed that the majority of the parents have low incomes and cannot cope with the financial investment needed for the alteration of their

houses. They believe there is the need for a plan and policies to supporting the alternation of houses by providing financial support.

Future plans should also be directed toward raising public awareness. It is critical to facilitate the integration into society of children with special needs. This includes breaking down the physical barriers that hinder the children's integration in society, providing access to children's entertainment and shopping places, and providing car parking spaces in public areas. They believed that a number of policies exist regarding these issues but there is a lack of implementation of them due to a lack of awareness. For example, as explored by one of the interviewees, members of the public use car parking spaces reserved for the cars of children with special needs.

Public awareness is critical for the implementation of any policy. They are the implementers and also the ones who create barriers. The future plan should include promoting public awareness.

(Interview)

Chapter Seven

Discussion

Introduction

The rights and needs of people with special needs have attracted the interest and concern of a large number of international organisations voluntary and individuals including researchers, scholars and politicians. This interest has lead interested parties to explore the importance of the issue of the rights of people with special needs. This has also lead to an increase in awareness towards people with special needs and the United Nations' Rights of the Child signed by the UN members. The convention highlights also the rights of children with special needs.

It is believed that the number of people with a disability, based on the United Nations' report, totals around 10% of the world's population. This is estimated to be around 650 million people with 70% to 80% of them living in developing countries (United Nations' Development Programme, UNDP). The World Health Organisation (WHO) has estimated that the number is increasing due to population growth, better medical services being provided and people living longer. UNESCO stated that 90% of children with disabilities in developing countries do not attend school.

It is clear from the literature review that there is an international drive to ensure that people with special needs receive their rights since they account for a considerable proportion of society. The argument is and will continue to be: what measures are states taking to ensure the rights of the disabled and to what extent are these measures effective. Another issue is whether states comply with international regulations such as UN and, if not, why not. The answers to these questions may be difficult to determine due to several factors, such as cultural, economic, political and social factors. Therefore, people with special needs face challenges in enjoying their right to live a normal life in many countries due to discrimination. This research focuses on investigating the rights and needs of children with special needs in Saudi Arabia.

Chapters Five and Six presented the analysis of the quantitative data. This analysis, together with the main outcomes, is brought together in this chapter as the basis for discussing the outcomes of this research. This chapter therefore discusses the main outcomes of the research which involves bringing together the main findings from the quantitative and qualitative data analysis and the literature review.

Saudi Families with a Child Receiving Care

From the childcare point of view, the family plays a critical role regarding the rights and needs of a child with special needs. The family members are the immediate carers of the child and are those most influenced by any decisions regarding their child's rights in society. Therefore, it is not surprising that politicians and decision-makers in society take the family into consideration in most social, economic and political decisions. The family is a critical factor in the child's growth, education and care. This section discusses the family in Saudi Arabia to help in understanding the rights and needs of children with special needs in Saudi Arabia.

Saudi Family Structure

The literature review revealed that family structure has an impact on the children with special needs rights and care needs. This section discusses the impact of Saudi family structure on children with special needs rights and care needs. Although Saudi society has seen a shift in culture for several reasons that will be discussed later in this chapter, the Saudi family is still influenced by the tribal culture and traditions. Those from the same tribe prefer to live close to each other, as it is part of the tribal culture that all the family live together to help each other. They feel that living together makes the tribe strong, respected and recognised among other tribes. It is also part of the tribal culture that all the family's sons live with their father after their marriage as sons have social and moral responsibilities toward their father and the females of the family. The sons

are responsible for their parents' care and also responsible for any children with special needs.

The Saudi family has seen changes in its structure in the last few decades due to several factors. Figure 7.1 shows the main factors that have contributed to this shift in the Saudi family structure. These factors include job opportunities that have increased sharply in the last few decades. However, these job opportunities are scattered over a large area of the Kingdom and this has driven families to move away from their extended family to join their work. This has contributed to breaking up the extended family. The second factor is a relative shift in the Saudi culture. Saudi society was traditionally a close society, a closed system with little or no interaction outside the country, particularly with non-Arabic and non-Muslim countries. This society was organised under strict tribal and religious rules with little space for interaction with countries outside of the Kingdom. In the last few decades, the Kingdom has interacted with the outside world and developments in transport and communication systems have helped to facilitate this interaction, resulting in a shift in certain values and norms. Saudi citizens now experience other cultures and traditions through their interactions with other societies. They have become more aware of other societies and their values, traditions and norms. They have started to accept certain activities, which used to be impossible, as norms, such as, for example, accepting the right of women to work. Women working were almost impossible in Saudi Arabia a few decades ago but it is now becoming the norm to see females working in the education sector in particular, and also working in supermarkets.

The sharp changes in the Saudi economy are another factor. The Saudi family today has more financial and social commitments due to changes in life style and the shift from a simple, conservative life style to a more open and interactive family. The typical Saudi family now needs several financial resources to cope with its social commitments. Therefore, some families are forced to accept jobs far away from their extended family to cope with their financial commitments. For

example, a large number of Saudis, due to job opportunities and high pay, have moved to the Eastern Province where the Kingdom's oil industry is based. A few decades ago, the family depended largely on the extended family for help and support and relatives contributed to the family in terms of sharing responsibilities. Thus, it could be argued that the tribe, to some extent, had its own inner social welfare system. The new financial demands on the family, due to changes in life style and the beginning of the break down of the extended family, means that meeting needs cannot necessarily be fulfilled anymore through relatives and tribal connections, or by asking the father, brothers or cousins for help and support.

One of the most important changes in Saudi society is the change in attitudes and opinions towards women, especially women's rights. Women's rights in education and employment in the last few decades, have contributed to a shift in the Saudi family structure. Women's education has encouraged and opened up opportunities for women to work. Women's education in Saudi has improved sharply in the last few decades and 48% of staff in primary education and 50.3% of those in secondary education are women. Female Saudi students out-number male students in higher education with the rate of female graduates reaching 56.5%, (The Eighth Development Plan, 2005-2009, p. 325) and it has become the norm for Saudi society to accept women in employment. Although the education sector is preferred, however, it is acceptable for Saudi women to work in almost all the private and public sectors. Women's employment and education have contributed to the shift in the family structure as women often need to move away from their kin to get close to their job and or to join their husbands. Women's education has also contributed towards a change in attitudes.

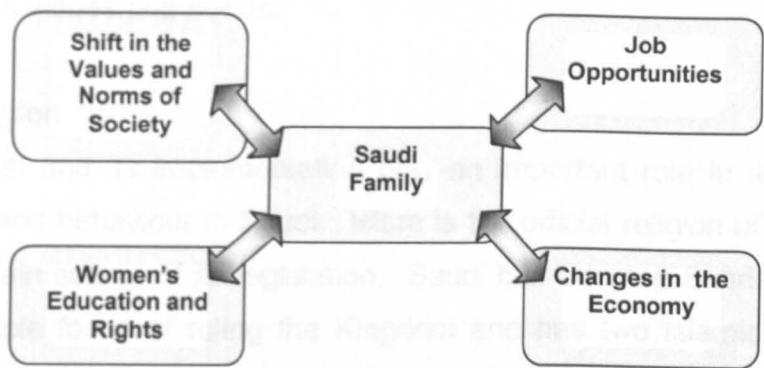


Figure 7.1: Main factors influencing the Saudi family structure

The shift in the Saudi family structure has an impact on the care of children with special needs in the family. The care of the child was once the shared responsibility of the extended family who helped each other in the care process. Also, the extended family has more human resources to contribute on child care than the nuclear family. According to Alsaif (1991), family members in Saudi Arabia expect greater loyalty from each other and accept family obligations because this provides them with solidarity and a personal identity. The Saudi family cares for their special needs child for two main reasons. The first reason is the lack of care services, especially far away from the centre of the main cities, and the second is the social factor: the family is responsible, morally and culturally, for the care of their child with special needs. Therefore, the Saudi family is under pressure, as will be discussed later in this chapter, due to the moral and cultural need to care for their child in a situation where there is a lack of care agencies and both the father and mother need to work to cope with financial needs.

The Saudi Family and the Culture of Society

The Saudi family is the main element of Saudi society. The family, as a unit, interacts with various cultural groups and systems within society and so any shift in social values and norms has an impact on the family system. The values and

norms of society represent inputs into the family systems and this may contribute to the family's values and norms.

Role of Religion

Religious faith and its implementation play an important role in an individual's interactions and behaviour in Saudi. Islam is the official religion of the Kingdom and is the main source of its legislation. Saudi has adopted Sharia, Islamic law as the principle focus of ruling the Kingdom and has two Islamic holy shrines which represent important holy places in the Muslim faith and in the Islamic world. Muslims, if they are able to do so, need to carry out a pilgrimage to these two cities at a specified date and the visit needs to follow certain procedures. This pilgrimage is called Haj and is the reason that millions of Muslims visit the Kingdom to perform one of the main pillars of the Islamic Haj.

Islam plays an important role in the national culture of Saudi and Islam gives the family the responsibility to look after their children. Indeed, one of the main duties of a woman or a wife in society is to care for her children. Therefore, in religious terms, the parents of the child with special needs have a duty to care of this child; Islam also stresses the duty of others to help and support parents and their children.

Role of Culture

Culturally, parents are responsible for the care of their children and particularly for children with special needs and so parents are embarrassed if they fall short in caring for their disabled child. Parents work hard to ensure they are recognised in society as caring parents but Saudi parents with a child with special needs are often embarrassed to declare that they have such a child as they may feel this suggests they have a problem themselves.

Pressures Regarding the Care that is Needed

Children's needs in Saudi Arabia today have changed due to socio-economic changes in society. Children today have a full programme of daily activities which include their education, and participation in sport and entertainment. Some of these activities take place at home and others outside the home but parents need to meet these needs. Special needs children require parents to provide for all their child's needs and this commitment, with many parents working and with their own social commitments, has lead parents to be aware of the need for the Kingdom's authorities to share the responsibility. This represents a shift from the family taking sole responsibility to accepting the role and the responsibility of society and the authorities of the Kingdom.

Interaction with Other Societies

Saudi society, as previously mentioned, used to be a closed, tribal society with little or no interaction with other systems. The tribal system is ruled by a strict tribal culture, based on blood relationships, with the head of the tribe, the Sheikh, as the ruler. The main feature of this type of culture is trust in and loyalty to the tribe so tribe members live together in an extended family. Marriage takes place within the tribe and the marriage of cousins is encouraged; in fact, a cousin has priority to marry his female cousin.

In recent years, and due to political and economic changes, Saudi society has become more open and the Saudi standard of living has changed due to its large income from oil. It has also become the norm for Saudis to go on holiday outside the country; the number of scholarships to Western countries has also increased in the last decade. These factors have helped to promote interaction with different cultures which, in turn, have lead to an awareness of cultural diversity; they have also played an important role in shifting values and norms.

