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Dedication

"To my parents and my wife"

Abstract

The State of Qatar has seen sharp changes towards modernisation in recent years. These include changes in the State infrastructure, the economy, the open market policy, democracy and the introduction of legislation to support these changes. Family and childcare have attracted important attention and concern during these changes from the State authority to meet the future challenges and the needs and satisfaction of children, as well as their parents.

No comprehensive research has been conducted in the field of childcare in the State to support, enhance and provide insight into the authority decision-making or policies towards childcare and welfare. Therefore, this study represents the first research in this field and also represents part of the State's policy to cover this omission. The research aims to open, promote and explore issues of childcare for children with special needs. These issues include care agencies' practices and values, partnership with parents, services provided, care policies and social barriers.

Extensive fieldwork was carried out to provide the data and information needed, with a framework based on systems and family theories to meet the aims and objectives of the research.

The main services provided by the care agencies are education and social skills programmes; this reflects the parents' wishes. The research also provides the various changes needed within the profession to meet the future challenges.

On the basis of this research, a number of conclusions have been drawn. Entering into partnerships with parents of children with special needs is still in its early stages in the State. There is a need to promote and encourage this partnership. There is also a need to develop mutual understanding and share experiences with parents. The research has also revealed that the social barriers are the main obstacles for integrating children with special into society.

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Chapter 1
Introduction

1.0 Introduction

Since childhood is the most crucial and delicate period in human life, it warrants research and study in a sound scientific way. Thus, childcare and welfare have ever been the focus of all civilized societies. However, it should be pointed out here that childcare is not prototypically the same in all societies. Childhood is conceived differently; it may range between three and sixteen years of age. In some African societies like Togo, a person at the age of twelve is grown up and fertile.

Family structure and the role of women within the family have changed significantly in the last few decades worldwide. This is may be due to political, economic and social changes. Today, in the UK for example, over one half of the mothers who have pre-school children are employed outside the home, and nearly an equal number are lone parents. More and more parents are needing to turn to non-family members to help care for their children while they are employed. Supplementary care of young children by non-family members is not new, however. Throughout history, families have needed to rely on others to watch over their children (Gotts, 1988).

There is a real need then, not just for childcare, but also for quality childcare. The advice that Galinsky and Phillips (1989) give to parents in need of help is: "If you have been wondering how your children will turn out...it is your relationship with your child and the childcare you select that matter (p. 115)." Help for improving the quality of care provided to our youngest citizens is again coming from a variety of sources. For parents with children with special needs the demand for a better relationship with care agencies and the children with special needs is greater. This is due to the importance of this relationship in the development and improvement of the child in integrating into society.

In modern and progressive societies, children are essentially protected by a number of laws. In the Arab world, inclusive of Qatar, the laws that protect children are almost the same as those adopted in the west as the Arab countries are members of UNICEF, the United Nations Organization that was established in

1969 to support childcare and the rights of children. The main problem in some countries remains the lack of policies and their implementation in society.

Children with special needs are important elements in society. Their numbers have increased due to improvements in health services and education. These services increase life expectancy and are better able to identify the needs of such children who are part of our society today. The problem up to now is that they have been isolated due to their disabilities. Their rights in many countries are denied or treated differently. Children with special needs should be treated equally in society in order to contribute positively to that society.

Family commitment towards the demands of securing a good future for children with special needs is increasing. This is due to the fact that family members need to plan their present and their future. This includes planning their daily lives and their retirement, as well as their financial security. These commitments have led to many stresses on families. A family with a disabled child will undergo a great deal of stress, as this will change their lives. It creates financial pressures, as well as the pressure of coping with the needs of the disabled child.

In Arabic countries embracing Islam, certain laws are based on the religious creed. Moreover, there are unwritten laws in the form of religious instructions or the principles of convention. Another issue is the culture and traditions of the society that will have powerful effects on childcare.

Qatar is a rich, small country with a strong Arabic culture and the Islamic religion. Children represent important elements in its future plans due to the country's low population.

In the field of social work, no comprehensive research has ever been conducted into childcare in general, and children with special needs in particular, in the State of Qatar. Social work in Qatar has lately developed tremendously, particularly with regard to children with special needs. This development needs to be investigated and analysed, along with guidelines and recommendations provided for the State authorities.

Hence, research studies are needed to provide detailed insight into the operation, decision-making and outcomes of the current childcare processes, to raise major questions for policy-makers and practitioners, and to initiate debates about the future directions for children with special needs in Qatar.

This research represents pioneering research into the area of childcare in Qatar in general and children with special needs in particular. Therefore, it will explore many issues regarding the care of children with special needs in the State of Qatar and, as such, is aiming to explore issues rather than investigating any one theory. It will combine a range of methods in order to achieve an overview.

1.1 Research Aims and Objectives

The main aims and objectives of this research are to explore and investigate the care of children with special needs in the State of Qatar. These will include the following:

1. To investigate and analyse changes in Qatari families from the children's perspectives and the impact of these changes on childcare.
2. To investigate and analyse the current status of children with special needs and social attitudes towards them.
3. To investigate and analyse the current policies concerning children with special needs in the State of Qatar.
4. To investigate and analyse the parents' rights toward their children with special needs.
5. To identify barriers in establishing policies for children with special needs.
6. To analyse and investigate the value of the existing policies.
7. To investigate the practice values of the childcare agencies.
8. To identify problems and obstacles in the childcare agencies.
9. To analyse the recent changes in social values regarding childcare in the State of Qatar and the definition of childhood.
10. To examine the education and health of children with special needs.
11. To examine the current services and facilities provided by the care agencies.
12. To investigate the position of the care agencies within State structures.
13. To investigate the opinions and attitudes of families with children in care, staff in childcare agencies towards child care policies, and the practices and values of the policies in place.

1.2 Importance of the Research

Governments have obligations towards the United Nations to provide for children's needs and protection. However, there are still many countries without any serious independent academic research to investigate this important issue.

The importance of this research rests on the fact that childcare in general, and issues regarding children with special needs in particular, have not yet been researched, investigated and analyzed in the State of Qatar. Therefore, this research is essential for social work, which aims to enhance the status of children with special needs in this small state. It also attempts to highlight the efforts so far exerted in this area and to discover any possible deficits.

The State of Qatar is in the process of building and modernising its political, civil and economic systems. The pinnacle of this modernisation, led by HH Sheikh Hamad Al-Thani, the State Emir (ruler), was the introduction of the draft permanent constitution of the State in April 2003, the first in the State's history. The new permanent constitution states that:

> *The citizens of Qatar shall be equal in public rights*
> *and duties.*
> *(Article 34)*

This article treats the State's citizens equally, regardless of their special needs. This will give citizens with special needs equal rights to public services and facilities. The other important highlight is the creation of a new act safeguarding the right of women to vote and nominate themselves for local council elections for first time in the history of the State.

The new permanent constitution Article 21 also recognises the family as the basic unit of society and states that the law should regulate adequate means to protect the family, support its structure and protect children. This is an important statement regarding the family and children and is also a clear indication of how these are valued by the State ruler.

Article 21 of the draft permanent constitution of the State of Qatar states:

> *The family is the basis of society. A Qatari family is*
> *founded on religion, ethics and patriotism. The law*
> *shall regulate adequate means to protect the family,*
> *support its structure, strengthen its ties, and protect*
> *maternity, childhood and old age.*

(Article 21)

There are no comprehensive research projects and studies in the State to investigate and analyse the practical implementation of the above article. There is also a need for academic based information, data and analysis that can be used as guidelines by the authorities to help and support their decisions to support and protect the family and children.

Therefore, this research aims to provide the authorities with an important document to be used in terms of its guidelines and recommendations in its strategic plan in developing the childcare system in the State. This research is intended to open and explore issues for researchers in the field.

1.3 Research Questions

This research will aim to answer the following questions:

Q1: What are the values of the existing policies related to children with special needs?

Q2: What are the main barriers and obstacles faced by the childcare agencies?

Q3: What are the main barriers in establishing policies for childcare?

Q4: What are the main steps needed to improve childcare in Qatar?

Q5: What are the rights of children with special needs in Qatar in terms of care, educational and health, and the cultural, social, family and legal points of view from an Islamic perspective?

Q6: What rights do parents have in relation to their children?

Q7: What do parents think about the services received by their children?

Q8: What are the benefits the children get from the services provided?

1.4 Research Methodology

Due to the nature of this research, both positivistic and interpretative paradigms will be used. A positivistic approach will be used to predict and analyse the data available in the childcare area. This will help to identify policies, guidelines, services and care programmes. This will also be used along with any data provided in the case studies and interviews.

Interpretative paradigms, interviews and case studies will also used. This will help in using people's experience and understanding to establish their views in order to support the research aims and objectives.

This research will use quantitative and qualitative research methods with variables focused on authorities, social workers, care staff and children in social care in the State of Qatar. The research will adopt the following strategies to collect data:

Secondary Data

The documents of all the childcare agencies and governmental documents will be examined to investigate and analyse policies, guidelines, and the number of children and employees, for example.

Primary Sources

These include the following:

a. Case Studies

A number of case studies has been investigated and analysed to develop an understanding of the background of children with special needs and relevant social factors. The case studies include two children with special needs from each childcare agency. Eight children were studied in total.

b. Semi-structured Questionnaire

A semi-structured questionnaire has been used to investigate and analyse the opinions and attitudes of the parents of the children with special needs towards the services provided by the care agencies, as well as issues related to the children with special needs themselves.

c. Semi-structured Interviews

Semi-structured interviews have been used to investigate and analyse the opinions and attitudes of the childcare authorities, social workers and the childcare agency staff towards policies, values, problems and obstacles, and the future plans in childcare.

1.5 Structure of the Thesis

The thesis consists of eight chapters:

Chapter One: The Introduction. This chapter introduces the main aims and objectives of the research, the significance of the studies, the research methodology used and the research's main questions. The chapter closes with the thesis' structure.

Chapter Two: The Theoretical Framework. This chapter presents and discusses the research's theoretical framework. This includes systems theory, predominant theory of the framework; Qatari family values, child rights and protection, care and welfare policies and practices, and family structure.

Chapter Three: Children with Special Needs. This presents and discusses the background of the theoretical framework towards children with special needs. This includes child development theory, social model, children and discrimination, and children with special needs and discrimination. The chapter closes with a discussion of children with special needs and society.

Chapter Four: The State of Qatar. The chapter provides information on and background to the State. The chapter covers the main systems of the State. These are the political, economic, social, educational and health systems; an overview of the historical and geographical background of the State is also provided.

This chapter also presents the main care agencies for children with special needs in the State, as well as the main social care and social welfare agencies.

Chapter Five: Research Methodology. This chapter presents and discusses the research methodology used. This includes the case studies for children with special needs, the questionnaire for the parents, and interviews with authorities and care staff. The chapter also presents and discusses the fieldwork sample, the reliability of the data obtained and the validity of the methods used.

Chapter Six: This chapter provides a comprehensive analysis of the fieldwork. This includes analyses of the case studies, the questionnaire and the interviews. It includes the processing of the fieldwork data, presenting and providing a critical analysis of the findings.

Chapter Seven: The Discussion. This presents a critical analysis of the main findings of the fieldwork. The chapter also uses the theoretical framework to support the main findings. This includes a discussion of children with special needs: barriers to integration, partnership with parents of children with special needs, impact of changes in family structure on childcare, current state of the care agencies, children rights, problems and obstacles and changes needed. The chapter closes with concluding remarks.

Chapter Eight: Conclusions and Recommendations for change. This chapter presents the main outcomes and findings of the research as well as providing suggestions and recommendations for change to improve childcare in general and children with special needs in particular. The chapter also provides the State's authorities with recommendations that can be considered and used in their strategic planning.

Theories

Level 1

Positivist and Interpretive paradigms will be used in this level

| Child Development | Social model of Disability | Changes in the Family Structure | Children Rights and Protection |

Level 2

Positivist and Interpretive paradigms will be used in this level

Children's and Parents Rights

Childcare Organizations

Practice and Values in the Childcare Agencies

Values in Childcare Policy

Problems and Obstacles

Figure 1.1: Levels of the Research

Research areas of analysis

Research Areas

Research Elements

Research Methodology

Research Task

Childcare for Children with Special Needs

- ❖ *Changes in the family structure*
- ❖ *Current status of childcare agencies*
- ❖ *Parents' participation and rights*
- ❖ *Opinions and attitudes towards children with special needs*
- ❖ *Children with special needs: rights in health and education*
- ❖ *Values and beliefs in the policies*
- ❖ *Practice values of the agencies*
- ❖ *Problems and obstacles*

Children with Special Needs

Parents

Social Workers

Care Staff

Care Authority

Case Studies

Semi-Structured Questionnaires

Semi-Structured Interviews

Critical Analysis of the Literature

- ➤ Examine changes in the Qatari family
- ➤ Investigate the parents' participation in childcare agencies and their rights towards their children
- ➤ Investigate and analyze the service for children with special needs provided by the care agencies.
- ➤ Investigate the rights of children with special needs.
- ➤ Investigate the current policies in childcare towards children with special needs in the State of Qatar.
- ➤ Explore pinions and attitudes towards children with special needs.
- ➤ Identify problems and obstacles in childcare agencies.
- ➤ Gain insight into the current situation in childcare.
- ➤ Examine policies, procedures guidelines and values in child care.
- ➤ Identify barriers in establishing childcare policies
- ➤ Provide recommendations for change and guidelines to the authorities for planning.

Figure 1.2: Research flow chart

Chapter 2
The Research Framework

2.0 Introduction

As well as the enormous support for progress in and awareness of children's rights and welfare in the last few decades, childcare has also received the close attention of the international community. There are still, in many countries around the world, however, governments that are far from providing the necessary child welfare and protection. There are many factors hindering the introduction of child protection and welfare systems. Some of these factors are in the hands of governments, while other factors are not.

The ideology of a ruling group plays a major role in enforcing values in social institutions. Each group has its own ideology and will try to implement it. Individuals will carry the values of the most powerful in the institution.

It is very important to discuss and analyse the interaction among children, family and society in investigating and analysing childcare as these three elements play an important role in setting, exchanging and developing values and norms. This is because the family plays the major role in a child's life and society provides the environment in which the child and the family will share values and norms. Therefore, this chapter introduces and discusses a framework that will consider these three elements, namely the child, the family and society. Systems theory will be the predominant theory of the framework.

Figure 2.1 shows the bases of the research's main framework. Understanding the framework will help to understand and evaluate children with special needs, care agencies and social work practices within the care agencies. The framework divided to five areas. These are:

- ➤ Society
- ➤ Family
- ➤ Child with special needs
- ➤ Social care: childcare
- ➤ Children's rights and child protection

The chapter introduces and discusses the framework together with their relation to the State of Qatar.
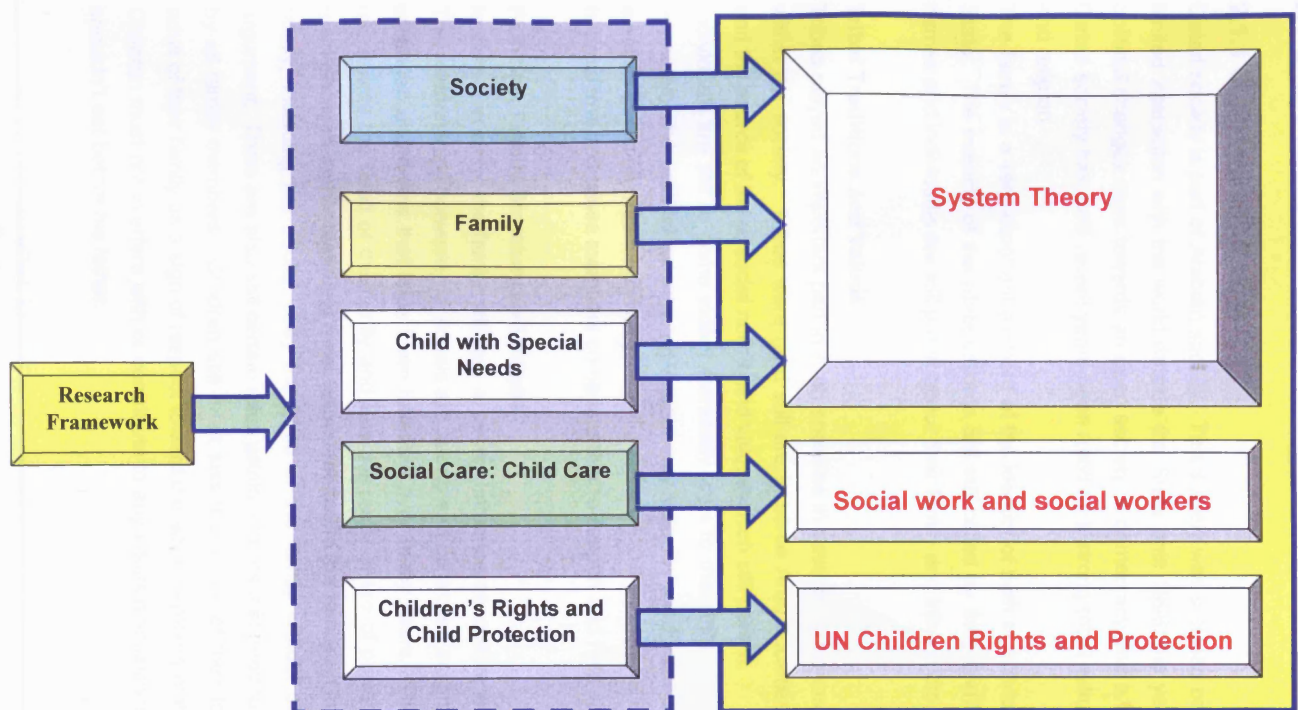
Figure 2.1: The main areas of the framework

2.1 Qatari Values

2.1.1 Qatari Family Values

Qatari society is part of Arabian society. This society was a closed one with very limited interaction with the world outside the State until 1996, the year that saw political changes more towards an open society, a democracy and a free market. Qatari society has, until recent years been ruled by a strong tribal culture, tradition and religion.

The family is a very important element of the identity of both in individual and the State. The majority of the State citizens are still called by their traditional family names and individuals are still proud about their family and tribal roots.

Tribal Traditions and Values

Tribes played an important part in Arab societies in developing norms and values within the society. Tribes were (and still are in some Arab societies) the rulers and the source of these social norms and values which still persist.

Individuals are still to some extent extremely loyal to their tribal origin in social, economic and political sense. Individuals may vote for candidates in a general election based on their tribe loyalty.

In problems and crises members come together to support and help each other.

Families, Family Structure and Values

In Qatari society, the family still has a strong influence on culture and tradition. The relationships between individuals are strong and controlled according to a set of values and norms that have been inherited over many years. The father still represents the head of the family and has the major share of power. He is the main decision-maker regarding most issues related to the family. Children of the family, including the adults, obey the head of the family without discussion or argument. There are also still certain rules within families that need to be followed by all family members. Children still must kiss the "nose" of their father or any adult of their family as a sign of respect toward the adult members of the family. Children must not interfere with or contribute to any adults discussions. The child shouldn't eat before his father.

The family collectively shares responsibilities in the case of a child with special needs.   Children must also share the responsibility by providing care for their brother or sister.

Children should also behave according to certain rules within society.   They cannot travel alone, mix with adults, smoke, drink alcohol or chat with females. The child must interact within the limits of behaviour accepted by society. See Figure 2.2

Figure 2.2: Child's behaviour within society

Social Values

Limits of accepted values

Child's behaviour
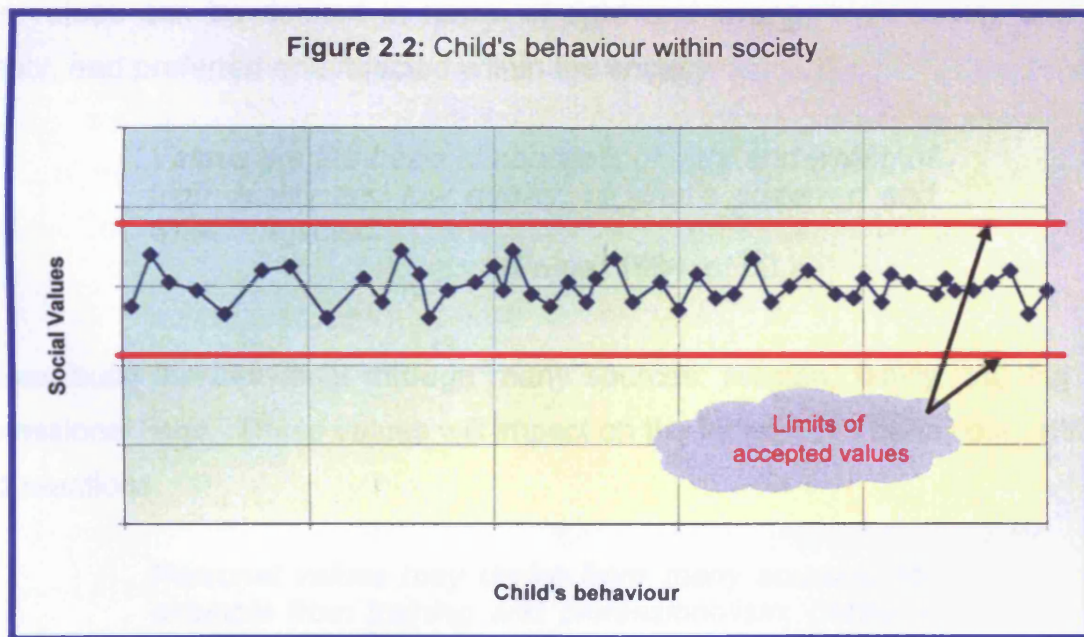
2.1.2 Values in Social Care

It is difficult to state precisely what exactly the term 'value' means but it is essential to clarify the meaning of 'value' in social work.   This is because the same words frequently have different meanings for members of different disciplines and their use may also vary according to the personal experiences of those using them and to the particular contexts in which they are used.

In any society, due to a mix of many factors, including religion, culture and the mass media, a set of social values will emerge to which individuals will respond accordingly. This may be observed by their actions and words, as Petrie (1994) states:

> *Values may be seen as operating at different levels.*
> *At the level of the individual, they may be deduced*
> *from behaviour and, perhaps less reliably, speech.*
> (Petrie, 1994, p. 59.)

The values can be defined in terms of right and wrong, high quality and low quality, and preferred and rejected within the society.

> *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.)

Values build the individual through many sources: religion, family, training and professional liens. These values will impact on the individual's behaviour, attitude and reactions.

> *Personal values may derive from many sources: for*
> *example from training and professionalism, personal*
> *reflection on experience, or the influence of the mass*
> *media.*
> (Petrie, 1994, p. 61.)

In any society, values may change. This change is due to many factors, such as politics, religion and ideologies. In the case of a society moving towards religion, values can be observed to change. For example, many Iranian values changed after the 1979 revolution; this is an example of a religious factor. Regarding political factors, the change in values in Eastern Europe after changing from Marxism to a liberal market was quite noticeable.

> *Values have their own history, including the influence*
> *of politics, religion and other ideologies.*
> (Petrie, 1994, p. 60.)

In childcare, there are four main elements: the child, the parent, the provision and the provider. The main task of care provision is to provide the right service to meet the child's needs and their family's satisfaction. The quality and the process of care "depends on provision values", defined by Petrie as:

> *The term provision values and aims, relates to what the providers are hoping to achieve, what impact they hope their services will have, and why they are providing them in the first place.*
>
> (Petrie, 1994, p. 76.)

These values may change from one provision to another or from one state to another, as will be discussed in more detail later on. In the present case this can be seen to derive from the emerging values associated with the state agenda for modernising Qatar. The other important factor in providing care depends on the "practice values" offered by staff.

> *The terms practice values and aims relate to what staff (and sometimes providers) are hoping to achieve within the provision.*
>
> (Petrie, 1994 p. 63.)

Of course, individuals will carry out the practice and each individual has his/her own values. These may be:

> *... in the way different staff reacted to 'unacceptable' behaviour – and what they counted as unacceptable.*
>
> (Petrie, 1994, p. 73.)

Clearly, many of the values held by practitioners can be seen to derive from the family and tribal systems which have been dominant in Qatar until recently. Understanding child behaviour is an essential issue in providing services to the child. His/her psychological state is an important factor behind the response to children's services. As Heywood stated:

> *Perhaps the most important factor behind the*
> *response to the children's services was the*
> *development in the understanding of their psychology.*
>   (Heywood, 1973, p. 9.)

The key issue here is the extent to which providers hold shared values concerning the child's needs and interests. Respecting and enhancing these values are the main aims of child welfare and protection workers.

2.1.3 The Value of Children

Unfortunately, children may not be valued, especially in developing countries where economic studies and planning are still ignoring children:

> *Most studies of economic growth and the physical*
> *quality of life have ignored children or treated them as*
> *faceless variables.*
>   (Bradshaw, 1993, pp. 134-142.)

Ignoring children in economic planning and growth has led many children into poverty. The United Nations has recognised poverty as the main enemy of children. Javier Perez de Cuellar, Secretary-General of the United Nations, addressed the Heads of States or Governments, at the World Summit for Children, United Nations, 29-30 September 1990 concerning this issue by stating:

> *Poverty, I repeat, is the main enemy of children.*
> *Hunger, disease, illiteracy, and despair: these*
> *constitute the enemy's fearful train.*
>   (Secretary-General of the United Nations, 1990.)

Whilst Qatar is not a poor country it may still be the case that children's distinctive interests have not been recognised.

Introducing, implementing and developing a welfare system in any society reflects the beliefs of that society and whether it generally believes in decision-making based on the concept of children's rights. The most important factor determining this belief is in how rights are defined and the most important starting point is that

society must believe in treating people as human beings. Clifton and Hodgson tried to define rights as:

> The concept of rights symbolises fundamental beliefs
> about treating people as human beings.
>   (Clifton and Hodgson, 1994. p. 86.)

2.1.4 Values in Social Work

A value determines what a person thinks he/she ought to do, which may or may not be the same as what he/she wants to do, what it is in his/her interest to do, or what in fact he/she actually does. Values, in this sense give rise to general standards and ideals by which we judge our own and others' conduct; they also give rise to specific obligations (Central Work Curriculum Study, 1976, p. 14).

Weber (1990), a German philosopher, introduced and used a methodological concept of "ideal types". Ideal types can be used in research on social, religious and organisational structures.

Ideal types, according to Runciman (1978), are evaluated as:

> The construction model of a fully rational purposive
> action ...can be understood by the sociologist with
> complete certainity...; as a type (an ideal type) it
> enables him to understand the real action as a
> deviation from what might be expected if those
> performing it had behaved in a fully rational way.
>   (Runiciman [ed], 1978, p.9.)

The "ideal type" introduced by Weber (1930) and the "value positions" introduced by Harding (1997) were used together by Smith (2000) to promote an improved understanding of the relationship between policy and practice in child care. He addresses the general question of the relationship between values or ideologies, and practice in social welfare, identifying a number of critical concerns about the way this relationship is theorised and understood.

Values can be understood as being prized and valued by a person or a group, as stated by Algie (1975):

> A value is something prized by a person or a group, a norm by which excellence, significance or desirability is attributed to various situations.
>
> Values are expressed by the use of verbs such as cherishing, being motivated by, feeling favourably towards and similar hurrah-words. Objectives are values which have been sufficiently embodied in behaviour to influence what people seek in action.
> (Algie, 1975, p. 1.)

The values can be measured in terms of their strength and importance for an individual or a group, as stated by Zimmerman:

> Values can be measured in terms of the importance or strength with which they are held by individuals, families, and larger populations.
> (Zimmerman, 1995, p. 151.)

Values are distinguished from personal preferences in that they have been accepted and articulated to some degree by a group, of which the individual is probably a member. Therefore, a value is used as a socially accepted standard, at least by some groups, which guides individuals into making choices. The values with which social workers are primarily concerned are those which govern choices in the moral sphere. Qatari society, as a system, has a set of values and norms that individuals within society need to follow to interact positively within these sets. For example, drinking alcohol is not a norm in this society; neither is a child arguing with his/her father/mother. Qatari society values highly family respect as respecting one's father and mother is part of Islamic instruction. This value is reflected as a norm within the society.

Pincus and Minahan (1977, p. 38) listed six values as basic to the practice of social work . These are :

1.   The individual is the primary concern of society.

2.   There is interdepependence between individuals in this society.

3.   They have social responsibility for one another.

4.   There are human needs common to each person, yet each person is essentially unique and different from others.

5.   An essential attribute of a democratic society is the realization of the full potential of each individual and the assumption of his/her social responsibility through active participation in society.

6.   Society has a responsibility to provide ways in which obstacles to this self-realisation (i.e. disequilibrium between the individual and the environment) can be overcome or prevented.

By contrast, Qatari society has tended to priorities tribal and family interests over those of the individuals.

2.2 Qatari Society as a system: System theory

System theory is a major perspective, since it provides a way of understanding how all members of a family can affect and influence one another. This capacity to deal with analysis of relations among people in groups was also important in gaining an understanding residential care (Payne, c., 1977, pp. 195-216; and Atherton, 1989). One important factors for efficacy systems theory is that it accepts and analyses existing social orders rather than, as with radical theory, analysing and rejecting them. Therefore, the theory fits well with a profession and agency structure, which is part of the state and has authority and power.

The main component of systems theory is the interaction between the organisation and the world outside it. This theory accepts the idea that organisations cannot survive without market demands and technologies. This is an important theory to explain State permeations as it looks to the state as a

whole system; relationships within the State are very important in order to support the exercise of power.

The majority of citizens in the State of Qatar are mainly from Arabian tribes with a strong background of Arabian culture and tradition. Their past way of living, interactions within their society and outside, and religion have created a set of values and norms within such a society. These in turn have created norms and values concerning the care of the elderly and children which make it difficult for anyone else to care for a child or an elderly person apart from the family as the norms and values are directed towards the importance of family responsibilities.

Social, political and economic changes in the state have led to citizens accepting external help and support to care for children. However, caring for the elderly is still in its early stages. Changes in childcare have led to the creation of a number of childcare agencies for children in general and for children with special needs in particular. Therefore, understanding these norms and values will help to understand childcare practice, especially the role of the family in childcare practice, and the need for decision makers to understand and be aware of these norms and values.

Open System/Closed System

Systems can be either closed or open. In a closed system, it does not interact with any other system. The system does not accept input nor provide output, nothing leaving or entering the system. A system can be created in any space. It is then surrounded with a boundary. A 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 the circle. A rigid family which does not allow interaction within the community is a good example of a closed system.

Figure 2.3 shows a closed system, with the system boundary represented by a dotted line. In this system, there is nothing leaving or entering the system, neither do they accept input nor provide output. Communities are very conscious of their identity and are unwilling to tolerate strangers or new behaviour. Such communities, with relatively closed boundaries, may suffer some of the effects of

entropy (Compton and Galaway, 1999, pp. 29).   Entropy Systems use their own energy to keep going, which means that unless they receive inputs from outside the boundary, they run down and die (Payne, 1997, pp. 138).
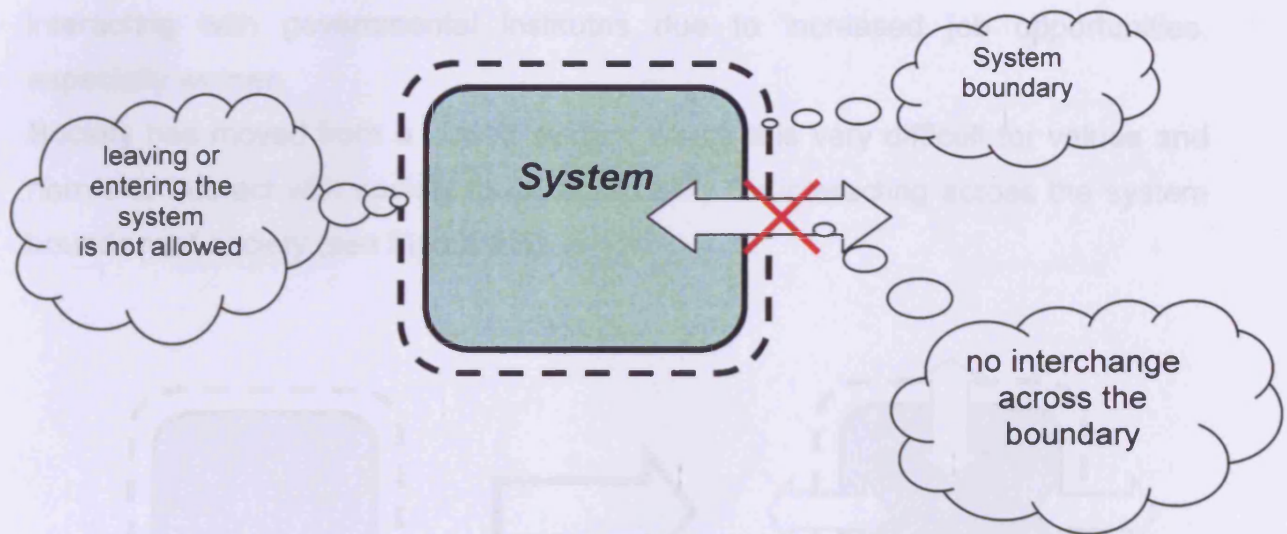
Figure 2.3: A closed system

Figure 2.4 represents an open system.   This system has a semi permeable boundary which will allow the system to interact with other systems.   It accepts input entering the system, and provides output leaving the system.
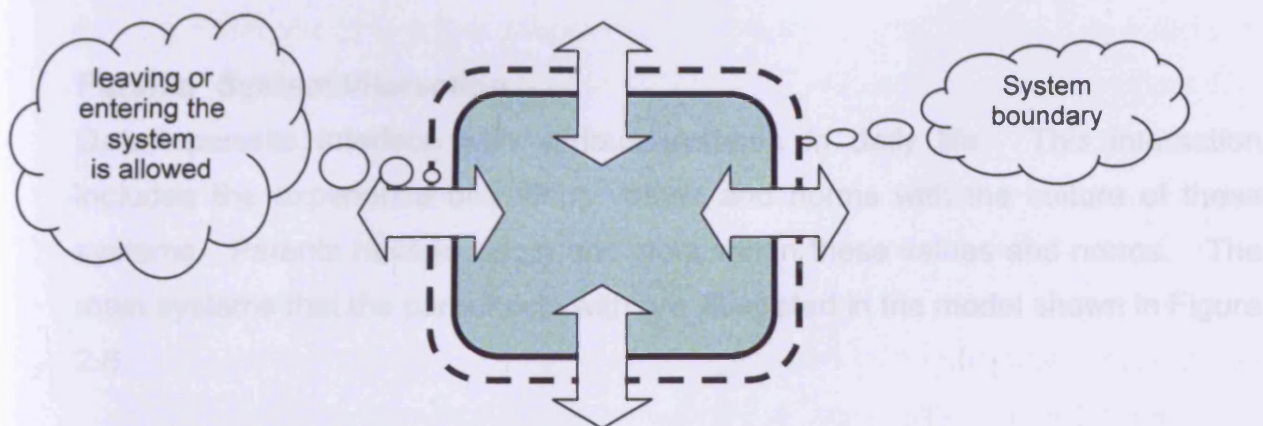
Figure 2.4: An open system

The Qatari Family

In recent years the Qatari family has become more open than even in the late seventies and eighties. Family members have more interaction with other systems within society. Children are interacting more due to increases in the number of schools for both sexes. Parents, especially women, are also interacting with governmental institutes due to increased job opportunities, especially women.

Society has moved from a closed system where it is very difficult for values and norms to interact with society to more flexibility for interacting across the system boundary of society (see Figure 2.5).

Closed System   **Open System**
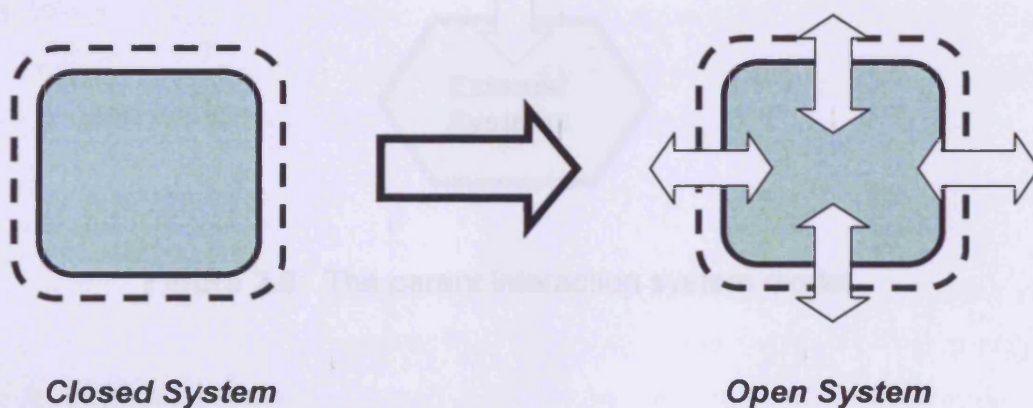
Figure 2.5: Changing from a close to an open system

Parents' System Interaction

Qatari parents interlace with various systems in daily life. This interaction includes the experience of various values and norms with the culture of these systems. Parents have to adopt and work within these values and norms. The main systems that the parent acts with are illustrated in the model shown in Figure 2.6.
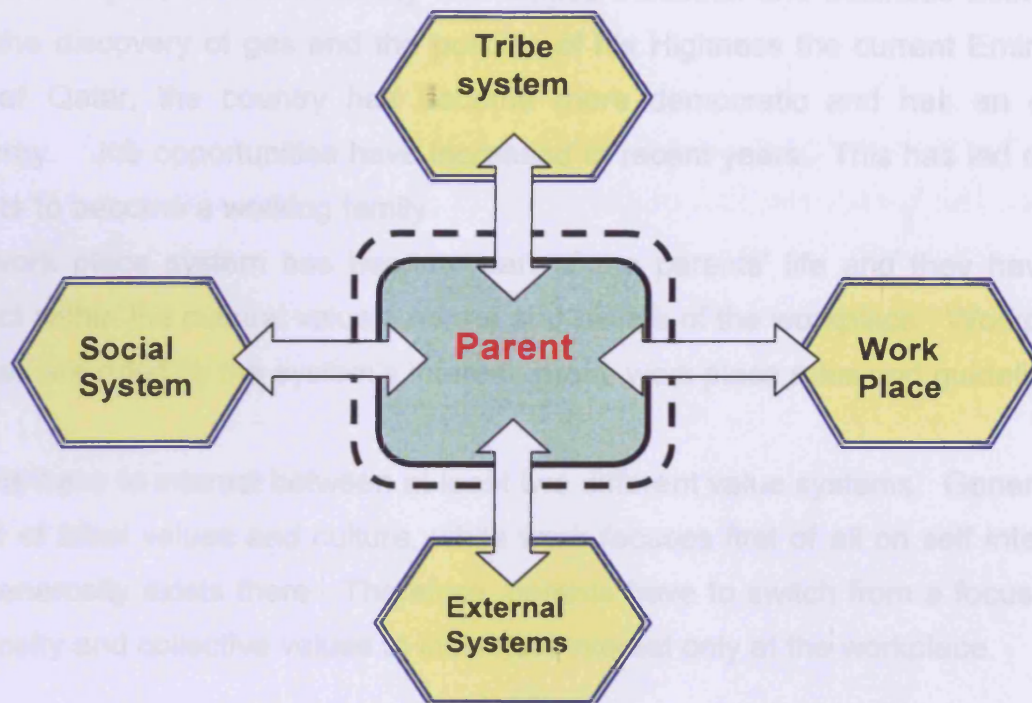
Figure 2.6: The parent interaction system model

The Tribe system

The Qatari system still has strong tribes and large families within society. These tribes and families have their values, norms, traditions and beliefs. The individual has to interact within the tribe according to these, values because the system has a strong belief that they have a tribal commitment to each other. The tribe moves together as a system in supporting and defending its values and norms. In a conflict with other tribes or individuals, the tribe as a system will act together to solve the problem.

In marriage the tribe still has its own tradition that the bride and groom cannot see each other until the marriage ceremony. Children, even after their marriage, have commitments towards their parents. These commitments include financial and social responsibilities (visiting on a regular basis), and high respect for and obedience to their instructions.

The Work Place

Qatari society was a tribal society with limited industrial and business activities. After the discovery of gas and the policies of his Highness the current Emir, the ruler of Qatar, the country has become more democratic and has an open economy.   Job opportunities have increased in recent years. This has led many parents to become a working family.

The work place system has become part of the parents' life and they have to interact within the cultural values, norms and beliefs of the workplace. Workplace cultures are ruled by the system's interest, profit, work place rules and guidelines.

Parents have to interact between at least two different value systems. Generosity is part of tribal values and culture, while work focuses first of all on self interest. and generosity exists there. Therefore, parents have to switch from a focus of a generosity and collective values to individual interest only at the workplace.

External Systems

The standard of family life has improved in recent years. This includes better salaries, health services, education and business opportunities. The changes in standards of living and in open and democratic policies have encouraged many families to travel abroad as tourists, and to partake in consumer services and business. Individuals and families travel to various western countries and other Asian countries for the above reasons. Travelling abroad has led parents to interact with external systems that may have sets of values, norms and beliefs that are different from the parents, values, norms and traditions. This has led parents to access a new set of values that are different from their own parents ideas. Therefore, the parents have to adapt to these values while they are abroad and may analyse these and their impact on themselves and their roles.

The Social System

The social system within the Qatari state system has changed in recent years. The system now is a multi-cultural system with different nationalities who represent the main part of the national working force.   The main incoming elements of the system are Asians and Westerners who brought with them their

own norms and values. The important factor here is that they created a market, working places and social activities based on these values and norms.

The Child System

The child interacts with his/her family on a daily basis. He/she grows with the values, norms, beliefs and traditions of the family so that this system will be the most influential factor in the child's own values. Figure 2.7 shows the child interaction systems. There is a need for the child to interact according to the set of values and norms of each system.
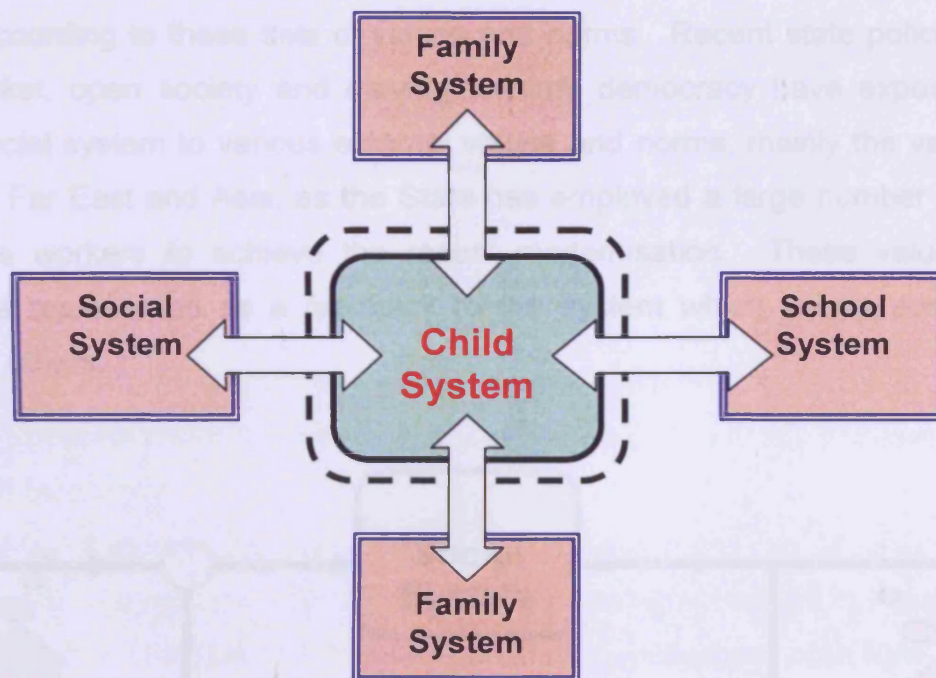
Figure 2.7: The child interaction system model

The child needs to behave according to the school's culture to be accepted.

The School System

One of the important sets of concepts on the way systems work and how we may change them can be simulated as a feedback loop. The system will have a set of norms and values as the main input to the system. These sets of values and norms control the behaviour of the individuals and groups within the systems. The system is exposed to various external interactions and external factors. These represent impact on the systems that need to be corrected or adjusted to. The output values and norms will be feedback which must be checked and adjusted to the input, to be used as a new set of values and norms for society.

For Qatari society, the Arabian culture and traditions represent the main input to the social system of the state, See Figure 2.8. Individuals and groups need to behave according to these sets of values and norms. Recent state policies, the open market, open society and moving towards democracy have exposed the State's social system to various external values and norms, mainly the values of the West, Far East and Asia, as the State has employed a large number of non-indigenous workers to achieve the recent modernisation. These values and norms are represented as a feedback to the system which rejects some and adjusts to others.
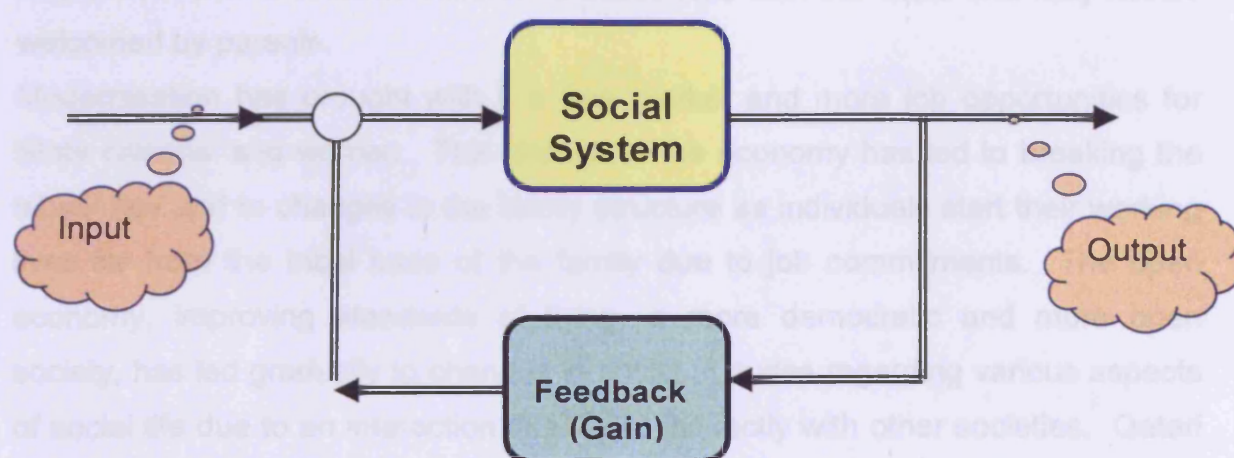
Figure 2.8: A closed loop system with a feedback gain

2.3 Family and State Power

The state of Qatar is moving fast towards modernisation due to various reasons. There is still a gap between the values and norms of the era of modernisation and current family values and norms. This modernisation threatens family values and norms. These changes can be summarised in the following:

1.   Shift in power
2.   Breaking the tribal ties, changes in family structure
3.   Changes in values
4.   Social attitudes.

There is a shift towards state power as a stronger influence on children and family individuals. The State is educating children according to its agenda: modernisation. This incorporates more freedom to individuals and more emphasis on children's rights. The education system may not, however, welcomed by the older generation, a generation with strong tribal norms and values.

Modernisation has brought about certain conflicts between the State and families. The shift in power towards children is associated with the State and may not be welcomed by parents.

Modernisation has brought with it a free market and more job opportunities for State citizens' and women. This change in the economy has led to breaking the tribes' ties and to changes in the family structure as individuals start their working lives far from the tribal base of the family due to job commitments. The open economy, improving standards of living, a more democratic and more open society, has led gradually to changes in social attitudes regarding various aspects of social life due to an interaction directly or indirectly with other societies. Qatari society has now accepted women's involvement in the political life of the State while this was a dream a decade ago, when considered against the norms and values of the State.

There is also shift from family to State power. This has come about as a result of various factors that contributed towards this shift, the most important factor being the change in political influences.

The State's establishment of various systems have helped to support its agenda in shifting power. Education, employment and care systems have helped to reduce family power.

Figure 2.9: Power shift from family and tribe to State

2.4 Family and Family Structure

This section presents the definition of the family, as well as the main theories regarding the family its structure, social care, child rights and social care in Qatar. This section will also provide the framework that will be used to evaluate and discuss the Qatari family based on the data and information drawn from the fieldwork. A discussion of these data will be presented in Chapter Seven.

2.4.1 The Family

The family is an important element in any child's life. The child interacts with, learns from, copies and models him/herself on the family. The family also acts as a ruler to the child in guiding him/her and introducing him/her to social functions. The family uses incentives and penalties during the integration of the child in society.

It is hard to agree on one specific definition of the family. There are differences in opinion among social scientists in finding one precise definition because of the complexity of the nature of the family. This complexity is generated because of the interactions, relationships, biological relationships and feelings among family members.

Therefore, the sociology of the family can be seen as a fairly new aspect of social science studies. The Dictionary of Social Science defines the sociology of the family as:

> *The study of how human sexual reproduction is institutionalised and of how children, which are the product of sexual unions, are assigned places within a kinship system. Two issues have dominated contemporary sociological approaches to the family. (1) The relationship between types of family structure and industrialization (2) Critics of modern family life suggest that a woman's place in the home compounds female inequality in society at large and that the modern family, based on intimacy and emotional attachment in fact masks a system of exploitation of wives by husbands and children by parents.*
> (Dictionary of Sociology, 1994, p. 401.)

It is important for any researcher, philosopher or theorist to define, or at least make clear, the definition of the family in his/her theory or thinking, as Klein and White stated:

> For a theory to be about families, there must be at
> least one family concept in the theory.
> (Klein and White, 1996, p. 20.)

They also provided a definition of the general characteristics of a family:

1. Families last for a considerably longer period of
    time than do most other social groups.
2. Families are intergenerational.
3. Families contain both biological and affinal (e.g.
    legal, common law) relationships between
    members.
4. The biological (and affinal) aspect of families
    links them to a larger kinship organization.
    (Klein and White, 1996, pp. 21-23.).

Due to the complexity of defining the family, and before introducing family theories, it is essential to emphasise that it is unreasonable to expect any family theory to cover every facet of social life.

Klein and White stated that:

> Because families can be described in a wide array of
> concepts and variables and contain multiple members
> with potentially many attributes, it is unreasonable to
> expect any theory about families to encompass
> everything of potential importance.
> (Klein and White, 1996, pp. 21-23).

In published literature, there are several family theories. These theories can be divided into two categories: macroscopic and microscopic theories. Macroscopic theories' main interest is the link between the family as a social unit and other social groups and institutions, while the microscopic theories are mainly interested in individuals inside the family and their interaction for a short period of time.

In brief, macroscopic theory, e.g. systems theories, deals with:

❖ *Linkages between families and other groups or institutions*
❖ *Comparisons between families in different cultures or societies*
❖ *Fairly broad periods of history*
❖ *Some combination of these*
  (Klein and White, 1996, p. 27).

Theories are maximally macroscopic when they can be claimed to be universally applicable in any space and time.

Macroscopic theories attempt to explain change and continuity in areas such as:

❖ Wider kinship ties

❖ Geographical and social mobility

❖ The origins of choice of marriage partners (This can be achieved by theorising social relationships.)

❖ The influence of occupational roles and whether they are filled by achievement criteria or the requirements of an industrial society.

Microscopic theories, e.g. human relations theories, deal with the following:

❖ *An individual family member*
❖ *Personal relationships within families*
❖ *A single culture or society*
❖ *Episodes of short duration*
❖ *Some combination of these*
  (Klein and White, 1996, p. 27).

There are also mezzo-theories, called system theories. These theories concern an intermediate level and, in social science, will be interested in organisations and 'systems' (see the previous section).

Systems theory envisages the family having rules within a system. This system is ruled by a set of norms and values, and culture. The individual's behaviour will be shaped within these rules. A family member acts within society with other individuals according to these norms and values and an individual's relationships

with his/her kin are shaped by the norms and values of the society. In the State of Qatar, families are strongly influenced by culture. A family member MUST behave and follow certain rules with his kin and parents. Therefore, individuals within Qatari society need to interact within the social systems according to society's values and norms which are mainly dominated by Arabic culture and tradition. In fact, while individual behaviour within society is controlled and monitored according to these values and norms, sometimes these norms and values may go against an individual's interests. For example, it is against the social norms in Qatar that a single woman drives a car or smokes in public. Another important value within society is the fact that the son, mainly the eldest son, of the family should care for his elderly parents, as care for an elderly parent is highly valued within the society. This behaviour within the Qatari social system is common and this may explain the limited number of care agencies for the elderly in the State.

In discussing and explaining childcare within the family and the State, it is important to introduce the range of family types and to show how the Qatari family fits within the well known types, namely the extended and the nuclear family.

2.4.2 Types of Family Structure

This section presents and discusses the extended family, the nuclear family and the decline of kinship.

The extended family

The extended family can be defined as:

> A social unit comprising parents and children and other more distant relatives, perhaps including grandparents or uncles and aunts, living under one roof.
>
> (Dictionary of Sociology, 1994, p. 158.)

This type of family is well known in some Arabic countries, mainly in the Gulf States and Yemen. Parents with their children and distant relatives, mainly uncles and aunts, live in one house. The head of the family, usually the oldest member,

is the ruler of the family and decides all important issues affecting individuals within the family system. Biological ties are particularly important in this model.

The nuclear family

The nuclear family is defined by the Dictionary of Sociology as:

> Social units comprising a man and woman living together with their children. Nuclear families are often contrasted with extended families.
>
> (Dictionary of Sociology, 1994, p. 288.)

The main causes for the rise of nuclear families can be summarised in the following:

Decline of kinship

This occurs both in the realm of function and that of values. As society has become more dense, more complex and more organised, there has developed a series of semi-public bodies, town authorities, parish overseers of the poor, schools, banks, etc., which have taken over many of the functions previously performed by kin and by the family. This has been a very slow and relative process, however, and far more important at this stage, are the changes in levels of social mobility, and a shift in values away from kin and towards the state.

The other reason for the weakening of kinship is the geographical mobility of families due to socio-economic changes in society. Living far apart has made it almost impossible for kinship ties and influence to retain their old strength.

Shifts in values

Societies have seen shifts in social values and norms. This is due to the historical, economical and political changes that have taken place over the years. Families in the past were loyal to the oldest kin. Stone mentions this shift in values in English society, when he states that:

> *The ideal of kinship as the highest focus of loyalty found itself increasingly challenged by two alternative ideals: that of the state and that of the conjugal family, while at a later stage both were to come under challenge in their turn by a third, that of individual freedom of choice.*
>
> (Stone, 1975 p. 13.)

Religious Causes

Religion is another factor which has contributed to the rise of the nuclear family. Stone described this factor as:

> *The medieval Catholic ideal of chastity, as a legal obligation for priests, monks, and nuns and as an ideal for all members of the community to aspire to, was replaced by the ideal of conjugal affection. The married state now became the ethical norm for the virtuous Christian.*
>
> (Stone, 1975, p. 58.)

Islam has an important influence on the family. It provides clear instructions and guidelines regarding the relations among family members, especially the roles of the father and the mother. Islam demands that sons/daughters treat their parents well and show a high level of respect and support for them. It also encourages and supports relationships with relatives. The above has an important influence on the family structure, as will be discussed later when examining the structure of the Qatari family.

Economic Causes

There has been a significant erosion of community controls over the economic activities of the family unit. Changes in the economy have forced new families to travel far and become economically less dependent on their kin.

The development and structure of the Qatari family will be discussed based on the discussion of the fieldwork analysis in Chapter Seven.

There are several family theories related to in published literature. However, the main aim of this research is not to analyse and/or criticise these theories. This research, therefore, contains a brief review of these theories in order to enhance and relate these theories to the next sections of discussion which involve the care, protection and rights of children.

2.5 The issue of Globalisation

The child is an important part of any society. It is the duty of the State and individuals within society to ensure the child's rights and protection. It is important in any discussion to refer constantly to children's the right of children to:

- To be protected from harm.

  This should include any physical and psychological harm.

- The right to warmth and nurture and love.

- The right to be consulted about decisions in the context of Qatar.

- The freedom to express their views and opinions.

Such an analysis will then provide a context for interpreting the later empirical work.

2.5.1 Children's Rights and Child Protection

Children's rights have been the focus of many conventions, laws, rules and regulations in recent decades worldwide.

The definition of children's rights and their implementation in practical processes must give the individual respect and dignity. As Freeman stated:

> *Rights entitle individuals 'to respect and dignity':*
> *no amount of benevolence or compassion can be*
> *an adequate substitute.*
> *(Freeman, 1992, p. 52.)*

There is an important link between children's right and policies. Policies reflect the understanding and definition of rights. Progress towards a better understanding of children's rights can help and support policies to protect this right.   Freeman (1983) stated that:

> *If thinking about children's rights has not got very*
> *far, concrete policies have not progressed very far*
> *either.*
> (Freeman, 1983, p. 59.)

The self-determination of the child is very important in building his/her personality. Freeman states:

> Children who are not protected, whose welfare is not advanced, will not be able to exercise self-determination; on the other hand, a failure to recognise the personality of children is likely to result in an undermining of their protection with children reduced to objects of intervention.

(Freeman, 1993. pp. 37-48.)

Koren (1996) studied and analysed the argument that the child has a right to information that is necessarily related to his/her development, the processes involved in seeking information, the availability and accessibility of sources of information, and the relevant legal protection. She states that:

> Information is of utmost importance to the development of the child as a human being. The perspective on human development offered by the great traditions is formed by the prototype of an authentic human being. As an inherent part of human dignity, every child should be provided with the chance to learn about this perspective and to develop as an authentic human being. This development process deserves protection as a human right.

(Koren, 1996, p. 89.)

She also stated that information can play an important role in helping the child to participate in society.

The child has a right to be protected by a Child Protection Agency (CPA). The main problems, of course, will be the values and the definition of abuse in the agency, as these will reflect on the children in their care.

> But the very creation of such an agency tends to mean that problems become defined in terms of what that particular agency can do, and less in terms of a more expanded notation of 'need'.

(Hardiker and Barker, 1981, p. 131.)

Early marriage may to be a contributory factor in child abuse (Hardiker and Baker, 1981). Socio-economic status is also positively associated with child abuse (Gelles and Straus, 1979). However, these differing analyses suggest proactive policy responses too. Any interpretation of children's needs may depend on what it is deemed reasonable to offer by way of intervention.

2.5.2 Globalisation

The world as a society is coming closer due to sharp changes in communications and transport. This helps states communicate together on various issues to exchange experiences and concerns. One important outcome of the coming together of states is an agreement concerning human rights. The United Nations has introduced various conventions focusing human rights. Article 12 of the Convention on the Rights of the Child states that:

> 1. *States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*
> 2. *For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.*

2.6 Social Care: Child Care

Social care and childcare in particular has become an important part of any modern society. Social care is needed as part of the recognition by the state of human rights as well as their obligations to their citizens. The social care profession is new in the State of Qatar. Therefore, there is a need for research studies in the area of social care and there is a need to benefit from the experience and knowledge of developed countries.

The first step towards understanding child care is understanding the child's world and how he/she interacts with various parts of the world. Figure 2.1 shows the child's world and demonstrates that there are four important factors that have an impact on the child. These factors are cultural (religio), social, economic and political. Culture represents the most important factor that has an impact on the child in the State of Qatar as it affects powerfully the social values and norms of both the family and the child.

Culture
(Religious)

International
Global

National
State

Community

Social   Family   *Economic*

Child

Political

Figure 2.10: The child in the world (Smith, 2004.)

Smith (2000) suggested that the experience of childhood is discussed in relation to three distinct 'levels':

i.   Children as consumers

ii.   Children as interpreters

iii.   Children as actors.

It is suggested that understanding the changing social context in relation to each of these levels helps to explain some of the tensions and disruptions that characterise the lives of some children, especially those at the margins. Smith (2000) also concluded that, based upon the above:

> *It is argued ... is not only of theoretical interest, but indicates specific requirements for the formulation of coherent social policies to meet the needs of all children (Smith, 2000).*

The following section explores values in social care, children in care and their family rights, social work and social workers.

2.6.1 Children in Care and their Family Rights

Russel (2003, p. 223) indicated the challenge facing the British Government: that disabled children require a range of services. These may vary over time but may include:

➤ Universal services (for example, education and primary health care)

➤ Targeted services (for example, sure start)

➤ Specialist services (for example, Child and Adolescent Mental Health Services (CANHS), Special educational provision, short term breaks)

➤ Rehabilitative services (for example, child protection, secondary and tertiary health care).

For children in specific circumstances, the nature of the task for official agencies is complex. For example, one of the problems of the child in care is the link between the child and the family.

> A problematic concept has been the links between
> the children in care and their families.
> (Millham, Bullock, Hosie and Haak, 1990.)

The linking tool between the child in care and his/her family is the social worker. According to the Children's Act (1989), the social worker is expected to keep informing the parents about their child's situation and his/her development problems. The social worker must also ensure a link is maintained between the family and the child, with each having easy access to the other. Millham et al. states:

> ... When a child is away from home it is the
> responsibility of a social worker to keep parents
> closely informed of the child's situation and to
> arrange, except in cases where severance of
> contact is deemed necessary, for parents and
> children to have access to one another.
> (Millham, Bullock, Hosie and Haak, 1998.)

Thus, the relationship between child and family is seen as fundamental, even when the quality provided for the child has been wanting. On the other hand, state agencies are expected to take into account the children's say in these services. It is believed that this practice will help in providing the right services. Eekelaar states that:

> No social organisation can hope to be built on the
> rights of its members unless there are
> mechanisms whereby those members may
> express themselves and wherein those
> expressions are taken seriously. Hearing what
> children say must therefore lie at the root of any
> elaboration of children's rights.
> (Eekelaar, 1992, pp. 121- 122.)

Thus, the implicit tension between the family's integrity and children's rights must be acknowledged.

Policies must be based on definitions of emotional need. In Child Care and the Growth of Love, John Bowlby (1965) wrote:

> *What is believed to be essential for mental health is that the infant and the young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment.*

The emphasis on the continuing role of parents, especially mothers, is clear.

Russell (2003, p. 216) indicated that there is compelling evidence from research and inspection reports that many disabled children and their families continue to face discrimination, low expectations and many physical and social barriers to full participation in society. These barriers may include the following:

> ➤ Insufficient family support, practical help in the family home and too few breaks (with the most severely disabled children frequently receiving the least help because they may be viewed 'too disabled' for local services);
> ➤ The high additional costs of disability;
> ➤ The lack of key workers to ensure well coordinated services planned to meet individual family needs;
> ➤ Frequent delays in identification, diagnosis and provision of support;
> ➤ Lack of good accessible information on available services;
> ➤ Inequalities in access to health and other services;
> ➤ Limited expectations of children's educational achievements;
> ➤ Insufficiently accessible sport, play, leisure and cultural activities;
> ➤ A lack of opportunities for young people moving to adult services;
> ➤ A limited range of culturally appropriate services for families from minority ethnic groups.

2.6. 2 Social Care and Child Care in the State of Qatar

The family, as an important part of Qatari society, and as a system, should interact within this system's norms and values. The tribes and Arab norms and values reject the idea of social care for the elderly as this represents part of sons' responsibilities. It is the duty of the eldest son to care for his elderly parents. He should allow them to live in his house and as part of the family. It is considered to be a shame on the son/sons and the family if one an elderly family member is sent to a residential home, for example. This is due to the norms and values of the Qatari social system which rejects residential care.

Childcare, until recent years, has been purely a family duty. The change in family life and job opportunities, especially for women, has created the need for childcare and thus society has seen a change in values in accepting childcare as an important part in children's development and education.

Until 1996, children with special needs were left as part of the family's responsibility to care for and to provide the finance necessary to help and support them. Modernisation, however, and moving from a closed system to an open one has given rise to the need for social care for children with special needs in the State of Qatar. Families now have accepted the role of social care, and have agreed to give part of their power to the State to help in developing their children. In other words, there has been a shift in values.

Chapter Three
Children with Special Needs

3.0 Introduction

Social justice strategies should recognise the needs and rights of children with special needs and their parents. The number of children being brought up with special needs has increased and the services to support their families are not logically or fairly distributed. There is a need to find a balance so both parents and children get what they need from the state services. Social values should be applied to children with disabilities as contributing citizens rather than isolated and damaged individuals. Society should not socially disadvantage children due to their disabilities.

The number of disabled people in societies cannot be ignored and their participation and integration into society must be taken into account in any state legislation and guidelines. Internationally there are around 50 million disabled people in Europe and approximately 500 million world wide (Daunt, 1991). There is a very little reliable information about the number, situation and family circumstances of people with special needs in the State of Qatar.

It is difficult to find one definition of children with special needs as it depends on the definer and his/her views and interests. Social scientists may view children with special needs differently from medical professionals, for example. These definitions developed to serve specific interests, situations and views. Each of the definitions has its critics as well as its supporters. Disability can be defined as:

> *A physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.*
>
> *(The Disability Discrimination Act, 1995)*

The British Council of the Organisation of Disabled People defines disability as:

> *The loss or limitation of opportunities to take part in the mainstream life of the community on an equal level with others due to physical or social barriers.*

The above definition blames society for the lack of or limitations in opportunities and access for people with special needs. Society ignores people with special needs, isolating them by not facilitating their integration into society.

It is also important and essential to define disability in the context of special educational needs, especially in relation to children. This defined by the Education Act, 1996:

> A child has 'special educational needs' for the purpose of this Act if he has a learning difficulty which calls for special education provision to be made for him.
> (Education Act, 1996, Section 312(1).)

A child with learning difficulties needs special education when:

> He has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local education authority.
> (Education Act 1996, Section 312(1).).

Townsend (1979) has suggested five broad categories for the definition of disability: abnormality or loss; clinical; functional limitations; deviance; and disadvantage. Figure 3.1 shows the main categories of special needs. This includes physical disabilities, chronic illness, communication needs, mental illness, loss of sensory power such as deafness, and learning difficulties.

Physical disability/loss of motor power

Chronic illness, terminal disease

Learning difficulties and mental handicap

Categories of Special Needs

Communication loss-speech and language defects

Loss of sensory power-deafness, blindness, etc.

Mental illness, loss of identity, bereavement
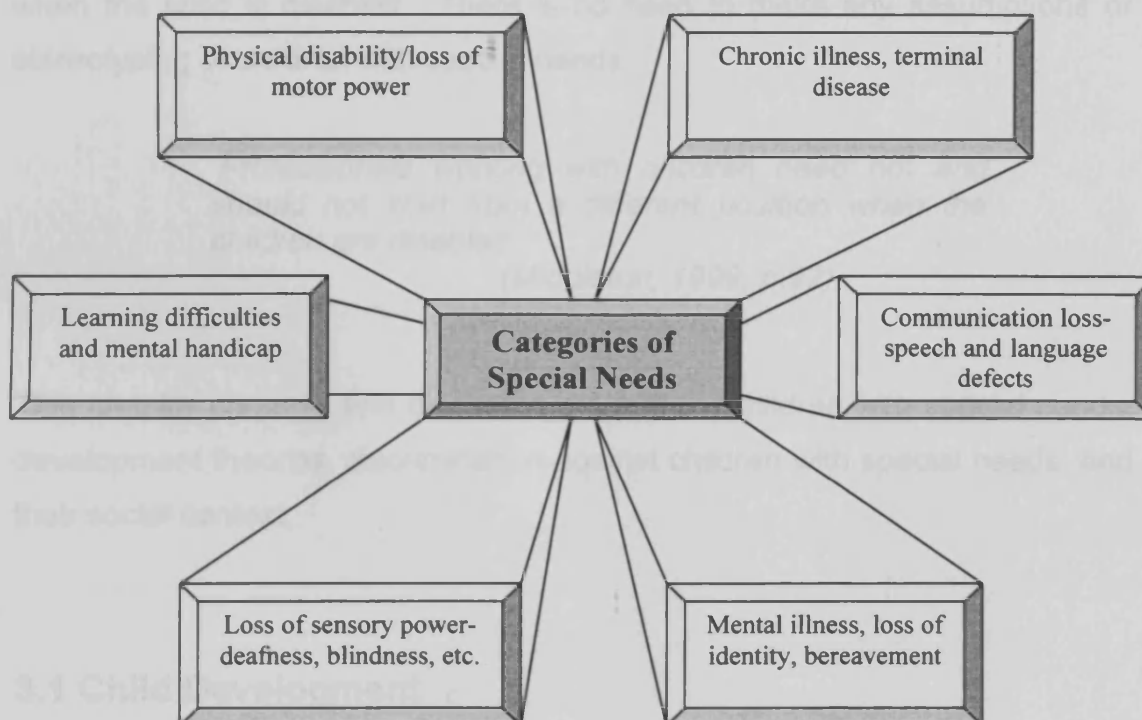
Figure 3.1: Categories of special needs (Bruce and Meggitt, 1999, p. 436)

Assessing the needs of disabled children and their families should take priority on the part of the social care authorities in the State of Qatar. This assessment provides an opportunity to identify and respond to the needs of children with special needs and their families. There is a need to ensure a high quality of assessment and a clear and well-defined process to ensure this quality.

For the time being, there is no clear process of assessment for children with special needs. Assessment is needed to identify children with disabilities and their parents in order to provide the appropriate responses to these needs.

An assessment is a positive opportunity to identify and respond to the needs of children and their families.

(Department of Healthy, 2000).

In Qatar, there are various professionals working with children with special needs. It is essential that professionals do not start from a different position when the child is disabled. There is no need to make any assumptions or stereotyping of children with special needs.

> *Professionals working with children need not and should not start from a different position when the children are disabled.*
> *(Middleton, 1999, p.92).*

This chapter presents and discusses disabilities, children with special needs, development theories, discrimination against children with special needs, and their social context.

3.1 Child Development

It is essential for researchers and authorities in child care to understand and analyse child development theories. This will help them in their planning and implementation of a childcare system. There are several child development theories. This section will discuss child development theory from two points of view. The first concerns social learning and behaviour, and the second is a psychological perspective.

One of the important requirements for children with special needs is social learning. Social learning is needed to help people with special needs integrate into society. A major theme of social learning theory, according to Vygotsky's (1978) theoretical framework, is that social interaction plays a fundamental role in the development of cognition. Children with special needs need to break down social barriers in order to enhance their social interaction.

Vygotsky (1978, p. 57) states:

> Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relationships between individuals..

A second aspect of Vygotsky's social learning theory is the idea that the potential for cognitive development depends upon the "zone of proximal development" (ZPD): a level of development attained when children engage in social behaviour. Full development of the ZPD depends upon full social interaction. The range of skill that can be developed with adult guidance or peer collaboration exceeds what can be attained alone. Therefore, the social care authority should plan a learning strategy for children with special needs that leads them to develop full social interaction that enables them to be integrated within society.

Stimulus response theory is based on the assumption that child behaviour is learned. One question that needs to be asked is: "How is behaviour learned": For example, conscience is conceived as a learned avoidance of anxiety, and anxiety is a learned internal response that acquires its effect through association with pain producing stimulus (Baldwin, 1980, p. (409).

The stimulus response theory stresses that learned behaviour is the result of many independent learning processes. S-R theory seems to assume that any combination and any sequence of behaviours, provided there is no physical incompatibility between them, can be learned. The theory contains no provision for inherent constraints on the variety of behaviour patterns that can be acquired. The other important basic of the S-R theory is that behaviour is learned through external reinforcement or, at least, external influence; behaviour can be learned through observing other people or through instruction. However, the basic approach is that behaviour is learned through being reinforced.

The S-R approach to child development is that the child learns adult behaviour patterns, adult values and adult anxieties through experiences of childhood. In the course of growing up, each of the child's actions is reinforced, punished or ignored,

and, in the child's environment, various stimuli are consistently associated with one another.

There are two main principles of learning: the first is that if two different stimuli repeatedly appear in close proximity to each other, the responses to one of them are gradually transferred to the other; the second is that if a response to a stimulus is followed by reinforcement, the probability of that response to that stimulus is increased.

From the psychological point of view, of child development Piaget pioneered a theory which divides the child's development into four main periods: infancy, the preoperational period, the period of concrete operations, and the period of formal operations. These are outlined in more details below:

The infancy period: The Sensorimotor Period, (birth to 2 years).