Saudi Arabia lacks skilled manpower and therefore, there is a large number of non-Saudis working in various sectors of the Kingdom, particularly in the private sector. These non-Saudis have their own culture and interactions with them contribute directly or indirectly to shifts in culture. Finally, the media also have an important role in changes in Saudi values and norms (see Figure 7.2.). The recent expansion in the number of satellite channels and access to these by a large number of Saudis represents another way of breaking down Saudi cultural boundaries. The flow of information and the indirect impact of programmes and dramas have played an important role in changing the Saudi culture.

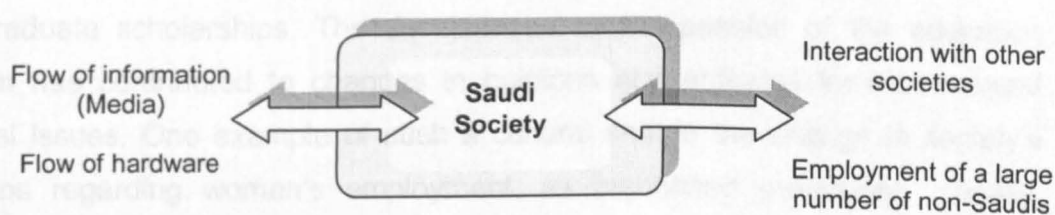


Figure 7.2: The Saudi social system

Local and International Groups

Saudi Arabia is a member of the United Nations and respects its conventions. Saudi Arabian policy is to respect both local and international organisations. One of these commitments was to comply with the United Nations' children's charter for people with special needs (UN Convention, 2006).

Societies, clubs and groups for people with special needs are now playing an important role in promoting the rights of people with special needs.

Education of the Family and Saudi Society

The education system in Saudi Arabia has expanded and developed in the last few decades with education for women being recognised and developed significantly. The number of universities has expanded from seven to twenty in the last five years.

This expansion of the education system has helped in developing the skills and knowledge of Saudi citizens in order for them to replace the non-Saudis through the Saudisation policy that the Kingdom is currently implementing. It is also important to stress that there has been a sharp increase in the number of postgraduate places in the Kingdom and in the number of undergraduate and postgraduate scholarships. The development and expansion of the education system has contributed to changes in opinions and attitudes towards several cultural issues. One example of such a cultural shift is the change in society's opinions regarding women's employment, as mentioned previously. Today, Saudi women are an essential part of the job market and, due to socio-economic changes and increased family financial commitments; families now often encourage their females to work to support the family.

Children with Special Needs: Their Needs

One of the main aims of this research is to investigate the needs of children with special needs as one of the main rights of such children in Saudi Arabia is to have their needs met. The first logical step in establishing short-and long-term strategies for children with special needs is to identify these needs. This section discusses the needs of such children in Saudi Arabia based on the fieldwork and on the quantitative and qualitative data. Figure 7.3 shows the main needs that were identified in this research while the following sections discusses these needs in more details.

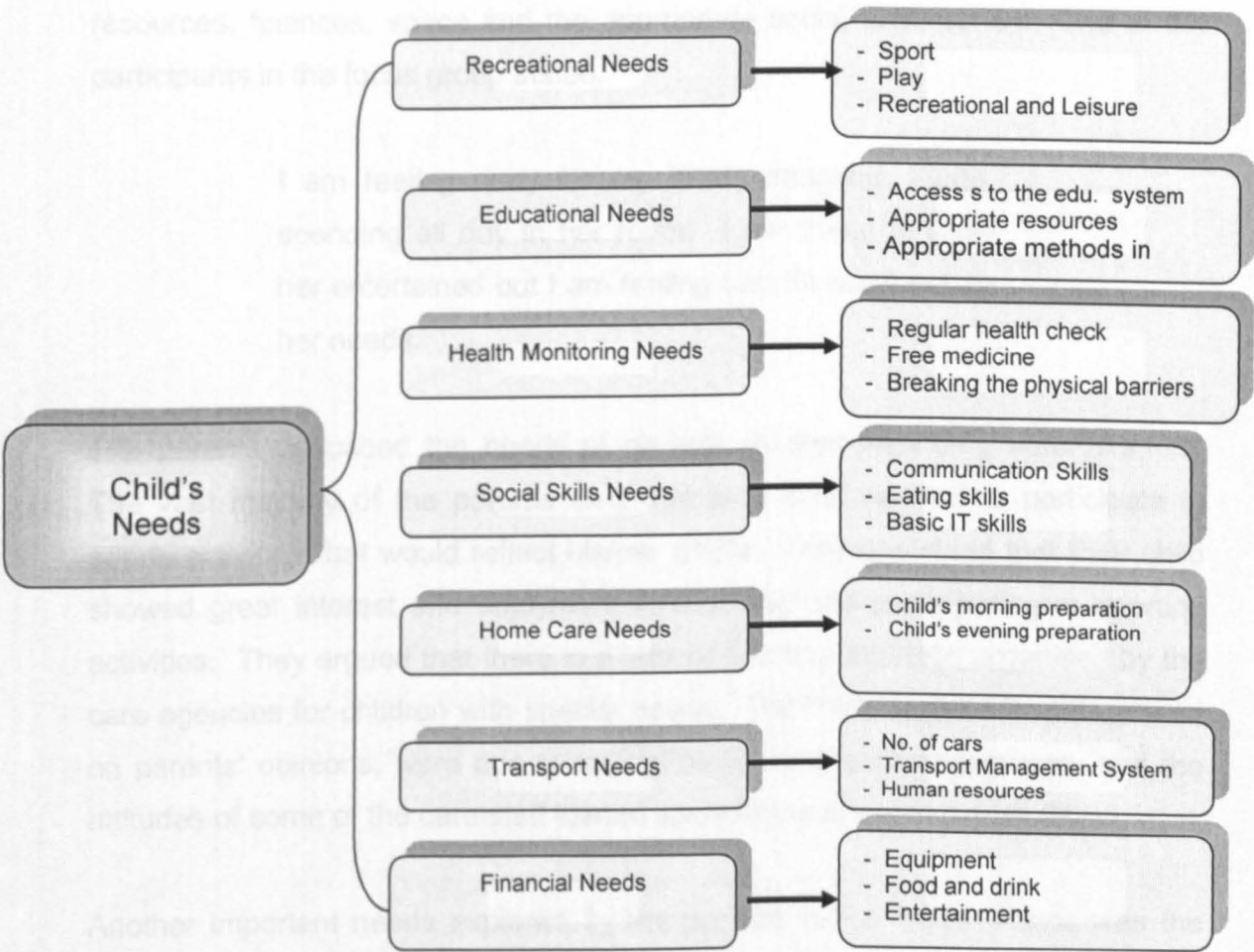


Figure 7.3: Children with special needs needs in Saudi Arabia

Recreational Needs

Entertainment is one of the important needs explored in this research. The current situation of the children in Saudi Arabia from recreational point of view explored in several statements by the parents and the care professionals. The vast majority of the surveyed children's families indicated that the children spent most of their time at home, apart from going to the care agency; they had little entertainment within society's activities. A child with special needs in Saudi spends a long time at home due to the lack of entertainment available within society and the survey indicated that the parents cannot provide appropriate entertainment to meet their child's needs. This is because parents often lack the resources, finances, space and the appropriate social environment. One of the participants in the focus group stated:

I am feeling sorry for my lovely daughter, Huda, spending all day in her room. I am trying to keep her entertained but I am feeling bad for not meeting her needs.

The parents described the needs of several children regarding entertainment. The vast majority of the parents said that their child needed to participate in sports activities that would reflect his/her ability. They explained that their child showed great interest and enjoyment in watching and participating in sporting activities. They argued that there is a lack of sporting activities organised by the care agencies for children with special needs. The main reasons for this, based on parents' opinions, were due to lack of facilities, physical resources, and the attitudes of some of the care staff toward sport for people with a disability.

Another important needs explored by the parents in the focus groups was the need for recreational and leisure activities outside the house and they expressed the need for their children to join in with such activities. They indicated that,

currently, there is a lack of recreational and leisure facilities for children with special needs.

The issue explored above falls short of the UN Convention, Article 30: Participation in Cultural Life, Recreation, Leisure and Sport. The UN Convention on the Rights of Persons with Disabilities stated:

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that ...
2. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States parties shall take appropriate measures:
 - (a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
 - (b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities, and to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
 - (c) To ensure that persons with disabilities have access to sporting and recreational and tourism venues;
 - (d) To ensure that children with disabilities have equal access to participation in play, recreation, and leisure and sporting activities, including those activities in the school system;
 - (e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Educational Needs

Educational programme is important for children with special needs to prepare them to contribute positively to the society and carry out their daily life commitment. It is well established by UN the educational rights of children with special needs. Kingdom of Saudi Arabia has taking several steps towards children with special needs. The current situation from educational point of view, the Kingdom has inclusion policy for children with special needs at primary schools only.

The educational needs explored and agreed by the vast majority of the parents stressed the right of their children to have equal opportunities in education (70.2%). Regardless of their child's ability and special needs, the Saudi parents expressed the view that education, especially for the children in mainstream education, needs to be taken into consideration in their children's education programmes. This reflects the culture and perceptions of Saudi society. Diversifying in education according to children's ability is still in its early stages in Saudi Arabia and there is still a belief, because of lack of education, that their child will be able to cope. This problem is not with the child but with the care agency for not proving the proper education.

Both care professionals and parents of children with special needs agreed with the needs of a proper education for children with special needs. It seems the main difference between the two views is that the care professionals are more aware of the diversity of needs and the need to meet each individual's needs. The parents, on the other hand, argue that their children need to receive an education close to the mainstream educational system.

We have some problem with parents regarding their child's education. There are some parents arguing to use the same syllabus and the same approach to teach their children regardless of their child's needs.

(Interview C)

The above difference reflects two main issues; the first is cultural. There are still some Saudi families who do not accept the diversity of children's abilities, especially children with special needs. The second issue concerns the lack of educational programmes for the parents of children with special needs to promote knowledge and awareness regarding diversity in the learning process. The current educational programmes in care agencies need to develop further to meet the children needs, particularly use of technology in education. The parents expressed their concerns that some of the learning process used needs to be changed.

My daughter forced to learn from book. She found difficulty in reading from the book. I do not know what to do.

Health Monitoring Needs

This research has focused on children with physical and mental disabilities. A child's physical and mental state changes with time due to the child's physical and mental development and growth and this development needs to be monitored to ensure it is healthy. In this, the child and the development process needs to be monitored by health professionals. For example, the child needs regular health checks and monitoring to ensure his/her physical growth is appropriate. Also, appropriate decisions, such as taking surgical action or physio. training, need to be taken in cases where a child's physical growth is abnormal. One of the focus group participants explored the issue by stating:

My child has a physical disability. There is a need to check his progress regularly because after each few months my child has a new problem due to his body growth. I wish and want the care agency to take this issue seriously and monitor my son in the

agency, rather me taking him every few months to the hospital to check his progress.

(Focus Group)

The children with special needs have the right to access all the health services and the quantitative and qualitative data stressed this right (50.7% of care professionals and 75.6% of parents). Therefore, the Saudi authorities need to ensure this right in their policies and in the implementation of the policies.