This theory sees the child progress through six stages of infancy. The first stage concerned with children's behaviour is limited to those reflexes with which they are born, although even those are modified and expanded through experience. In stage two, the child begins to acquire new schemas that are extensions of these reflex patterns but that have new end results. In stage three, a child can acquire completely new behaviour patterns that occur accidentally in the course of random movement and which are reproduced or prolonged as an external event. In stage four the child becomes capable of genuinely intentional activities and can put together sets of schemas in a mean-end relationship, using their schemas much more freely and flexibly and in a more mobile manner. Stage five is marked by the appearance of intentional variation of behaviour to produce new behaviour; finally, stage six is characterised by the possibility of mental presentation.

The PreOperational Thought (2 to 6/7 years), preoperational period is the interval from the earliest beginning of cognitive representations in the form of concrete mental imagery and rudimentary symbolic play to the time when the children's conception of their development and its operation is coherently organised.

.

As Concrete Operations (6/7 to 11/12 years), opposed to Preoperational children, children in the concrete operations stage are able to take another's point of view and take into account more than one perspective simultaneously. They can also

represent transformations as well as static situations. Although they can understand concrete problems, Piaget would argue that they cannot yet perform on abstract problems, and that they do not consider all of the logically possible outcomes.

Children Formal Operations (11/12 to adult), who attain the formal operation stage are capable of thinking logically and abstractly. They can also reason theoretically. Piaget considered this the ultimate stage of development, and stated that although the children would still have to revise their knowledge base, their way of thinking was as powerful as it would get.

From a psychological point of view, childcare authorities and care agencies need to understand and be aware of child development and then should provide suitable services by assessing the child's overall situation and needs. It is also important to involve the parents as a learning tool through the child's development as they play an important role in the life of the child with special needs.

Table 3.1 shows the dimensions of a child's developmental needs. This includes health, education, emotional and behavioural development, identity, family and social relations, social presentation and self care skills. These dimensions need to be considered carefully by decision-makers in any strategic planning for childcare services.

Health	*Includes growth and development as well as physical and mental well-being. Genetic factors may also need to be considered.*
Education	*Covers all areas of a child's cognitive development which begins from birth. Includes opportunities for play and interaction with other children.*
Emotional and Behavioural Development	*Concerns the appropriateness of response demonstrated in feeling and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.*
Identity	*Concerns the child's growing sense of self as a separate and valued person. Includes how a child views him/herself and his/her abilities, feelings of belonging and acceptance by the family and wider society, and the strength of a positive sense of individuality.*
Family and Social Relations	*Develops empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life together with the response of family to these relationships.*
Social Presentations	*Includes children's growing understanding of the way in which appearance and behaviour are perceived by the outside world and the impression being created.*
Self Care Skills	*Concerns the acquisition by a child of both practical and emotional competencies required for increasing independence. Includes early practical skills of dressing and feeding.*

Table 3.1: Dimensions of a Child's Development Needs

(Source: Together in Safeguarding Children, Consultation Draft, DOH, August, 1999)

3.2 Disabled Children in the State of Qatar

Disabled people's own view of the situation is, that whilst they may have a medical condition which hampers them and which may or may not need medical treatment, human knowledge, technology and collective resources are already such that physical or mental impairment needs not prevent them from being able to live perfectly useful lives. It is society's unwillingness to employ means to altering itself rather than the disabled people themselves which cause such disabilities (Oliver, 1990). This represents a move from an individual to a social model of disability. The individual or medical model locates the 'problem' of disability within the individual. It sees the causes as functional limitations or psychological losses assumed to arise from disability (Oliver, 1999, p.33).

The social model of disability puts the problem outside the disabled person and into the collective responsibilities of society as a whole. The social model includes architectural barriers, inadequate pensions, toothless 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 attempting to treat the disability, not the person.

> *Within the social model, disability is seen as arising, not as the direct result of an impaired, but out of interaction between an impaired individual and an essentially hostile environment.*
> *... the social model focuses on the steps not the wheelchair.*
>
> *(d'Aboville, 1993.)*

According to the social model, disability is exemplified in the restrictions placed by society on certain groups to isolate and oppress them. The barriers to contribution are created by institutions and organisations. For example, schools, colleges and universities without proper lifts, transport facilities, and hearing and visual aids are among the main barriers in education and employment. UPIAS defined the social model thus:

> *In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society.*
>
> *(UPIAS 1976, p.14.)*

Many of the problems faced by disabled children are not caused by their conditions or impairment, but by societal values, service structures, or adult behaviour.

> *A major problem for disabled children is that they live in a society which views childhood impairment as deeply problematic*
>
> *(Shakespeare and Watson, 1998, p. 20).*

Children with special needs in the State of Qatar are facing exclusion both from school and from society. They are separated from mainstream schools in special schools, totally apart from any interactions with other children or society. This denies them social learning and limits their experience to within the care agency only. Children with special needs are denied access to various kinds of education, housing, play grounds, leisure opportunities and shopping due to social barriers, a lack of access facilities, and mobility's. Society also has not got a clear assessment process that can help to identify children with special needs at an early age.

Current care services are focused on circumstances, on the child as a problem child and no consideration is given to parents' circumstances.

Children with special needs and their families face social barriers in accessing work. There are no facilities to encourage children with special needs to experience work in the workplace to make them aware of the world of work and, if possible, to see disabled adults in employment.

3.3 Children and Discrimination

This section presents and discusses discrimination against children in general and against children with special needs in particular. This is needed to provide a general guideline and awareness for Qatari authorities as there are no discrimination acts in the State.

One of the state's duties, to fulfil its commitment towards national legislation and international treaties, is to safeguard the development of children and to eliminate any discrimination towards children with special needs. Discrimination against children with special needs may damage their developing sense of self-worth and self-esteem. Children may also develop serious emotional and social problems later in life. Figure 3.1 shows why children may be discriminated against.
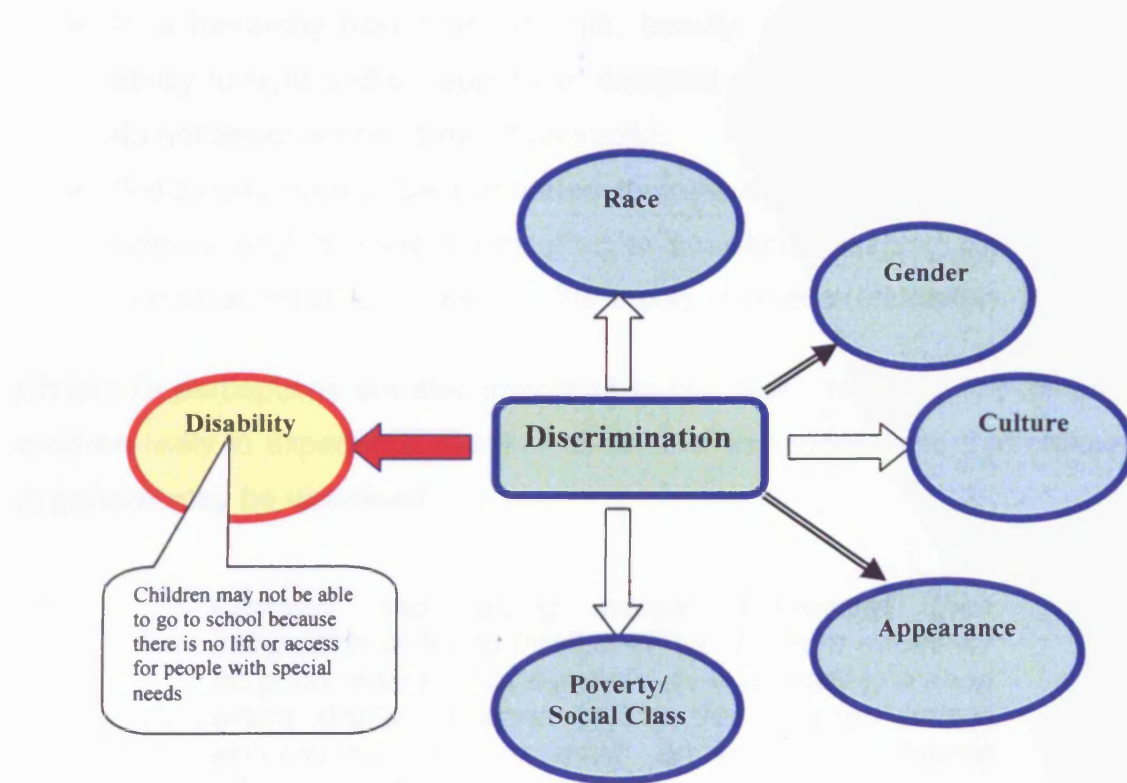
Figure 3.2: Manifestations of discrimination against children

Middleton (1999) argues that the main factor behind the exclusion of disabled children lies in beliefs about such children. She states that disabled children are excluded, not because of soundly evidenced rational arguments, but because of continuing prejudices and beliefs about disabled children and the adults they may become. She summarises these prejudices as follows:

> ➤ Disabled children cannot be included as full citizens since they are non-contributing, dependent members of society, who will continue to represent a drain on services.

> ➤ Unlike other disadvantaged groups they are unlikely to cause a crime wave, disrupt communities or grow up to take revenge. They do not have the vote and can be marginalized with impunity.

> ➤ In a hierarchy based on strength, beauty, sexual attraction and the ability to fight and to reproduce, disabled children are not equals and do not deserve to be treated as such.

> ➤ If disability cannot be eliminated through selective abortion, medical science should make every effort to transform disabled children into non-disabled children, even if this is only cosmetic (Middleton, 1999).

Children's perceptions are also important to consider. Not only are disabled children likely to experience discrimination, it is also recognised that children in general may be victimised.

> *Children and young people expressed their indignation at being treated differently from adults for no good reason. For example, they pointed to a shop which displayed signs saying "No children unless accompanied by an adult' or 'only two children allowed at a time.*
>
> *(Cairns, 2001, pp. 347-360.)*

3.4 Legislation for Children with Special Needs

The vast majority of states have ratified the United Nations' convention on children's rights. What is needed next is translating the values of the declaration in practice by establishing policies and legislation for children with special needs. Legislation and policies are the key tools to implement the values in practice. Therefore, there is a need for every state to recognise children with special needs by providing legislation. The legislation should help encourage and support children with special needs to be included in society rather than treating them as a separate group. The legislation must be clear and well defined and should not prevent treatment for any particular category of children. It must also take account of the impact and meaning of local views and systems such as those deriving from family and tribal history in Qatar.

If society and political views demonstrate a belief that parents and children have rights then they must create legislation that translates values into practice. Professional and managerial staff in care professions should play an important role in developing and implementing legislation by understanding their role, power and responsibilities. Middleton (1999) states that:

> *Professional and managerial staff need to accept and understand their own power and responsibilities toward disabled children, even where these cause personal dilemmas and organisational conflicts. There is ample evidence that individuals can make a difference.*
>
> *(Middleton, 1999, p.86.)*

Education Legislation

One of the rights of children is the entitlement to have an appropriate education (United Nations, 1989). Education helps the child to integrate and contribute to society. There is a need to set out the requirements for the integration of children with special needs into the mainstream system. The education laws should also specify that disabled children should be educated alongside their peers in primary and secondary schools. The legislation will help children with special needs to challenge actions or decisions which are

discriminatory. In the State of Qatar, there is no clear education law for children with special needs. Therefore, there is a need for firm pressure to be applied by pressure groups, individuals and organisations in society for anti-discrimination legislation. It is essential that the legislation is clear and directed towards children with special needs as alternative legislative proposals may be too weak or could be misinterpreted. In this way, the State can be encouraged to meet its obligations under the UN convention.

In the light of the earlier discussion, parents should also play a fundamental role in their child's education. This role must be recognised by the education authorities and education staff by setting up a partnership, based on shared responsibility, understanding, mutual respect and dialogue. The experience of the parents and any adults in the family should be used to support the learning opportunities provided within the education programme for the child with special needs. Parents should be given access to information about the curriculum in a variety of ways, e.g. open days, meetings, social events, brochures and video presentations.

3.5 Children with Special Needs and Society

Society's attitudes towards people with special needs are crucial and decisive in how and when people with special needs are integrated and begin to participate in society. These attitudes can lead to labelling actions, groups or behaviour as acceptable or unacceptable. Attitudes towards people with special needs have labelled such people as incapable, difficult to integrate, and/or better separated from the mainstream. This attitude has led to creating a society within a society. For example, in one survey in the UK, only one in four high street shops were willing to provide a member of staff to assist a blind or partially sighted customer (Read, 2000.).

Definitions of a citizen and citizens' roles and rights may change from one state to another. Individuals must satisfy certain criteria defined by policy makers, which reflect their views and opinions towards other individuals and

groups. Citizenship is not automatic; the notion of the 'citizen' can be taken and defined as the authority wishes to define it. The concept of the citizen can be biased towards certain groups, according to their religion, race and disabilities.

> Citizenship is not automatic; it has to be attained and its terms negotiated. ... whatever view of citizenship is adopted, it should apply equally to disabled and non-disabled children.
>
> (Middleton, 1999, p 121.)

There are two models for citizens: independent citizens and contributing citizens. The independent citizen model is that the citizen should plan his/her own future by paying for, for example, his/her education, retirement and health. Contributing citizens contribute to the general services and the state provides the services they need. The basic similarity of both models is that dependent citizens should not expect to share the same privileges as contributing citizens. Disabled children cannot be independent, especially if there is discrimination against them at work, and they are therefore considered by society as non-contributing citizens, as stated by Middleton:

> ... 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.)

This leaves the citizenship role of disabled children undefined. On the other hand, it is held to be the duty of society to include disabled children rather than exclude them because they have 'special needs'. Therefore, the social model of disability is helpful in including disabled children as it views the social, environmental and attitudinal barriers to their aspirations and considers ways to dismantle them, rather than focusing on the child as the problem.

> *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.)*

From a social model perspective, research should focus on the structural, physical and institutional barriers to social inclusion that disabled children face, rather than on impairments, or the failure of children to adapt to the expectation of others (Priestley, 1998).

In the State of Qatar, children with special needs are separated from the mainstream education system. They are left in schools of their own. There is no mainstream school or college which contains classes for children with special needs.

Public Education

Public education is needed as much as anti-discrimination legislation to charge attitudes.

There is much research evidence to indicate that there are many public and private sector organisations and businesses who have failed to meet their obligations to people with special needs under equal opportunities legislation because they do not know about or understand it. For example, a survey by the Royal Institute of the Blind in 1999 found that three quarters of local branches of UK companies did not even know about the Disability Discrimination Act, 1995 (Working to Safeguard Children, Consultation Draft, DOH, August, 1999.)

A survey of businesses by the Royal National Institute of Deaf People in 1999 found that 61% had not taken any action to comply with regulations. Of those, 81% did not know about the legislation or thought it was not relevant to them (Community Care Report, 1999).

> *It is not individual limitations of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation.*
> *(Oliver, 1996, p. 33.)*

It is important that researchers, scholars and professionals study in more depth the families of disabled children and quality of life issues. Research in this area is rare, especially with respect to specific conditions, For example:

> *Studies in this field were much rarer and did not always directly relate to gastrostomy-fed children.*
> *(Herrington, 2001.)*

Parents of disabled children are important actors in planning for childcare. Parents should be used as informers and be part of the child's planning.

> *Services need to be planned and delivered in order to meet individual needs. Services must not be delivered in inflexible packages or be based on stereotype families' needs and priorities. These have to be discussed and negotiated.*
> *(UN, 1994.)*

The family needs to be involved in the care agencies' planning for the child. Parents can be an important source of information as the family understands their child better and can interpret any action which may help or ease the agency's tasks, as stated by Strong(1979):

> *Further, even though parents might normally be considered to have the most extensive knowledge of their child and to be the best interpreter of their words, actions and feelings, such knowledge was treated as partial and as able to be overridden when staff saw fit.*
> *(Strong, 1979:132.)*

This approach is consistent with Qatari traditional values which emphasise the importance of family ties and the key role of the family in taking responsibility for meeting the child's needs.

Families with disabled children have another serious commitment that may create stress within the family. They are likely to have stretched calls on their resources and abilities which are stressful.

> The assumption here is that severe disablement almost invariably creates practical problems. Providing help with these can relieve stress on families and enable them to function, as far as possible, like other families...we outline the basis for help as of right rather than as an expression of community concern.
>
> (Baldwin and Glendinning, 1981, p. 52.)

One of the major impacts on mothers with disabled children is the financial commitment. There is a need for changes in the family's life which may start with the design and furniture of their own house to cope with their disabled child. Financial contributions toward care services can be massive. Baldwin (1985) stated that:

> Mothers of disabled children are not unlikely to find themselves living on a restricted budget and may, therefore, not have the choice of buying in childcare or other practical sources of help and diversion behaviour for themselves and their child. There has been overwhelming evidence that bringing up a disabled child has a significant financial impact on the household.
>
> (Baldwin, 1985, p. 56.)

There is also evidence that the more severe the child's impairment, the greater will be both the expenditure and restrictions on earning (Baldwin and Carlisle, 1994).

There is a need for partnership with families. Partnership should be encouraged, supported and developed. This should be part of the policy and the planners' agenda.

> *We want to strike the right balance ... our policies and procedures should ensure that both people in the caring relationship are valued. We must not subordinate the needs and wishes of one party to those of the other.*
>
> *(Department of Health, 1999, p.15.)*

Beresford (1995, p. 24) identified three basic sets of enduring and overarching difficulties between parents and service providers:

1. A discrepancy of opinions between parents and professionals about the parents' and child's needs, and unwillingness on the part of professionals to acknowledge parents as experts in the care of their child.

2. A confused relationship between parents and professionals.

3. A lack of coordination between services.

Parents have a key role as experts and as advocates:

> *We write from our human rights perspective. We do not accept the medical or charitable models of disability which present our children as defective.*
> *(Murray and Peman, 1996, p. 9)*

3.7 Concluding Remarks

The main concluding remarks of this chapter can be summarised in
the following:

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> Most children with special needs are growing up with their families.
  Therefore, there is a need to recognise the families' role in the child's
  development in order to meet the children's need for a stable and
  affectionate relationship with their parents.

> Care authorities and care staff need to recognise and understand child
  development from a psychological, emotional and physical point of
  view.

> This chapter has discussed some of the specific issues relating to the
  rights and needs of disabled children in order to identify some of the
  key issues encountered by families, children and agencies in the
  Qartari context, where childcare provision is significantly dominated by
  the challenge of meeting special needs.

> Society and political attitudes and policies have an important role in
  integrating and facilitating the participation of children with special
  needs in society.

> The social care profession in general and childcare in particular in the
  State of Qatar is new. The State lacks policies, experience and
  understanding of issues related to children with special needs. There
  is a need to benefit from the experiences of developed countries in
  child care issues.

Chapter 4

The State of Qatar and its Care Agencies

4.0 Introduction

This chapter presents the main features of the State of Qatar and the main care agencies for children with special needs.

The State of Qatar is situated half-way along the west coast of the Arabian Gulf, east of the Arabian peninsula. It is a peninsula that extends northwards covering an area of 11, 437km^2. The territory of the State of Qatar includes a number of islands in the coastal waters of the peninsula.

Qatar has a desert climate with hot summers and relatively warm winters. In the summer, the temperature ranges between 25 and 46 degrees centigrade. Rainfall in the winter is minimal and on average does not exceed 75.2 mm per year. So, due to the rainfall shortage and limited natural fresh water resources, the country is increasingly independent on large-scale desalination facilities.

The people of Qatar are the descendants of ancient Arabian lines of kinship. This is particularly due to the geographical location and proximity to the Arabian peninsula on the one hand, and to the close historical and cultural heritage which the State shares with the rest of the states in the Arabian peninsula on the other. The present population is estimated at 744,483 (July 2000 est.) inhabitants, most of whom reside in Doha, the capital city. The rest of the population, however, lives in a number of towns and villages, including Dukhan, Umm Said, Al-Wakrah, Al-Khor, Madinal Al-Shamal and other modern residential centres.

The geographical location of Qatar can be seen in Figure 4.1.

Figure 4.1:   The State of Qatar

———————   Principal Roads

– – – –   Secondary Roads

– - – -   International Boundary

*   National Capital

Recent statistics (2000 est.) in brief, show that the population growth rate is put at 3.35%; the birth rate is 16.07 births/1,000 population; the death rate: 4.19 deaths/1,000 and the net migration rate is 21.58 migrant(s)/1,000. Other statistics such as the age structure of the population can be seen in Table 3.1, while the chart (Figure 3.2) represents the male to female sex ratio for the same sample of population.

Group age in years	Percentage of total population %	Female	Male
0-14	26	95,960	99,702
15-64	71	152,978	378,741
65 and over	3	4,982	12,120

Table 4.1: Age Structure in Qatar (July 2000 est.)

It is quite clear from the above table that children aged 0-14 represent an important element of the structure of Qatari society. Therefore, investment in children's care is essential in order to provide appropriate routes for the future.

In the 1950s the main developments for the foundation of a modern state were begun. Schools began to be built, along with roads, power stations and a hospital.

Qatar formulated a constitution in 1970 and formally declared independence on September 3rd, 1971. This date has remained as the country's National Day since then.

Qatar has had a long and distinguished history within the context of its strategic position on the Gulf coast. It stands, at the start of this new millennium, confident in its prosperity, stable in its political and economic outlook, and ready and eager to face the challenges of the new century.

Since 1995, and the assumption of power by Sheikh Hamad, Qatar has opened its doors wider to international investment, and has increased its potential for growth even further. Various production-sharing agreements have brought overseas oil companies back into the country to maximise the potential of reserves, while the discovery and development of the huge gas field to the North East of the country promise to augment the State's national wealth even further.

His Highness Sheikh Hamad Al-Thani was appointed heir apparent in 1979. He assumed the presidency of the Supreme Council for Youth Welfare at its outset until 1991 and the presidency of the Supreme Council for planning which is considered the cornerstone in establishing the modern state. His Highness was running the affairs of the country during the years that preceded his accession.

4.1 Education and Social Development in Qatar

Islam regards society as a natural place for human beings. It is the place where people can live together and co-operate to maximise each other's welfare. Society is a collection of individuals, all equal and free, where the synthesis of the two abet unity (Qur'an 2:219).

In pre-Islam days, the pagan Arabs committed female baby infanticide under the guise of social plausibility. The Qur'an condemns this practice and gives the child the right to be born.

> When news is brought to one of them (the birth of a female child), his face darkens, and he is filled with inward grief. With shame does he hide himself from his people because of the bad news he has had. Shall he retain it on sufferance and contempt or bury it in the dust? Ah! What an evil choice they decide on? (Qur'an 16:58-59)

The merits of saving a human life have also been outlined in the Qur'an.

> And if anyone saved a life, it would be as if he saved the life of the whole people..."
> (Qur'an 5:32)

Islam is entirely against abortion though some people have justified their action because they feared poverty. In Islam:

> Kill not your children for fear of want: We shall provide for them as well as for you. Verily the killing of them is a great sin (Qur'an 17:31)

Perhaps one of the highlights of Western welfare is the welfare of children. The support of the United Nations for children's rights and welfare is reinforced by almost all the countries around the world. However, how many countries provide effective and efficient welfare in practice is still a question which must be answered. There are different excuses and explanations for delay or concerning the nature or the extent of the welfare. Child benefits in the UK and other Western countries provide recognition of the necessity to support and help children and mothers. Muslims believe that the first example of child welfare was introduced by Islam. The first practical child benefit was introduced by Kahlifa Omar Ibn Al-Khatab more than one thousand years ago. In one of his walkabouts he heard a child crying and screaming and his mother replying by blaming the Khalifa for his lack of financial support to families.

Khalifa heard her and then gave the order to give every child in the society an amount of money from the central public budget.

The prophet always encouraged good relations with children. He encouraged children to participate in sport to make them healthier and stronger. The prophet Hadieth said about children, "Teach them swimming, horse riding".

School Education

From a firm belief in the importance of developing the potential of Qatari citizens who represent the most valuable asset of the country, and that the development of human resources is the cornerstone of progress in any community, the Ministry of Education is sparing no effort in maintaining the development of the educational process through all human, material and organisational inputs. Development encompasses educational leadership, inspection cadres, school administrators, teachers, students, school buildings and related facilities, miscellaneous educational services, the moral character of the profession of education, curricula, textbooks, educational evaluations and presentation aids and techniques.

The Ministry of Education was one of the first ministries to be established in 1956 during the pre-independence era, when it bore the name of the Ministry of Education and Knowledge (Al-Ma'aref). However, Qatar's experience with education goes back in history to much earlier times. It actually began in the first half of the 20th century with modest private trials for both girls and boys. Private education continued to play its part within the limits available to it until regular government education was finally introduced in 1952 with the establishment of the first primary school. In 1956, the basis of the modern educational system was formulated to outline the three stages of education as:

> ➢ Primary (6 years)
> ➢ Preparatory (3 years)
> ➢ Secondary (3 years)

The first batch of regular students in Qatar completed the primary stage in 1958. Since then, the education movement has spread quickly and caters for all population centres in Qatar: boys and girls, nationals and expatriates at all stages of education.

Furthermore, specialised and technical schools were established, such as The Secondary School of Industry, The Religious Institute, The Secondary School of Commerce and The School of Male and Female Teachers. In 1973 the School of Teachers was replaced by the two faculties of education to act as the nucleus for Qatar University, which now encompasses 7 faculties.

The policy of education in Qatar is based upon firm principles of commitment towards free education, equal opportunities and conscientious adherence to the characteristic heritage and personality of the people, while continuing to enhance the development of school curricula and educational systems benefiting from the achievements of the age and the latest technological innovations. The Ministry of Education has succeeded in completing the Qatarisation of all senior management posts in its cadre and in all schools, introducing computers into school curricula, developing school libraries, and commencing the diversification process of secondary school education.

The government provides all sectors of the Qatari people with all types of education, both general and specialised. It is also expanding the scope of its literacy and adult education programmes and opening special classes for the disabled. In addition, the government is very keen to send its citizens on scholarship missions abroad to attain the highest academic and scientific degrees in the required field of specialisation.

The State provides textbooks, stationery, transportation, sports clothes and equipment for all pupils at all levels of education. It also offers financial incentives for Qatari pupils, organises religious and cultural events and competitions, scouting and scientific tours, holds exhibitions and provides boarding facilities for pupils coming from outside areas , as well as for expatriate students on scholarships in Qatar.

Special Education

The special education section was established with the aim of removing all obstacles preventing the social adaptation of special needs children and of catering for their vocational and scientific rehabilitation.

Special education first started in 1974 with one class at one primary school in Doha. 1n 1980 there were three classes, comprising 39 pupils and supervised by 8 teachers. In pursuance of the efforts exerted in this field, a special education institute for boys was officially inaugurated in October 1981, followed by another for girls in 1982. In January 1985, the names of the two institutes were changed by ministerial decision to be known as the Boys' School of Hope and the Girls' School of Hope. Two schools for those with learning difficulties, one for boys and another for girls, and two audio visual schools, one for boys and one for girls, were inaugurated. The two "learning difficulties" schools comprise 266 students and the two "audio-visual" schools comprise 87 students.

The government provides the people with special needs with social, psychological, medical and educational care in specialised institutes in the Arab world.

The Institutes of Languages and Administration

The Institute of Languages was established in 1973 and falls under the supervision of The Ministry of Education. It accepts students from among government employees as well as those working for semi-official organisations with the aim of improving their linguistic abilities. The institute has the latest audio-visual aids, in addition to a modern linguistic laboratory. Languages taught in the institutes are Arabic, English and French. The Ministry also supervises the Institute of Administration which was established in 1964. It accept students from among Qatari employees holding the secondary certificate of education, who are nominated by their employers to join the institute.

Scouting Movement

Scouting in Qatar began with the first scouting excursion arranged by Doha secondary school in 1956 to Rawdat A Noaman, scouting camp. Two years later a law regulating the scouting movement in the State of Qatar was passed and the

Qatar Scouting Association was established. In 1963 it was registered in the world-scouting bureau, paving the way ever since for scouting movements to spread to all schools in Qatar.

In 1979 the Emir granted the scouting movement a strip of land which became the permanent Khalifa scouting camp and where several buildings were constructed, including a teaching centre equipped with lecture rooms and a number of sports facilities such as football grounds and racing track Qatar Scouting Association has so far organised 28 local scouting camps and several scouting related studies in co-operation with the General Secretariat of the Arab and the International Scouting Organisations. The association has organised voluntary service camps and participated in community development projects such as the Qatari Haj mission and traffic and tree weeks. In addition, it has participated in various Arab and international camps.

Youth Welfare

The youth and sports movement in Qatar started from private efforts in the early 1950s and continued with no development worth mentioning until the Qatar National Sports Federation was formed in 1961 by an administrative decision, the first of its kind to organise the establishment of a formal sports organisation,. This heralded a host of other successive decisions, laws and directives.

In the late 1970s, sports associations were formed, coinciding with the establishment of the Supreme Council for Youth Welfare and the Qatar National Committee in 1979, which was the real beginning of the sports movement in the country.

4.2 Health Service

Health care services in Qatar are provided mainly through the Ministry of Public Health and the Hamad Medical Corporation, in co-operation with other ministries, health care associations (e.g. Red Crescent, Qatar Diabetic Association, etc.), health clinics operated by some public sector and government agencies (the police, army and industries) and privately operated health clinics. Major industries in Qatar which

employ a relatively large number of personnel provide health care services for employees.

Basic health care in Qatar is provided free of charge to all residents including expatriates. However, a nominal fee for annual registration and for prescribed medicines has been introduced recently for non Gulf Co-operation Council persons to decrease misuse and the burden on the health care system. However, essential services such as emergencies, well-baby and maternal care, school health care, vaccinations against communicable diseases, etc. have been exempted from these charges.

The Master Plan Update (the update for the health care master plan, prepared by the Ministry of Public Health and Hamad Medical Corporation, 1994) noted that the health care system in Qatar was modelled on the Danish system, with strong focus on community-based local health services providing primary health care. The Master Plan noted that the system for primary health care centres was designed with catchment area populations averaging 11,000 persons. In addition, one of the emerging trends and philosophies in hospital planning in Qatar has been, and is expected to be, decentralisation of secondary health care services from centralised locations in Doha to suburban and rural health care centres. Currently, the population of the catchments areas for health centres outside Doha average between 5,000-20,000 people and the health care centres in Doha have catchment areas averaging over 35,000.

Health education in schools is carried out by a school nurse; a school doctor who visits the school two to three times a year providing health services and health education; a social worker within the school; and through teachers. Also, health and hygiene lessons are part of the curriculum in primary and preparatory levels of education. The primary health centres have social workers dedicated to providing health education.

The Preventive Health Department of the Ministry of Public Health provides the following services for identifying and eradicating communicable diseases:

Follow-up of vaccinations given at health centres to prevent out-breaks of communicable diseases;

Follow-up of contacts with patients suffering from communicable diseases;

Detecting disease carriers and checking newcomers to the country;

Studying disease patterns in the country and epidemiological statistics.

The first hospital to be built in Qatar was the Rumaillah which opened in 1959. The hospital still operates, but as a departmental wing of the large Hamad Hospital in Doha, the country's main medical facility. This was opened in 1982 and offers full emergency care, cardiovascular surgery, tomography, nuclear medicine and plastic surgery.

4.3 Care Agencies in the State of Qatar

As part of the Ministry of Civil Affairs and Housing, the Department of Social Affairs is responsible for providing social care services for citizens and for applying the Social Security Law of 1963, which stipulates paying monthly allowances to widows, divorcees, orphans and the disabled who have no providers. Categories eligible for social care services include, as designated in Article 3 of Law No. 38 of 1995, divorcees, widows, needy families, the handicapped, orphans, the disabled, the aged, and families whose providers are missing.

The Social Affairs Department, in addition, works to provide social care and family guidance and participates in solving the problems encountered by families, orphans and children with special needs.

A national committee for children with special needs was founded in 1998 under the presidency of her Highness Sheikha Moza Bin Nasser Al-Misnid and the membership of a group of medical doctors, specialists and individuals with special interest in the field of special needs. The committee established a non-profit facility, the Shafalh Centre.

The preceding sections have presented an outline of all child care agencies in Qatar and the main social services in the State. This will help in identifying the research sample and in investigating the value of the care in these agencies. The following sections will present the four main care agencies which provide care services to children with special needs.

4.3.1 Al-Shafalah Centre

The Al-Shaflah centre for children with special needs was established at the behest of H.H. Sheikha Moza N. Al-Misnad to meet the demands of Qatari society and to provide a centre that provides comprehensive services to children with disabilities. The National Committee for Special Needs, under the chairmanship of Dr. Ghalia Al-Thani and with a membership of highly specialized physicians and specialists in this field, was entrusted to establish the Shafalah centre as the main intake center for children with special needs and physical disabilities and as a centre of excellence. The centre is a non-profit, private centre serving as a model for the provision of therapeutic, special education and health care support services for all children with disabilities from birth to eighteen years of age. Its objectives are:

1. To provide comprehensive educational, industrial, rehabilitation, social, vocational and recreational services for children with special needs.

2. To provide support and family counselling services to families of children with special needs within the community context.

3. To provide community-wide awareness better to understand the nature of disabilities and make reasonable accommodation for children with special needs.

4. To provide enhanced training and opportunities for building a national cadre specializing in this field.

5. To serve as an advocate for public policy and legislation in support of appropriate educational and vocational programmes for children with special needs.

Population

The centre provides educational and paramedical support services to children of both genders from birth to eighteen years of age of all disabilities including the following:

> Mental deficiency
> Physical disabilities
> Autism
> Slow learners

Units of the centre

> Family support unit
> Early intervention unit
> School unit (1)
> School unit (2)
> Paramedical support unit
> Instructional media unit and library

Future units:

> School unit for autism
> Prevocational and vocational training unit

Table 4.1 shows the Shafalah staff and the number of children served.

		No.
Care Staff		18
Social Workers	.	8
Teaching staff		22
Students	Children	38
	Adult	28
	Total	66

Table 4.2: Al-Shafalah staff and students

4.3.2 The Al-Noor Institute

The Ministry of Education established two schools for people with visual difficulties, one for males and the other for females. The institute, inaugurated in 1998, works to extend educational services to the blind to help them overcome their disability and prepare them to undertake a more socially productive role. The institute serves students aged from 3 to 21 years old and depends on donations from individuals and from private and government sources, to secure the institute's requirements for equipment and furnishings. This institute is concerned with children with visual problems and provides education, support and help to the children to live normal lives. Table 4-2 shows the number of staff working in the schools. The number of children is close to double the number of adults.

	No.	
Care Staff	**12**	
Social Workers	**4**	
Teaching staff	**13**	
Students	**Children**	**21**
	Adult	**13**
	Total	**34**

Table 4.3: The Al-Noor care agency staff and students

4.3.3 Mental Education Schools

There are two 'mental education' schools in Qatar. One is for males, the other for females. These two schools belong to the Ministry of Education. The Ministry is in charge of the employment, planning and the curriculum. There is no restriction on age. The students are divided into classes according to age. The main criteria for acceptance in the schools is a medical report on the child's mental state and official permission from the Ministry of Education. The main aims of the school are to help and support the individual to become more independent in his/her daily life and to be integrated within society.

	No.	
Care Staff	**17**	
Social Workers	**18**	
Teaching staff	**46**	
Students	**Children**	**143**
	Adult	**59**
	Total	**202**

Table 4.4: Mental Education School staff and students

4.3.4 Audi Schools

These school provide education, support and help to children with hearing problems. One of these schools is mainly for male children and the other for females. According to the institutes, their main policies are:

➢ Children with special needs are citizens of the state and are no different from any other children. They have rights as individuals for health and education. This statement complies with the UN Convention.

➢ The child is not responsible for his/her disability. Therefore, society needs to understand this.

➢ The child should be encouraged to be independent.

85

	No.	
Care Staff	15	
Social Workers	14	
Teaching staff	34	
Students	**Children**	63
	Adult	34
	Total	97

Table 4.5: Audio School staff and students

Research Care Agencies

Al-Shafalah Institute
for Children with
Physical Disabilities

Al-Noor Institute
for Children with
Visual Disabilities

Audi School
for Children with
Hearing Disabilities

Mental Education School
for Children with
Mental Disabilities
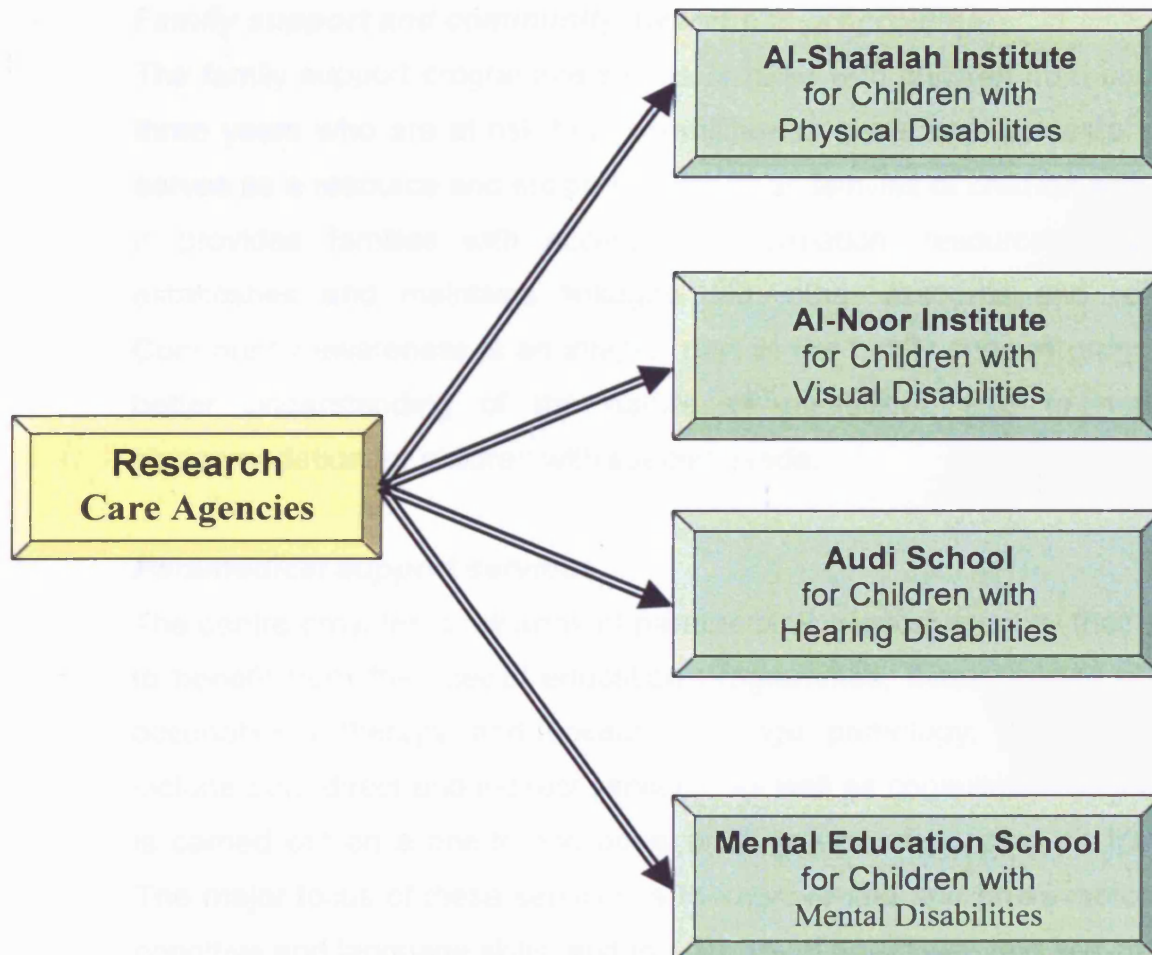
Figure 4.2: The research care agencies

There are several programmes, societies and services that provide help and support to families and children.

Family support and community awareness programme

The family support programme serves families with children from birth to the age of three years who are at risk from disabilities or have developmental delays. It also serves as a resource and support centre to all families of children with special needs. It provides families with access to information, resources and support, and establishes and maintains linkages with other resource and referral systems. Community awareness is an integral part of the family support programme to foster better understanding of the nature of disabilities and to make reasonable accommodation for children with special needs.

Paramedical support services

The centre provides a full array of paramedical support services that enable the child to benefit from the special education programmes; these include physical therapy, occupational therapy and speech–language pathology. The services provided include both direct and indirect services, as well as consultation services. Treatment is carried out on a one-to-one basis or in groups, depending on the child's needs. The major focus of these services is to improve fine and gross motor skills, improve cognitive and language skills, and to encourage daily living and self-help skills.

Development, training and research services

The centre helps to establish a model for the effective integration of the latest educational technology within the scope of modernized special education instruction programmes, in addition to providing enhanced training and on-going professional development programmes for teachers and administrators who serve the special needs community, and establishing research programmes in this field. The centre also includes a specialized library in the field of rehabilitation and disability that serves professionals, researchers and care givers. In addition, there is a specialized mini library for the children, with focus on publications that serve different abilities.

The Qatari Society for the Disabled

There are three centres provided by this society for those with special needs.
These centers are:

1. The social and culture centre
2. The disabled learning centre
3. The vocational centre.

The Family Development Centre

This center is concerned with different issues related to family and social life. One of the main interests focuses on motherhood and childhood and so their main activities involve delivering parenting programmes in these areas. In brief, their interest is education. Their experience in the field of childhood and the family offers an extra channel for support for other childcare agencies.

The other functions of the centre can be summarized in the following:

> Providing training for the unskilled labour force and introducing them into the labour market. They believe that this will support family income and will contribute to the country's economy.

> Studying and carrying out research, analysing negative behaviour in society and providing recommendations to solve problems before these spread into society as a whole.

> Establishing production projects to support the local markets to help in creating jobs by providing training for certain skills and starting production on a traditional product which the market needs: for example, designing and sewing traditional Arabic dresses.

4.4 Concluding remarks

The main concluding of this chapter can be summarized in the following:

> ➤ The State of Qatar is a small, rich country located along the west coast of the Arabian Gulf. It has one of the largest gas reserves in the world.

> ➤ The country has seen sharp changes politically, socially and economically since HH Sheikh Hamad Al-Thani took over as the State Amir in 1995.

> ➤ The country is in the process of building its institutes based on modern technology and building its own qualified manpower.

> ➤ Care agencies have been created in society due to the recent changes and the general raising of the profile of education within society.

> ➤ There are four main care agencies for children with special needs in the State. The care agencies are regarded as schools and are run mainly by the Ministry of Education, apart from the Al-Shafalah which is run by the Council for Family Affairs. The care agencies have no age restrictions.

Chapter 5
Research Methodology

5.0 Introduction

There is a lack of comprehensive research, information and data analysis regarding childcare in general and care for children with special needs in particular in the State of Qatar. Therefore, gathering and analysing information regarding care agencies for children with special needs will provide essential data, information and analysis for both the government as well as research bodies and social services for their decision-making and planning. This research may be described as exploratory work, which implies the addressing of particular questions of fact and perception, rather than, for example, the more formal process of hypothesis testing. Consequently, it is important to collect information from various sources. Therefore, both quantitative and qualitative methods have been used in this research to collect the needed information.

Morrison (1993) has argued that quantitative methodological approaches are more formal and pre-planned to a high level of detail, whilst qualitative ones are less formal and the detail only emerges once the evaluator is "in position". Quantitative approaches are 'front-loaded,' that is, they desire all the groups, and any multiple-choice questions, tests and criteria of the research to be worked out in advance. Qualitative approaches are 'end-loaded,' that is, they are much faster to 'get going' in this style because the significant categories only appear once initial data have been gathered and filtered. However, once data have begun to be gathered, the slow process of coding and reading the data is undertaken to see which issues are seen to be emerging as significant. Then, further inquiry is made about them in order to identify emerging issues of importance. The two approaches are different, as Morrison (1993) concluded, because they derive from different backgrounds. The quantitative approach derives from the natural positivistic sciences, whilst the qualitative orientation has a clear affinity with the anthropological sciences in which studies of social groups are performed to determine the uniqueness of specific situations. Qualitative studies are also linked with the social scientists of the interactionist school whose practitioners start from the premise that people behave to each other on the basis of their own judgments or explanations about each other or about situations. The intentions of the former are to observe as an outsider,

while the intentions of the latter are to present the situations as they are seen through the eyes of the participants (Morrison, 1993, pp. 35,36).

Both quantitative and qualitative approaches are important for collecting data and information. Quantitative methods are needed for prediction and for controlled analysis of the research. Data can be drawn from various sources, such as official documents and questionnaires, and then can be analyzed to predict current and future issues. This method was widely used in physical sciences but now has become an important tool for analysis in the social sciences.

Qualitative approaches are needed in this research for understanding and interpreting the current care issues in the State, based on the subjects' experience, understanding, views and attitudes towards, for example, the research elements, the services provided by the care agencies, children with special needs, and future plans.

In this research, semi-structured questionnaires, interviews, case studies and document analysis are used as tools for gathering and analyzing information regarding the care of those with special needs in the State of Qatar.

5.1 Research Strategy

Research in social issues has seen the emergence of new approaches in recent years, with more scientific methods being used in approaching, targeting and analysing. There is a belief that the social world can be investigated in much the same way as the physical or natural world and that the methods, techniques and modes of operation of the natural sciences are the best way to explore the social world (Sparkes, 1992).

Assumption	Paradigm		
	Positivist	*Interpretive*	*Critical*
Ontology, essentialism	External-Realist	Internal-Idealist Relativist	External-Realist or Internal-Idealist
Epistemology	Objective, Dualist	Subjectivist, Interactive	Subjectivist Interactive
Methodology	Nomothetic Experimental Manipulative	Ideographic, Hermeneutical Dialectical	Ideographic Participative Transformative
Interests	Prediction and Control (Technical)	Understanding and Interpretation Practical	Emancipation (Critical and Liberation)

Table 5.1: Assumptions underlying the positivist, interpretive and critical paradigms (Sparkes, 1992).

Positivism as a philosophy has acquired a variety of meanings. Giddens (1974) suggests that:

> Positivism in philosophy, in some sense revolves around the contention, or implicit assumption that the notations and statements of science constitute a framework by reference to which the nature of any form of knowledge may be determined. Positivism in sociology may be broadly represented as depending upon the assertion that the concepts and methods employed by the natural sciences can be applied to form a 'science of man', or a 'natural science of society'. (p. 3).

In this research, two strategic stages were used. The first stage was to collect data and information from annual reports, documents, policies and guidelines in childcare agencies for children with special needs in the State. The second stage was surveying the childcare agencies, children, parents and the authorities.

One of the most important issues, which needs to be taken seriously in collecting the data, is the social factor due to the fact that there are a high number of care staff who are female. It is part of the Qatari culture and religion that woman cannot sit with a male on their own regardless of the issues being discussed. Moving around a care agency with female staff is difficult, and the interviewing of a social worker or a member of the care staff individually by a male researcher is difficult for the above reasons. However, there were a few females who were willing to be interviewed or to discuss issues. To avoid this sensitive area and to obtain a high response, the researcher used a co-researcher and techniques to avoid making direct contact with some of the women. For example, direct telephone conversation was used in one of the interviews in order to avoid direct contact.

5.2 Scope of the Study

Choosing the research sample is very important. Anderson (1990), Borg and Gall (1993) defined the sample and population as follows:

> *Sampling means selecting a given number of subjects from a defined population as representative of that population. One type of population distinguished by education researchers is called the target population, also called the universe, by which we mean all the members of a real or hypothetical set of people, events or objects to which we wish to generalise the results of our research*
>
> *(Borg and Gall, 1993, p. 240).*

Random sampling is a well-established sampling technique. It gives all the subjects an equal opportunity of being selected. This will reduce any bias in the selection procedure.

> *In simple random sampling, all the subjects in the defined population have an equal opportunity of being selected as a member of the sample.*
>
> *(Borg and Gall, 1993, p. 73).*

Anderson (1990) added:

> *While every person in this approach has an equal chance of being selected for participation if the target population is large a simple random sample may be difficult to draw using random numbers simply because every one would have to be assigned a number.*
>
> *(Anderson, 1990, p. 199).*

It has been suggested by de Vaus (1986) that a sample size of 10% of the population for comparable groups is a requirement for accuracy. However, Ary et al. (1990) state that, although this is the belief of most researchers, it is an opinion which is not necessarily accurate. The argument is that the sampling procedure, not the size of the sample, is more indicative of whether or not the sample is representative of the population.

Additionally, Dillman (1978) states that the selection criteria and substitution procedures are also contributory factors to the representation of the sample.

In selecting the research sample for this research two points may be considered. Firstly, Qatar is a small country and the number of care agencies for children with special needs are few in number. Therefore, to increase the reliability of the data, all the elements of the profession were selected as the main sources for data and information collection. This includes all the care agencies for children with special needs, social workers, care staff and authorities. See Figure 5.1.

The care agencies for children with special needs in the State of Qatar are as follows:

> ➢ The Al-Shafalah Centre
> ➢ The School for the Mentally Disabled
> ➢ The Al-Noor Institute (for the blind)
> ➢ The Special Needs and Audi School (for the deaf).

Figure 5.1 shows the research elements in three levels. The first level is the social care authority. The second is the care agencies and the third is the research's main subjects, namely, social workers, care staff and children with special needs and their parents.
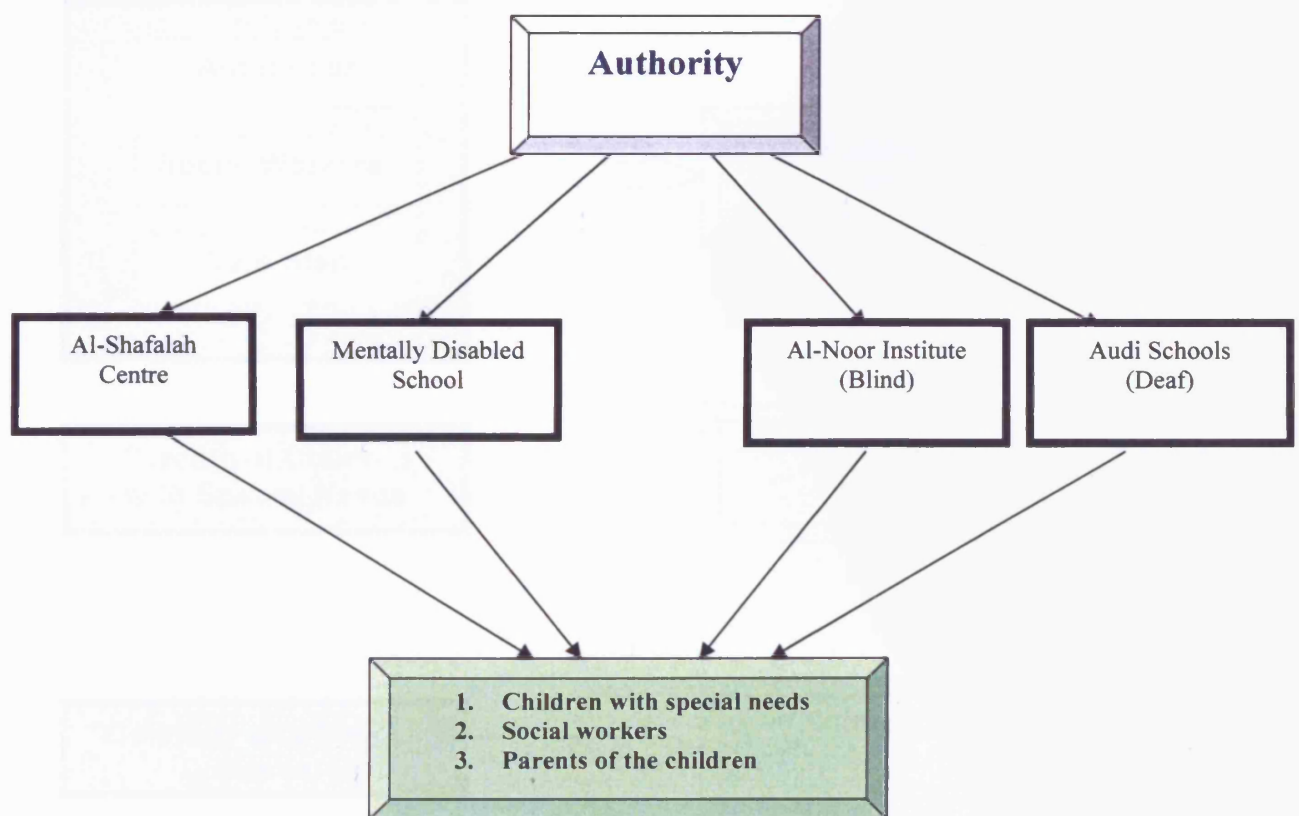
Figure 5.1: Research fieldwork targets

Figure 5.2 shows the main tools used to collect the data from the research's main subjects. Semi-structured interviews were used for interviewing the social care authorities, social workers and the care staff. A semi-structured questionnaire was used to collect data from the parents of children with special needs, and from the case studies with children.
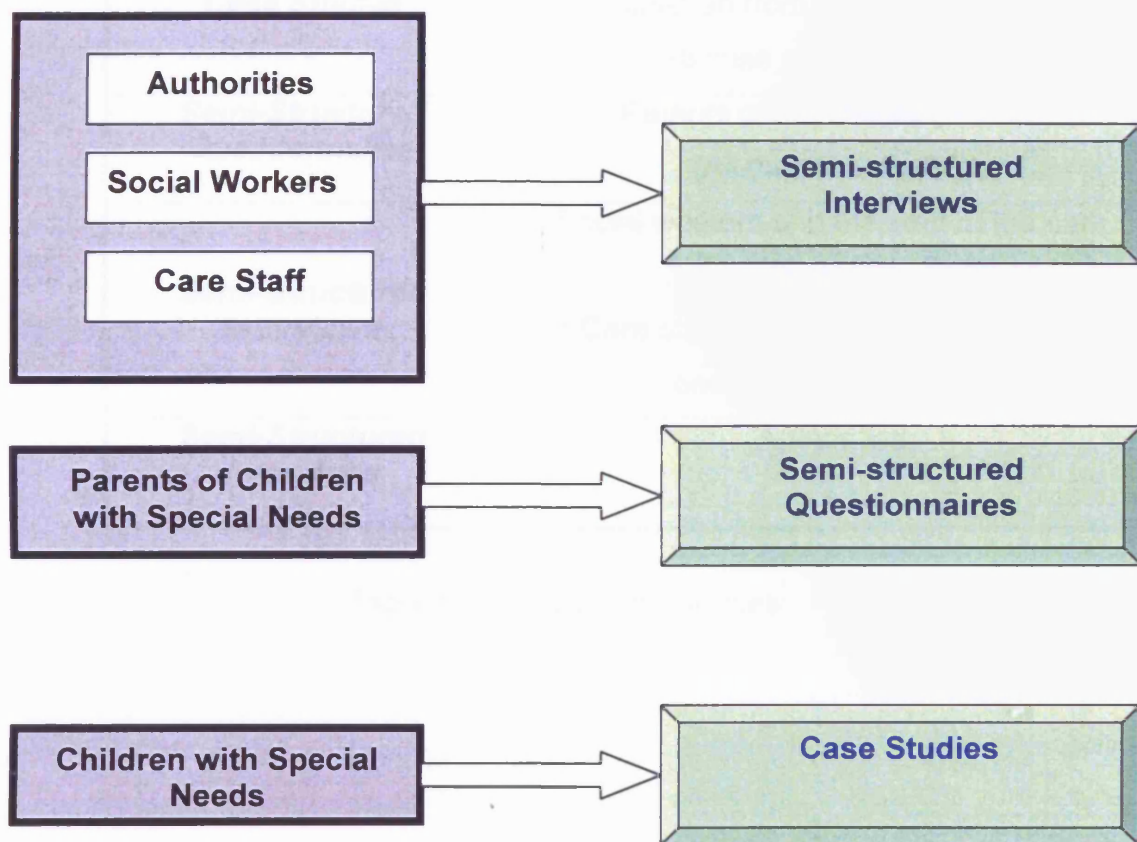
Figure 5.2: Research element methods for collecting the research data

Table 5.2 shows the research samples. As mentioned earlier, in order to establish a high level of reliability, all the care agencies and all the parents of the children were included. Two social care authorities, one social worker and two care staff from each care agency were selected for the interviews.

Methodology	Selected sample
Case Studies	2 children from each care agency (8 case studies in total)
Semi-Structured Questionnaires	Parents of the children in care (All the parents (96)
Semi-Structured Interviews	Social workers and the staff of the care agency 2 Care staff and one social worker from each care agency (12)
Semi-Structured Interviews	Authorities (2)

Table 5.2: Research Samples

5.3 Case studies

The main focus of this research is children with special needs. Therefore, case studies represent an important tool for identifying practical problems which require remedial action for childcare in Qatar. The other reason for the use of case studies is to provide a theoretical framework which can be used as a tool for policy-making.

Case-study methods are used extensively, not only in social work, but also in social administration, clinical psychology and in business studies.

Bromley (1986) argued that the case-study method is a basic form of scientific inquiry that underpins effective professional practice, especially in relation to human problems. Ideally, a case study attempts to integrate theory and practice, applying general concepts and knowledge to a practical situation in the real world.

Bromley identifies six stages for solving a human problem by means of a case study. He called them plays with six acts:

Act One: *What is the problem?*

First, a preliminary investigation is carried out. This will help to contextualise the case and will hopefully facilitate the understanding of the specific needs. For example, preliminary questions will be asked, such as: What seems to be the problem? Whose problem is it? When and how does it arise? In what context?

In the present study, children in care agencies were located and identified. The research attempted to find the real issues which led the children to the care agency. Well structured and designed questions and the way of delivering the questions were used as a tool to achieve this step. (See Appendix A.)

Act Two: *What are the issues?*

After defining the problems, the issues were identified. The issue is a matter that is in dispute; a point that one is trying to settle one way or another, or a point on which the answer to a question depends. For example, the issue may be whether or not the child in the care agency had a history of poor social

relationships. The main purpose of identifying the issue is to help in making decisions about the case under investigation.

Act Three: *Human problems are socially constructed, not 'given'.*

A human problem can be defined as a discrepancy between an actual state of affairs and a desired state of affair: between 'what is' and 'what ought to be' or between performance and aspiration (Bromley, 1986). Frequently, children may react in ways intended to relieve unpleasantness and end frustration. Children may leave home or school due to negative experiences at home or at school. The negative aspects of the undesired state of affairs at home or at school may lead the child fail to respond to their positive aspects.

Act Four. *Creative versus standard solutions to problems.*

The main aim of this stage is to explore possibilities for reducing these discrepancies.

Act Five: *Taking the consequences.*

Consequences have two sorts (Bromley, 1986): short-term and longer term. If many possible courses of action are possible, it may be necessary to work with a shortlist of more promising ones. However, it is only after the likely consequences of action have been worked out that a more considered judgement can be made about the relative desirability of the proposed courses of action.

Act Six: *Making the best decision.*

The sixth act deals with consequences and possibilities systematically. It provides details of possible actions. These actions will have advantages and disadvantages and so attract a positive (+) or negative (-) value of a certain magnitude.

If any particular issues arise during the case study investigations, experts or the care agency managers were asked to provide support in explaining the issue.

Time and effort are required to clarify what the cases are about and to organize a coherent account of the problem and how it came into existence.

The case study had been designed and written initially in English language, See Appendix A, and translated to Arabic language by professional translator. Two case studies were chosen randomly from each agency, eight in total, by selecting from the agency registration record.

The main points addressed were:

> Parents' backgrounds
> Child receiving care
> Main problems and obstacles for the child receiving care
> Child's progress record
> Child's programme
> Child's development
> Future plan.

5.4 Semi-Structured Questionnaires

The principal instruments used in testing hypotheses or answering questions and collecting large amount of data are questionnaires. Gay (1976) stated that the questionnaire is the most popular method used to collect data which are not available in published literature.

> Questionnaires are used to collect data that are
> unavailable in written records or cannot be readily
> observed.
> (Lewis- Beck, 1994, p.2.)

In the literature, there are many writers (Dillman, 1978; Schuman and Kalton, 1985; Cohen and Manion, 1989, and Newell, 1993) who refer to the advantages and disadvantages of using the questionnaire as a tool in the social sciences.

The main advantages of using questionnaires can be summarised in the following:

> A large number of subjects in several locations can be asked to contribute.

> Confidentiality is guaranteed. Respondents can therefore be truthful and findings can be assumed reliable.

> They are economical to use, both in time and in cost.

> They can be filled-in at the respondent's convenience and without outside influence.

> They decrease bias in terms of social desirability.

Although the questionnaire has many advantages, there are also disadvantages in its use. The main disadvantages are:

> A possible low-return rate can reduce the sample size and may bias the results.

> Some questions may be omitted.

> It cannot be guaranteed that the questionnaire will be fully understood by every respondent, irrespective of design.

> It is not always possible to provide verbal explanations of certain points raised by the questions.

Cantelou (1964, p. 57) identified four types of questions used in collecting data in a survey. These types are: classifier or background questions, closed end or multi-choice, intensity questions, and open-ended questions or free response questions.

When putting together a research questionnaire, the most frequently used questions are those which are closed-ended. The advantages of using such a format is that responses are restricted to the alternatives stated; the respondent has little difficulty in selecting what, for him/her, is the most appropriate answer. These types of questions, or scale responses, are also suitable for attitude and belief answers, as well as being effective in determining degrees of involvement

and frequency of participation. Additionally, they are straightforward to analyse and code; they make minimum demands on the respondent in terms of time to complete; and, because anonymity can be guaranteed, they are appropriate for questions of a sensitive or private nature. From the point of view of the researcher, they are also cost effective.

Closed-ended questions can also be used when the respondent is aware of the issues, and can thus determine the strength of his/her opinions.

However, this type of questionnaire has the disadvantage of limiting the respondent to choose between specific alternatives, and this might lead to the recording of a false opinion. It could be argued, therefore, that the format does not provide a strong insight into whether or not the respondent has a full understanding of, or any clear opinion about, the issues involved. Conversely, those respondents who have strong opinions may object to being restricted to limited responses. A solution to this would be to provide an opportunity to give an alternative response and so avoid the possibility of biased answers. (Dillman, 1978; de Vaus, 1986; Cohen and Manion, 1989).

Another disadvantage considered by Dillman (1978) is that the wording of questions might lead to misunderstanding, either completely or in part. They might even appear objectionable or uninteresting.

Table 1 shows the main advantages and disadvantages of closed ended and open ended questions.

Type	Advantages	Disadvantages
Closed Ended	➢ Easy and quick to answer ➢ Answers across resps. easy to compare ➢ Answers easier to analyse on computer ➢ Response choices make questions clearer ➢ Easy to replicate study	➢ Can put ideas in responses head ➢ Resps can feel constrained/frustrated ➢ Many choices can be confusing ➢ Cannot tell if resps. misinterpreted the questions ➢ Fine distinctions may be lost ➢ Clerical mistakes easy to make ➢ Force respondents into simple responses
Open Ended	➢ Permit unlimited number of answers ➢ Resps can qualify and clarify responses ➢ Can find the unanticipated ➢ Reveal resps' thinking processes	➢ Resps. give answers w/diff levels of detail ➢ Answers can be irrelevant ➢ Inarticulate or forgetful resps are at disadvantage ➢ Coding responses are subjective and tedious ➢ Require more resps' time and effort. ➢ Intimidates respondents ➢ When resp. omits a response, impossible to tell if it's because of belief or just forgetfulness.

Table 5.3 : Advantages and disadvantages of closed and open ended questions

Confidentiality and Anonymity:

Respondents were reassured that their answers would remain confidential and that their anonymity would be maintained. This was to ensure that respondents felt free to voice truthful opinions, safe in the knowledge that there would be no comeback on them from superiors.

Therefore, a semi-structured questionnaire is thought to be the most useful and economical form of large-scale data collection. In semi-structured questionnaires the respondent will be mainly restricted to a list of options. In some questions, if needed, a respondent can express his/her opinions.

5.4.1 Questionnaire: Variables of Investigation

The questionnaire was designed for the parents of the children with special needs (see Appendix B.) The questionnaire has five sections covering the main aims of this research. These sections are:

Section 1: General information

Section 2: Problems and obstacles in the care agency

Section 3: Current situation of the policy towards childcare in the State

Section 4: Opinions and attitudes towards the services in the care agency.

Questionnaire Distribution Strategy

Information Gathering Strategies

Gathering information was carried out in two stages. The first stage was to collect information and data about the care agencies and the number of families in their agency, the time of their attendance at the care agency to collect/visit their children and their regular meetings. This was achieved by a preliminary visit to the agencies and building a strategic plan with the agencies' management to achieve this stage. The second stage was distributing and

collecting the questionnaires. The researcher took the list of all parents to ensure that the questionnaire reached every single parent by attending the first and final activity sessions of the agency and waiting for the parents' arrival.

The questionnaire had been designed and written initially in English language and then translated to Arabic language by professional translator.

5.4.2 Reliability

The main data were collected by distributing a questionnaire. Internal and external factors affect the reliability of the data. External reliability refers to the degree to which a measure is consistent over time. To test this reliability the data should be tested/retested on different occasions to find out if there is any inconsistency in the responses.

> *Reliability is the tendency for the measurement of a variable to remain stable over time.*
> *(Ellis, L.1994, p. 89.)*

Due to time, large samples, and convenience to the subjects and care agencies, there was no need to re-test the respondents after a certain time.

Internal data reliability refers to the degree of internal consistency of the measured variables. The quantitative data of this research were tested for consistency. Internal reliability was checked by inserting redundant questions into the questionnaire. A question about women's rights in the State was inserted deliberately as a redundant question and removed in the data processing.

5.4.3 Validity

Validity of the data has two dimensions: internal and external. The external dimension addresses the question of whether the research strategy has been controlled for the influence of extraneous variables that could serve as an alternative explanation of why the results of the study turned out the way they did.

The internal validity of the measures raises the issue of whether measures are really related to the concept that they are claimed to operationalise.

> Validity refers to the degree to which you are
> measuring what you intend to measure.
> (Ellis, L.1994, p. 89.)

5.5 Semi-Structured Interviews

Qualitative methods consist of three principal kinds of data collection as identified by Patton (1990):

(a) in-depth, open-ended interviews; (b) direct observation; (c) written documents. The data from interviews consist of direct quotations from people about their experiences, opinions, feelings and knowledge. The data from observations consist of detailed descriptions of people's activities, behaviour, actions, and the full range of interpersonal interactions and experience. Document analysis in qualitative inquiry yields experts' quotations or entire passages from organisational, clinical or programme records; personal diaries; and open-ended responses to questionnaires and surveys (Patton, 1990, pp10).

The interview is an alternative method of collecting survey data to obtain information on the issues of interest to the research. May (1993) defined the interview as:

> An encounter between a researcher and a
> respondent in which the latter is asked a series of
> questions relevant to the subject of the research that
> can be face to face or by telephone.

The interview allows interviewees to express their opinions and attitudes freely from their personal understanding, background and history. This cannot be achieved by a questionnaire, case study or by observing the subject. Interviews can also reveal issues where the interviewer is not aware of their existence or importance. It is a way of examining more deeply to discover what is hidden deep inside the subject.

3.5.1 Interview Rationale

As a research method, the interview is appropriate when evaluating hypotheses or opinions (Cohen and Manion, 1989). Fielding (1993) asserts that the interview is widely used as a research method in the gathering of data; measuring what is known by the respondents; the likes and dislikes of the respondents; attitudes and beliefs; establishing an opinion; testing hypotheses or identifying relationships. Additionally, the interview can be used in conjunction with other methods in investigating issues (Cohen and Manion, 1989; Fielding, 1993; Gilbert 1993).

As a research tool, the interview can be used in the following ways:

1. Structured/Standardised: content, wording of questions, procedures etc. are organised beforehand, thus limiting the interviewer in modifying content.

2. Semi-structured: providing the interviewer with more flexibility to make modifications.

3. Non-structured: the conversational style is helpful if the nature of the interview is sensitive, but one in which the interviewer has little control over the direction of the interview.

                    (Fowler, 1984; Fielding, 1993; Robson, 1993.)

The advantages of using the interview as a research method are:

1. Flexibility - questions can be explained, and repeated if the response seems inappropriate or if the respondent has difficulty with the meaning of the question. The respondent thus provides answers to all questions, and even additional information may be obtained.

2. Control - in standardised or semi-standardised interviews, the respondent is unable to change prior answers.

3. Information-providing an insight into an organisation's structure and policies, as well as its relationship with similar organisations can be discovered by the interviewer.

                    (Dillman, 1978; Wragg, 1984; Cohen and Manion, 1989; Patton,
                    1990; Creswell, 1994.)

The same researchers also list the disadvantages of using the interview as a research method:

1. Questions are vulnerable to subjectivity or bias on the part of the interviewer.
2. The procedure can be more expensive and time-consuming.
3. There may be a limited number of respondents who can be contacted.
4. The process may be limited in its reliability.

There are also some unavoidable features in the interview situation (Cicourel, 1964):

1. In-depth questions might cause a respondent to feel embarrassed and consequently not answer truthfully.
2. Meanings which are clear to the interviewer may be vague to the respondent and vice versa.
3. Bringing the whole process of the interview under control can be difficult.
4. Variation in mutual trust, social distance and control can occur between two interviews.

Further potential problems relate to misdirected probing and prompting, and neglecting the cultural context and the wording of questions (Fielding, 1993; Hammersley and Atkinson, 1995).

Open-ended or closed-ended questions are used during an interview. The first type allows respondents to develop an answer in their own words. This type of question elicits information which is expressed freely and without influence from the researcher. Further advantages are that such questions promote thought, encourage co-operation, and help towards establishing a rapport. Such questions allow evaluation of what respondents believe or may elicit unexpected answers, leading to new hypotheses (de Vaus, 1986; Patton, 1990).

The disadvantages of open-ended questions are that it is possible for a researcher to misinterpret responses, especially if they are delivered in such a way as to be ambiguous. Such questions may also place unwanted demands on

the respondent, thus causing embarrassment. They may not be easy for statistical analysis and are time-consuming, both for the researcher as well as the respondent.

The use of open-ended questions depends on the content and intricacy of the question, the types of respondent involved in the research, their motivation, and the time available.

Semi-structured interviews were designed for the authorities and for the social workers and care staff. See Appendix C, D and E. The chosen questions covered the main aims of this research as well as covering the main points of the designed questionnaire.

During the interviews, the researcher endeavoured to obtain as much information from the social workers and the care staff as possible by using probing questions and by encouraging them to be as open and honest as possible. Qatar has a relatively democratic community compared to other countries in the region so this was not envisaged as a problem during the interviews with males. However, interviewing a female subject was more problematic as explained earlier. Some of the subjects agreed while the others preferred the interviews to be conducted through a female co-researcher.

The researcher also made sure that the interviews were carried out in a quiet area, free from interruption. The environment was well-prepared to ensure a continuous interview. These criteria were achieved with the help and support of the care agencies and the social service authorities.

5.5.2 Interview Design

Three semi-structured interviews were designed to investigate the opinions and attitudes of the care authorities, social workers and the care staff to explore and investigate the following (see Appendices C, D and E):

> ➢ Care agencies' programmes
> ➢ Partnership with the parents
> ➢ Procedures concerning child abuse
> ➢ Care agencies' values and practices
> ➢ The constitution of the policy-making bodies
> ➢ Barriers facing child care agencies
> ➢ Children's rights.

The interviews designed and wrote initially in English language and translated to Arabic language by professional translator.

5.5.3 Reliability

Sapsford and Evans (1984) define reliability as consistency of the outcomes from one measurement to another. To maximise reliability, a multi-term indicator was used. Questions were worded clearly in an attempt to avoid ambiguity. The sample was analysed statistically using SPSS and so the obtained data were related to the purpose of the study (De Vaus, 1986; Newell, 1993).

Internal reliability was checked by items on the same topic which were rephrased and repeated.

5.5.4 Validity

Validity is whether the question is really measuring what it is supposed to measure (Fielding, 1993; Proctor, 1993).

Holsti (1969) states that content validity is most frequently relied upon. This is a method which emphasises whether the indicators are measuring different concepts. Asking colleagues/fellow students, familiar with the nature of the study, to consider the questions during the pilot study can assess this.

5.6 Pilot Study

A month before commencing the study, a pilot study was carried out to establish if there was any need for changing, editing or modifying the questionnaire, case study and the interview contents and structure.

A questionnaire had been given to three parents, selected randomly, and the parents were asked to comment on any difficulties with understanding any part of the questionnaire. The parents were also encouraged to write any comments they wished to make. This was followed by a meeting with the parents to discuss the clarity of the questions and to analyse their responses. The questionnaire was then processed to establish whether the material generated was consistent with the main aims and objectives of the research.