Need for Social Skills

One of the main aims of the Saudi authorities is to integrate people with special needs into society and into mainstream school in the case of children. People need to have the social skills to help them perform their daily activities and to facilitate their physical and human interaction with society in order to help them contribute positively to society and to enjoy their lives.

One the main skills that children need that has been explored in this research is the ability to communicate. Parents and care professionals expressed the need for children to have good communication skills to help them in their daily social life and to communicate with their peers in the care agency and in society. The professionals summarised these needs as follows: to respect people; to be a good listener; to accept other people's opinions, views and needs; to treat people equally; and to be a helper to others.

States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community.

(UN Convention, 2006)

Information and Communication Technology (ICT) Skills

Saudi society is moving towards using information and communication technology throughout society's activities. ICT skills and competence have become an important part of the activities of organisations and individuals. Parents of children with special needs expressed their children's need for ICT skills to help them communicate with others outside their room and agency. They argued that ICT skills could help children fill their time by accessing the Internet and playing games with other children. They also argued that ICT could help the children's learning processes by accessing e-learning materials in the agency and via public websites.

Increasing children's ICT skills needs to be part of the care agencies' educational programmes. They need to promote children's ICT skills and competence, based on their disability. This right was expressed in the United Nations' Convention for the Rights of Persons with Disabilities, 2006, Article 4: General Obligations. The Convention requires UN states to promote the use of technology, including ICT, to help and support children with special needs. The Convention states:

New technologies, including information and communication technologies, mobility aids, devices, assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost.

Appropriate Care

The data analysis, in Chapters 5 and 6, showed that children with special needs in Saudi Arabia have the right to appropriate care and one of the most crucial needs for such children is the need for care. This is due to two main factors: the first is the human resource need and the second concerns physical needs (wheel chairs and special equipment for washing children with a physical disability). A child with physical and mental health needs requires qualified and experienced carers to help him/her with morning preparation. This includes washing and

clothing the child, and preparing breakfast. Similar care, as explored by the parents, is required at night; this includes washing, feeding and bedding down the child.

The morning preparation is mainly a home care activity with the parents as the main carers at this point. This is mainly due to the lack of home care services in the Kingdom. This creates extra responsibility for the parents which affects the family's social and work commitments. Some mothers of children with special needs have left their jobs to care for their child, especially to carry out morning care so the person mainly affected by this issue is the mother. The parents expressed, on several occasions, the need for proper day care in the care agency while the care agency agreed there are special care needs for physically and mentally disabled children. The agencies are doing their best to meet these needs by providing specialised staff and by providing the hardware that is required. The professionals and the authorities agreed on the need for more resources to meet the physical and mental needs of such children.

Transport

Transport is critical in allowing a child to carry out his/her daily life activities. Not all Saudis can afford a car to transport their child to and from the care agency; this problem is worse for working parents. The professionals indicated that the care agencies provide specially designed cars for the children's transport. However, the parents believed that the current cars and processes used are falling short of meeting their child's needs. The main problem this research revealed is that the ratio of cars to children is low and the people who manage the children's transport are not qualified. Children have to wake very early to be able to use the car transportation facilities.

Financial Needs

Children need financial support to be able to enjoy their normal lives and special equipment, such as wheelchairs and lifting equipment at home, and changes to the child's home bathroom and entrances need to be bought to help in carrying out daily activities. The child also needs financial support to buy clothes, food, drinks, games and entertainments outside the house, such as going to parks and the cinema.

Stress on the Saudi Family

Objective 2 of this research is to explore the stress on families with children with special needs.

The lack of appropriate child rights has led to tremendous stress and pressure on families with children with special needs. The fieldwork indicated that the financial support available for the child with special needs does not reflect his/her actual needs and the families noted that financial stress is one of the main sources of pressure on the family. This stress is tremendous for unemployed families while wealthy and employed families can send their children to private agencies and can employ care assistants to help and support their child on a daily basis. The fieldwork indicated that just over half (51.3%) of the surveyed families were unemployed and it must be remembered that the family has the financial commitment to care for the child at home as well as for his/her daily life outside the home. This has become critical with the increase in living costs and prices in the Kingdom.

We are suffering financially. The benefit we are getting is not enough and does not reflect the child's financial needs. I am asking you, what can I do? Nothing. My child is suffering as I cannot afford to look after him financially.

The above statement supported by the quantitative data analysis where the vast majority of the parents indicated that the main cause of parents' stress is financial support, (38.5%). It is important to stress here that such financial stress impacts mainly on the child him/herself as a lack of financial support leads to a lack of appropriate care. This violates the child's right to live a normal life without any stress. The current benefits for children with special needs are inadequate and this was explored by the families of the children and the care professionals. Therefore, there is need to review the financial support and benefits, by ensuring that these reflect the needs of the child and the family.

Transport (see Figure 7.4) is another important pressure on the family, as identified in the fieldwork data analysis. Quantitative data analysis indicated 19.7% felt that transport is one of the main causes of parents stress. Children with special needs require an appropriate vehicle to transport to their daily activities and these vehicles must be designed or converted to deal with children with special needs. The majority of the families, particularly the families in the survey, could not afford to provide appropriate transport due to their financial situation. It is also important to note that females are forbidden to drive any vehicle which means that the father of the family is the only one who can drive the child to his/her daily activities. It is also important to stress that Saudi employees need to go to work usually at 6 or 7a.m., depending on the nature of the sector. This leaves the child without support and help with transport, an issue which was explored and discussed enthusiastically by the parents in this study. The current system used to support the child is not working effectively. The current system mainly transports those children with special needs who are close to the care agency. The care professionals indicated, however, that the vast majority of the drivers are qualified in how to deal with such children. From the point of view of the child's rights, he/she has the to appropriate transport.

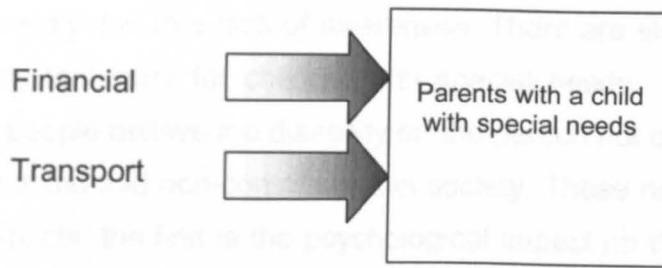


Figure 7.4: Main stresses for parents with a special needs child in KSA

Social Barriers for Children with Special Needs in Saudi Arabia

One of the main barriers to the rights of children with special needs is society's attitudes.

Social Attitudes and Awareness

One of the important elements of the rights of the child is the implementation of appropriate policies and guidelines. Unfortunately, society still lacks awareness regarding children with special needs. For example, it is common to observe car park spaces reserved for children with special needs occupied by the public. This is due to a lack of social awareness towards people with special needs. The other important issue regarding car parking spaces for people with special needs is the lack of enforcing the policies.

There is need for a strategy to promote social awareness and this strategy should take two paths: first, public education should promote awareness in order to build positive attitudes towards children with special needs; secondly, policies regarding children with special needs should be implemented and enforced. For example, there is a policy to create special car park spaces in the Kingdom's supermarkets but the problem involves people still occupying the spaces. There is a need for tougher penalties to enforce the car parking policy.

Unfortunately, there are still negative attitudes within Saudi society towards people with special needs as they are sometimes seen as "non-contributors" to

society. This is mainly due to a lack of awareness. There are also still people in society who simply feel sorry for children with special needs. This expressed feeling that these people believe the disability on the person not on the society. It labels them as disabled and non-contributors in society. These negative attitudes have two main impacts: the first is the psychological impact on the child and the parents. This is a major problem that needs to be dealt with by the authorities as part of their strategic plan to promote public awareness and knowledge concerning people with special needs in general and children with special needs in particular. In several cases, according to the family, the children were upset by such attitudes. The other impact is on the implementation of strategies that aim to promote the rights of children with special needs. Negative attitudes towards such children represent a major barrier. This issue was explored during the focus groups by one parent who stated:

My child hates to go outside the house. He hates the way some people look at him. They do not treat him like a normal human. They felt sorry for him and, on one occasion, somebody tried to give him some money.

(Focus Group)

Physical Barriers

Physical barriers can play a major role in discriminating against children with special needs and contributes to separating people with special needs from society. Physical barriers also play a major role in reducing communication between such children and society as a whole. Social interaction is critical in creating an understanding between the individual and groups and understanding leads to respect and trust. This can help in changing attitudes.

Physical barriers can deny children with special needs access to society and lack of accessibility to public facilities was explored as one of the main barriers facing children with special needs in Saudi Arabia.

This may include entrance and exit facilities to public institutions such as supermarkets, schools, entertainment parks and hospitals. Current Saudi policies require such facilities with new infrastructure but old institutions lack such facilities.

The other physical barrier is the lack of parking spaces and appropriate lifts for children with special needs. These barriers conflict with the rights of children with special needs and represent social attitudes towards such people; these barriers isolate people with special needs from the rest of society and help in creating a special needs society within society as a whole. This is not appropriate from a human rights point of view and from the perspective of the Kingdom's advantage. Figure 7.5 shows the main barriers to the rights for children with special needs and these barriers must be broken down to ensure such children gain their rights. The main steps which need to be taken to break down the barriers are the establishment of a clear national policy, the creation of an appropriate social education programme, and the enforcement of structural guidelines for new buildings.

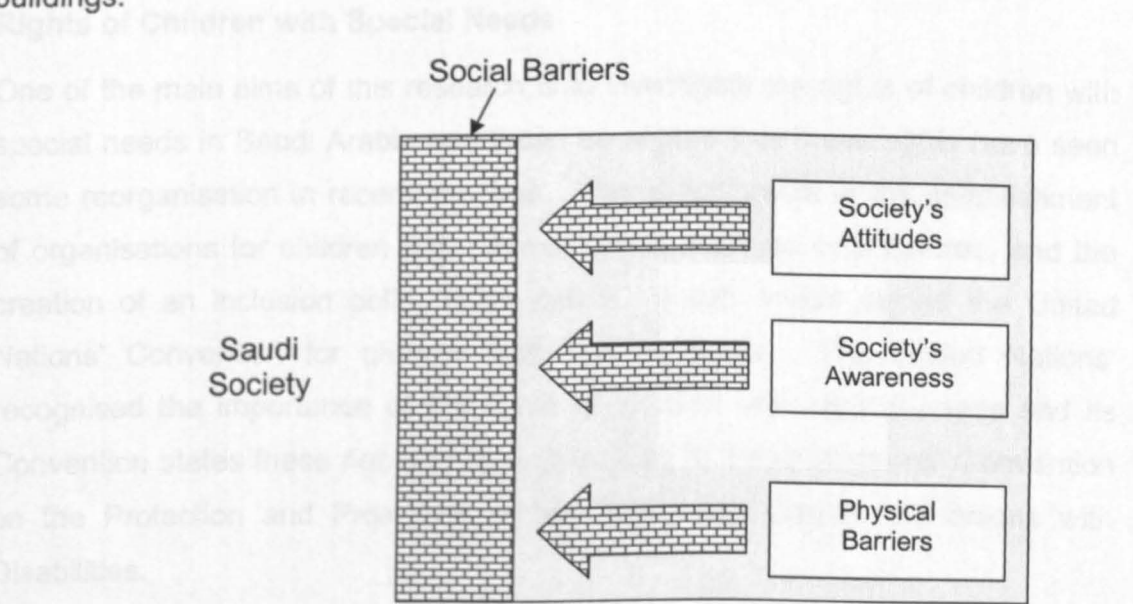


Figure 7.5: Main barriers to the rights of children with special needs

Therefore, the authorities of the Kingdom of Saudi Arabia need to break down such barriers by providing effective national policies, appropriate society educational programmes, and by enforcing structural guidelines. See Figure 7.6.