A pilot interview had been carried out with an academic staff, (Department of Social Work, Qatar university) in order to identify the clearance of the questions and check the responses, whether the responses met the aims and objectives of the interviews. Few sentences and word were changed after the pilot interview.

Chapter Six

Parents, Care Agencies and the Care System in Qatar

Fieldwork Analysis

6.0 Introduction

The State of Qatar is one of the many countries that has signed the UN Convention's treaty for children's rights (United Nations, 1989); the country therefore has an obligation to fulfil this commitment by complying with this treaty. The government and its officials are supporting children's rights in their speeches and in advertisements but the only way to assess the actual level of commitment is to examine what is happening in reality. The only people who can verify Qatar's compliance with the treaty are the people who are part of the childcare and welfare system in the State and the United Nations' Committee. The UN Convention regarding children's rights states:

> "State parties shall ensure the implementation of
> these rights in accordance with their national law
> and their obligations under the relevant
> international instruments in this field, in particular
> where the child would otherwise be stateless"
> (UN Convention treaty, Article 7.)

The main aim of this research is to investigate and analyse the childcare care system for children with special needs. Therefore, the voices of the parents, care staff and care authorities must be heard in order to draw out the main features of the current and future care system in the State.

The fieldwork includes eight case studies of children with special needs, semi-structured questionnaires aimed at families of the children receiving care, and interviews with care authorities and agencies' care staff (see Appendices).

6.1 Case Studies

Children with special needs are the main focus of this research. Therefore, it is essential to investigate and analyse individual cases to establish and analyse the child's background, the care received, the child's progress records, care programme, child development and the child's future plan. The above points will help to link the care agencies' services with their values. This will also help to analyse the government's obligation towards the UN Convention. This can be achieved by investigating, as an example, the care agencies' policies towards involving parents in their activities and how these policies are recorded in the child's record. This will be discussed in detail in the next chapter as this section presents the main findings of the case studies.

Eight cases have been chosen from the main four care agencies in the State. The researcher had earlier prepared a list of points which needed to be considered in the case studies. (See Appendices.) This helped to focus on the main points that need to be investigated in this research. It was a difficult task to achieve the completion of eight case studies for three main reasons. Firstly, care staff were busy with their scheduled workloads. Secondly, staff, at the beginning, were reluctant to allow access to children's records. Thirdly, the recording system was not very clear and not well documented. Some important information was missing from the records; this led the researcher to find another route to obtain this information. The families of the children were very supportive in providing the extra information needed to get a more detailed picture of the cases.

6.1.1 Case Study 1

This was an eleven year old boy who was born and grew up in an educated family. His father was a university graduate with a Master's degree in education who worked as an educational adviser for the Ministry of Education. The mother was a final year university student, studying health sciences in evening courses. She worked full-time as an administrator for the Ministry of

Health. The father and the mother were closely related: they were first cousins and had been married for 15 years although the mother had a previous unsuccessful marriage. The child's family relied on the care agency for their childcare. According to the family and the care staff, they were a happy family without any family problems. The child's father was in perfect health while the child's mother suffered from diabetes.

The parents have four children: three males and a female. The child is the second eldest in his family. He was born naturally and the family did not recognise any problems in his early years.

The doctors believed that these may have been due to genetic problems. The child had a good relationship with his family. He was the main focus of most of the family's activities.

The child felt closer to his mother than to his father. This may be due to the fact that his father lacked free time to be with him. The father always discussed his child's progress with the care agency, as well as trying to make efforts to improve his progress. The father sent the child abroad to access greater expertise and to investigate his progress.

The child joined playgroups, a pre-school group and then a primary school without any serious problems, apart from the fact he found it difficult to settle in the class and the school environment. He had a good relationship with his teachers, peers and care workers but he could lose his temper very easily. This made peer relationships very difficult, resulting in him lacking in participation in class activities.

After the first year at the mainstream primary school, the schoolteachers and the parents noticed that the child was not responsive and he did not react easily to sounds around him. The child's hearing got worse gradually until eventually he became deaf at the age of nine. The child at this age moved to a care agency for children with hearing difficulties; both the parents and the school decided that the child should be moved to such a care agency for children with hearing difficulties.

The care agency recorded his progress in a record file. They found that the main problem was that the child was 'slow to learn' and found it difficult to adapt both to the learning methods and to new topics. The agency provided regular development testing which involved checks every three months on the degree of hearing as well as health checks.

The child, at the age of nine, found it difficult to engage in the care agency activities. The care agency tried involving him in the photographic group, in which he had shown an interest in earlier years, but he rejected this idea and any involvement in the group.

The child showed gradual improvement. He needed a hearing aid to enable him to reach his full hearing capability but rejected this suggestion from his care worker as well as his family.

The fact that the child had a short temper and also because he was quite nervous, led him to working alone in school activities and in socialising with a very limited number of people in school.

The care agency staff who helped and supported the family succeeded in convincing the child to use the hearing aid. They was started training him in using the hearing aid and convincing him that it is quite normal to use it in daily activities.

The child's record was almost complete from an early stage, with many family comments and information. This may be due to the parents' educational background, their willingness to cooperate, and their awareness of the importance of the recording.

The agency's plan for the child can be summarised as follows:

> ➤ Encourage him to get more actively involved in school activities.
>
> ➤ Persuade him to use a hearing aid more regularly.
>
> ➤ Provide support to try to make him happier and more confident, which will make him look at things more positively.
>
> ➤ Work closely with his father on his progress, using his father to implement some of their planning.
>
> ➤ Monitor his progression.
>
> ➤ Follow an education programme to suit the child.

Main Observations from the Case Study

> ➤ Lack of partnership, between the agency and the parents. The parents in this case were the ones who were pushing to be involved in the child's planning and development.
>
> ➤ There was no clear evidence that the child had engaged in a full education programme suitable for his needs.
>
> ➤ There was evidence showing how the child's plan would integrate the child into society.

6.1.2 Case Study 2

The second case study was a ten-year-old girl who was born and grew up in a stable family environment. Her mother was a university lecturer and her father was a part-time supermarket manager. The father looked after the children in the absence of the mother. The mother and father were in good health and there was no history of poor health. The father and mother were closely related; they are first cousins.

The child was born naturally and the family did not recognise any problems in her early days. After the first year, they noticed that the child was physically disabled; she was unable to walk or stand. The child had a good relationship with her family. She felt closer to her father than to her mother but this may be

due to the fact that her mother lacked free time. Her family valued the support and help the care agencies offered to help the girl and the family a normal life.

The child joined playgroups, a pre-school and then primary school till the age of six without any serious problems. However, she found it difficult to manoeuvre around the class and the school. Her legs weakened until she had difficulties in manoeuvring. The school could not provide the facilities needed to cope with a physically disabled child. However, she was quite popular during her time at pre-school and first year school. The parents' main concern was her education.

The care agency's report showed that the child was progressing very well. Her main strength was her social communication and she was improving in terms of self-reliance in some activities.

The report showed that she was regularly involved in school activities. She was popular among her peers and engaged easily in any discussions.

The child had shown gradual improvement. She needed consistent positive reassurance in school environments to enable her to reach her full capability. However, she rejected the idea that she would be as good as others, due to her physical disability.

Her family was very interested in their child's progress. The mother followed her progress very closely; she attended meetings and involved herself with her child's development. The mother was keen on securing mainstream education to ensure that her daughter progressed according to the national curriculum. The mother provided help and support to ensure her daughter's educational progress.

The agency planning for the child can be summarised as follows:

➢ Encourage her to be more independent in her movement.

➢ Encourage her to be involved and take the initiative in the agency's activities.

➢ Follow the official school syllabus for her education.

➢ Educate her and try to make her more happy and confident in order to make her look at the positive side of things.

Main Observations from the Case Study

➢ The child had no confidence that she would be integrated and live normally in society.

➢ The child's record did not indicate that there was a good partnership between the parents and the agency. It seemed that the parents volunteered to contribute to the care agency. There were no clear policies to support, encourage and reinforce such an important issue as partnership with the parents.

➢ The child's programme lacked strategies in how the child might be helped to contribute to and integrate into society.

➢ There was a lack of facilities to support child's needs, in her education as well as in equipment.

6.1.3 Case Study 3

Child C was a fourteen-year-old girl. She had weak muscles and visual problems. She had an older brother with similar physical and mental disabilities. The child's mother did not complete high school education and, similarly, her father had no formal education. The father was a governmental employee, working for the Ministry of Electricity and Water. The mother was a housewife. The father and mother were closely related; they were first cousins. They were in good health and they had no history of illness. They also had no problems during their marriage.

They lived happily in a government house and owned a car for travelling. There were six children in the family: four sons and two daughters. Child C was the fifth in the family. The older son had been mentally and physically disabled from birth.

The main problem with Child C was that she is physically disabled with some visual problems. She had difficulty with movement as her main disability concerned her legs.

She was identified as a child with special needs, and this was confirmed as she progressed slowly in her public primary school. At the age of 12 years she moved to a school catering for special needs. In this school, she showed very good social skills and made excellent progress with technical, vocational and communication skills.

Child C had shown excellent progress in social communication and had built very good friendships with her peers. Her confidence to communicate and relate with her teachers and care staff changed dramatically, showing a more positive and enthusiastic attitude. She was very responsive and showed great respect for order and obeying the staff. She participated in school trips, school radio, and physical education classes for people with special needs.

When she first joined the special needs school, she showed no understanding and awareness of looking after herself and keeping tidy at the school but, with the advice and explanation she received, she began responding very well towards the equipment and facilities.

The main problem now regarding Child C was her lack of participation out of school due to her physical disabilities and her poor vision. However, she participated well in school activities.

The school recorded her progress in file records. These included school observations, a monthly interview with parents to check her progress at home, and her medical records (she underwent medical tests every three months).

She also had regular physiotherapy, as well as visits to a psychologist who analysed her behaviour and the reasons for changes in her behaviour, which mainly were attributed to different environmental factors.

The school records showed that she was making excellent progress in general education, as well as in technical and vocational areas appropriate for children with special needs.

The agency's record showed that the parents were not following their child's progress and were not involved in any planning. This might have been due to lack of education and awareness of the parents. However, the record did not show any invitation to the parents to discuss their daughter's progress.

The agency's planning for the child can be summarised in the points below:

> Provide an education programme suitable for the child. This includes: health awareness, basic maths and basic vocational training.
> Involve the parents more in current and future discussions of the child's progress.
> Plan to ensure that the child is more independent in her daily activities.
> Train her to use special needs equipment suitable for her.

Main Observations from the Case Study

> There was evidence that the agency had a clear framework for partnership, but there was no evidence that the parents were involved in the planning, provision of services and consultation on the child's progress. There was a lack of regular one-to-one meetings with the parents to discuss the child's progress.
> The agency viewed the parents as an important tool in the child's progress. The problem was that the agency lacked planning and strategies on how to involve the parents in their activities.
> There was no clear evidence, from checking the child's records, on how the child would be integrated to resume normal life in society.

6.1.4 Case Study 4

Child D was born on the 6th of August 1994. He lived with his parents, his other two brothers and sister and he was the youngest of the family. His parents were related and both of them were school leavers. His father worked in a government office, while his mother was a housewife. He lived in a happy family without any marriage problems between his parents.

The child did not appear to suffer from any illness or disability. The main problem was that his weight and height were below those of an average child. He was a quiet, shy young child who got nervous in crowded and noisy places which resulted in a lack of eating on a regular basis; he also had speech problems. He had not previously been part of any care or education programme.

The parents noticed that their child had speaking difficulties. At the beginning they believed that he would improve as he grew up. They did not take him for any medical examination to investigate his speech and there was no routine national examination in the system. By the age of five, as he was planning to join a pre-school, the parents started worrying. In pre-school, a teacher tried to encourage him without any success. It was determined that the child was a 'special needs' child.

In the care agency setting, the child found it difficult to settle. This may be due to the change in environment as the children in the agency had speech problems. Using sign language was unusual and strange for him.

His relationships with his parents, brothers and sister were very good. He played with them regularly and there was no problem among them, considering that when he was younger he was trying to isolate himself. However, he cried whenever the care staff tried to engage him with other children in the centre.

He had built a good relationship with one of the care staff and was responding extremely well to the care staff in general, although he was still hesitant and shy with some of them.

The care agency plan for the child can be summarised as follows:

➢ Establish an education plan for the child. This includes using sign language.

➢ Establish a link with medical professionals to examine his progress.

➢ Encourage the child to be more independent to carry out his daily life.

Main Observations from the Case Study

➢ There was a lack of an explicit partnership agreement between the parents and the care agency; it might, in this case, maybe due to a lack of parental education.

➢ The care agency failed to build the child's confidence in himself to be fully independent and live normally in society.

➢ The parents' view was that they have a child with a problem and the agency is a place for the child to be cured in a short space of time. They failed to recognise that there was a long term need to plan to help and support the child to integrate and live normally in society.

➢ Agency services are lacking in modern technology to help and support the students. There is a lack of PCs to support the children's education, for example.

6.1.5 Case Study 5

Child E was a ten year old male and was completely deaf. He was the eighth son of his family, that is, the youngest. The family had two other deaf sons. The father of the child had no education but had learned how to read and write by teaching himself. He joined the armed forces as a solider and married a relative twenty-two years ago. They lived happily without any problems between them; neither of them had been married before. The father usually spent a lot of time outside the house, leaving most of the family work and commitments to his wife. The family's income was below average, which is understandable considering the size of the family they had.

The child's mother was illiterate and a housewife. She spent most of her time caring for her children and fulfilling family commitments. She would wake up

early in the morning to prepare breakfast and prepare the children for their schools/university. She received no help from any of her sons or her husband. Her working day finished at 12 midnight when the eldest son went to bed. She had no social life, family life or entertainment; the family had never been on holiday.

The mother's pregnancy and the birth of the child were normal. The child started growing up without any perceivable problems apart from a high temperature occasionally. The family did not go to any medical professional to investigate this as his temperature rose and fell without any apparent serious effect. The parents' other children did not start talking early. Therefore, the family, due to its large size and their lack of education, did not give attention to their youngest child till he was about five years old and of school age. At this stage they started to take him to hospital to investigate his case; this confirmed that he was deaf and needed special education.

The child did not attend any school before his attendance at the school for the deaf.

The child refused to attend school at the beginning and there were difficulties in persuading him to attend. This was because of his adaptation within his family who met and satisfied his needs. School, for him, was a new environment to which he needed to adapt. He felt insecure at the beginning of his time at the school. This was due to the fact that some of the teenagers treated people with special needs badly by bullying them. This happened on his first day. He was approached by a teenager who tried to speak to him using mocking sign language just outside the agency on his arrival while the family and the care agency were preparing some paper work. Unfortunately, there is still a minority of people who try to make fun of people with special needs. This made the child feel insecure and led to him staying at home, at the age of six, for a year without attending school. The family then persuaded the child to attend school and he has been in school for the last three years.

The care agency was aware of the incident. Accordingly, the agency tried hard in the first few weeks to make sure that the child felt secure and that he adapted well to his new environment. A member of the care staff accompanied the child from the first minute of his arrival to the care agency to reassure him and to make him feel secure and build confidence in him. This

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plan succeeded in building up the child's confidence, making him more able to cope with such an act. He was, by now, using sign language very well and interacting successfully with the environment. On his arrival he was restricted in communication with one or two of his peers but, by the time of the study, he was happy to speak to almost anyone.

Socially, the child was very active and had excellent relations with his brothers, especially with his younger brothers, as they played with him on a regular basis. He was also close to his father. This might be due to the fact that the father paid more attention to him. The father spent more time with him when he was at home. He played with him, fed him and brought him sweets. It might also be due to the fact that his father was away from home for long periods of time. Therefore, the arrival of the father to the house was a change of environment for the child. The older children became more disciplined and worked towards meeting the needs and satisfaction of their younger brothers and mother to satisfy their father.

The care agency plan for the child can be summarised as follows:

> ➢ Involve the family in the child's progress.
> ➢ Educate the parents(in meeting the child's needs).
> ➢ Establish an education plan for the child. This includes using sign language.
> ➢ Establish a link with medical professionals to examine his progress.
> ➢ Encourage the child to be more independent to carry out his daily life.

Main Observations from the Case Study

> ➢ Social attitudes towards people with special needs affected this case. Bullying children with special needs can lead to a negative impact on the child taking his/her normal place in society (Middleton, 1999).
> ➢ There was no evidence that there was a strong partnership between the agency and the family.
> ➢ The care agency services were not meeting the needs and satisfaction of the child at the beginning, although things later improved.

> There was a lack of facilities and equipment to help and support the agency staff.

6.1.6 Case Study 6

I started to record my sixth case study by selecting at random a child from the care agency. When I chose the child's name, the faces of care staff changed which led me to think that I might have done something wrong. I became interested in finding more about my case study number six. I asked one of the care staff for the file record of the child. He replied, without his usual enthusiasm, that I might need to talk to the manager first in this case. I started to think and ask myself if this was the child of an important person, if she was the daughter of a very wealthy family, or the daughter of the agency manager. I could not find a convincing explanation. I asked the care staff to obtain the approval of the manager and spent the waiting time observing the young girl. I saw her sitting in a corner, thinking deeply and playing with dolls. She was trying to build a family in a house using the toys. She was searching among the male dolls, picking one up, looking at it carefully, and returning it to the box of toys. After a few attempts, she found a very handsome male doll, dressed in traditional Arabian clothes. Then, she tried to match the doll with a female doll with three children around her. I thought deeply, trying to establish why this young girl was attempting to build a family and what she was really thinking about her own previous and future life.

While I waited for a response from the care staff, the young girl looked shyly and then turned her face to me with a big smile. This led me to think about her more and made me want to examine her case. One of the care staff came to me, as if he did not want me to ask him any questions, and told me that the manager wanted to see me.

I met the manager in his office and found him hesitant. He told me that this girl was abandoned and had no real family. He explained that such a case is very rare. In fact, in his twenty years' experience in special needs care, this was the first case he had come across. He told me: "We are very sensitive to this case. We are trying to make sure we improve her life and build a bright

future for her". I found the manager to be very keen to help the girl but also talked of her as an "ashamed" case. He then explained that the girl had no real name but had been given a name by a wealthy man. This man had adopted her and she lived in his house. The manager believed the young girl's roots were non-national and that she was from an Asian background.

The adopted family had provided her with affection and love. He also mentioned that the family had provided her with a housemaid to care for her only. Studying her file, the record indicated that the girl was nine years old with a name given to her by her adopted family. From the first written record made when she was aged two, it shows that the girl had a physical disability only. She responded well to sound and light, showing that she had healthy hearing and sight.

The child was quite active and bright. She socialised easily with other children and liked to discuss family issues. She was not ashamed or embarrassed about having no family roots. She explained that being abandoned during her childhood was due to her disabilities and that her family was not strong enough to face up to this.

Main Observations from the Case Study

> Adopted children in the State were well looked after as there was a long waiting list to adopt. This is due to cultural and social factors: families are proud of their children. It is one of the social commitments of children to look after their parents when they grow up and the parents become old. Therefore, couples without children are very keen to adopt children. There is also a religious factor. According to Islam, adopting children is a good deed and will be rewarded in heaven.

> There was a lack of social development in the child's planning programme.

> This case had been looked after very well by the care agencies and services due to another factor, that is the political and economic influence exerted by rich families on the care agencies and services of the country. There is another dimension to this case: i.e., the child is an adopted one and the adopter is a rich man.

6.1.7 Case Study 7

Child G was a ten year old orphan girl who was looked after by her grandparents. It is part of the Arabic culture and Islamic tradition that relatives look after the orphans of their relatives. The child's mother died when she was three years old and her father died two years later. She had no sisters or brothers. After her mother's death, her grandparents took over the role of caring for the child. The grandparents had no formal education. The grandfather was a fisherman and the grandmother was illiterate; she would not read/write and was without any formal education. The grandparents grew up in the pre-oil era, when only basic education and health care were available. According to the child's records her family did not realise she was deaf until she was about four years old; she was completely deaf. The child's hearing and sight were not examined at an early age. This was partly due to lack of education but also to a lack of legislation in the form of guidance for families to encourage them to have their children examined as they grow up. The parents were related; they were cousins. The father was a fisherman without any formal education. He had not attended a formal school but was literate and had grown up within a tribal tradition, fishing from an early age, by joining his father. He was healthy during his life and suffered from no illnesses but died suddenly from a heart attack. The family had no history of deafness. It is possible that the girl suffered an ear infection that led to this deafness, according to the care agency. The parents failed to diagnose her illness due to their lack of education and health awareness. They did not take her for any medical screening. The child became deaf with speech difficulties. She lives in her grandparents' house, but her grandparents were no longer capable of looking after her due to their age. They usually called in close relatives for help and support. The relative closest to the girl was her cousin, who was the same age. The grandparents gave the cousin rewards in the form of presents when she came to play and give the girl company. According to the grandparents, the rewards, in the form of sweets, food and money encouraged and motivated the cousin.

The child liked the care agency and looked forward to going there. She woke up early in the morning to prepare herself for the day.

Main Observations from the Case Study

➤ The agency provided general education and social skills which mainly consist of how to communicate with others.

➤ The agency also provided entertainment and activities for the child. This was mainly playing with various children's toys and simple computer games.

➤ The child's record did not show any serious parental involvement in the child's progress and planning. There were only a few comments from the grandparents, mainly when the child was sick. The notes lacked any involvement of the grandparents in planning; a comprehensive report reflected their opinions and views on the child's behaviour and progress.

6.1.8 Case Study 8

This case study represents a seven-year-old blind child. He had a blind father who was married to his cousin. The child was the fourth amongst five children in the family. Their grandfather was also blind. The extended family had experienced working with blind children. The parents were otherwise a healthy couple without any serious illnesses. The father was unemployed and his wife was a housewife. They had not attended school and the mother spent most of the time caring for her husband and four other children (two boys and two girls) and her disabled son. The family had no regular income, apart from what they received as support from the social services. The family received help and support from the extended family, mainly in caring for the child.

The family discovered that their child was blind a few months after his birth. They noticed that their child did not respond to lights and movement near him. They took him to an eye specialist who confirmed his blindness.

The child settled down well in the care agency. He started reading and writing blind symbols and had improved his social skills. The agency tried to encourage him to develop his confidence.

The child was quite popular among his class friends, with his teacher, social worker and his family. He was very polite with a sense of humour. He liked to explain about things around him without having seen them. He was very active in all the agency's social activities and likes to copy bird sounds.

He was a bright student, a quick learner and a good listener with excellent concentration skills.

He went every three months to undergo checks on his sight. The doctors believed his blindness was likely to be permanent and also believed the blindness was due to genetic problems in the family.

Main Observations from the Case Study

> The main aim of the care agency was to provide general education for the child.   The agency tried to help the child to be fully independent and prepare him for integration into society.

> The agency had no strong partnership with the child's parents.

> The child had the right to explore his own opinions and attitudes towards various agency activities.   The child had a say in his educational programme, mainly regarding teaching methods.   The agency was a good listener in this issue.   However, the child had no rights in many other issues, such as the type of food served or the type of play he wanted to participate in.

6.1.9 Concluding Remarks

The main conclusions of the case studies can be summarised as follows:

> Educated parents seem more involved in their child's progress. They are involved indirectly in the strategic planning for their child. Therefore, education programmes for parents with children with special needs should be established to educate the parents. This will help the child's progress, as well as the parents' participation in their child's strategic planning. It seems evident that uneducated parents are less involved in their child's progress. They tend to leave decisions entirely to the care agency.

> Most of the case studies show that the disabled children live in large, supportive families. This may explain why the majority of the children have no social communication problems.

> Most of the cases indicate that the child found it difficult to adapt to the care agency environment at the beginning. Both the family and the care agency put in extra efforts to facilitate the child's adaptation to the new environment. This may be due to the fact that a child is used to a daily routine within the family and builds strong bonds within it through basic, daily functions. Therefore, it is difficult to modify this bond. A further factor may be that, due to the child's disabilities, he/she may feel insecure without the family around. In time, the children start to like their life in the care agency and adapt to the care environment. They can communicate with their peers there and this can be exciting as they can communicate with many people, not only their family. The care agency represents a change from their daily lives; also the care environment is better equipped to meet their needs. This includes space, equipment and professionals who can understand their needs. The main advantage of the presence of the parents is that this can provide instant information that may be required for the care staff to provide the morale needed. The main disadvantage is that it can be a barrier in improving the child's social communications skills.

> The case studies show that there are a number of disabled children with parents with low incomes and very limited education. Therefore, the agency is an excellent resource for education for both the child and

the parents. Families with low incomes will find it difficult to cope with the costs necessary to support their child. Therefore, the care agency provides the education required for their child, which is also suitable for their disabilities. The agency monitors their progress and tries to qualify them for a suitable job in the future. The care agency has a relationship with local industry, provides the right diet for the child, as well as providing transport for families living with financial hardship.

➢ The case studies show that extended families still contribute to childcare and partner the agencies.

➢ One of the important tools used in monitoring a child with special needs is his/her records. These records can help in establishing appropriate future plans, as well as acting as an indicator of his/her progress. The recording system for such children in most of the care agencies is still in its early stages as there is no formal procedure to follow. This may be due to the lack of legislation or guidelines for recording information, which require the care agencies to comply. There are no clear, standard procedures for writing progress reports for children in care. There are also no guidelines regarding who has the authority to write, modify or edit the reports. It seems that any care staff can access any child's records and add or modify the record without supervision. This researcher has seen no evidence of auditing or official inspection of these records. It seems that they are just what the care staff feel they want to write, i.e. the care staff's understanding and interpretation. This is not good practice, as the recording should be carried out by well-trained and qualified social workers from the care agency. There is no use of IT to record a child's progress. This may lead to some of the information and records being misplaced or lost.

➢ There are no rules or procedures in place for accepting students; neither is there inspection or checking of acceptance procedures.

➢ Children with physical disabilities or sight problems have more social communication skills than children with hearing and speech disabilities. This may due to the facilities provided by the care agency. A further factor discovered by this study is that the care staff in the physical and visual care agency are well prepared in terms of training. Also

equipment for handling and manoeuvring, which is purpose-built, can be seen in care agencies for children with physical disabilities. School teachers are available to teach the normal school syllabus with support from parents. It seems too that families with children with physical special needs are more confident that their child can fit into society by finding a suitable job. This is due to the fact that the care agency emphasises this issue and has already achieved successes in this area.

➤ The State lacks a general policy for screening children to first establish their special needs. Due to a lack of education and awareness on the part of parents, it took time for the parents in these case studies to establish their children's special needs. The State needs to establish guidelines for procedures to identify children with special needs. This can be achieved by screening the children at various intervals during childhood. This should be compulsory and should be followed up to ensure that all the children are screened to identify their needs.

➤ Marriages to close relatives, first cousins especially, seems be an important factor in having children with special needs. It may be advisable not to marry a very close relative, such as a first cousin, in a small society like Qatar.

➤ The case studies showed that the children's development improved once they joined the care agency. Therefore, the care agency is an excellent institution for the children in allowing them to build their confidence, to prepare them for work, and to integrate them into society.

➤ It is evident from the case studies that there is a lack of parental involvement in the agencies' activities. This needs to be improved and a partnership with the parents needs to be developed.

➤ Children's rights in the agency settings are limited to certain issues. There is no evidence that the child is consulted about his/her education without parents being present. However, the child has a right to

express a view on the teaching methods used. So, the agencies appear to operate from a child protection/parents\ perspective.

> There is tension between the parents' needs and the approach of the agencies. This tension can be identified by the lack of their involvement in the planning for their children and the agencies' activities. There is also tension in the programmes provided by the care agencies. The parents need a continuous report on their child's progress and require strong links between the care agency and medical professionals.

6.2   Care Agencies and their Services: Views of the Parents of the Children Receiving Care

This section represents the analysis of the questionnaires distributed to the parents of the children receiving care from care agencies in Qatar. Figure 6-1 shows the surveyed parents of the children receiving care according to their sex. It shows that 59% (57) are females and 41% (39) are males. This a relatively even percentage of both sexes, i.e. the responses reflect the opinions and attitudes of both sexes, with no discrimination against the views of females, as this is an important issue in the Arabian Gulf States. There is another important point which needs to be mentioned here. The mothers are seen, socially and religiously, as the main care providers to the children. This is not true in all cases, as shown in the case studies, due to a variety of reasons.

Figure 6-1: *Surveyed parents according to their sex*
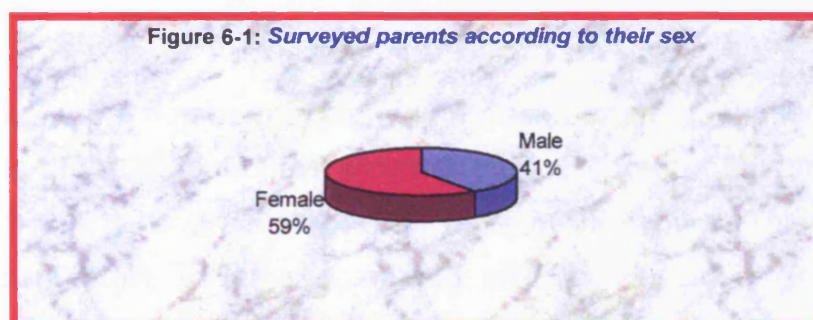
Because divorce is uncommon in Qatar, there are 79.2% (76) married and 16.75% (16) widowed people among the respondents. Only 4.2% (4) are divorced. This shows that the vast majority of the parents of the children receiving care are married.

The survey also indicates that the vast majority of the parents are employed. 72.9% (70) of the parents currently have a job and only 27.1% (26) are unemployed. The vast majority of this number are females (24). This may be due to the fact that women with children with special needs have more of a domestic commitment.

Figure 6-2 shows the surveyed families according to their ages. The figure shows that the greatest numbers are between the ages of 31-40 years old. This result may be due to two factors. The first is that marriage itself is very

expensive nowadays in Qatar because of economic changes. Secondly, there is a social reason: part of Qatari tradition is that two marriage celebration parties should be organised to accommodate males and females separately. The marriage ceremony must encompass certain functions. Therefore, the younger generation of males and females cannot meet this requirement until they reach a later age than in other countries.
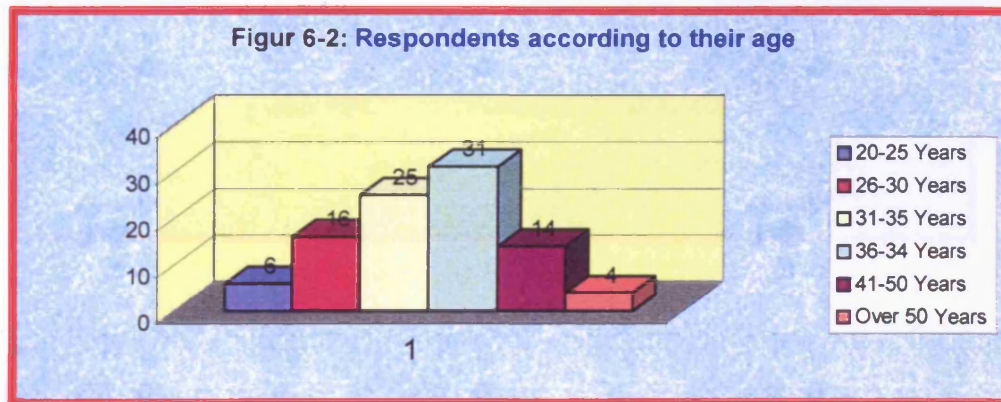

Figur 6-2: Respondents according to their age

Figure 6.3 shows the number of children for each parent. It shows that over three quarters of the parents have three or more children in the family; 78% (75) and 21.9% (21) have six children or more in the family. This indicates that the Qatari family is large compared with families in most Western countries. This demands high financial, social and educational commitment from parents. This is an increasingly difficult task due to social, political and economic changes in the State. The modern Qatari family needs to prepare itself financially for its children's private education which has become common in the State (in order to secure a better education), holidays abroad and other commitments of modern life. The vast majority of the respondent parents have only one child receiving care (94.8%; 91). Therefore, how parents cope with more than one child in care will not be substantially addressed in this study.

Figure 6.3: Number of children in the family
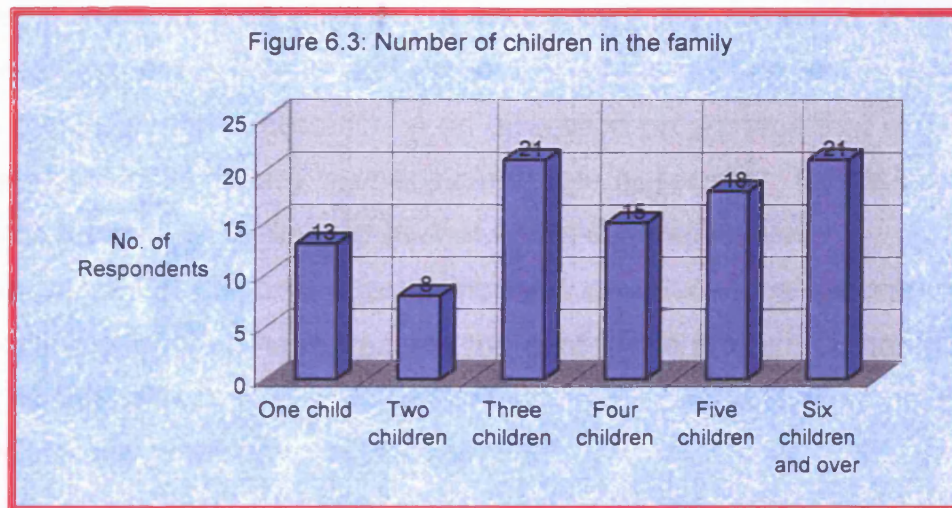
The majority (see Figure 6.4) of children receiving care are aged 5-10 years; (69.8%; 67 are of primary school age).   The relatively late age at which special needs become apparent indicates a lack of awareness at the early stages of the child's development, and the lack of medical examination. Parents start to experience concern once the child reaches school age. School teachers also play a major role in identifying children with special needs, especially for families without a strong educational background.

Figure 6.4: Age of children receiving care
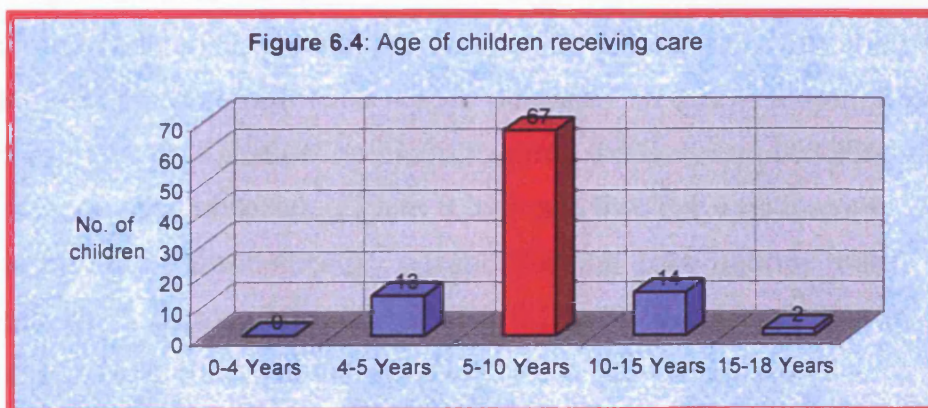
Finally the vast majority of the families surveyed have children attending the care agency every day (92.7%; 89). Only 3 children in the sample attend as infrequently as once a week.

6.2.1 Parents' Satisfaction Towards Care Agency Services

Parents sending their children to an agency are expecting a mixture of services to meet the needs and satisfaction of the child as well as themselves. The main parental expectation is an education programme that can help and support the child to play his/her normal role in society. This is expected to include techniques to develop his/her social communication.

A typical day in the care agency includes an educational programme. The educational programme represents the core of the provision. The educational programme is accompanied by an entertainment period. Unfortunately, social skills are only provided for a short period.

Article 3 of the UN Convention (1989) states that :

> *"States' parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision".*

Both the government and the care agencies are obliged to provide services with high standards of safety, health and with competent supervision. It is also important for any industry or service to meet and satisfy the needs of its customers; the care agencies are no different. In this research, it is important to investigate the families' opinions towards the services provided by the care agencies to their children. Figure 6.5 shows that the vast majority (80.2%; 77) of the parents agreed/strongly agreed that the care agency meets the needs of their child. It also shows that only 6.2% (6) disagreed/strongly disagreed that the care agency meets the needs of the child receiving care.