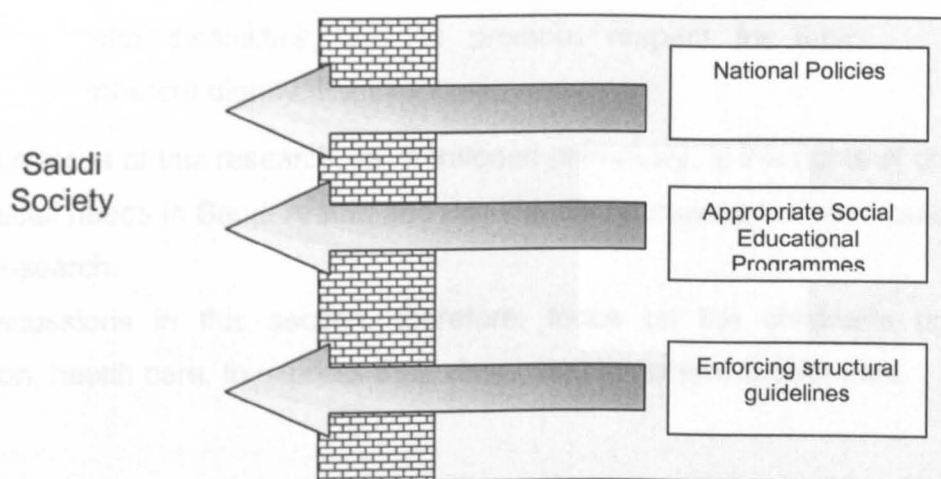


Figure 7.6: Breaking the barriers

Rights of Children with Special Needs

One of the main aims of this research is to investigate the rights of children with special needs in Saudi Arabia and it can be argued that these rights have seen some reorganisation in recent decades. This is noticeable in the establishment of organisations for children with special needs, such as care centres, and the creation of an inclusion policy in education. Saudi Arabia signed the United Nations' Convention for children with special needs. The United Nations' recognised the importance of the rights of children with special needs and its Convention states these rights in several articles in the International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

The UN Convention regarding the rights for persons with disabilities stated:

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The main focus of this research, as mentioned previously, is the rights of children with special needs in Saudi Arabia and this chapter discusses the main outcomes of this research.

The discussions in this section, therefore, focus on the children's right to education, health care, to express their views, and to receive proper care.

Children with Special Needs Rights

The rights of children with special needs have been identified and recognised nationally and internationally. Internationally, the United Nation's Convention on children with special needs demanded that nations should respect and implement the rights of such children. The issue of children with special needs centres on two aspects: the implementation processes used to enforce the children's rights and the culture and policies of the states themselves. Saudi Arabia states that it is:

Working on early education of disabilities and publishing on ways to deal with them.
(Ministry of Education, Saudi Arabia)

Early identification and intervention are important processes that need to be established in any education system. Mittlem (1993), for example, argued the importance of focusing on the early identification and intervention of problems.

Rights of Children with Special Needs: Education

Quantitative analysis indicated that vast majority of parents (70.2%) and care professionals, (42.3%) agreed or strongly agreed that children with special needs have equal opportunity in education. Focus group analysis indicated that the role of the Kingdom authorities is to ensure equal opportunity in education. In other words, the interviews with the care authorities showed that the authorities are aware and enthusiastic for children with special needs rights. The Kingdom currently has a policy for inclusion in primary education. There is also a lack of care agencies outside the major cities in the Kingdom. This has stated angrily by one of the parents in one of the focus group 'I live outside Hail city and I have to travel to the care agency. The travel has added stress on me and my family'. The Saudi authority needs to expand on care agencies outside the city centres to meet the needs of children outside the major cities. It can be argued that the current situation gives greater access opportunities for children at the centre of the cities than children who lives in towns' outsides the cities.

Diversity in learning needs to be established and understood in educational Systems in Saudi Arabia. Child learning process needs to be based on his/her needs. Children have a right to equal opportunity in education and that education must meet their needs regardless of their abilities. This diversity is well recognised worldwide and requires equal opportunities for children with learning difficulties and disabilities while the education system needs to provide equal opportunities for all children. The education rights of children with special needs have been recognised internationally, through the United Nations' Convention on persons with disabilities.

The Saudi Arabian authorities complied with this act by introducing several policies to ensure the right to education of children with special needs. One of the main policies introduced and implemented regarding educational rights is the inclusion policy at primary school education level. It is also important to stress that the authorities established several departments within SA universities for

special needs education. The aim of these departments is to provide special needs education teachers. Care agencies' programmes also include educational programmes.

Equal Rights in Health Care

A child's health is critical for his/her growth, to relieve parents' stress, and the parents' enjoyment of life (i.e. motherhood and fatherhood). One of the main rights of the citizen is his/her right to proper health services:

UN Article 24 regarding health stated:

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health-related rehabilitation.

The questionnaire analysis showed that the vast majority of parents (75.6%) and majority of care professionals, (50.7%) agreed or strongly agreed that children with special needs have equal rights health care. The analysis also showed that the vast majority of parents, 94%, and vast majority of the care professionals, 90.8%, agreed or strongly agreed that children with special needs have rights to proper care. The focus groups also indicated the child with special needs have a right to proper care. However, the parents indicated that the care agencies practices fall short in meeting this right. They indicated the care agencies lack of proper health monitoring, lack of coordination with health services, lack of facilities for accessing health services. The role of the Kingdom authorities is to ensure equal opportunity to health care services. In other hands, the interviews with the care authorities showed that the authorities are supporting the full equal

access to the health services. However, there are several physical barriers such as providing appropriate entrance, exist and lift for children with special needs. A child's health, as mentioned above, is critical and the right needs to access health care without discrimination must be a clear part of the Kingdom's policy.

From the point of view of a child with special needs, the main issue regarding the right to health is access to health services. In the Kingdom, there are several barriers which were explored in the parents' focus groups in terms of appropriate health care (see Figure 7.7.). There are still physical barriers that impede access to health service facilities and parents expressed the view that there is a need to break down all the physical barriers in order to facilitate children's health care and to comply with children's right to equal health care.

There is still a lack of health visitors for children with special needs to assess their health needs and to provide appropriate health care at home. Parents expressed, in the quantitative and qualitative data, that transport is the main problem when taking the child to the care agency and this has an influence on the child receiving appropriate health care although it is the child's right to have equal access to the Kingdom's health services. The authorities need to break down all the barriers to ensure that such children receive equal and appropriate health care.

Children with special needs in rural areas suffer more due to lack of the health services in general and, more particularly, health services for children with special needs. Parents with such children need to take their child to the centres of cities where health services are available. Again, this presents a problem to the parents due to the need for appropriate transport and financial support. Some families failed to take their child to the care agencies or to the health centres due to the above problems with transport and finance.

A lack of awareness of the parents of these children towards their child’s right to access appropriate health care contributes to the failure of parents to demand appropriate health care for their children.

One of the main issues in the Kingdom is the lack of qualified people with appropriate skills and competences, and the lack of health service personnel. The main reason for the lack of health services is the lack of health staff.

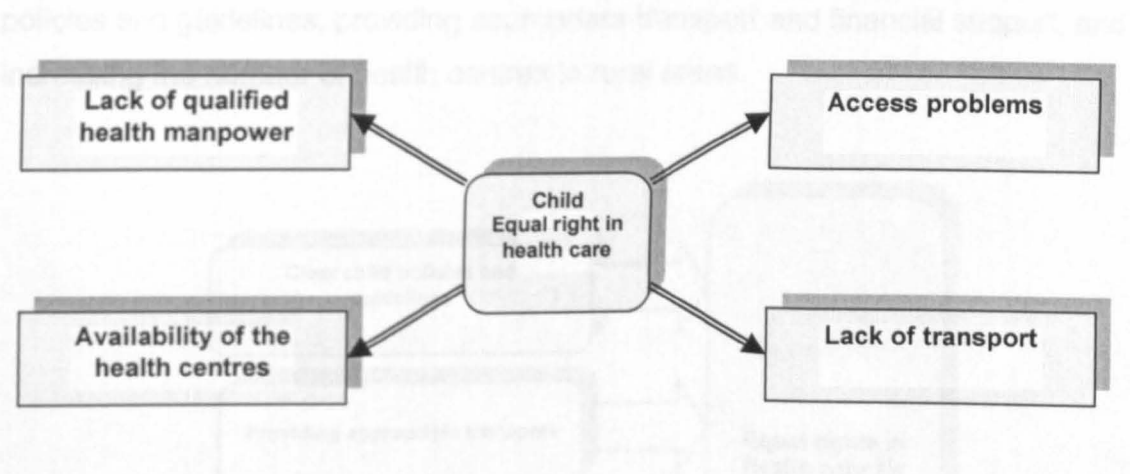


Figure 7.7: Main barriers facing children’s right to equal health care

The most appropriate way to ensure equal rights in terms of health services is by adopting two strategies: the first by establishing a clear national strategy for equal health rights for children and the second by establishing policies which will break down barriers which impede equal rights in health care for such children.

It was clear that several parents travelled long distances to reach health care agencies and this is inconvenient for both the parents as well as for the children; the travel itself is also costly. Therefore, one of the strategies that the authorities need to adopt is to expand the number of care agencies, particularly in rural areas, to provide services close to the child and the parents.

Qualified health staff can be created using two approaches: the first is by promoting and supporting academic health institutions, such as the universities,

to provide academic qualifications and training courses to enhance and promote national manpower in the health sector.

Figure 7.8 shows the main strategies and initiatives that can be employed to promote equal health care rights for children. This includes devising clear child policies and guidelines, providing appropriate transport and financial support, and increasing the number of health centres in rural areas.

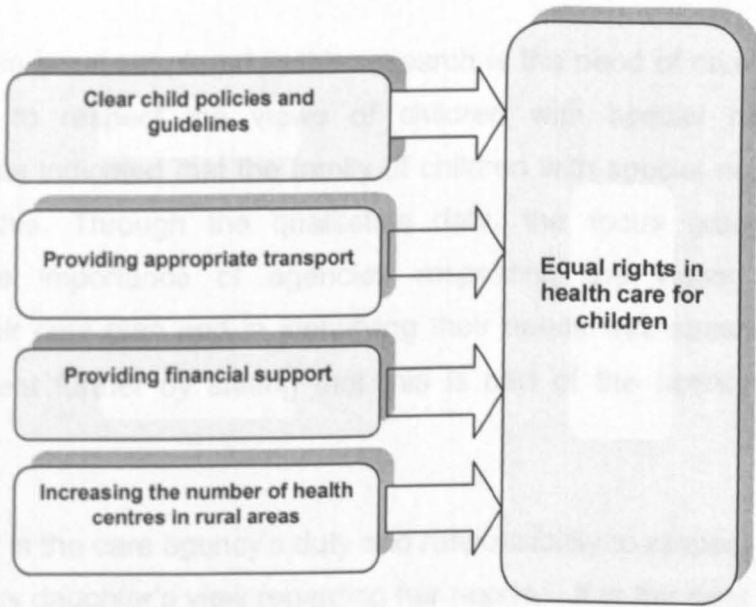


Figure 7.8: Strategies and initiatives to promote equal health care rights

Children’s Views: the Right to be Respected and Valued

It is essential that the child must be recognised as an individual human being but as one, at the same time, who is no different from his/her peers in society. Therefore, any formal or informal social communications and interactions with children with special needs must value and respect the children themselves, as the UN Convention states:

States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

(UN Convention, Article 7)

One of the main issues explored in this research is the need of care agencies in Saudi Arabia to respect the views of children with special needs. The quantitative data indicated that the family of children with special needs strongly agreed with this. Through the qualitative data, the focus groups and the interviews, the importance of agencies respecting the views of children concerning their care plan and in identifying their needs was stressed. One of the parents went further by stating that this is part of the agency's duty and responsibility.

It is the care agency's duty and responsibility to respect my daughter's view regarding her needs. It is her right and we, as her family, and the agency need to value and respect her views and opinions.

Also, in the literature, several researchers have explored the importance of and the need to ensure that children's views are respected and valued.

Article 21 of the UN Convention (Freedom of Expression and Opinion, and Access to Information) states that:

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise their right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice.
(UN Convention, Article 21)

The quantitative data showed a difference between the opinions of care professionals and parents towards the statement “agencies respect children’s views”. 31.1% of professionals agreed or strongly agreed compared with 71.1% for parents. The main difference in the opinion was perhaps due to the professionals’ lack of resources to cope with children’s views.

Right to Proper Care

Living independently in a proper living environment is an individual’s right and states should encourage individual citizens to be independent. This encouragement should not discriminate against people with disabilities, especially children. This requires states to provide the necessary help and support to children with special needs in order for them to live their lives independently. The main strategy that states need to adopt is to encourage people with special needs to live in their own homes and to provide them with the appropriate help and support. The right to be provided with at-home services was recognised by the UN Convention on the Rights of Persons with Disabilities, 2006. Article 19, Living Independently and being Included in the Community, requires UN states to take effective and appropriate action to facilitate people

with disabilities to enjoy an independent life through their right to access a range of home care services and facilities. The UN convention states in this regard:

(b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.

The quantitative data indicated that both parents and care professionals agreed or strongly agreed that children with special needs have a right to proper care. 94 % of parents compared with 90.8% of professionals. This is a positive view and this high percentage is due to the respondents' experience and knowledge of children with special needs. Children with special needs in Saudi Arabia require proper care in order to carry out their daily activities. The question remains: who is responsible for providing such proper care? The family, because of human nature, is generally happy to provide appropriate care for their special needs child and this fact was stressed several times in focus groups and interviews with family members, as well as with care professionals. The main issue regarding the parents' care is their limited resources and their ability to cope with care demands in the house. The question remains as to whether the authorities can provide proper care for children with special needs or if indeed it is the government's responsibility to care for such children.

It is clear from this research that there has been a shift in the opinions of parents with children with special needs, moving the responsibility to care for their child from the parents to the government. Previously, it was accepted in Saudi society that the care of children with special needs is the parents' responsibility.

The research revealed that the Kingdom's authorities are taking steps to provide proper care for children with special needs. However, more still needs to be

done to ensure equal opportunities in accessing proper care. There is clearly more work needed in terms of providing proper care for children with special needs in areas far away from the centre of the cities. This represented a stressful problem for the families of children receiving care.

The research revealed that both the parents of children with special needs and care professionals agreed that proper care is the child's right. This shift in opinion is perhaps due to improvements in people's opinions and attitudes towards special needs through education and changes in the Kingdom's socio-economic situation: i.e. parents cannot cope any more with the pressure, stress and financial burden of providing proper care for these children.

The other issue regarding the provision of proper care for children with special needs is the lack of home care services, especially for children with severe disabilities.

The lack of proper care in rural areas and the lack of home care can not be only justified by a lack of qualified human resources and a lack of awareness on the part of parents regarding their special needs child's right to proper care.

National Policy

A few decades ago, Saudi Arabia had no national policy regarding people with special needs in general and children with special needs in particular. This was due to three main factors: lack of education, knowledge and awareness of special needs by the authorities and by society; the lack of an appropriate infrastructure to accommodate people with special needs; and socio-economy of the Kingdom does not allow the authority.

In recent years, the Kingdom's authorities have established a national policy concerning people with special needs in general and children with special needs in particular.

The current national policy has developed over recent years and the Kingdom now has a national policy regarding access for children with special needs to public buildings. The Kingdom has a policy forcing all new public building to provide special access for people with special needs. It also has a national policy regarding parking for such people; badges are provided for people with specially adapted cars.

However, national policy needs to be clearer in several aspects as, although the national policy stresses the Kingdom's responsibilities in meeting the special care needs of such children, the policy has no clear guidelines regarding homecare these children and the national policy needs to be clearer concerning child care in rural areas.

The research revealed that there is a need for a clear national policy towards the rights of children with special needs. The quantitative data revealed that there is agreement between the parents of children with special needs and the care professionals regarding the establishment of a clear national policy since 90% of professionals and 89.3% of parents agreed with this.

However, the focus groups and interviews placed more stress on the application of such a policy and attempted to blame people in power in the agencies' offices as a barrier to children benefiting from any national policy. One angry focus group participant stated:

Administrators and managers in the care agencies are the main barrier to implementing national policy. For me, they have no clue about what is the national policy regarding children with special needs.

Social Accessibility Rights: Integration/ Inclusion Policy

This research clearly indicated that children with special needs in Saudi need to access the Kingdom's social facilities, such as the supermarkets, schools, health services, and recreational, leisure and sport facilities. The right to access is recognised internationally through the United Nations' demand for its members to accord people with disabilities the right to access the state's facilities. In this regard, the UN Convention, Article 9 (Accessibility, 2006) states that members must:

Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities.

(UN Convention, Article 9: Accessibility, 2006)

- (a) That persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary and secondary education on the basis of disability;
- (b) That persons with disabilities can access an inclusive, quality, free primary and secondary education on an equal basis with others in the communities in which they live.

The Saudi inclusion policy involves including of non-traditional categories of disability, such as learning disabilities, low vision, poor hearing, physical and motor disabilities, autism and multiple disabilities. (Ministry of Education, Saudi Arabia).

The first pilot integration took place in the early 1990s when a number of special classes opened in a primary school in Riyadh at ALmohalab Bin Abi Sofra School. The school accepted children with minor disorders in hearing and speech (Al-Khashrami, 1995, p. 84).

Role of the Kingdom in Protecting the Rights of Children with Special Needs and Meeting their Needs

One of the main objectives of this research is to determine the role of the Kingdom of Saudi Arabia in protecting the rights of children with special needs and meeting their needs. This section discusses this role based on the research main findings.

Children's rights and needs are not a new issue; these have been recognised throughout history and many efforts have been made to ensure children's rights but there is still a lot to do. The United Nations has provided several articles regarding children's rights, and continues encourages international communities to enforce policies that safeguard such rights.

Several issues need to be discussed and explored before specifically discussing the rights of children with special needs in Saudi Arabia. Understanding these issues helps in understanding the rights of such children and in both establishing and implementing appropriate strategies in Saudi Arabia.

The first issue is the cultural issue. This depend on how society might view such children may differ from one culture to another. Some rights may not be accepted culturally, i.e. the may go against the values and norms of that society. This may include the child's right to choose his/her own sex or religion.

From the Saudi point of view, the Kingdom is ruled by central government and all the decision-making comes through a ministerial council. Therefore, their decisions regarding children with special needs play an important role in the lives of the children with special needs and their parents and the state is the main factor regarding the rights of children with special needs. The Kingdom has signed the United Nations' Convention regarding people with special needs and is committed to ensuring that such people gain their rights. The authorities, for example, encourage clubs and societies for people with special needs. It is also

important that the Kingdom has an inclusion policy throughout primary school education and one of the development strategies of the Eighth Development Plan is:

To guarantee the right of all citizens in emergency, illness, disability and old age.

The Eighth Development Plan's policy promotes coordination to ensure effective family care. The plan states it will:

Promote coordination among all state, private sector and civil-society actors in family care.

Role of the Parents in Protecting the Rights of Children with Special Needs

Parents represent an important focus of the rights of children with special needs due to two main factors. The first factor is political, as parents' welfare represents an important part of the political system of the Kingdom. The main strategies are directed to promote family life and therefore the needs of parents with special needs children have become a focus of pressure on the Kingdom to protect and promoting the rights of such children. The second factor involves the fact that parents today believe that the state has a role in ensuring that children with special needs gain their rights: i.e. Saudi parents believe that the authorities have a responsibility to ensure that children with special needs obtain their rights (see Figure 7.9).

Parents with special needs children have created groups to put pressure on the care agencies through the national media. Such pressure groups have helped in promoting and protecting the rights of children with special needs.

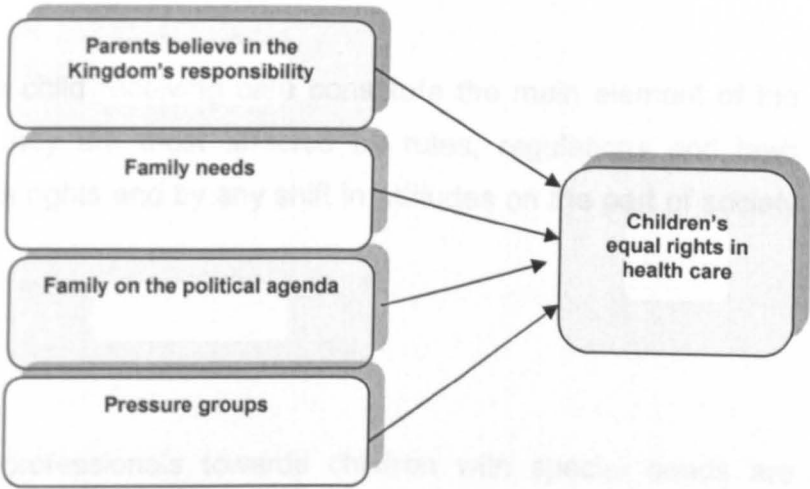


Figure 7.9: Role of the parents in promoting and protecting children’s rights

Attitudes towards the Rights of Children with Special Needs

Attitudes towards children with special needs is an important factor in determining individual behaviour and decision making. There are three main stakeholders regarding the rights of children with special needs in Saudi Arabia and this section aims to discuss and explore these attitudes in order to provide appropriate recommendations to help in establishing more positive attitudes. The three main stakeholders discussed are the family, care professionals, and Saudi society and authorities.