Figure 6.5: Care agency meets the needs and satisfaction of the child.
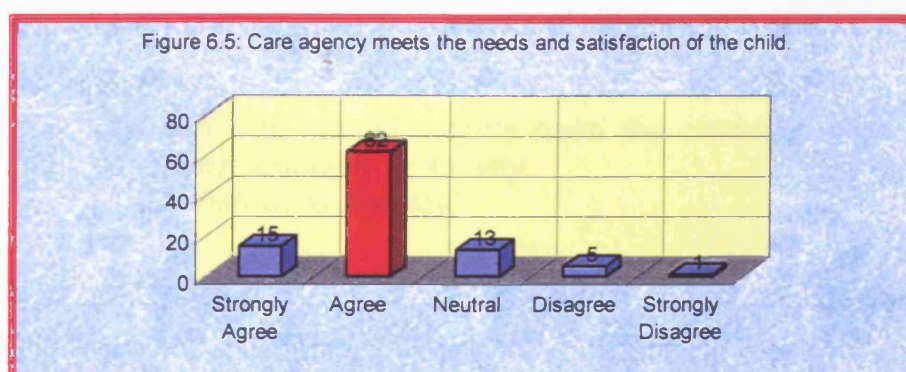
It is important that the family plays a major role in the strategic planning of the development of its child. Therefore, it is essential that the care agencies must understand the needs of the child's parents. This can be achieved both by the quality of the services and by informing the parents of and allowing them to participate in the planning and development of services for the child. Figure 6.6 shows that the majority (65.6%; 63) believe that the care agencies meet and satisfy the needs the parents. 7.3% (7) believe that the care agency does not meet the needs of the parents. Figures 6.5 and 6.6 suggest that the care agencies' services are meeting the needs of the child in the view of most parents.

Figure 6.6: Care agency meets the needs and satisfaction of the parents.
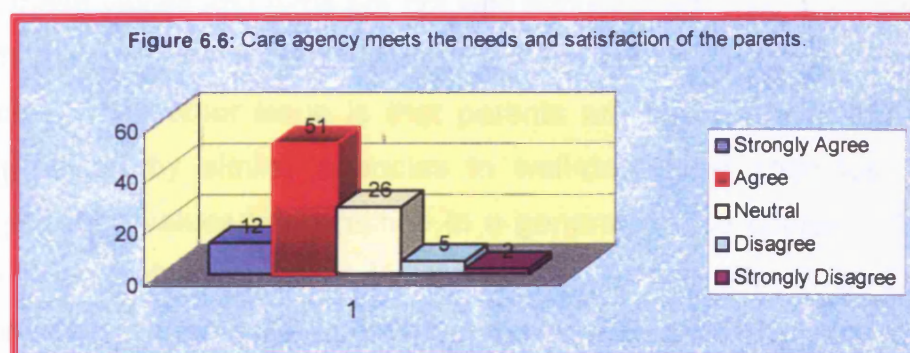
Most of the agencies in the State of Qatar state that their values and aims are clearly presented to the children's families. The main aim of these agencies is to educate the children with special needs and to prepare them to integrate into society. It is believed that this can be achieved by training them in basic

vocational skills to allow them to join local industries. Some of the agencies stated that they strongly valued the potential of children with special needs.

> *Children with special needs have the potential to contribute positively in society.*
> *(Al-Shafalh Care Agency)*

They aim to treat these children with great respect and to develop their social skills. This is an important factor in attracting parents to their services. The agencies usually provide the family on the arrival of the child to the agency with a leaflet, which outlines the main aims and values of the agency. "*Their main aims are to provide the children with their educational and social needs to be easily integrated into society*". The question remains as to how the parents can be sure that the agency complies with their stated aims and values. There is no auditing of the agency; also most of the families are not well educated or aware of the process of auditing and inspection and their rights to challenge the agency. Some families believe that the agencies are doing them a favour by looking after their children. This relieves the family from effort and stress. The vast majority (81.3%; 78) of the parents agreed/strongly agreed that the agencies put their values into practice and only 2% (2) of the parents disagreed/strongly disagreed (See Figure 6.7.) However, these values and aims are not well documented. The main concern here is whether the parents are aware of and understand the main values of the agencies. The other issue is that parents are not aware of the latest services provided by similar agencies in well-developed countries. The agencies put their values into practice in a general, vague context. This is mainly by stating what educational and social skills they offer in practice. It was also indicated in the case studies that the parents are actively involved in their child's planning, progress and in the agencies' activities. The case studies also indicated that the parents tended to lack education and an awareness of the importance and their rights to be involved in their child's plan and progress.

Figure 6-7 The agency put their values into practice
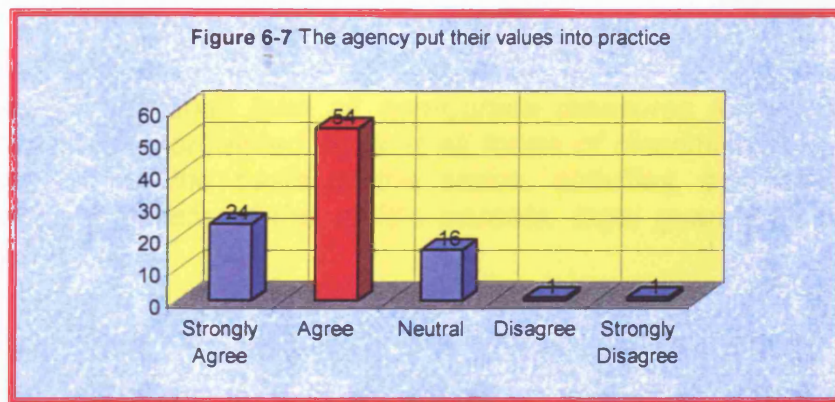
Children have views regarding different issues related to their education, training and the way they are treated; these views must be listened to carefully. The care staff are expected to be good listeners in this regard.

The United Nations' Convention states that:

> *"The child, by reason of his/her physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth".*
>
> *(UN, 1989.)*

The rights of children with special needs are confirmed by Article 2 of the UN Convention, which states that:

> *"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".*

Children's opinions towards the services provided and their views on all the agency functions must be respected. It is important to involve the child in

discussing his/her progress and future plans. Article 2 of the UN Convention states that:

> *"States' parties shall 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."*

The vast majority of the parents of the children agreed/strongly agreed (95.9%; 92) that their children's views should be respected. There were no parents who disagreed or strongly disagreed with this right. (See Figure 6.8.) This is a good indication that the parents are aware of their childrens' rights and want these rights to be allowed in practice.

Figure 6.8: Children's views should be respected by the care agency
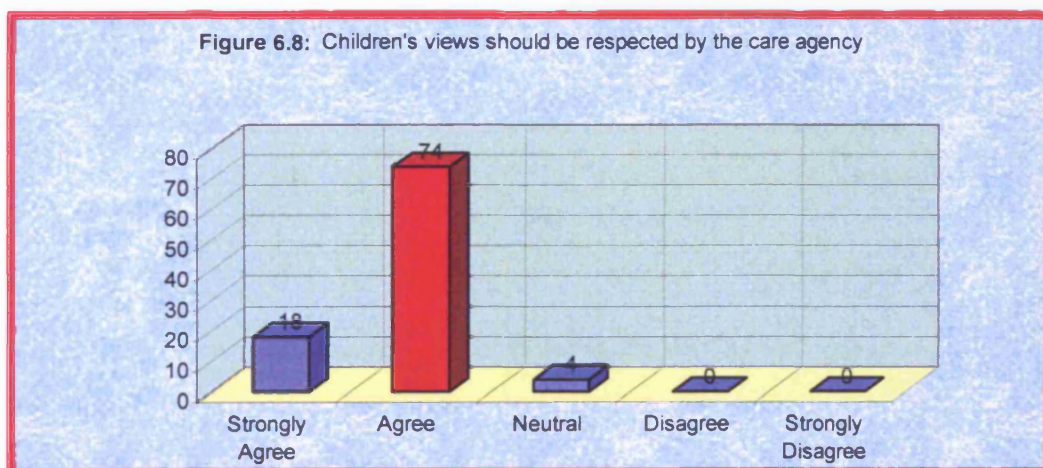
It is interesting to investigate if there are any differences between the males and females on these two issues. Table 6.1 shows the percentages and the number according to gender responses towards the care agencies. The table indicates there are no significant differences between the two sexes. Both sexes agree that agencies have strong values and both sexes were less enthusiastic that the values are reflected in practice.

The table also shows that the agencies meet the needs and expectations of both the children receiving care and their families. The families are more enthusiastic about whether or not the care agency staff are helpful and supportive. Most of the families expect education programmes that are

suitable for their children.   This is found in their opinion of all agencies. Secondly, they expect that the children receiving care should feel secure in the agency.   Therefore, this environment represents a safe haven where the families can leave the children during working hours and social commitments.

	Gender	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Care agency has high values	Male	33.3% (13)	46.2 (18)	20.5% (8)	0% (0)	0% (0)	100% (39)
	Female	31.6% (18)	45.6% (26)	17.5% (10)	3.5% (2)	1.8% (1)	100% (57)
Care agency puts their values into practice	Male	28.2% (11)	46.2% (18)	23.1% (9)	2.6% (1)	0% (0)	100% (39)
	Female	22.8% (13)	63.2% (36)	12.3% (7)	0.0% (0)	1.8% (1)	100% (57)
Care Agency meets the needs and satisfaction of the child	Male	15.4% (6)	64.1% (25)	12.8% (5)	7.7% (3)	0.0% (0)	100% (39)
	Female	15.8% (9)	64.9% (37)	14% (8)	3.5% (2)	1.8% (1)	100% (57)
Care Agency meets the needs and satisfaction of the families	Male	5.1% (2)	56.4% (22)	25.6 (10)	12.8% (5)	0% (0)	100% (39)
	Female	17.5% (10)	50.9% (29)	28.1% (16)	0% (0)	3.5% (2)	100% (57)
Staff are helpful and supportive	Male	38.5% (15)	46.2% (18)	10.3% (4)	5.1% (2)	0.0% (0)	100% (39)
	Female	38.6% (22)	33.3% (19)	21.1% (12)	3.5% (2)	3.5% (2)	100% (57)

Table 6.1: Parents' responses towards care agencies according to their gender

Table 6.2 represents the parents' responses towards the care agencies' values and practice according to their ages. It aims to investigate if there are any differences of views between the younger generation and the older one. This table indicates that only the younger generation, those aged below forty years old, shows any sign of disagreeing or strongly disagreeing that agencies have clear values and that the agency puts their values into practice. One of the surveyed families strongly disagreed that agencies have high values, or felt the agency did not put their values into practice.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Care agency has high values	20-25 Years	16.7% (1)	50% (3)	16.7% (1)	0.0% (0)	16.7% (1)	100% (6)
	26-30 Years	18.1% (3)	75% (12)	6.3% (1)	0.0% (0)	0.0% (0)	100% (16)
	31-35 Years	36.0% (9)	48.0% (12)	12.0% (3)	4.0% (1)	0.0% (0)	100% (25)
	36-40 Years	35.5% (11)	32.3 % (10)	29.0% (9)	3.2% (1)	0.0% (0)	100% (31)
	41-50 Years	35.7% (5)	35.7% (5)	28.6% (4)	0.0% (0)	0.0% (0)	100% (14)
	Over 50 Years	50.0% (2)	50.0 % (2)	0.0% (0)	0.0% (0)	0.0% (0)	100% (4)
Care agency puts their values into practice	20-25 Years	16.7% (1)	66.7% (4)	0.0% (0)	0.0% (0)	16.7% (1)	100% (6)
	26-30 Years	31.3% (5)	50% (8)	18.8% (3)	0.0% (0)	0.0% (0)	100% (16)
	31-35 Years	20.0% (5)	64.0% (16)	16.0% (4)	0.0% (0)	0.0% (0)	0.0% (25)
	36-40 Years	29.0% (9)	52.6 % (16)	19.4% (6)	0.0% (0)	0.0% (0)	100% (31)
	41-50 Years	28.6% (4)	42.8% (6)	21.4% (3)	7.1% (1)	0.0% (0)	100% (14)
	Over 50 Years	0.0% (0)	100% (4)	0.0% (0)	0.0% (0)	0.0% (0)	100% (4)

Table 6.2: Parents' responses towards care agencies according to their ages

Marital status of a family is an important factor in relation to childcare needs. A single mother needs more support and help, as she is the only source of help, support and advice for the child. Therefore, single mothers expect more from and rely more on the care agencies. Single mothers, divorced women and widows show little dissatisfaction with the agencies' care values and their practices.

	Marital Status	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Care agency has high values	*Married*	32.9% (25)	42.1% (32)	22.4% (17)	2.6% (2)	0.0% (0)	100% (76)
	Divorced	37.5% (6)	56.3% (9)	6.3% (1)	0.0% (0)	0.0% (0)	100% (16)
	Widowed	0.0% (0)	75.0% (3)	0.0% (0)	0.0% (0)	25.0% (1)	100% (4)
Care agency puts the values in practice	*Married*	34.2% (26)	53.9% (41)	18.4% (14)	1.3% (1)	7.9% (6)	100% (76)
	Divorced	18.8% (3)	68.8% (11)	12.5% (2)	0.0% (0)	0.0% (0)	100% (16)
	Widowed	25.0% (1)	50.0% (2)	0.0% (0)	0.0% (0)	25.0% (1)	100% (4)

Table 6.3: Parents' responses towards care agencies according to their marital status

6.2.2 Child Protection

The State of Qatar has a national policy towards child protection in line with UN recommendations and policies. Therefore, this issue is taken seriously in all sectors involved in childcare, education and work. This is part of those policies by which the State is attempting to establish itself as a modern state in the Arabian Gulf. Therefore, care agencies should have a clear policy towards dealing with any child abuse. One of these policies is related to how the agency reacts towards a suspected child abuse case. The families of the children receiving care agree that the care agencies react swiftly and sharply towards any child abuse in their agency. (See Figure 6-9.) 87.5% (84) either strongly agreed or agreed and only 4.1% (4) disagreed/strongly disagreed. An analysis of the documentation used by these agencies showed that they lack a clear policy on this, however, and there was little evidence of these procedures being used.

Figure 6.9: Care agency acts swiftly and sharply in cases of child abuse.
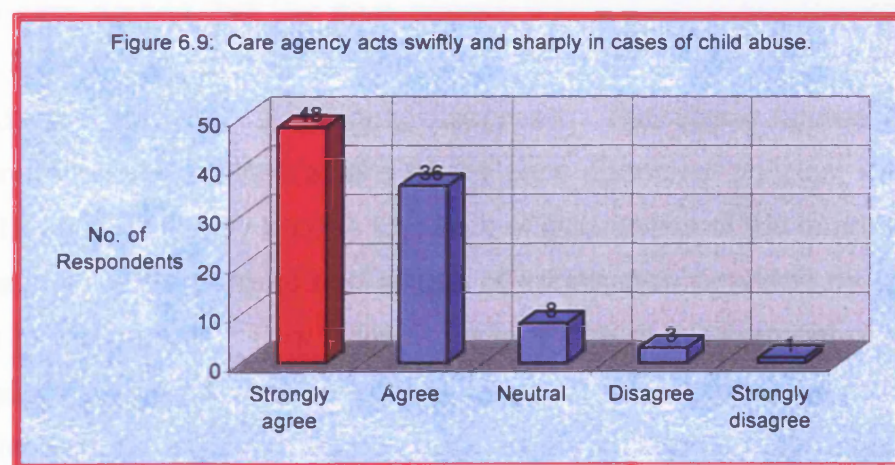
The child is the main sufferer of any child abuse, whilst other members of the family may suffer as well. This will be reflected in their lives directly or indirectly. Therefore, their involvement in any child abuse investigation should be carefully considered. Respondents agreed that both the family and child should be involved in any child abuse investigation. (See Figure 6-10.) The figure shows that 79.2% (76) agreed/strongly agreed that the child and the family should be involved in such investigations and only 5.2% (5)

disagreed/strongly disagreed.   Again, by investigating the care agencies'
documents, it was found that there is no statement regarding how the families
and the child are involved in any such investigation.

Figure 6.10 : Child and the parent involved in any child abuse investigation.
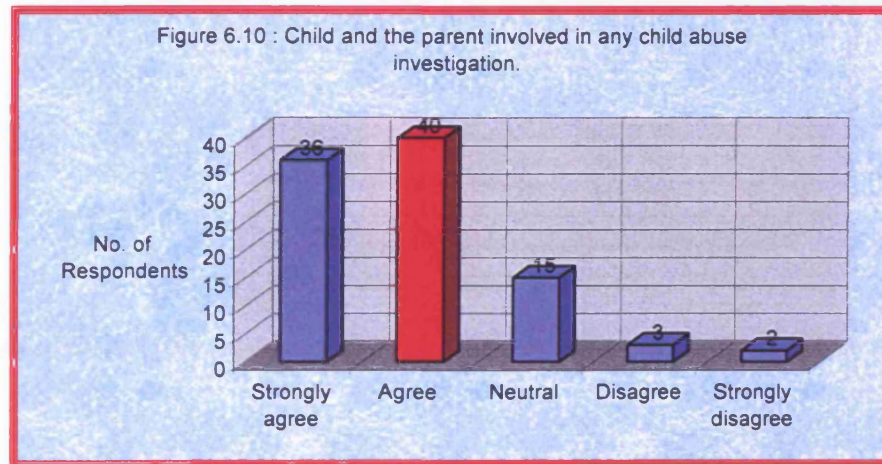
Figure 6-11 shows that just over half (55.2%; 53) of the families of the children
receiving care agreed that the care agency has a clear policy towards child
abuse.   Almost half of the parents were neutral (25%; 24), 18.8% (18)
disagreed; and only 1% (1) strongly disagreed.   The above figures indicate
that the parents are not well aware of the care agencies' policies; this is an
important issue.   This may be due to a lack of awareness of the importance of
this issue among the parents and a lack of information provided by the care
agencies to the parents.   This is also due to a lack of involvement of parents
in the agency's activities and in their child's plan and progress review.   This
lack of involvement is confirmed by checking the children's records and case
studies.

Figure 6.11: The care agency has a clear policy regarding child abuse.
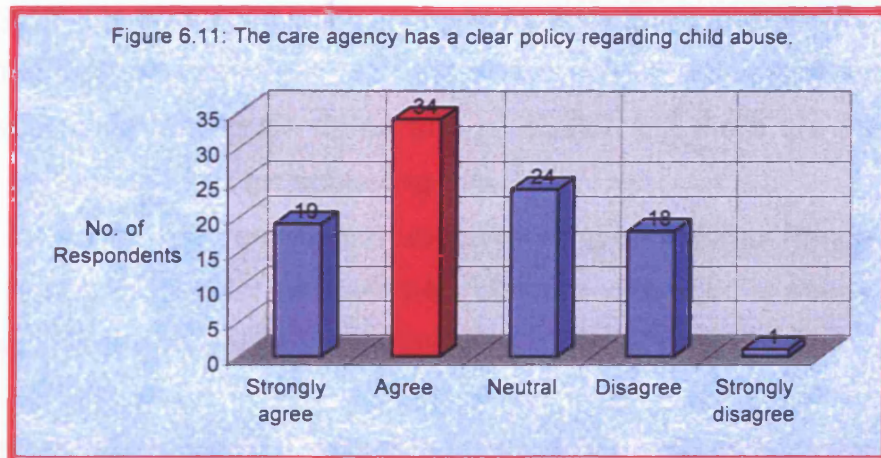
6.2.3 National Policy

National policy plays a major role in improving the child care system, especially for a small, rich country, as financial problems are not an issue. Also, there exists the ability to bring in experts and qualified manpower to manage and administer the service. The State of Qatar has signed the UN Convention as an indication of its commitment.

Article 3 of the Convention states that:

> " States' parties undertake to ensure the child such protection and care necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures".

Sheikh Mozza, the Amir's wife, is a well known figure in the State. She plays an important role in supporting and promoting women's, families' and children's rights and protection. She has stated on many occasions the government policy towards children's rights, protection and child abuse. She, as well as governmental officials, is taking this issue seriously. Her Highness is very active in ensuring that the State complies with the United Nation's

convention treaty. The vast majority of respondents (75%; 72) strongly agreed or agreed that there is a need for a national policy towards child abuse and only 1% (1) disagreed or strongly disagreed. See Figure 6-12. The main problem is that the vast majority of the social service authorities are aware of the objectives for children's rights and protection but there are still no clear policies and procedures for achieving this.

A belief in, and an awareness and understanding of, the importance of the UN treaty are not enough for families with children with special needs without a strong and clear national policy defining the rights of such children.

Figure 6.12: There is a need for a national policy regarding child abuse.
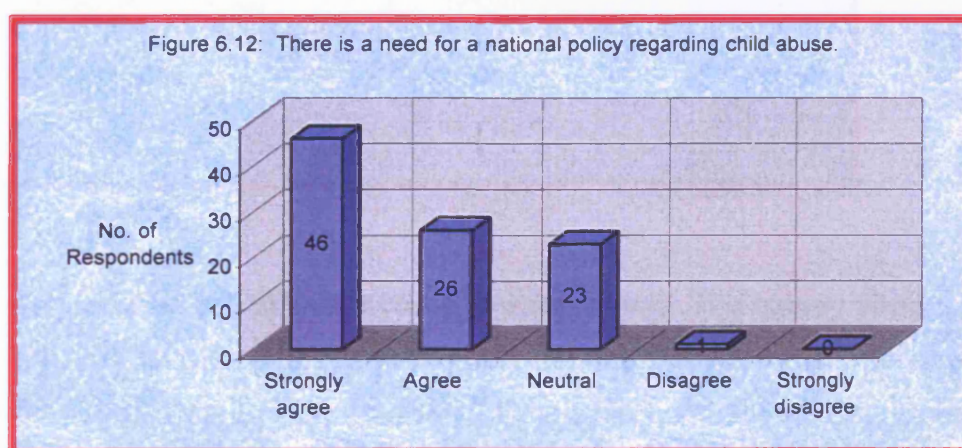
6.2.4 Support for the Family

Extended families are still the norm among many Qatari families. Such extended families provide help and support in looking after the children, especially after financial need has almost disappeared in most newly created families. Therefore, families have found that the help that their relatives give by looking after their children is an opportunity to cement links with their families. Figure 6.13 shows that over half (56%; 54) of the respondent parents live with their extended family, that is, with the husband or wife's family. This is not surprising as Qatari society is still conservative with a strong emphasis on religion and on Arabic culture and tradition. There are still married couples who live with their families. It is also still common in Qatari society that married men visit their father's house every Friday to have dinner with the rest

of the family. This will make the bonds among the family members stronger. Great respect for the father and mother, which is part of Islamic religious education, represents one of the most important characteristics of Qatari families. This extends to parents giving orders and having financial control over their married sons.

Figure 6.13: Do you live with your family or wth your husband's/wife's family?

No 44% Yes 56%

The Qatari families are still very close to each other. The survey showed that 72.9% (70) are receiving help and support regarding the care of their children. Figure 6.14 indicates that the majority of the help comes from the husband's or wife's family. This is an indication that family relationships are still strong. The figure shows families to be the most common source of help (69.8%; 67). The wife's family represents 43.8% (42) and the husband's family 26% (25). Child-minding by non-relatives as a source of help is utilised by 22.9% (22) while others represent only 7.3%(7), including help from cousins and friends.

Others who do not rely on the support of a family are very rich families who have home maids to support the house actively, mainly by looking after the children. This has been confirmed during the reviews of children's records, as well as being confirmed in interviews with care staff. It is common now in most families in the Arabian Gulf that the homes have house help.

Figure 6.14. Source of help and support received
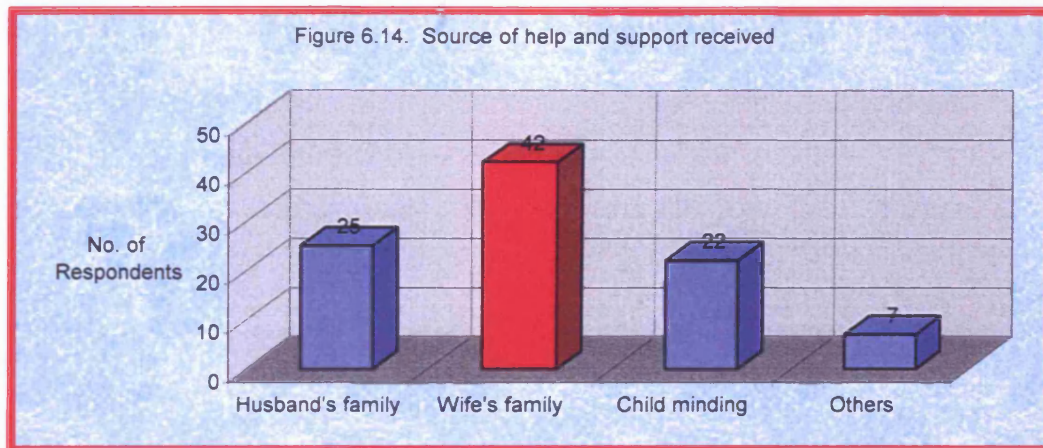
It seems that the main support that families receive from their extended families is child minding (62.5%; 60), See Figure 6.15. This figure shows that 24% (23) of the families are receiving 'moral support'. Emotional support is especially needed by families with children with special needs as the stress takes its toll on the family. It is not surprising that only 5.2% (5) of the families surveyed receive financial support. This is due to the fact the government provides support to the agencies, as well as the fact that any working family should not have any financial constraints. There is a small group of families in the sample who do appear to have financial problems. Only 3 out of 96 respondents received help with transport from their families. This is due to the fact that transport is generally not a critical problem because Qatar is a small country and most families have a car.

6.15: Type of help and support that families are receiving
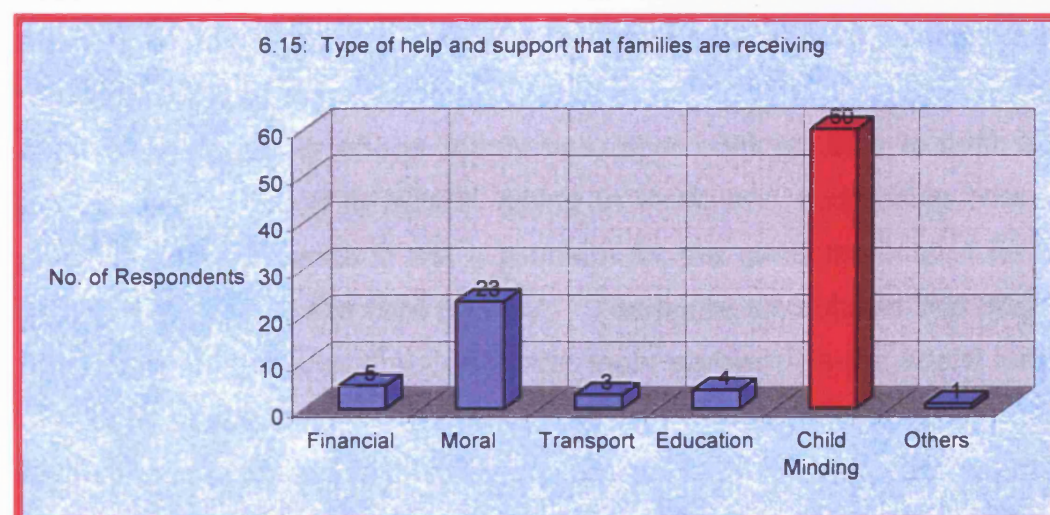
6.2.5 Problems and obstacles

The first points which need to be investigated to improve any service are what are the main problems and obstacles facing and hindering the provision. One of the aims of this exploratory research is to investigate and analyse the problems and obstacles of the care agencies in the State of Qatar. Figure 6-16 indicates that the main problem facing the families is convincing their children to attend the care agency (52.1%; 5). This may be due to the fact that the child with special needs is well looked after in his/her home. Because of the Arabian cultural norm, it is the duty of all members of the family to look after their relative with special needs. The other factor is that the head of the house is very well respected. Therefore, an instruction for any family member to carry out any task for the child with special needs cannot be refused. 8.3% of respondents (8) felt that transport was a problem. This is quite understandable as the family has other commitments to fulfil, such as getting other children to school, going to work, and addressing other social commitments. Finance is not a problem for the great majority of families in getting their child to the care agency. The figure also shows that 30.2% (29) of the parents believed that one of the main problems is the social loneliness of special needs children. The child has very restricted social communication as he/she is restricted to a family environment. Therefore, attending the care agency as another social environment, he/she needs tools for social communication and the social skills that he/she lacks. This can build a barrier between the child and the care agency environment. This, according to care staff, (see the interview analysis), is a major problem for the care staff as well. Care staff believe that building social confidence in the child on arrival is an important element in convincing the child to adapt to the new environment.

Figure 6.16: The main problems and obstacles in taking the child to the care agency
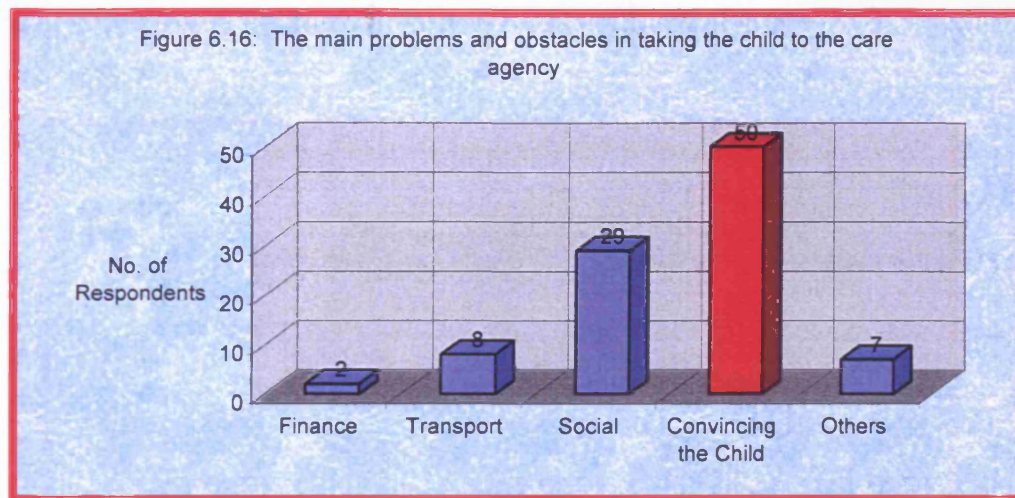
The family's main concern when their child is in care is the safety of the child and his/her education. The safety issue is part of the mother's and father's natural feeling towards their child and is reflected in their views about child protection. Education is a major concern due to the fact that the main reason for bringing the child to the care agencies is to get an education to improve his/her social role and life changes. Figure 6-16 shows that 35.4% (34) were concerned about their child's safety and 32.3% (31) had concerns about their child's education. The figure shows that 15.6% (15) were concerned about the child's treatment by the care staff.

Figure 6.17: The main concerns when the child is in care
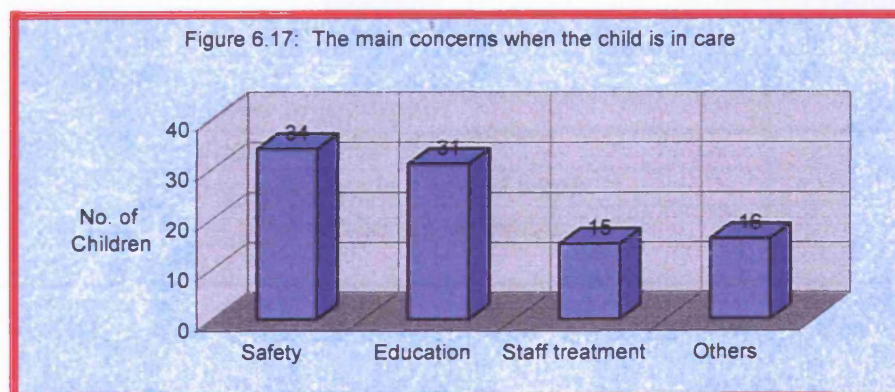
The quality of the services provided by the agency seems to be the main reason for the families bringing their child to a particular agency. It shows that

60.4% (58) of the families bring their child for this reason and only 2.1% (2) bring their child because of the rules and guidelines offered by the agency. Agency values came second in the main reasons with 21.9% (21).

Figure 6.18: Reasons for bringing the child to the care agency
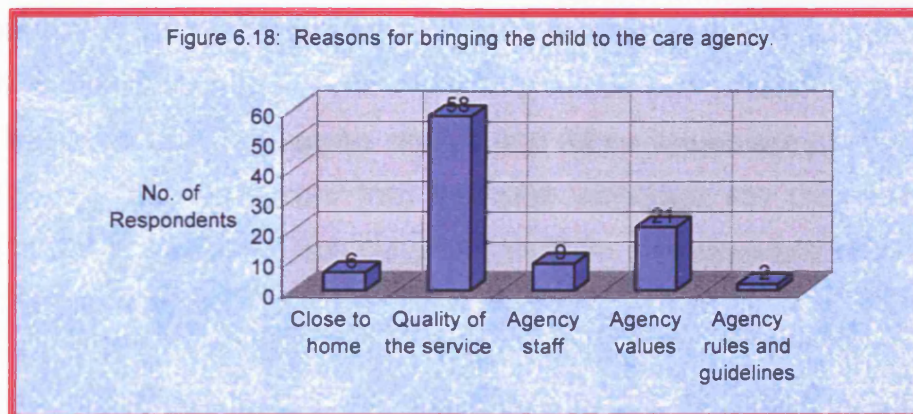
Table 6.4 shows the parents' responses regarding the main reasons for taking their child to the care agencies. The main reason appears to be an educational one (26 out of 96). This is quite understandable as it is part of Arabic culture that sons/daughters MUST be successful at school, regardless of their ability, needs and interest. Introducing a child to social life is the second reason (22 out of 96). A surprising response, 20 out of 96, was the desire to keep the child busy while the parents were at work.

	Reason	Frequency (%)
1	To improve his/her education (reading/writing)	26
2	To entertain him/her	10
3	To improve his/her imagination	8
4	Introduce him/her to social life	22
5	To keep him/her busy while I am at work	20
6	I don't have the time or the experience	9
7	Other: specify	1

Table 6.4: The reason for taking the child to the care agency

6.2.6 Concluding Remarks

The key points which can be drawn from the questionnaire analysis can be summarised in the following:

The families of the children receiving care agreed that the care agencies have explicit values and they are putting these values into practice. On the other hand, the documentary analysis shows that these values are not well defined and documented. It seems that the care agencies are presenting these values orally as traditional and cultural; this is the preferred and trusted way of providing information.

There are no major differences according to sex, age and marital status regarding the values and their application in practice. Single mothers (divorced or widowed) and young families are less enthusiastic towards the agencies, values and their applications.

Child abuse is one of the priorities of the officials in the State of Qatar's social care agenda. The State has ratified all the UN Convention on children's rights. The care agencies are taking this issue seriously, as indicated from the families' responses. They are believed to respond swiftly and sharply to any child abuse and they involve the families and the child in the investigation. The main problem is that the care agencies' documents do not show the procedures and the type of family/child involvement in any decisions. Agency responses usually seem to depend on the care agency manager's opinions and views.

The main problem for the families in bringing their child to the care agency, according to the questionnaire analysis, is convincing the child to attend. This may be due to the fact that most children with special needs receive high levels of attention at home. There is still a problem in transporting the child with special needs. This is due to the fact that families with a child with special needs need some special transport arrangements beside the family's other commitments, such as going to work and taking other children to school, for example.

The safety and education of the child are the main concerns of the families. Finally, the quality of the service is the main factor for bringing the child to the care agencies, while the factor least likely to influence parents' choices is the agency's rules and guidelines.

The survey indicated that there is no awareness of a need for partnership between the agencies and the children's parents. There is also evidence, through the interviews, that some of the staff agencies have no confidence in the parents' contribution. The reason behind this view is that the parents are lacking basic education. They believe that they spend a lot of time explaining and educating the parents about a basic understanding of people with special needs, i.e. that the parents are not ready to take a major role in the care agency. The current situation regarding the relationship between the agency and the parents, is that the agencies provide the parents with information without serious parental involvement. Regarding the child protection position, bullying of children with special needs still exists in Qatari society, specifically from teenagers who find the child with special needs to be a vulnerable target. Therefore, there may be a need for legislation and other measures to protect people with special needs.