The Saudi authorities play an important role in promoting the rights of children with special needs and the majority (72%) of the Saudi Arabia care professionals agreed or strongly agreed regarding the role of the authorities. Therefore, the Saudi Arabia authorities need to enhance their current children with special need policy plans for promoting the rights of children with special needs by enhancing public awareness and establishing proper policies for such children.

Family

Family members with a child receiving care constitute the main element of the child care system as they are most affected by rules, regulations and laws regarding their children's rights and by any shift in attitudes on the part of society and the authorities.

Care Professionals

The attitudes of care professionals towards children with special needs are important in ensuring effective rights for children with special needs. The care professionals demonstrated positive attitudes towards the rights of such children. The main issue they explored is the need for clearer policies and guidelines to ensure effective rights for children with special needs. It seems that parents' needs and the actual ability of the care agencies, together with the lack of a clear rights policy triggered an understanding of the rights of children with special needs.

Society and the Authorities

Attitudes in society are critical regarding the rights of children with special need to be included into society. Inclusion requires children to interact with society through formal and informal communication but social institutions often have their own values and norms and it is sometimes difficult for individuals within society and organisations to change.

From the point of view of the authorities, their attitudes are critical regarding the rights of children with special needs as they are the source of legislation, guidelines and rules. This research indicates that the Saudi authorities are aware of the rights of children with special needs. This is clear from the existence of several policies and their practical implementation to ensure children with special needs gain these rights. One of the main decisions that has been

made in this regard is the inclusion policy, regardless of the child's disability, in primary schools throughout the Kingdom.

Concluding Remarks

The discussion indicates that Saudi Arabia recognises the rights of children with special needs as there are several policies and guidelines to ensure that the rights and needs of children with special needs are met. However, these policies and guidelines still need development and changes need to be made. The discussion also indicates that the parents of children with special needs are currently facing stress due to the financial and transport problems they are experiencing. It is clear that the authorities are falling short of meeting the needs and rights of parents. There is a feeling that the current transport arrangements and financial support are insufficient and that the Saudi authorities need to improve these areas.

Chapter Eight
Conclusion, Recommendations and Suggestions for
Future Work

Introduction

The rights of children with special needs are well recognised internationally and the United Nations' has issued conventions regarding these rights. However, the right of children with special needs and the implementation of the policies and guidelines are still far from complete.

This chapter presents the main conclusions of the research regarding the rights of children with special needs in the Kingdom of Saudi Arabia. The main conclusions are related to the research's main objectives and try to answer the main questions of the research. The chapter also provides recommendations for Saudi Arabia to ensure children with special needs obtain their rights.

Conclusions

The first objectives of the research were to examine the current situation regarding the rights and needs of children with special needs in the Kingdom of Saudi Arabia. The research revealed the following:

Current Situation Regarding the Rights of Children with Special Needs

Saudi Arabian authorities have recognised the rights and needs of children with special needs and the importance of complying with international conventions, especially the UN Convention. Several changes have been made in the last few decades in favour of meeting the rights and needs of children with special needs and evidence can be found for this in the introduction of policies, procedures and guidelines for public organisations to ensure there is no discrimination against such children. Saudi society has also seen an increase in public awareness towards people with special needs through public education programmes. The Kingdom hosts regular international conferences regarding people with special needs called the International Conference on Disability and Rehabilitation.

Education and Health Rights

The research has identified several policies and guidelines concerning rights for children with special needs. For example, the Saudi Arabian authorities have established an inclusion policy at the primary school level of education, as well as guidelines that include educational programmes for all care agencies. There is no discrimination against children with special needs in terms of their health rights. All health services for children with special needs are free and such children have the right to access to all of the Kingdom's health services.

Home Care Services

The research found that children with special needs in Saudi Arabia lack home care services. The parents of these children indicated that they are not supported by any home care; they are the main home carers for their children.

Care Agencies

Children with special needs in Saudi Arabia also have the right to access all the Kingdom's agencies. The Kingdom has a large number care agencies for children with special needs. However, this research identified that the vast majority of these agencies are situated in the centre of the Kingdom's cities. This has led to a large number of children with special needs being denied access to these agencies; it is also inconvenient and stressful for the parents who are taking their children to such agencies.

Inclusion Policy

The Kingdom has an inclusion policy that allows children with learning difficulties to be included in the mainstream educational system. However, the current policy is restricted to primary schools only. There is a need expand this policy to all educational stages.

Pressure and Problems Faced by Parents of Children with Special Needs

The second objective of the research was to explore the stresses and pressures on families with children with special needs. This research identified the main stresses, pressures on the parents which included a lack of financial help, insufficient support from social support agencies, and a lack of state support. Both the qualitative and the quantitative data indicated that lack of financial support is the main source of stress on the family. Therefore, there is a need to introduce clearer policies to support parents financially in order to reduce their stress. This should be based on the parents' income and their child's needs.

Views and Attitudes of Care Professionals

The third objective of the research was to examine the views and attitudes of care professionals towards the rights and care of children with special needs. The research indicated that the care professionals are aware of and have positive attitudes towards the rights of children with special needs.

The Rights of Children with Special Needs in Saudi Arabia

The fourth objective of the research was to explore the educational and health care rights and needs of children with special needs in the Kingdom of Saudi Arabia. The research indicated that children with special needs have the right to for equal opportunities in education, have equal rights in health care, and that agencies respect children's views and their right to proper care. The Kingdom has policies regarding children with special needs but there is a need for a clear national policy. Such a policy is needed as there are serious problems with regard to the implementation of the children with special needs policy and the current state of children with special needs in the Kingdom.

The Problems of Children with Special Needs

One of the key elements in meeting the needs and rights of children with special needs is in breaking down barriers in order to solve their problems. The fifth objective of the research was to explore the main problems and barriers facing children with special needs in obtaining their rights and in receiving proper care. These problems include a lack of financial support, poor transport arrangements, social barriers, and unclear or non-existent policies. Parents expressed the view that transport is the main problem facing children with special needs. Finance was also identified as one the barriers standing in the way of meeting their rights and needs.

On other hand, social professionals indicated that social barriers are the main problem. They also indicated unclear policies or a lack of policies as a barrier. The differences in the opinion of the parents and the professionals regarding the problems reflect the nature of their differing commitments towards these children. Parent are dealing with financial and transport barriers on a daily basis so these problems represent a daily stress. On other hand, care professionals' experience in interacting with such children and in implementing the policies explain their responses towards the main barriers facing the children with special needs.

Role of the Kingdom and the Parents in Promoting and Protecting the Rights of Children with Special Needs

The research indicated that both the Kingdom's authorities and the parents have an important role in promoting and protecting the rights of children with special needs. The Kingdom's role is critical because of the political system as government is centralised. The decision-making regarding policies concerning the rights and needs of children with special needs is therefore centralized and there is a lack of processes for decision-making.

Saudi parents also play an important role in ensuring that their children obtain their rights. This is due to four factors. These factors include a shift in the parents' opinions as most now believe in the Kingdom's responsibility for ensuring the rights of children with special needs and their responsibility for sharing the care of such children. The family is at the centre of the political agenda and strategy and therefore, their welfare represents an important part of the Kingdom's strategy which concerns family needs. Seeking commitment to the needs of such parents has led these parents to demand rights for their children and, as such, these parents, by promoting society's awareness, represents a pressure group for change in the Kingdom's policies towards children with special needs.

Recommendations for Change to Support Rights for Children with Special Needs

The seventh and last objective of the research was to provide suggestions and guidelines to improve the quality of life for children with special needs in the Kingdom of Saudi Arabia. This chapter provides recommendations for Saudi authorities, based on the research's main outcomes, to help in improving the quality of life of children with special needs.

Policy and Guidelines for Children with Special Needs

Financial Support Policy

One of the main problems and stresses for parents of children with special needs is financial. The current policies and guidelines fall short in meeting the parents' needs so there is a need to establish a policy that will take account of parents' financial circumstances and their child's needs.

Transport Policy *Perceptions of Parents and Children with Special Needs*

There is a need for a policy regarding transport for children with special needs as this research indicated transport as being one of main problems. The current policy and system fall short in facilitating transport for the needs of these children.

Home care Services *Perceptions of Parents and Children with Special Needs*

There is a need for home care services for children with special needs, especially for children with severe disabilities and for parents who cannot provide appropriate care for their children at home. This requires a national policy and the authorities should take steps to provide home care services as part of their social services.

One of the main outcomes of this research indicated that the parents are under great pressure. The policies and procedures noted above would contribute to reducing such stress. See Figure 8.1.

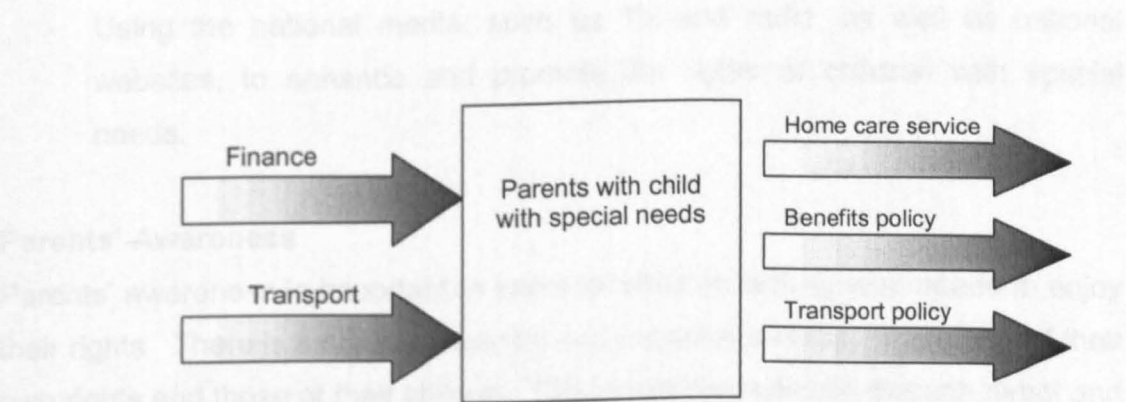


Figure 8.1: Recommendations for reducing parents' stress

Promoting Public Awareness of Parents and Children with Special Needs

Public Awareness

One of the main findings of this research is that there is a lack of public awareness towards children with special needs. This was reflected in the existence of physical barriers, social barriers and the abuse of laws and regulations regarding children with special needs, such as the use of car parking spaces designated for the parents of children with special needs. The awareness of the public could be raised by the following:

- Modifying the current system of early education in a way that would promote an awareness and knowledge of the rights of children with special needs. This should include all the stages of compulsory education in the Kingdom.
- Supporting and encouraging activities that include children with special needs.
- Using the national media, such as TV and radio, as well as national websites, to enhance and promote the rights of children with special needs.

Parents' Awareness

Parents' awareness is important in order for children with special needs to enjoy their rights. There is a need to promote and enhance parents' awareness of their own rights and those of their children. This could be achieved through direct and indirect educational programmes. The direct educational programmes should include seminars, short courses and the provision of leaflets, while the indirect programmes should include use of the public media to promote parents' awareness and knowledge in this area.