6.3 Childcare in Qatar: The Views of Authorities, Social Workers and Care Staff

In the previous sections the views of parents and case studies of the children with special needs were presented. These views need to be related and analysed together with the views of the authorities, social workers and care staff to have a full insight and understanding of issues regarding childcare in the State.

Fourteen interviews were carried out in total, three from each agency (two care staff and one social worker) and two from social service authorities. Three semi-structured interviews were designed for authorities, social workers and care staff. See Appendix C, D and E.   The questions in the interviews are very similar, in order to relate the answers to one another.

The interviews sought to explore authorities', social workers' and care staff's perceptions of their own policies and values; how these values are put into practice; to examine the care provided by the State and its agencies; and to consider the main barriers and obstacles.

The interview schedules were based on initial consultations with the research supervisor and care agencies; an interview was also piloted. As a result of the pilot interview, minor changes were made to make the interview questions clearer and more related to care agencies in the State.

The interviews themselves were carried out at the offices of the participating organizations after consultation with the care agency. Each interview lasted between one and two hours, depending on the interviewees' answers and their willingness to expand their answers.

All the interviews were tape-recorded, apart from those with the authorities, as these respondents did not wish for their interviews to be recorded. Extensive contemporaneous notes were also taken for each interview. The recordings were not routinely transcribed, but were used as a source of confirmation or clarification of the written notes where appropriate.

6.3.1 Problems and Obstacles in Child Care

Traditional and digital recording, and documentation are essential in any modern research activities. In fact, recording and documentation are required by legislation in many service settings, especially in health care, pharmaceutical manufacturing and the aerospace industry. For example, MCA (The Medicines Control Agency) provides rules and guidance for documentation and records (MCA, Rules and Guidance for Pharmaceutical Manufacturers and Distributors, 2002). Care agencies have special sections for documentation and records. The main reason for such compliance is human safety. In childcare, recording provides vital information for reviewing, planning and making decisions in relation to a child's progress. Therefore, recording issues were raised in the interviews, especially in the light of concerns raised during checking children's records in the course of the case studies' analysis.

The social workers raised the problem of recording and documentation. As one social worker explained:

> *We don't have a reliable and well-established recording*
> *system. It is one of our problems that when we refer to*
> *a record we find there is important information missing.*
> *(Social worker)*

This information may include the early medical records, the child's early evaluation sheet, or a response to a short-term plan.

The first step for a social worker's evaluation, analysis and study of any child is that the child's records and the documentation are available to support the case. Social workers are concerned that the recording system in pre-care institutes is almost non-existent.

> *The majority of the records are lacking the pre-*
> *record information. It takes time and effort to update*
> *the child's record to include the important*
> *information. This difficulty is worsening when the*
> *child's family lacks the awareness of the importance*
> *of the child's records.*
> *(Social worker)*

Most of the case studies they looked at were lacking a considerable amount of information. Most of the records that were available had few comments from medical staff and visitors to the child.

> In one serious case the records of an asthmatic child lacked the name and the dose of inhaler he needs to take during an asthma attack. We phoned the parent to get the information about his asthma and the medication.
>
> *(Care staff)*

These data may also be recorded retrospectively at a later stage. The common age when records start for the child is at the age of about six, the age of entering primary school. Social workers believe that the main reason for this is the lack of education and awareness among parents of the child and the lack of the State's recording policies and procedures for identifying children with special needs from an early stage.

> Some parents were surprised when we insisted on having updated child records on the arrival of the child into care. One of the parents described our demand as bureaucracy. This is due to lack of education among parents and policies to force parents and health authorities to establish child records from birth.
>
> *(Social worker)*

The authorities believe there is a recording system for the children. The only problem is that, when they tried to explain the recording system, they had some difficulties in finding the differences between the general and brief medical records kept for children and records for children with special needs, including follow-up procedures.

Parents' education and support

Regarding parents' education and awareness, the authorities admit that a lot of work needs to be done in order to achieve this. They mentioned the leaflets and meeting the parents before the child enters care.

> *The education of parents with children with special*
> *needs is in its early stages. I admit there is a lot of*
> *work which needs to be done to catch up with a*
> *well-developed country.*
> *(Social Care Authority)*

However, they agreed that a well-formulated strategic plan needed to be established for the State to establish an education programme to educate parents and help them in how to cope with their children.

> *HH government is taking the right steps towards*
> *helping and supporting the introduction of an*
> *educational programme for the general public and*
> *parents with children with special needs in*
> *particular. There is a need for a well defined*
> *strategic plan to promote this education programme.*
> *(Social Care Authority)*

Regular meetings, social activities, leaflets and short courses could achieve this. According to the authorities, there are no financial problems hindering the achievement of a parental education programme.

> *HH government has no financial problems in*
> *supporting care agencies for children with special*
> *needs.*
> *(Social Care Authority)*

The other problems are the lack of well-qualified educators and who is going to take responsibility for the programme. Care agency staff and social workers believe that the education programme for children with special needs should be started at an early stage of child development. This means that State officials must take responsibility for it. According to them, a special section at the social services department should be established to take the leading role in this matter. This department should then provide help and support to care agencies to help them to deliver the programme. The authority did not reject the idea of establishing such a department but they were concerned with the availability of qualified manpower. The idea of fulfilling such requirements in terms of qualified manpower by using non-nationals, as is the case in most other State

departments, has received acknowledgment from the authority. This is also mentioned as part of future planning.

For child records within the care agency, the agency staff and their social workers have agreed that the recording system needs to be updated. The current recording system is still traditional. This can be updated by introducing an IT system. Such a system would be easy to access, could be updated easily, and could be accessed by the different personnel concerned at the same time.

The other related problem is the lack of communication between parents, the care agency and the medical staff. Medical needs are left to the parents to deal with. Parents are the link between the care agency and the medical profession. Sometimes important information, such as reports, is lost between them. To solve this problem, medical consultations should be carried out with the help and support of the care agency and the parents. For example, any medical examination could be carried out in the care agency itself in the presence of the family.

6.3.2 Policies and Procedures for Childcare and Welfare in the State

Before discussing policies and procedures, it is important to establish and understand the principles thinking and views of the government towards the responsibility for the upbringing of the child. When I put this question to the authorities, both thought deeply before starting to answer the question.

> *The main responsibility for bringing up the child rests with their parents. The parents should take the lead. The government's responsibilities lie in providing help, support and facilities to enhance the upbringing of the child.*
> *(Social Care Authority)*

In the Arabic tradition in general and in Qatari society specifically, there are strong relationships among family members. There is a feeling in the family that it is their responsibility to look after their children.

*The government cannot and does not have the right
to take full responsibility for bringing up children in
general and children with special needs particularly.
This is against our tradition, culture and religion.
(Social Care Authority)*

Policies and procedures for childcare and welfare in Qatar are in their early stages and are accompanied by social, political and economic changes within the State. Qatar has become an important country in the Gulf economically and politically due to the discovery of one of the largest gas fields in the world. The current policies and procedures are not clearly defined and detailed enough to be used as guidelines for the agencies to comply with. The policies are largely left to individual care agencies to establish their own, rather than State, policies; that is, they are left to individual initiatives. This has been confirmed by analysing the agencies' documents; there is no trace of any official, governmental policies and guidelines for the care agencies. The country needs to establish these policies more clearly to comply with the UN Convention, and to promote good practice.

*There is no doubt that the country's policies towards
children in general and children with special needs in
particular are encouraging and that the government
has various clear policies and guidelines towards
children with special needs. The problem is in
identifying these policies and guidelines in practice.
This is due to the lack of qualified personnel in social
policy and in the application in practice of these
policies within the care agencies.
(Authority in Social Services)*

A welfare system for children with special needs and their families is almost non-existent. The new Qatari woman of today is a working mother. The social pressure for both parents to work to cope with modern life has lead to the creation of pressure groups demanding changes in state child welfare and care and new policies to support and help families with children with special needs. The main pressure group is the State media. The Al-jazera Net establishment represents an important pressure group in the Arabic world in general and in the State of Qatar in particular. It consists of a satellite television broadcasting channel and a web site. It has a weekly programme on women's issues. It

discusses women, children, and family roles and rights. It guests various professionals, governmental authorities and well-known figures to discuss women's issues. The programme also gives people the opportunity to express their opinions and views on issues concerning women and children, as well as political, economic and social issues.

One of the authorities explained that this lack of policies is because children with special needs have no problems and because the family, together with government support agencies, meets their needs. This is true to some extent, but this has left many issues to be interpreted by individuals in the care agencies. The care staff raised the lack of policies and procedures for care staff training and promotion. There is a lack of identified promotion policies as well as training. Training in handling children with special needs, as an example, is very limited. This has led to many care staff leaving the profession after a short time due to physical problems. Well-planned policies regarding training, and not employing any new staff without proper training are needed.

Both care staff and social workers agreed that the State should have clear and well-defined policies and procedures. The current policies and procedures are vague and insufficient to deal with this important issue.

The other problem is that there is no special department in the social services responsible for establishing policies and procedures. There is also a lack of qualified personnel in the field of special needs who are able to take the lead in establishing these policies and procedures. This is indicated by the limited investment towards establishing a system to provide the State with qualified personnel in social issues, mainly in areas concerning children with special needs.

> *The State is lacking qualified manpower in most of its*
> *sectors and the social services are no exception. It is*
> *government policy to establish a system to provide*
> *the State sectors with qualified manpower.*
> *(Social Services Authority.)*

6.3.3 Aims and Objectives of Childcare Agencies

The respondents agreed that the main aims and objectives of the childcare agencies are:

Education

Respondents agreed that education is the main aim and objective of the childcare agencies. The child needs education to help him/her to integrate into normal life in society. The education system in the agency should be appropriate to meet and satisfy the needs of the children in care. The education programme in the care agency is an essential part of the agency's aims and objectives. Parents and the State expect a well-defined education programme for children in care. The nature of the programme depends on the agency's circumstances and the child's needs.

Child Training

The interests and strengths of each child should be identified at an early stage of the child's development. These should be reinforced with well-planned training. This can lead to the child finding an appropriate job in the future.

Independence

The care agency should plan a programme for the child to become independent in his/her activities, to perform his/her daily life on his/her own without the help and support of others. This will help the child to integrate easily into society and build his/her own life. This can be achieved through effective training and a well-planned programme.

Social Skills

Improving social skills is also an important objective that the care agency should attempt to achieve with children with special needs. Such skills are important tools in becoming independent, helping children to integrate more easily into society.

Leisure activities

The care agency programme should include leisure activities, as children with special needs are human and need to be entertained. This can also include the parents. This will help to reduce the stress on the child and the family. Such a programme should include parties, trips, competitions and so on, with and without other children where appropriate.

6.3.4 Children with Special Needs

The authorities define a child with special needs as a child who needs help and support to perform his/her daily activities. The disabilities he/she has are generally due to genetic problems. Authorities also mention the Islamic advice to Muslims to provide help and support to people with special needs. Islam also provides some guidelines to help and support orphans. The Prophet himself grew up as an orphan as his father died before his birth and his mother died in the early years of his life.

Social workers believe that:

> *Children with special needs have the abilities to be independent if the right training is planned for them. They are no different from any other human being. They are interesting, exciting and enjoyable people to work with. They need an appropriate environment to build their confidence, education and training.*
> *(Social Worker)*

Care staff agreed with both the authorities and the social workers that children with special needs are human beings with disabilities. The disabilities are generally due to genetic problems inherited from their parents and the children have no control over them.

All the respondents rejected the view that the child with special needs has received a punishment from God for what he/she has done in a previous life. This view is not supported by Islam or by any scientific evidence.

They also rejected the view that the child with special needs has an illness and needs to be cured.

6.3.5 The Main Values in Childcare Policies (Child Centred Values)

Although there are in clear policies in the childcare system in the State, the authorities believe that the main value of such policies is in recognising the child's right from birth to live and develop with the help and support of the family and the state. These values represent the UN charter for children's rights, which recognises the child as an important element of society, since children are the future generation which will lead the country. It also recognises the family's and the state's roles in child development. When respondents were asked about the ideal model for values in childcare policies, the answers were diverse. The authorities believe that the best model is the recognition of the value of human rights, together with the Islamic view of the child, which has always involved protecting the child. The social workers believe that the main value of the policies should be to acknowledge the child's rights and the right of protection. The recognition of a child's rights from birth and believing that the State's future is based on children's development are the main values put forward for the policies.

6.3.6 Child Care Provided by the State or by other Organisations

The main aspects of care provided by the State are in the provision of financial support which is needed by the care agencies to achieve their aims and objectives.

The agencies provide meals to the children in care. The care staff were asked about how the diets are selected, who is responsible for the selection, and how they are sure that the meals are appropriate. From their answers, it seems that choosing the right diet is based on individual decisions within the care agency; it is not based on a well-established programme.

The agencies also provide education programmes suitable for the children. Such a programme is usually based on consultation between the social worker, the care staff and the parents. Health education is also provided by the agency. This is achieved by a visit from a local nurse to talk about health issues.

The agency provides all the care needed for the child to carry out his/her daily activities by providing help with mobility, teaching and learning, and to support eating and conversation.

The care agencies also provide special and entertaining activities. This is to improve children's social behaviour and communication.

The agency provides transport for parents who have no means of transporting their children.

6.3.7 The Route for Formulating and Establishing Childcare Policy

The parliamentary system in the State is relatively new, being only a few years old. Women are not represented in parliament and policies do not follow the same route for formulation as in Western countries. Instead, discussion in parliament occurs after a proposal from pressure groups and then this may result in government action.

The authorities confirmed that the State is committed to fulfil its obligation to the UN charter. This will be achieved by establishing policies and procedures to support children, especially children with special needs. The authorities believe that the policies are the authorities' responsibility and that the authorities are able to provide these policies and procedures. When the authorities were asked about the existence and experience of qualified manpower within the field of social care, they were reluctant to answer. Acquiring appropriate manpower can be achieved by importing expertise from outside the country. It was clear from the interviews that a few policies and procedures exist here and there but that these policies and procedures are limited and not well defined.

The care staff and social workers believe that the care agencies and the parents as pressure groups are the starting point for establishing childcare policy. They believe that the authorities should study the views of both the agencies and the parents before establishing any childcare policy. They also believe that the State newspapers and religious scholars should play a role as pressure groups to help establish these policies. The other group which can help in speeding up the establishment of these policies consists of the people close to the ruling family. The ruling family will not hesitate in establishing and supporting their policies if

they are faced with a justified case, especially since the State has signed the United Nations' treaty.

6.3.8 The Priorities towards Childcare in the State

The authorities believe that the State has other priorities, especially considering the uncertainties in the region. In the political agenda, childcare is not seen as a priority at this time due to the tension in the Gulf region, establishing the State political system are the State's infrastructure, and establishing the health and education systems.

> *The government has many important issues in its agenda at the present time. The political system is the main task. Establishing and introducing the State's first permanent constitution in April 2002 is the first stone towards the modernisation of the country and definitely the other issues will follow and of these issues is children with special needs.*
> *(Social Services Authority)*

However, Sheikha Mozza, the ruler's wife, plays an important role in promoting and supporting childcare in the State. The authorities believe that establishing care agencies for people with special needs is a main priority of the State and the State has plans to expand these agencies and provide them with more help and support. The authorities have, however, failed to provide any clear information regarding how to achieve these aims.

The social workers and care staff both agree that establishing clear and well-defined policies and procedures for childcare should be the State's main priority in establishing a childcare system in the State.

> *There is a need for clear policies toward children with special needs to cope with modernisation in the State.*
> *(Social Worker.)*

This is creating the risk of ignoring the role and importance of the family. These opinions reflect the lack of understanding of the importance of parents' involvement with and participation in their children's futures; in short, the rights of

the parents. This may be because of the lack of involvement of the families currently due to lack of awareness.

6.3.9 Family Changes in the Last Decade in the State

The authorities, social workers and care staff agree that the structure of Qatari families has seen changes in the last decade. This may be due to changes in social and economic aspects of society over the same period. Families used to live in one large house. Brothers are generally very close to each other and always the father/grandfather is the head of the house with the eldest son as his deputy. Members of the family are dependent on each other, financially, politically and socially. Financially, each member of the family must give his/her income to the head of the family who spends the family income on family members, whether employed or unemployed. Politically, the head of the family has the right to decide actions in political fields; he is the family representative. He is the decision-maker in cases of land dispute; he punishes any members of the family and takes the lead in struggles against other 'tribes'. He represents the family at any governmental meetings and commitments. In social activities, the head of the family is the one who plays the major role in marrying the males and the females of the family. The family usually has a meeting room (Dewanya Majliss) in which the males of the family meet. Men from other families also attend the Dewanya to discuss social, economic and political issues.

Over the last decade, with the help and support of the government, young families are now able to buy their own house and have become more independent due to the job opportunities for both males and females. Only in the last decade have Qatari women been able to work and become an important part of society. In 2000, Qatari women gained the right to enter political life through their right to vote for the first time in the history of the State and in the history of the Gulf States as well. The respondents agreed that, in spite of the changes to the extended family, the relationship between family members is still strong. In fact, most family members now build modern houses very close to each other. Another point which was made, was that family members support each other with regard to childcare. Grandparents usually look after the younger children while their parents are at work, during holidays or during social activities. They also

found that for a child in need, the extended family believes it is their responsibility to look after such a child. They have found that different members of the family are involved in childcare, for example, by picking up and taking the child to and from the agency/hospital. This supports the 'family support' model and the laissez-faire view of families.

6.3.10 Children's Rights in the State

The right to education was one issue on which all the respondents agreed. Qatari children have free access to join a State school and pre-school, regardless of their religion, race or nationality. The schools provide all the equipment needed for their school work. Children with special needs also have free access to an agency. Again, the care agency accepts the children regardless of their religion, race or nationality. The children in schools and care agencies are treated equally, and rules and regulations apply to all.

In the last decade, the authorities have banned corporal punishment against children in school, which was previously part of school policy for punishing children. Physical and mental abuse are banned in the treatment of children in schools.

The State health system provides health services for children free of charge from birth. Vaccination for children is well established in the State to ensure healthy growth. This is an indication of the State's recognition of children's rights and their integrity.

6.3.11 Policies and Forms of Support being Developed by the Government in order to Address the Issue of Violence Against Children

According to respondents, the government has made considerable progress on the issue of violence against children. The first step of this is abandoning all types of physical violence in schools. Teachers with any history of violence against children will be suspended according to the government's policy. Verbal abuse is also banned in schools. School teachers have no right to use verbal abuse towards children in classrooms.

When the discussion was directed towards child abuse and violence at home, the respondents found it difficult to discuss this issue. While the authorities believe that the State must protect a child if the violence reaches a certain level, respondents found it difficult to identify the position of this threshold. Social workers believed that the State needs to address the issue of child abuse and violence at home as one of the child's rights. Their view is that children's rights, according to the UN charter and the child itself, must be protected. They encountered difficulties, however, when asked how and what sort of policies were needed to monitor and achieve child protection.

Care staff believed that violence and abuse at home are part of the culture and tradition of Qatari society. It is difficult for the State to intervene. The State's role is to educate families in this matter rather than to establish policies and procedures.

6.3.12 The Most Important Issues for Children Receiving Care

The important issues for children receiving care, according to the authorities, are the education programme and the development of social skills to help them integrate into society. These are achievable, according to the authorities, with the help and support of both parents and the care agencies.

> ... I believe that we cannot achieve our aims and objectives without the help and support of the child's parents. Their input to the service is crucial in our success.
>
> (Social Service Authority)

The above statement is very important as it indicates that the authorities are recognising the importance and the need for the involvement of parents of children with special needs in the care agencies. Unfortunately, this is not happening in practice. There is still a gap between the care agencies and the parents. The parents' input to the care agencies is still invisible.

The education programme should be designed and developed in a way that the child can cope with daily life outside the agency. The programme must be

established in consultation with all parties concerned. These are the parents, the social worker, care staff, and local industries and communities if possible.

The main issue, according to social workers, is the child's social skills' development and the action needed to support this development.

> *... developing the child's social skills is part of our daily services because it represents the main tool to settle the child in the society.*
>
> *(Social worker)*

> *... we invest in the care agencies due to our belief that the care agencies will help in developing the child's social skills to contribute to our society.*
>
> *(Authority)*

The social workers believe that most action in the majority of cases is for the short term. However, planning should be more long term and should be followed up.   The programme should be changed alongside the child's progress and development.

The main issue, according to care staff, is establishing an independent child. The agency should plan firstly to make the child independent in living his/her daily life. This includes physical and personal care, as well as mobility and social behaviour and communication.

Another important issue is the links between parents, the social worker, care staff and the medical profession. Such links need to be established and developed more effectively. According to the social workers, some parents believe that the childcare agency exists just to occupy their children's time, when they are at work or shopping.   This attitude is due to a lack of parental involvement in the care agencies' activities.

> *Some parents still do not recognise the significance of the care agency on the progress of their child. There are still some parents' who believe that the care agency is a place for their child to be occupied while they go to work.*
>
> *(Social Worker)*

The care agency's role is then seen as keeping the child occupied in parents' absence. This has a negative impact on the social workers and care staff as the responsibilities are shared. This negative attitude may also have an impact on the motivation of the care staff and social workers as an important part of the chain is missing and, most importantly, this may have an effect on the child's progress.

> *... unfortunately, some of the parents do not recognise the extent of our role to educate and develop their child's social skills. It hurts when we feel some of the parents bring their child to give them free time.*
> *(Care staff)*

The other point raised by one of the social workers is that some of the parents do not respond positively to their recommendations and suggestions as to the exercises and action needed by the parents to support their child.

> *... due to lack of education and awareness, some of the parents are not responding to our recommended homework exercises that can lead to delay in the child's progress.*
> *(Care staff)*

This negative attitude from some of the parents may lead to a tension between the care staff and the parents, which needs to be identified and dealt with. This view is supported by the questionnaire analysis which indicated that 20 out of 96 of the parents responded that they are sending their children to the care agencies in order to keep them busy while they are at work.

Also, some parents believe that the care agency is simply a place for entertaining their children. There is also a feeling among some families that there is no chance for their child to live a normal and integrated life within society. These attitudes need to be changed through education programmes. This education programme can be achieved by regular seminars, lectures, leaflets and social events.

6.3.13 State Responsibilities towards Childcare

The authorities assert that the State has responsibilities in establishing a comprehensive childcare system for children with special needs. This system should be able to reduce the stress on the families and prepare the children to become more independent and take up their role in society. They also agree that the childcare system is at early stage in its development.

They believe that the child belongs to the State, that he/she is a citizen of the State who must be looked after and helped to take up his/her role in society. This can be achieved by educating and training children with special needs until they become able to be independent and find an appropriate job.

The State also needs to establish such a system as the government has signed the UN treaty for children's rights.

The social workers and the care staff also share this view. They expressed strong views that the State should take full responsibility for childcare. They emphasised the need for more financial support for care agencies, as well as for parents, and for clearer policies and guidelines. The care staff also believed that the State should value the care staff more by increasing their salaries to attract more qualified staff to the profession. The current salaries and promotion opportunities are insufficient to attract new recruits. There is also a lack of funding for staff training to accommodate training needs.

The State has the responsibility for establishing rules, guidelines and codes of practice for care agencies. The State should also monitor the care agencies' compliance with these rules. This can be achieved by regular inspection of the care agencies to establish their compliance.

6.3.14 The Present Situation Regarding the State and Childcare and Future Plans

The future plans of the authorities include expanding the care agencies and increasing their budgets. They are also keen to review the current policies and procedures and to establish new, clearly defined policies since the current policies are narrow. Another authority plan is to develop social work and childcare as a profession. This can be achieved by increasing the salaries and

offering regular training. The authorities also plan to cooperate with Qatar University Social Services Department to promote its courses and involve its academic staff in future planning and study.

The current situation is not ideal. There is no communication between academics in the State and the social services department. Each sector is planning individually, without serious consultation. The current policies and procedures are not well established and new policies and procedures are needed.

The priority, in the view of social workers and care staff, is training. They believe that the State needs to take immediate decisions regarding training. The new development cannot be carried out professionally without a well-organised training programme since the current training programme is very limited and is usually carried by personnel who are not well qualified. Respondents also mentioned that the State should build a link between the care agencies and industry to investigate the possibilities of job opportunities for children with special needs in future.

6.3.16 Concluding Remarks

The main concluding remarks of the interviews can be summarized as follows:

➤ The State needs clear and well-defined childcare policies and procedures. The current policies and procedures are vague and often not documented; they need to be reviewed and clarified. Policies and practice in social care in Qatar are at an early stage of development. The relationship between policies and practice is weak.

➤ The interviews confirmed that there is a lack of efficient recording and documentation for children in need in the early stages in the State. These need to be updated and a new IT system should be established. The authorities need to establish a recording system and documentation for children with special needs from an early stage of the child's development.

➤ A communication system between the care agency staff, parents and medical professionals should be established. In the current situation there is no link between them which has an impact on the child's progress.

➤ According to the respondents, the family structure in Qatar has seen changes. The traditional Bedouin extended family, living in a big house headed by the father or grandfather, has begun to disappear. Family members are less dependent on each other socially, politically and financially. These changes are due to economic and political shifts in the last few decades. However, the relationships between members of the extended family are still strong. They still help and support each other with problems. Individuals, however, are now more independent, socially and financially. Generally, parents with a child who has special needs get help and support from their extended family.

➤ There is a conflict between the parents and the care agencies. The main feature of this conflict is the negative attitudes toward the main reason for taking the child to the care agencies. The social workers and the care staff responded with a "hurt" attitude.

Chapter Seven
Discussion

7.0 Introduction

The fieldwork analysis presented in the previous chapter presents a rich source of information and data, which needs to be discussed to establish and draw out the main outcomes of this analysis. Data, information and analysis, without a practical application, lose their purpose. Therefore, this chapter tries to draw lines from the main points established from the fieldwork analysis. Due to the fact that this research is the first in the State concerning childcare in general, and children with special needs in particular, it is expected to produce a range of issues with different dimensions. This chapter tries to identify the points which have practical applications to be used as recommendations and suggestions for the child care profession in the State of Qatar.

It is important to discuss and relate the outcomes of the fieldwork to the theoretical framework in Chapter Two, to build a greater understanding of the discussed issues.

This chapter concentrates on the main outcomes of the fieldwork, their relation with the frameworks, and provides critical analysis for the current special needs services, together with the changes needed. The discussions will be concentrated on the significance of the findings of the study and their implications for policy and practice in the State of Qatar. These discussions focus on the barriers to integrating children with special needs into Qatari society, partnerships with parents of children with special needs, the current state of the childcare agencies, the impact of the change in family structure on childcare, changes needed for the childcare profession, and the problems and obstacles to be overcome which have arisen from the fieldwork analysis.

7.1 Children with Special Needs: Barriers to Integration

There is a move from the individual model to the social model of disability among people within the special needs movement, and within some services and some professional groups. The social model locates the problem within society rather than with the individual. The extent of medical intervention should be guided by an analysis of the social and personal barriers to be overcome, rather than by

any functional limitations of the individual. This is the basis of the social model. The social model:

> ➢ Sees disability as having a social dimension
> ➢ Focuses on attitude
> ➢ Redefines the WHO's definition of impairment and disability by saying that disability is not the lack of function.

The social dimension is very important, as people with special needs are actors within society and perform social activities and acts. Social attitudes towards people with special needs create barriers within society and this may isolate people with special needs, this creating a society within a society. Impairment should not be judged on individual performance and this can only be achieved by a thorough social plan to accommodate people with special needs in practice.

Society as a system is controlled by a set of values and norms to keep it stable. The system interacts with other systems across a boundary. The main problem of integrating children with special needs into Qatari society derives from the social barriers to equality of opportunity.

The current social system within Qatari society has various barriers which prevent children with special needs crossing the system boundary to be integrated and contribute positively to the system. Figure 7.1 shows the main barriers that face Qatari children with special needs from integrating into society based on the main findings of this research. The main obstacles are the social barrier and political barriers that contribute to this. There is a need, therefore, to break down these barriers in order that children with special needs are integrated into and participate positively in society. The next section will present and discuss these barriers and provide recommendations for change to authorities in the State of Qatar.
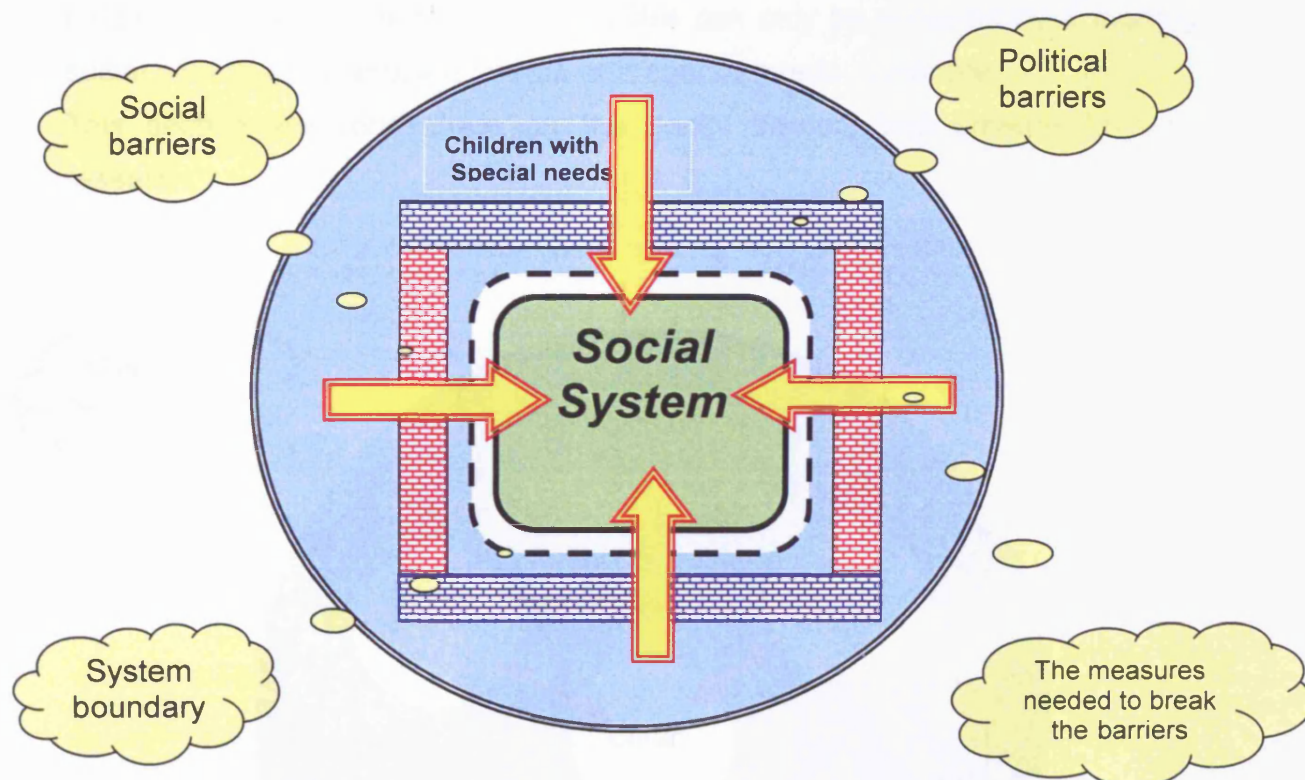
Figure 7.1: Barriers which prevent the integration of children with special needs into Qatari society

7.1.1 Social Barriers

The social factor is very important in determining how children with special needs live and the level of their integration into society. Figure 7.2 shows the main element of the child's interaction within any society. There is a need for this identification in order to understand and analyse these interactions in order to provide tools to facilitate and enhance them. These elements are the parents, care agencies, society and the external societies. Impairment should not be judged on individual performance and this can only be achieved by a thorough social plan to accommodate people with special needs in practice.

This section will concentrate on the social barriers that emerge from this research.
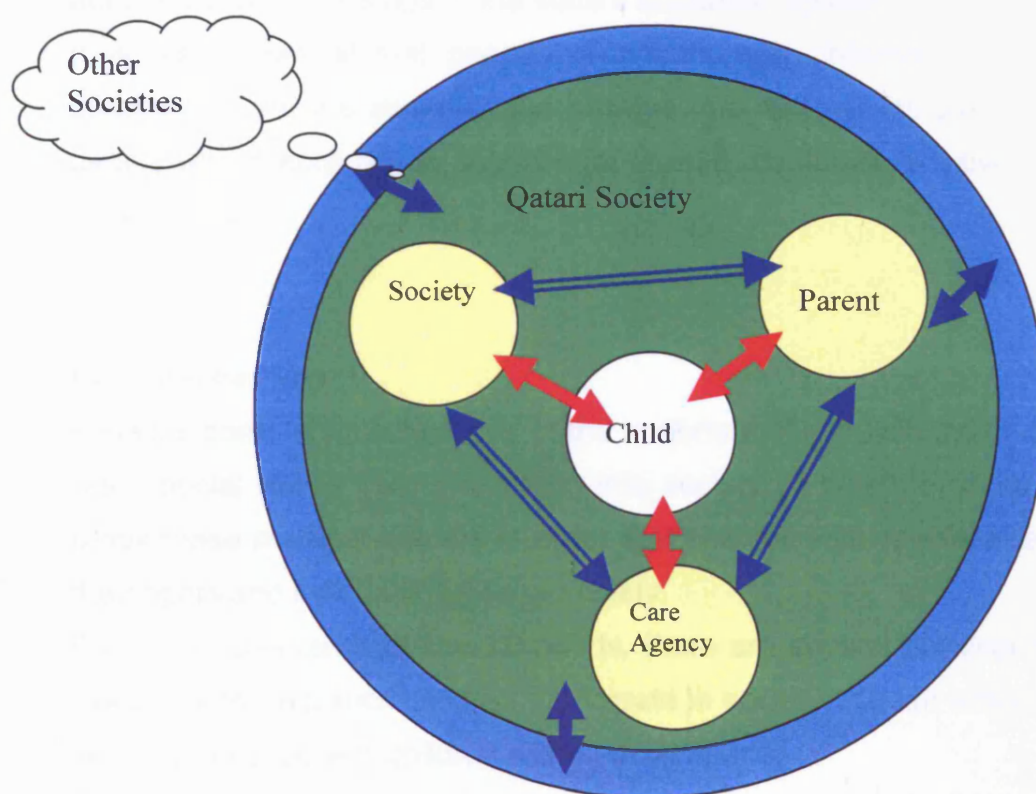
Figure 7.2 : Interactions of a child with special needs.

Social attitudes

One of the most important factors for integrating children with special needs into society is the social attitudes towards them. The fieldwork analysis revealed that there are still negative attitudes towards children with special needs. The fieldwork identified that teenagers have a negative attitude towards children with special needs and this represents a barrier towards to the inclusion of children with special needs into society. This may due to a lack of awareness and education in schools and the media towards people with special needs. There is also a lack of awareness of the importance of the contribution of people with special needs to society. Therefore, there is a need to break this barrier. This can be achieved by increasing the awareness of the public towards people with special needs and their contribution to society. There is a need to change attitudes at an early stage in the state's education system.

It is also essential that people who work with children with special needs understand and are aware of the positive role that can be played in society by people with special needs, in order for them to contribute positively to the child's development.

Physical barriers

Physical barriers constitute one of the important constraints that prevent children with special needs from integrating into society. Therefore, there is a need to break these physical barriers in order that children with special needs can enjoy their rights and fulfil their duties to society.

For Qatari children with special needs, there are several physical barriers to be overcome to help such children participate in society. Qatari schools are still not designed to cope with children with special needs.

The infrastructure of Qatari schools and colleges are designed and operate without consideration for children with special needs. They lack access and mobility to help, enhance and support children with special needs. In fact, the schools procedures show that the child will be transferred to care agencies immediately once identified as having special needs. Another problems concerning inclusion is transport. The fieldwork indicated that transport is one of the main problems in taking the child into the care agency. Transport should not

create obstacles for children with special needs, whether it is transportation to school, shopping centres, work placements, playing areas or places of entertainment.

7.1.2 Political Barriers

The State of Qatar is in a transition period moving towards a more modern, democratic and open society. Modernisation is taking place in most aspects of the States organisation and the life of its citizens. This modernisation is combined with certain legislation and various guidelines to enhance and support it. The State's current policies are lacking clear legislation and guidelines to support and enhance the integration of people with special needs into society. There is no clear legislation and guidelines to force public institutions and schools to breakdown barriers to achieve the integration of children with special needs. The legislation should include education acts that define children with special needs and their rights for equal education opportunities, for example, by removing physical barriers and providing explicit school acceptance criteria, transport, physical resources and classroom teaching support.