Awareness of Children with Special Needs

The child is the one who needs to enjoy his/her rights. Therefore, children with special needs must be aware of their rights as this will help in ensuring they gain such rights in their daily activities. This can be achieved through their educational programmes.

Breaking the Social Barriers

One of the main barriers for children with special needs in Saudi Arabia is social and one of the main reasons for this is that the infrastructure of the Kingdom is relatively new and a large number of social structures still need to be changed. The Kingdom's authorities need to break down social barriers in order to help children with special needs in the Kingdom to be included in society and to enjoy their rights. Breaking down these social barriers should include the following:

- Ensuring easy access for children with special needs to public organisations, activities, shopping centres, etc.
- Increasing care parking spaces for the parents of such children in the public organisations, activities and shopping centres.
- Changing the Kingdom's buildings structures to enhance its inclusion policy.

Suggestions for Future Research

This section provides suggestions for future research regarding children with special needs in Saudi Arabia. These suggestions are based on the findings of the research and on the experience and knowledge gained by the researcher.

1. Saudi Arabia is a large country. The vast majority of the research focuses on the Kingdom's city centres that house the facilities and care agencies. There is a need for research that focuses on children with special needs who live far

away from the centre of the cities. There are no research studies regarding children with special needs in the Kingdom's villages, deserts and towns far away from the centres.

2. There is lack of a research on children with autism in Saudi Arabia and there is also a lack of knowledge and awareness of autism. Therefore, research that focuses mainly on caring for children with autism is important for decision-makers in Saudi Arabia.
3. There are no home care services for people with special needs in general and for children with special needs in particular. There is a need for research to investigate the need for such services together with the policies and guidelines needed to support such a need.

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Appendixes

Appendix (A)

Questionnaire for Parents of Children Receiving Care in the Kingdom of Saudi Arabia

Dear Family,

I am a PhD research Student at University of Leicester, United Kingdom. The research is sponsored by King Saud University. I am currently carrying out a survey in children with special needs in the Kingdom of Saudi Arabia: Their Needs and Rights. Your contribution in the research is valuable and important to the outcome of the research. Therefore, I would be very grateful if you can help and support this research by completing the attached questionnaire.

All your completed answers will be treated confidentially. There is no way that you could be identified.

If you have any further comments, please write on the attached sheets.

Many thanks for your interest and support.

Ahmad AL-rubiyeh

Questionnaire

Please tick the appropriate box with (✓)

A. Personal Details

1. What is your gender?

1. Male

☐

☐
2. Female

☐

2. What is your age?

1. 20-30 years

☐

☐
2. 31-40 years

☐
3. 41-50 years

☐
4. 51-60 years

☐
5. Over 60 years

☐

3. What is your marital status?

1. Married

☐

☐
2. Divorced

☐
3. Widowed

☐

4. Are you in paid employment outside the home?

1. Yes

☐

☐
2. No

☐

If yes, is it

1. Full Time

☐

☐
2. Part Time

☐

5. How many children do you have?
(Child defined as 0-18 years)

- | | | | |
|----|---------------------|--------------------------|--------------------------|
| 1. | 1 child | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | 2 children | <input type="checkbox"/> | |
| 3. | 3 children | <input type="checkbox"/> | |
| 4. | 4 children | <input type="checkbox"/> | |
| 5. | 5 children and Over | <input type="checkbox"/> | |

B. Child/Children with Special Needs and the Family

6. How many children with special needs do you have receiving care?

- | | | | |
|----|------------------------|--------------------------|--------------------------|
| 1. | One child | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Two children | <input type="checkbox"/> | |
| 3. | Three children | <input type="checkbox"/> | |
| 4. | Four children | <input type="checkbox"/> | |
| 5. | Five children and Over | <input type="checkbox"/> | |

7. How old is your child receiving care?

- | | | | |
|----|------------------|--------------------------|--------------------------|
| 1. | Less than 5 year | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | 5- years | <input type="checkbox"/> | |
| 3. | 10- years | <input type="checkbox"/> | |
| 4. | 15 and Over | <input type="checkbox"/> | |

8. How long have they been receiving care?

- | | | | |
|----|---------------------|--------------------------|--------------------------|
| 1. | Less than 1 year | <input type="checkbox"/> | |
| 2. | One years | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Tow years | <input type="checkbox"/> | |
| 4. | Three years | <input type="checkbox"/> | |
| 5. | Four years | <input type="checkbox"/> | |
| 6. | Five years and Over | <input type="checkbox"/> | |

9. How often do you take your child to the care agency?

- | | | | |
|----|------------------------|--------------------------|--------------------------|
| 1. | Every day | <input type="checkbox"/> | |
| 2. | Once a week | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | More than once a week | <input type="checkbox"/> | |
| 4. | Once a month | <input type="checkbox"/> | |
| 5. | More than once a month | <input type="checkbox"/> | |

10. Why do you take your child to the care agency?

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | To improve his/her reading/writing (education) | <input type="checkbox"/> | |
| 2. | To entertain him/her | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Introduce him/her to social life | <input type="checkbox"/> | |
| 4. | To keep him/her busy while I am at work | <input type="checkbox"/> | |
| 5. | Others, Please Specify | <input type="checkbox"/> | |

C. Children with Special Needs: Needs

Please indicate with a tick if you agree or disagree with the following statements below

11. Care agencies meets and satisfy the needs of your child.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | |
| 2. | Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Somewhat Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 6. | Strongly Disagree | <input type="checkbox"/> | |

12. Welfare policies meet your child's needs.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Agree | <input type="checkbox"/> | |
| 3. | Somewhat Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

D. Children with Special Needs: Rights

13. Your child has an equal opportunity in education.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Agree | <input type="checkbox"/> | |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

14. Your child has equal rights in health care.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | |
| 2. | Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

15. Agencies respect children's views.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | |
| 2. | Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 6. | Strongly Disagree | <input type="checkbox"/> | |

16. Children with special needs have a right to proper care.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | |
| 2. | Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 6. | Strongly Disagree | <input type="checkbox"/> | |

17. There is a need for a clear national policy towards the rights of children with special needs.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | |
| 2. | Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

E. Children with Special Needs: Problems and Obstacles

18. What are the main problems and obstacles facing you in taking Your child to the care agency?

- | | | | |
|----|-----------------------------|--------------------------|--------------------------|
| 1. | Finance | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Transport | <input type="checkbox"/> | |
| 3. | Social Barriers | <input type="checkbox"/> | |
| 4. | Child is unwilling | <input type="checkbox"/> | |
| 5. | Other, Please specify | | |

19. Parents are generally stressed because of a lack of

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Financial Support | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Family Support | <input type="checkbox"/> | |
| 3. | Social Support | <input type="checkbox"/> | |
| 4. | Agency Support | <input type="checkbox"/> | |
| 5. | State Support | <input type="checkbox"/> | |

20. Please specify type of disability of your institution.

- | | | | |
|----|----------|--------------------------|--------------------------|
| 1. | Physical | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Mental | <input type="checkbox"/> | |

21. Please specify your working region.

- | | | | |
|----|---------|--------------------------|--------------------------|
| 1. | North | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | East | <input type="checkbox"/> | |
| 3. | Central | <input type="checkbox"/> | |
| 4. | West | <input type="checkbox"/> | |
| 5. | South | <input type="checkbox"/> | |

Q22: Please express your view, if you wish regarding the rights of children with special needs.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Questionnaire for
Professionals
Receiving Care in the
Kingdom of Saudi Arabia

Thanks you for completing this form

Appendix (B)

Questionnaire for Professionals of Children with Special Needs Receiving Care in the Kingdom of Saudi Arabia

Dear Professional,

I am a PhD research Student at University of Leicester, United Kingdom. The research is sponsored by King Saud University. I am currently carrying out a survey in children with special needs in the Kingdom of Saudi Arabia: Their Needs and Rights. Your contribution in the research is valuable and important to the outcome of the research. Therefore, I would be very grateful if you can help and support this research by completing the attached questionnaire.

All your completed answers will be treated confidentially. There is no way that you could be identified.

If you have any further comments, please write on the attached sheets.

Many thanks for your interest and support.

Ahmad AL-rubiyee

Questionnaire

Please tick the appropriate box with (✓)

A. Personal Details

1. What is your gender?

1. Male

☐

☐
2. Female

☐

2. What is your age?

1. 20-30 years

☐

☐
2. 31-40 years

☐
3. 41-50 years

☐
4. 51-60 years

☐

3. a. What is your profession?

.....

☐

4. How long you have been working with children with special needs?

1. Less than 1 year

☐

☐
2. 1-5 Year

☐
3. 5-10 Year

☐
4. 10 – 15 Year

☐
5. 15 – 20 Year

☐
6. Over 20 Year

☐

B. Care Agency**5. Care agency staff are very helpful and supportive of children with special needs.**

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Agree | <input type="checkbox"/> | |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

6. Care agency has high values.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Agree | <input type="checkbox"/> | |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

7. The relationship between the parents and the agency is strong.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Agree | <input type="checkbox"/> | |
| 3. Fairly Agree | | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

8. Care agency meets and satisfies the needs of the child.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Agree | <input type="checkbox"/> | |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

9. Care agency meets and satisfies the needs of the parents.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | |
| 2. Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

10. Care agency puts its values into practice.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | |
| 2. Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

C. Children with Special Needs: Rights

11. Children with special needs have equal an opportunity in Education

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Agree | <input type="checkbox"/> | |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

12. Children with special needs have equal rights in health care

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | |
| 2. Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

13. Agencies respect children's views.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | |
| 2. Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

14. Children with special needs have a rights to a proper care.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | |
| 2. Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

15. There is a need for a clear national policy towards the rights of children with special needs.

- | | | |
|----------------------|--------------------------|--------------------------|
| 1. Strongly Agree | <input type="checkbox"/> | |
| 2. Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fairly Agree | <input type="checkbox"/> | |
| 4. Disagree | <input type="checkbox"/> | |
| 5. Strongly Disagree | <input type="checkbox"/> | |

D. Children with Special Needs: Roles of Sate and Parents

16. The authority plays an important role in promoting children with special needs rights.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Agree | <input type="checkbox"/> | |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

17. The authority plays an important role in ensuring children with special needs rights by introducing policies.

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Agree | <input type="checkbox"/> | |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

18. Parents play an important role in ensuring children with special needs rights .

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Strongly Agree | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Agree | <input type="checkbox"/> | |
| 3. | Fairly Agree | <input type="checkbox"/> | |
| 4. | Disagree | <input type="checkbox"/> | |
| 5. | Strongly Disagree | <input type="checkbox"/> | |

E. Children with Special Needs Problems and Obstacles

19. What are the main problems and obstacles for children with special needs regarding their rights?

- | | | | |
|----|-----------------------------|--------------------------|--------------------------|
| 1. | Finance | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Transport | <input type="checkbox"/> | |
| 3. | Social barriers | <input type="checkbox"/> | |
| 4. | No or unclear policy | <input type="checkbox"/> | |
| 5. | Other, Please specify | | |

20. Parents are generally stressed because of a lack of:

Tick those that apply to you

- | | | | |
|----|-------------------|--------------------------|--------------------------|
| 1. | Financial Support | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Family Support | <input type="checkbox"/> | |
| 3. | Social Support | <input type="checkbox"/> | |
| 4. | Agency Support | <input type="checkbox"/> | |
| 5. | State Support | <input type="checkbox"/> | |
| 6. | Agency Support | <input type="checkbox"/> | |

21. Please specify type of disability of your institution.

- | | | | |
|----|----------|--------------------------|--------------------------|
| 1. | Physical | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Mental | <input type="checkbox"/> | |

Appendix (C)

Focus Group for Parents (Mothers and Fathers) of Children with Special Needs In the Kingdom of Saudi Arabia

Focus Group

Children with Special Needs in the Kingdom of Saudi Arabia: Their Needs and Rights

Issue 1: Children with Special Needs: Needs

- Educational Needs
- Health Needs
- Social Care Needs
- Daily Care Needs

Issue 2: Children with Special Needs: Rights

- Equal Opportunity
 - Rights to Work
 - Rights to Education
 - Rights to Appropriate Care
- Rights to Participation in Society

Issue 3: Children with Special Needs: Roles

- Role of the Kingdom of SA
- Role of Parents
- Role of Society

Issue 4: Children with Special Needs: Problems and Obstacles

- Social Barriers
- Stress to Parents
- Financial
- Abuse
- Prejudices

Appendix (D)

Interview

With Children with Special Needs Authorities

Interview with Children with Special Needs Authorities

A. Children with Special Needs: Needs

- Q1: What are the main steps that the Kingdom is taking to meet the needs of Children with special needs?
- Q2: What are the main steps that the Kingdom is taking to help and support the families of children with special needs?

B. Children with Special Needs: Rights

- Q3: What kind of rights do children have in the Kingdom?
- Q4: What are the main policies and procedures for childcare and welfare in the Kingdom that safeguard the rights of children with special needs?
- Q5: (a) What are the main benefits which children get from the Kingdom?
(b) How well is the Kingdom doing in this area at the moment?
- Very well ☐ Well ☐ Fairly Well ☐ Badly ☐ Very Badly ☐

C. Children with Special Needs: Roles

- Q6: What are the responsibilities and roles of the Kingdom towards children with special needs?
- Q7: What are the responsibilities and roles of parents towards children with special needs?
- Q8: What is the route for formulating and establishing children's rights policy?

D. Children with Special Needs: Problems and Obstacles

- Q9: What do you think are the main barriers to establishing policies regarding the rights of children with special needs?

What do you think are the solutions to these problems?

E. Children with Special Needs: Future Plan

- Q10: What are your authority's future plans for childcare?

Appendix (E)

Provision Code for Persons with disabilities in the Kingdom of Saudi Arabia

Provision Code for Persons with disabilities In KSA

Provision code for persons with disabilities was issued according to the Royal Decree No. (M/37) dated 23/9/1421H, approving the decision of the council of ministries No. (224) dated 15/9/142H that authorised the code. The codes include, Prince Salman Centre for Disability Research.

ARTICLE 1

The following words and expressions, used in this code, have the following meanings:

Persons with disabilities

A person with a disability is one who is totally or partially disabled with respect to his/her bodily, material, mental, communicative, academic or psychological capabilities, to the extent that it compromises the ability of that person to meet his/her normal needs as compared to his/her non-disabled counterparts.

For the purpose of this code, "persons with disabilities" shall refer to individuals who have one or more of the following disabilities: visual disability, hearing disability, cognitive disability, motor disability, learning disabilities, speech and language impairments, behavioral problems, pervasive developmental delay, multi-disabilities, and other disabilities which require special care.

Prevention

The set of medical, psychological, social, educational, informational and regulatory procedures, which aim at preventing or limiting the effect of disabilities and at pre-empting and easing the consequences thereof.

Welfare

To provide care services to persons with disabilities dependent upon the degree of their disability, as well as their medical and social situation.

Habilitation

A coordinated process to utilize medical, social, psychological, educational and professional services to enable the disabled to achieve the maximum feasible degree of functional efficiency; to enable persons with disabilities to adapt to the needs and requirements of their natural and social environment, as well as developing their capabilities to attain independence and be productive members of society to the extent possible. The Supreme Council

The Supreme Council for the Affairs of Persons with Disabilities.

ARTICLE 2

The Government shall guarantee the prevention, welfare and habilitation services to persons with disabilities and their families, and will encourage institutions and individuals to contribute to charitable activities within the field of disability. The Government shall guarantee to provide services to persons with disabilities in the following areas:

1. Health

This includes:

- providing medical, preventive and habilitation services, including genetic counseling, laboratory testing and analyses for the early detection of disease and necessary intervention,
- registering children who are at risk or born with a disability, and conducting follow-up monitoring of their condition(s), and communicating relevant information to the appropriate authorities,

- enriching the health care of the disabled and taking the necessary steps to achieve this,
- training health care providers and paramedics in appropriate procedures for the safe handling of injured persons on site to prevent further complications during transit, and
- training families of the disabled on handling and care.

2. Education

This includes all phases of education (pre-school, general, vocational, and higher education) that are suitable to the abilities of the disabled and that are commensurate with their various categories and needs, including the continuous updating of curricula and services provided in this field.

3. Training and habilitation

This includes the provision of training and habilitation services as required by the labor market, in order to be competitively employable. This also includes the provision of vocational and social habilitation centers and adequate training aids.

4. Work

This includes recruiting and employing persons with disabilities to give them the opportunity to discover their personal capabilities and potential and enabling them to earn and generate an income like other members of the community. This also includes enhancing the performance of employed persons with disabilities by providing further ongoing training.

5. Social

This includes programs which contribute to developing the capabilities of persons with disabilities to enable them to integrate naturally into various facets of public life without hindrance from the nature of their disability.

6. Culture and sports

This includes utilization of cultural and sporting facilities, and the adaptation of such facilities to enable persons with disabilities to participate therein, indoors and outdoors, in a manner suitable to their abilities.

7. Information

This includes the role the mass media plays in enlightening and educating the community by:

- defining the types and causes of disabilities, and the importance of the processes of early diagnosis and prevention,
- educating the public in the role of persons with disabilities in society, by identifying their rights, needs, abilities and their contribution to the services available; as well as educating persons with disabilities regarding their duties towards themselves and their role in society,
- producing special programs for persons with disabilities that will assist them in their integration into society, and
- encouraging individuals and institutions to provide financial and moral support to the disabled and encouraging volunteer work in the community to serve persons with disabilities.

8. Complementary services

This includes:

- facilitating a method of public transport to securely and safely transport the disabled and their caretakers, at reduced cost (depending on the condition of the disability),
- providing day-care centers and/or home help to assist persons with disabilities, and
- providing technical aids.

ARTICLE 3

The Supreme Council shall coordinate with authorities to abide by the regulations for architectural specifications required to provide access and accommodate persons with disabilities in all centers for habilitation, training, education, medical, welfare and public places, as well as all other areas, to enable persons with disabilities easy access of movement and transportation. All authorities shall abide by the said regulation.

ARTICLE 4

The Supreme Council will coordinate with authorities to provide manpower to be educated and trained nationally and internationally in the field of disability, and to promote the exchange of experience with other countries.

ARTICLE 5

The Government shall award loans for persons with disabilities to establish occupational or commercial employment that is suited to their abilities in their capacity as individuals or as a group.

ARTICLE 6

Technical aids and devices used by persons with disabilities shall be exempt from customs duties. These will be specified in a list approved by the Ministry of Finance and National Economy.

ARTICLE 7

A trust fund shall be established, under the control of the Supreme Council, for depositing all endowments, donations and revenues from fines, and which will be used for providing care for persons with disabilities.

ARTICLE 8

A Supreme Council for the Affairs of Persons with Disabilities will be established. The Council shall be associated with the Prime Minister and shall be constituted as follows:

- Chairman, to be appointed by Royal Order, and members
- A Secretary General for the Supreme Council
- The Minister of Labour and Social Affairs
- The Minister of Health
- The Minister of Higher Education
- The Minister of Education
- The Minister of Finance and National Economy
- The Minister of Municipal and Rural Affairs
- The General President of Girls Education

- Two persons with disabilities
- Two businessmen interested in the affairs of persons with disabilities
- Two specialists in the field of disability.

The latter six members are appointed by the Prime Minister based on recommendations of the Chairman of the Supreme Council and their appointments are for renewable terms of four years.

The Chairman of the Supreme Council may appoint any member of the Council to act on his behalf in the event of his absence.

ARTICLE 9

The Supreme Council will be authorized in the organization of the affairs of persons with disabilities in the following:

- issue policies and procedures and decisions required to implement this code,
- *propose modifications of regulations pertaining to the affairs of persons with disabilities in different areas, propose basic standards to what is offered to them or to whoever takes care of them, i.e. financial benefits,*
- ensure implementation of this code and its regulations, including other policies and procedures relating to the affairs of persons with disabilities,
- *coordination between the Government and private sectors in relation to services provided to persons with disabilities.*

ARTICLE 10

regarding the An annual report will be submitted to the prime ministe achievements of the Supreme experienced, and means of support services provided to persons with disabilities.

ARTICLE 11

- a. The Chairman or his Acting will call upon the Supreme Council for
a twice annual meeting.
- b. The Supreme Council hall convene upon the presence of a majority of its members, including the Chairman or his Acting, and shall take its decisions by the majority of the votes of the attendees. In the case of a tie, Chairman shall have the deciding vote.

ARTICLE 12

The Supreme Council shall a General Secretariat and shall appoint a Secretary General and necessary staff, in accordance with the regulations of the civil service. The Secretary General will be responsible for the following;

- a. Administer to the General Secretariat,
- b. Assume responsibility for convening meetings, taking minutes, informing the concerned parties of decisions taken in the meetings,
- c. Prepare executive policies for this code,
- d. Prepare technical reviews on the work of the Supreme Council,
- e. Format policies and procedures relating to the affairs of persons with disabilities, in coordination with the concerned parties,
- f. Represent the Supreme Council to governmental departments, institutions and other related organizations,

- g. Form committees consisting of members specialized and experienced in reviewing the issues related to the disabled,
- h. Prepare an annual report on the work of the Supreme Council, and
- i. Perform other duties allocated to him by the Supreme Council.

ARTICLE 13

The Supreme Council shall form a working group from amongst its members or otherwise. The Council shall determine and specify the Group's expertise and work methodology.

ARTICLE 14

The Supreme Council shall have a budget which shall be subject to the general rules and provisions of the Kingdom's budget.

ARTICLE 15

All pre-existing codes, policies, procedures, decisions and instructions relating to persons with disabilities shall be modified according to this code within three years of the date of its publication.

ARTICLE 16

This code will be published in the official book of law shall be valid and the effect after 180 days from the date of publication

(Prince Salman Center for Disability Research,KSA, Riyadh)
<http://www.pscdr.org.sa>