Figure 7.3 shows the role of the State of Qatar in breaking down these social barriers. The State should play a role by providing the legislation needed to help and support children's rights within society, offer finance to support parents, care agencies and private and public institutes, and use its position to provide education and information for parents and society at large.
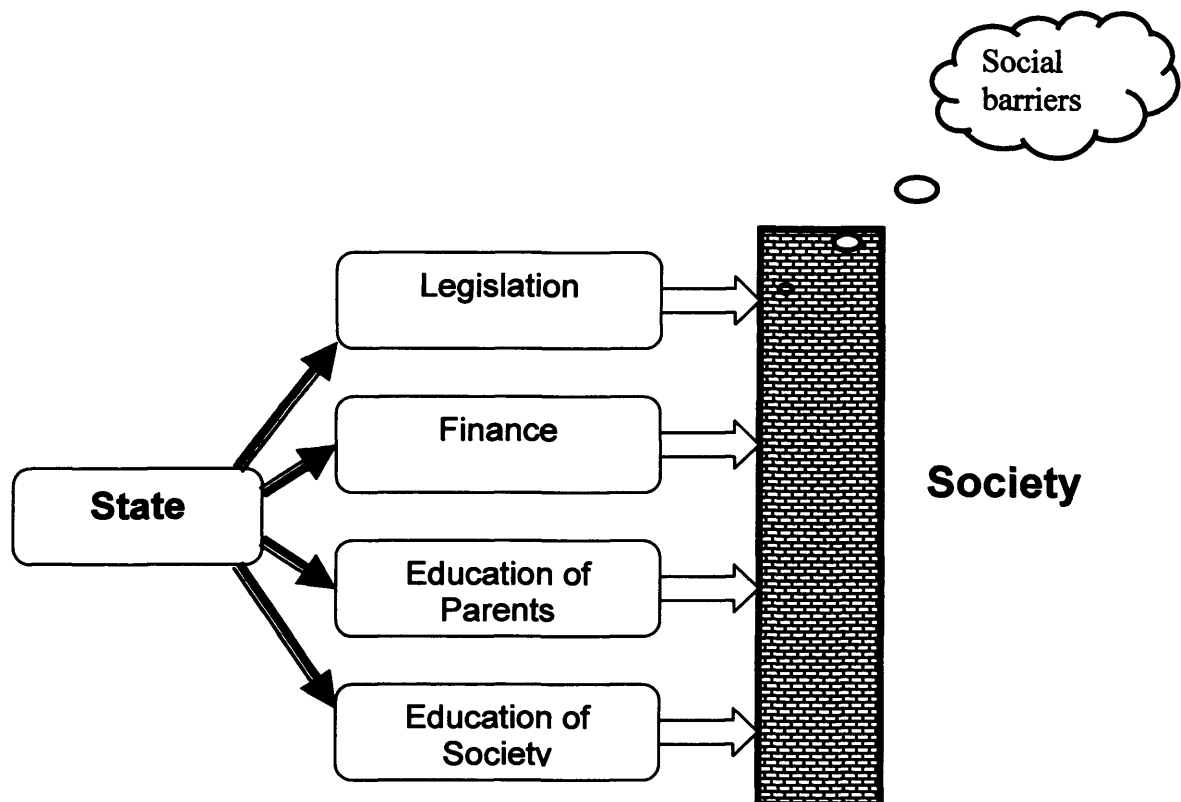
Figure 7.3: The State's role in breaking down social barriers

7.2 Partnership with Parents of Children with Special Needs

The fieldwork findings noted that there is a lack of partnership with the parents of children with special needs. The role of the parents needs to be recognised by the State and childcare agencies. Parents' contribution to their children's development, progress and their integration into society is vital for both State, society and care agencies.

It is also clear that re-emphasising the parent's role is consistent with expectations arising from the cultural and religious traditions of Qatari people.

Figure 7.3 shows the four main contributors to the child's development, solving problems, monitoring progress, recording and helping in integrating the children with special needs into Qatari's society. These are the State, the care agencies and the parents of the children with special needs. The field work indicated that these contributors lack cooperation, co-ordination and consultation. There is a need to recognise and identify the importance of the interactions in order to help children with special needs integrate into society.
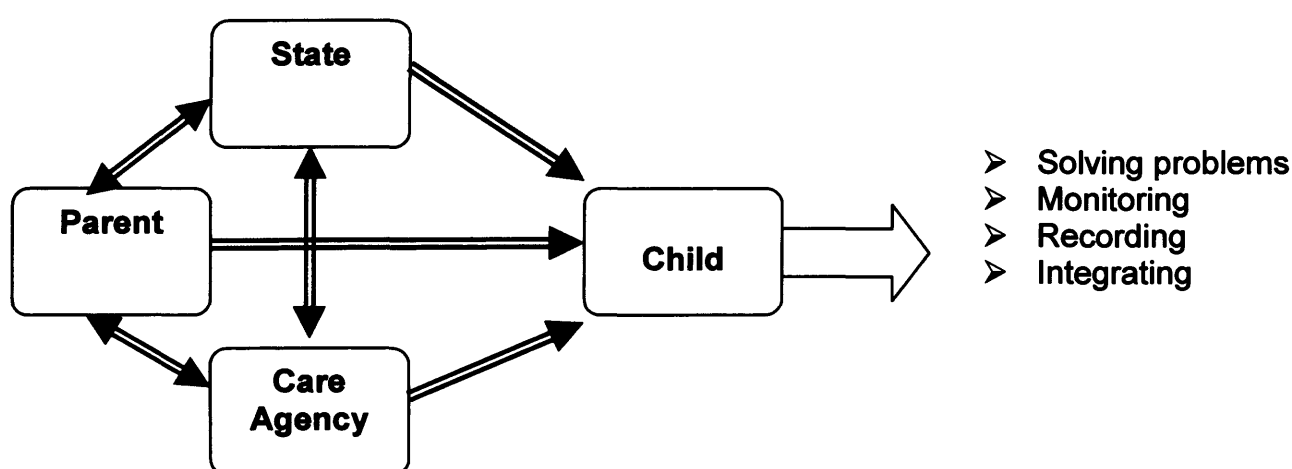
Figure 7.4: The contributors to the child's development

7.2.1 The Role of the State

The State of Qatar is in the process of modernising its institutions and moving towards a more open and democratic state. One of the main aspects of this modernisation is the recognition of the importance of human rights and the roles of the individual within society. The State has established legislation and various guidelines to enhance these changes. From the point of view children with special needs, the State plays an important role in ensuring, supporting and helping to form partnerships with parents. This can be achieved by providing legislation and guidelines to enable this partnership with the parents on the one hand, and providing the physical and financial resources to ensure the existence of this partnership in the State institutes. The policy also can play an important

role in educating parents, care agencies and society towards the importance of partnership with parents. This can be achieved by using the official media and the education system.

The State of Qatar needs to provide an education act and equal opportunities act for people with special needs to achieve clear improvements for children with special needs. It is important to use the modernisation process to introduce such acts.

It is important and essential for the State to understand and distinguish between the family and the state power.

Therefore, there is a need for the policy makers within the State to recognise this role. The policymakers should understand the extent of both powers which are suitable for both the family and the State.

The family remains an important unit of society. It is characterised by the beauty of married life for parents surrounded by their children. The family stands firm against incursions from various bodies in society and resists the interference of the State to control children. Religion and the tribe are the main contributors to the Arabic culture and to family values.

Mount (1982, p. 1) stated that:

> Only the family has continued throughout history and
> still continues to undermine the state. The family is the
> enduring permanent enemy of all hierarchies, churches
> and ideologies.

The power of the parent represents the core of the ideology of laissez-faire and patriarchy. This perspective ascribes minimal power to the State in terms of control. Harding (1997), stating this position, holds that:

> the state should in general be kept out of certain
> 'private' areas of citizens' lives with restricted
> exceptions. In this perspective, citizens have – or
> should have- strong rights held against the state.
> (Harding 1997, p. 10)

The above view is close to Arabic tradition and culture. The most significant feature of Arabic tradition from the social point of view is the strong relationships

among the family and the tribe, the blood relations. The father is highly respected by his sons and daughters. He is the main decision-making force in family issues, especially towards his sons and unmarried women. Until recent years, the government has had no power to enforce certain rules and legislation against some Arabic tribes within the State. For example, to arrest the son of a family must be done through the tribe and the family root.

State Paternalism and the Child

This perspective favours extensive state intervention to protect children from poor parental care. Where parental care is inadequate, finding the child a new permanent home where good quality care will be provided is favoured. The rights and liberties of parents are given a low priority; the child is paramount (Fox Harding, 1997).

Tizard, Lambert and Styreather's studies are also referred to. Tizard (1977) found that the adopted children in her study compared favourably with those who were restored to their natural mothers. She gave a positive picture of the effects of adoption on the child's development and the creation of an affectionate family unit, as compared with both restoration and long-term fostering. She concluded:

> The findings of this study suggest that of the children who came into residential nurseries as infants for long-term care, the most fortunate were those who were subsequently adopted. Of course, not all the adoptions had a happy outcome;
>
> ...Yet as a group the adopted children were in a more stable situation, had fewer emotional problems, and were intellectually and academically superior to the fostered, institutional and restored children.
>
> (Tizard, 1977, p.232.)

The fieldwork of the present study shows no evidence the State has a policy intention to parternalise children, believing that the child belongs to the state and the role of the family is minor. This is may be due to the following important factors. Firstly, Qatari society has still kept its Bedouin culture and tradition. In this tradition, the father of the tribe, the Sheikh or the oldest of the family, has a say and power in the family. This power is not supported by legislation but is part

of the culture which respects and obeys the oldest of the family. In this tradition, children play a major part in the tribe and family activities. Children serve guests at big parties and family dinnèrs, for example. Part of the Bedouin tribal tradition and culture is the inclusion of children. Therefore, it is difficult for the State to deal with or change this important issue. Secondly, the religious factor is also an important one. Islam preaches in favour of family unity and the role of the mother in bringing up her children. Islamic tradition is an important part of Qatari society. Despite this, there is some evidence of attitudes of state paternalism among agencies. This attitude is due to the changes in the State's political, social and economic status. The introduction of compulsory education, scouting and other activities allows the State to impose its ideology and to control children.

Laissez-faire and Minimalism

The term Laissez-faire and minimalism are used by Harding (1991) to describe the view that the role of the state in childcare should be a minimal one, while the privacy and sanctity of the parent-child relationship should be respected. In this perspective, the citizen has a strong power against the State generally, and specifically has power to control children. This perspective envisages that the family is the core of the state body. Therefore, this important cell must keep its privacy, family relations, family values and culture.

In the State of Qatar, this perspective is more applicable due to two factors. The first is cultural traditions and religion, as described in previous sections. The other important issue is that the Qatari family is relatively rich. Therefore, relying on the State to support its children entirely is not acceptable from the family point of view. However, families in recent years have accepted the role of the state by encouraging their children to join state education, scouting activities and being involved in national activities.

The Modern Defence of the Birth Family and Parents' Rights

This perspective encapsulates the idea that birth or biological families are important both for children and parents, and should be maintained wherever possible. The role of the state is seen as, ideally, neither paternalist nor laisser-

faire, but supportive of families, providing various services that they need to remain together. Class, poverty and deprivation are seen as important elements in childcare, explaining much of what occurs in the childcare field. Care agencies in the State of Qatar still need to work more in the direction of involving parents in their planning and activities. The research shows that parents are willing and motivated to participate in the care agencies' activities. This is due to the fact that families in Qatar are keen to ensure the success of their children, regardless of their children's abilities. This is part of cultural tradition: failure of the son is failure of the family, regardless of the child's ability. Therefore, parents with children with special needs are working very hard to open up any chance for their child to reach his/her peers in terms of performance and social inclusion. Accepting the fact that there are children with special needs, especially slow learners, is hard. This is due to a lack of general education in society.

The evidence does not always show equality in relations between parents and state agencies. The role of the care agencies in the State is trying to take the lead rather than offer a supportive role for planning and monitoring the child's progress. This is quite evident in the lack of partnership with parents. In some cases, this may be due to a lack of awareness among parents of their rights and the importance of partnership with the care agencies.

7.2.2 Role of the Parents and the Care Agency

The fieldwork identified that there is a lack of parents' involvement in the planning of their child's progress and the care agency's activities. There is a gap between the agencies and the parents. This gap must be narrowed to benefit the child. The issue raised by some of the social workers is that there is often limited educational background on the part of some parents. One of the attitudes displayed is that some of the parents cannot contribute towards their child's care while he/she is with the care agency. "They are well looked after, they are in safe hands, nobody needs to worry". This is an over- confident attitude. Social workers and childcare staff should recognise that parents do their best for their children, even if they are not always sure what this might be. Parents usually welcome help while trying out some alternative ways of doing things. The vast majority of parents, including some of those who abuse their children, love them.

Almost every parent, even if on the surface they do not seem to be interested or loving, want to do the job of caring for their children well. In one of the care agencies, there was observed a child from a divorced family. During the divorce procedure, both parents refused to take care of the child. They tried to show no sympathy or love to the child as each party left the other to look after the child. But once the child was in care, love for the child appeared to be unlimited on the part of both parents, especially after completing the divorce procedure. Care agencies need to recognise this and to work positively with this as a central focus.

The other factor that needs to be recognised is that the parent is a deeply important person to the child and the relationship between parent and child is always very emotional.

It is important that the care agencies start to build partnerships with both the child and the parents.

7.3 Impact of Changes in Family Structure on Childcare

The family is the essential unit for any society and represents an important element in the child's life. The child's first educator is his/her family. Therefore, family values and practices are essential features for any social researcher. Historically, Arabic society is based on the extended family. Until recent years, the family has lived together with the rest of their relatives. The head of the family has the power to manage family issues. With the sharp changes in the economy and education, kinship relations have declined. However, it is still common that young married couples live with their family for some years before they build their own house. Even when they build their own house, it is quite common in the State that they build their houses very close to their parents. It can be seen that there are many areas in the State that are named according to family names due to the high concentration of extended families living in this area. It is true that, however, due to political changes, the head of the family no longer has power to control his extended family, apart from at some social events, mainly marriages and divorces.

It is also true to say that Qatari society has seen shifts in social values and norms due to the political, social and economic changes in the State. Qatari women working in public and driving cars are good examples of this seen in recent years.

It is difficult to believe that the Qatari family is based on the individual's interest or values only, as expressed in Exchange Theory. These interests allow the individual to account for both costs and rewards and make choices that maximize the actor's utility or profit. Qatari society has resisted family change. The above belief is due to religious factors. Religion is strong and has its main impact on how to build the family. Family values should not necessarily be expected to change with time and should not be based on individual interest only.

Communication among family members is the primary source of interactive information and their reactions are based on this information. This information may change during the life cycle of the family. The individual must react according to information he/she receives from other members of the family, giving variety in the interactions of family life.

The study of marital and family interaction has been an important component in the recent development of systems theory in the social sciences. Therefore, systems theory may be very helpful in understanding developments in the Qatari family, as there is evidence that various values have interacted between parents as important elements of the social system. A number of values have been changed in recent years due to certain interactions between the family as an active element of society and various elements of the social system. Qatari society has become an open system, accepting and interacting with various values across its boundaries. However, Qatari society has kept its essential values. Some Qatari families have accepted the role of the childcare agencies as an important tool in the care and development of their children. This acceptance was however, deemed unacceptable behaviour by the families and seen by many within society as giving up on their role as a family as the fieldwork indicated.

The Qatari Family

Until the last few decades, in the pre-oil era, the Qatari family displayed the characteristics of the extended family in which parents with their relatives lived in one house. They were dependent on each other's help and support to live. Culture and religion also helped the creation and maintenance of the extended family. Since, in the Arabic culture, it is implicit that sons must care for the elderly, the son who does not care for his parents or grandparents is looked down on in society and may lose the respect of others. Islam instructs individuals to show great respect for others who should be treated well, helped and supported.

The State of Qatar is undergoing a process of modernisation due to the discovery of oil and the new vision of the current Emir, HH Sheikh Hamad, the State ruler, who is more democratic, open and modern in outlook. The State is getting richer, job opportunities are more numerous, and individuals have become more independent financially. Life styles have also changed. This is due to greater economic strength, a more open society, and improved communication via the modernisation of the media.

The oil era and the current situation, as described above, have placed the Qatari family in a period of transition which represents a conflict between the modern changes that have affected the family structure, and culture and religion. This conflict has led to the creation of another type of family structure in this researcher's opinion. This structure can be called a semi-nuclear family.

The Qatari family, see Figure 7.5, has seen changes due to women's work commitments, style of living and economic, financial and social factors. However, the family has kept the main family values. The main characteristics of the new family can be summarised in the following:

> ➤ 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 they support each other in times of need through the to open market policy and through job opportunities for men and women.

Values, Tradition and Kinship

There is a shift in social values and tradition. This shift is largely due to economic development, education and globalisation. For example, it is part of social tradition that the bride cannot see the groom until the wedding day, after completing both the religious and official registrations. For the groom to demand to see the bride before the wedding was insulting and offensive. Now, there is, however, some opportunity for the groom to see his bride briefly before the marriage.

Kinship has been weakened in recent years. The head of large families used to control the whole family. This included his own family and the families of his relatives. A set of rules, values and traditions was followed. In cases of conflict with other families, for example, the large family had to share any cost, as well as taking responsibility in the conflict; they might even fight. Such a conflict might be due to a small problem between two members of the two families. However, this kind of strong kinship was weakened due to the modernisation of the State, since the State has more power over such large families. Education is another factor for the changes in some traditions. In recent years, the State has seen significant changes in the education system. There is expansion in higher education for both males and females. This has led parents start to believe in giving the State its role, power. Finally, for economic reasons, members of large families are no longer so close to each other due to work commitments and improvements in the individual incomes.
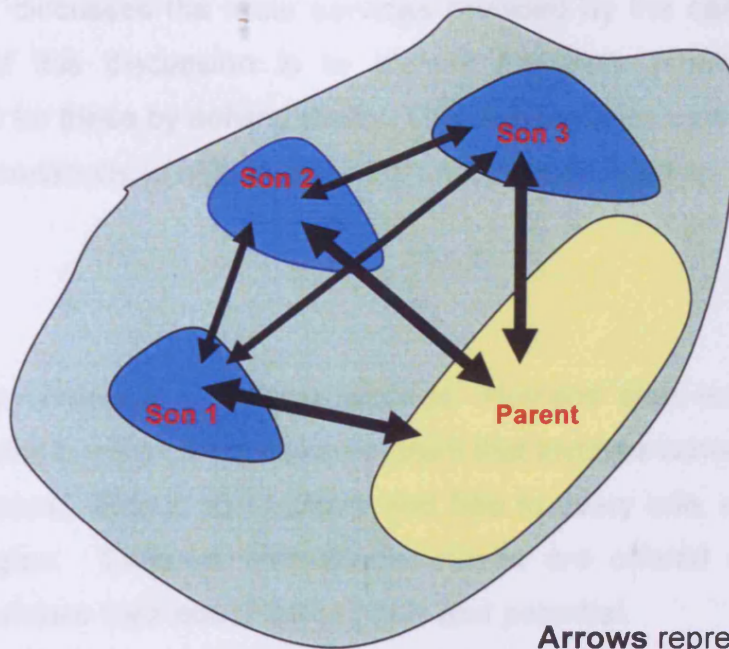
Arrows represent social interactions
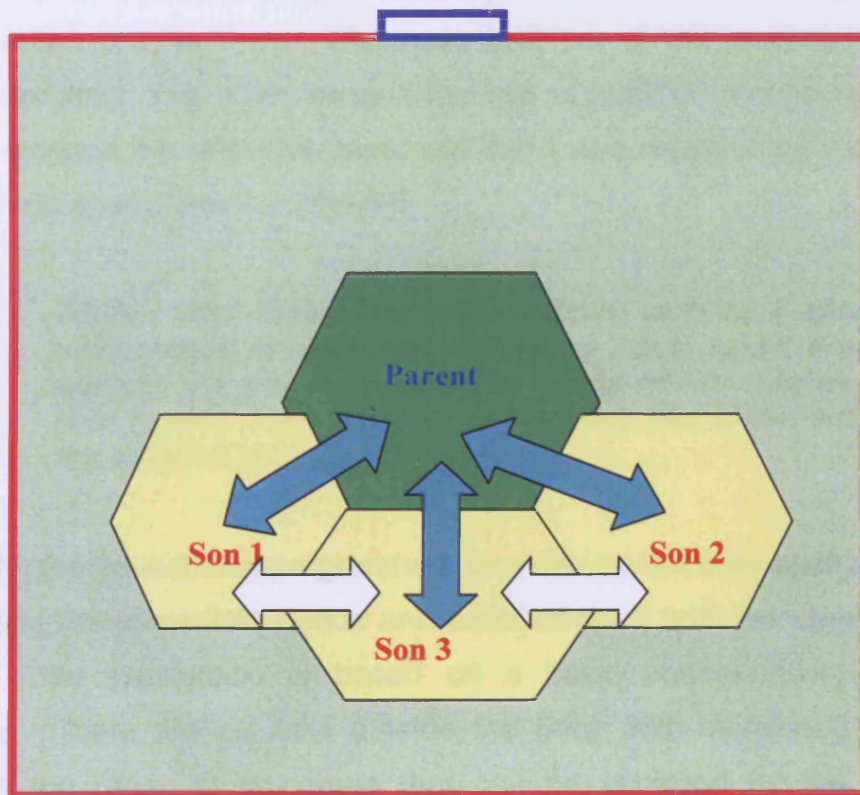
Figure 7.5: The structure of the semi-nuclear family.

7.4 Current State of the Care Agencies

This section discusses the main services provided by the care agencies. The main aim of this discussion is to identify the main problems and provide explanations for these by solving them. The discussion can also be used to draw out recommendations to help in planning and decision-making.

Education

Education is obviously a lifelong process. Humans start learning from birth. However, there is a formal education system that involves schooling from the age of 5 to 18 years. This is compulsory and free to every one, regardless of their race or religion. Children with special needs are offered special education facilities to achieve their educational goals and potential.

The fieldwork has found evidence that child development is the main core service provided by the social care agencies. Their effort is intended largely to support the education programmes. The main problem of this aspect is the lack of modern facilities. The other issue is the lack of qualified manpower. One of the parents stopped me when he found out that I was researching into the care of children with special needs. He said:

> *When I read their advertisement (care agency) I was really happy to bring my child. I have asked the agency, Do you have qualified manpower to achieve your goals?" I am sorry to say nobody has answered my question yet.*

Generally, the educational programmes provided by the care agencies appear to be meeting the immediate needs and satisfaction of both the children and their parents. This satisfaction is based on a basic understanding of the care agencies. There are no links outside the State with developed countries, to establish the range of outcomes that can be achieved by the agencies, to examine the latest technology, and to forge links with the medical profession. However, the main problem is the need to invest more in equipment, staff and staff training.

Emotional and Social Skills' Development

Child with special needs may have a problem in developing a positive self-image; the problem often results from the reaction of others to the disability. Common reactions towards children with special needs may include a sense of tragedy; a fear of making mistakes; being over protective; and exercising control. Victimisation may also be experienced, mainly from teenagers as the fieldwork shows. Therefore, childcare agencies should help to develop the child's self-empowerment, empathy, patience, sensitivity, respect, communication, interpersonal skills and attitude. He/she should be encouraged to be positive, to integrate, be a good role model, and guidelines for behaviour should be set. Discriminatory attitudes and parents' rights may also have to be challenged.

The above will help the child to develop social skills and build confidence that will help him/her to take his/her normal place in society. The fieldwork identifies that there is a weakness in this aspect of the services. The time allocated is inadequate and there is a lack of activities to promote this side of development. This may be due to a lack of qualified manpower, planning and lack of facilities, as already noted.

Child Records

The fieldwork identified that there is a lack of recording in the children's files. The care agency should encourage the parents to help fill in the basic information record and the parents need to be assured that this record will be treated with confidentiality and stored safely. The record will then be regularly reviewed and kept up to date with parental help. This shortcoming can partly be attributed to agencies' reluctance to involve parents fully in service provision and planning.

Social Work and Social Workers

Based on the framework outlined in Chapter Two, social work practices and social workers need to be identified and understood well within the care agency system, the state system and social systems in order to help in improving social practice within the care agencies. A social worker in the care agency acts as a

"change agent" and the care agency as a "change agent system" (Pincus and Minlham, 1977). The social worker interacts with a variety of people within and outside the care agency, i.e. within the system of society. The change agent, who is employed by the care agency, needs to initiate the change by creating plans to alter the system. Social workers are relatively powerful in relation to both families and children.

The social workers working in care agencies interact with four different systems. These systems are the state, society, the family and the care agency systems. Each of these systems has its own sets of norms and values.
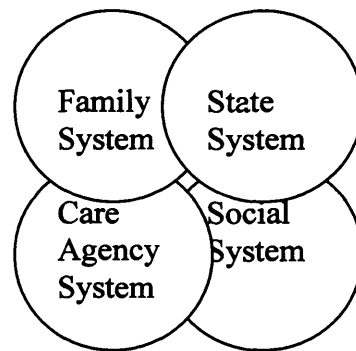
Figure 7.6: social worker interaction systems

The social workers need to understand and be aware of the norms and values of each of the above systems in order to be able to provide constructive help and advice for the child, parents and to the care agency.

The social worker's power is extremely important to provide the changes needed for the child with special needs. In order to use this power effectively and efficiently, there is a need for training programmes for social workers. This is due to a lack of social training and experience as the child care services in the State are in their infancy. The client system is the beneficiary of the "change agent system". This includes the individual, children receiving care, their families and the medical profession. Finally the "target system" in the care agency is the people the change agents need to change or influence in order to accomplish their goals.

In evaluating the care agencies in the State, it was clear there is no well-established process in work practice. There are no clear aims or purposes that the social worker can follow, as described in the processes of social work practice in Chapter Two. This may be because their legitimacy is not yet fully established in the light of prevailing social norms.

7.5 Children's Rights

The State has taken children's issues forwards since 1996, since the current Emir took over power. Education and health care expanded. A well known figure from the ruling family takes a leading role in supporting, enhancing and helping children in general and children with special needs, in particular. This is the Emir's wife, Sheikha Mozza who is working tirelessly in supporting children's rights. She is the chairman of the Sheffalah Care agency and also supports and encourages studies, seminars and workshop in childcare.

Through the powerful women of the State, the State is involved actively in the United Nations' children's activities.

By investigating Qatari society as a system using the system theory, it is clear that individual behaviour within Qatari society involves behaving according to the Arabic culture and religion that has been established over a long period of time. Therefore, children's rights in the State can be said to be drawn from the set of cultural and religious values and norms.

7.6 Problems and Obstacles

The main problems facing the care of children with special needs can be summarised in the following:

> **Lack of Partnership with Parents**
> There is a lack of partnership between parents and the care profession.
> This may due to a lack of cooperation, co-ordination and interaction among the State, parents and care agencies. There is a need to recognise the parents' roles in the child's development. Therefore the decision makers and the care agencies needs to introduce policies and

guidelines to support this partnership. The care agency should implement such policies.

> ## Social Barriers

Social barriers constitute the main obstacle for children with special needs integrating into society. The State still educates children with special needs separately, i.e. there is no policy towards including children with special needs into mainstream schools. Society is also not well prepared for integrating those with special needs. Facilities need to be altered physically and structurally to help people with special needs in general and children with special needs in particular. This may include providing access, lifts, toilets, carriages to aid mobility, and shops with signs and facilities for people with special needs.

Social attitudes towards people and children with special needs are major barriers to integration. There is a need to improve the image of people with special needs and their roles in society.

From the policy point of view, the State of Qatar has made a significant contribution to children's rights internationally but this is not necessarily reflected well nationally. There is a need to introduce legislation that includes to support for integrating people with special needs into society.

> ## Finance

There is no direct financial support to parents of children with special needs. There is a need to introduce policies and guidelines that support parents with children with special needs to reduce the parents' financial stress. The State can afford this as the number of parents with children with special needs is limited compared with the State's financial resources.

> ## Care agency problems

Care agencies need to improve their physical facilities to meet the needs of the children. This may include introducing ICT facilities in reading, communicating and listening as an example.

There is a lack of policies and guidelines for care services for children with special needs.

Care agencies lack any strategic planning to train their staff and social workers.

> ## Managing and administrating services

There is no structured system to manage services for people with special needs in general and for children with special needs in particular. Currently, the care agencies are split between the Ministry of Education and family and childhood organisations. In the Ministry of Education, the special education department is small and managed by people with no experience and training in childcare.

There is a lack of qualified manpower in social care to achieve the State's main goals in childcare.

> ## Lack of cooperation with local businesses and industry

According to the views of care agencies and children, finding an appropriate job is the main plan for the children when they grow up. Unfortunately, the link between the care agencies and local businesses and industrial agencies is still in its early stages. There is no serious plan to help children with special needs to find proper jobs after leaving the care agency. It seems that the family takes responsibility for the child, reflecting traditional expectations rather than modern-day aspirations. As the State is small and families are influential, parents have a wide contact with government institutes; most of the jobs for people with special needs are found through parents' informal connections.

> **Lack of support for clubs and societies for people with special needs**
In recent years, clubs for adult people with special needs have been established in the State to demonstrate their needs and to allow their voices to be heard. An article in a national newspaper, Al-Raia, written on behalf of people with hearing difficulties, expressed these needs and the value of the integration of such individuals within society. The main activities of these clubs involve social activities, the arrangement of marriages and job -seeking.

7.7 Changes Needed

The fieldwork and official documentation analysis show that there is a growing pressure for change. These changes are needed for three main reasons: (i) the government has recently made many changes in the political and social life of the State by introducing new laws. Allowing women to vote and creating local councils, comprising local and consultative councils called Majlis Al-shware, are two good examples. Women in the State have previously been denied the right to take any role in the political life of the country until recently when HH Sheikh Hamad introduced new legislation giving women the right to vote and nominate themselves in local elections, and for local councils; (ii) the ruling family has always shown itself to be supportive of social care services. For example, the Emir's wife and other women in the ruling family are involved in various social care activities; and (iii) the State has experienced dramatic social and economic changes after discovering the largest gas field in the world. These changes have created both work opportunities for women and the associated need for help and support to care for their children.

This section spells out the changes to be made to the care agencies to meet the needs and satisfaction of children with special needs and in order to achieve a more integrated society. This can be achieved by recognising the need to respect and work with traditional family values, while strengthening the role of

social welfare professionals. These changes will help to provide a more efficient and effective care profession in the State.

7.7.1 Changes in Attitudes toward Parents' Involvement: Family Rights and Partnership with Parents

The case studies and the interviews show that educated parents are more involved in their children's progress, as they are contributing positively. Parents' involvement has made the care staff understand and appreciate the child more due to the continuous feeding of information from the parents. It is important that the family takes a major role in planning for the child with the agencies. However, the fieldwork shows that the family has tended to play a minor role in this direction. The care agencies need a change in this direction. The main problem is the attitude of the authorities and authority staff towards considering the parents' views and opinions regarding planning for their children. This can be achieved by well-planned and strategic persuasion, and may include educational programmes. This can be achieved by (i) involving the care staff and the authorities in various seminars and short courses related to childcare policy nationally and internationally (ii) providing scholarships in the area of child care policy to study abroad.

A change is also needed from the parents' point of view. The care agencies should provide parents with detailed information concerning their children and involve them in their regular meetings and social events. They should involve the family in appropriate parts of the care services where possible.

The above changes can be achieved by introducing legislation and guidelines identifying the role of parents in relation to the care agency. Learning from other countries is also a good route to identify, understand and gain experience from well-developed care services worldwide. Positive attitudes and enthusiasm from the parents to partner the care agencies need to be encouraged and developed to assure that the partnerships are well -integrated. The willingness of the family, their financial support and the richness of the country should help and accelerate the partnership. There is a need in general to increase awareness of the importance of children's needs in society and the care agencies' role. There is

evidence of change in this direction, as the State is actively involved nationally and internationally and with UN activities.

7.7. 2 Clear Policies

It is evident that there is lack of clear and well-defined policies towards the childcare profession in general and care for children with special needs in particular. Therefore, changes are needed to deal with this important sector of society. These changes may include the following:

7.7.3 Structural Changes

The structure of the current care services in the State in general and of childcare in particular is not well defined, recognised nor effective. The services are spread over many other professions. For example, children with special needs are related to the Ministry of Education. They are regarded as a schools' problem. Services are perceived as ordinary schools with special needs requirements. Their staff are appointed through the Ministry of Education's rules and procedures. There is also an agency belonging to the voluntary sector which is run and managed by independent volunteers. There are no clear policies and procedures nationally to examine the agencies in terms of quality control.

7.7.4 Establishing Child Care Policies Nationally

There is evidence that the State is in favour of policies toward childcare services and there is a general law to support this issue. The problem is that these policies are very limited and general. The State needs clearer policies towards children in general and children with special needs in particular.

7.7.5 Equal Opportunity: Discrimination against Disabilities

There is a lack of a "Disability Discrimination Act". There is a need to create an act to a enforce equal opportunities for people with special needs in general and children in particular. At the present time, there is no clear act to prevent discrimination in education, care, health and the social activities of people with special needs. Parents of children with special needs face problems in acquiring public services and facilities due to lack of support. This is clearly evident in streets, supermarkets and public offices as there is no physical access to leave, enter or manoeuvre in them. There is a need for an act to require organisations and institutes to comply with anti -discrimination measures for people with special needs.

Schools are still lacking access facilities for people with special needs. There is also a lack of facilities for the deaf or people with sight problems.

7.7.6 Continuing Professional Development (CPD)

The interviews with care staff, social workers and the authorities indicated that there is a lack of Continuing Professional Development planning and administrative staff to manage the CPD and procedures for the profession. Therefore, there is a need for change in this area. The authority first must establish an administration office to manage the CPD of the agencies, as it is preferable that this should be controlled centrally to save time and effort. Then, the office should take responsibility with the help and support of the agencies, for providing strategic planning and procedures to meet the training needs of care staff.

7.7.7 Growth, Quality and Financial Strength of the Care Agencies

The quality of the services is a key element. The care agencies need to demonstrate that they meet the needs and satisfaction of both parents and children. To move forward, the care agencies should plan their growth systematically. Currently, care agency growth is based on individual initiatives,

mainly through powerful women in society. The care agencies need to use their support to establish themselves-as important institutions in society.

Quality of service must be kept as the ultimate goal. This should be maximised by the extent to which the agencies meet the needs and satisfaction of both the parents and their children, their clients.

Financial strength is a key element of any successful institution and the care service is no different. By analysing official documents, it is clear that the care agencies have no well-planned financial strategies. The agencies need to establish many routes to strengthen their finances. Currently, they are financed by individuals and through government support. For example, a lot of financial support comes from the members of the ruling family.

7.7.8 Social Attitudes

The fieldwork indicated that there is still a negative attitude towards children with special needs. These negative attitudes have been demonstrated by bullying of such children. This is perhaps surprising as it contravenes the teaching of Islam. This issue needs to be taken seriously by the social care authorities. A systematic plan is needed to address this issue by various governmental sectors, mainly the media, the Ministry of Education, the Ministry of Health and the Ministry of Justice. The main target is to increase the awareness of the public towards this issue. Various channels can be used to achieve this goal.

Legislation may be needed to ensure the elimination of any bullying towards people with special needs. This can be started by pressure groups in the State, which will include the care agencies and the media; this can then be presented to his Highness, the head of state, the Sheikh. Recognition of children rights will also help in creating awareness of these problems.

Unfortunately, clubs and societies for people with special needs in the State, to help them to take part in social activities and to allow their voices to be heard within society, are rare. A club for deaf people has recently been established. The main activity of this club is to encourage and support deaf people to meet in social activities. Arranging marriages is one of the club's objectives, according to

the club's creator (a hearing person). This needs to be changed, as there is a need to establish these societies/clubs to help this important sector of society. There is evidence that there is no recognition of children's needs as a distinct group, whether or not they have special needs.

7.7.9 Auditing

Auditing is an essential way to identify problems, to find gaps and establish recommendations to develop the care services; it is common practice in any successful institution in today's business-oriented world. Independent qualified experts should carry out auditing.

The fieldwork did not find any auditing or any kind of inspection. Therefore, the existence of the researcher in the agencies alerted care agencies to many issues: the use of records, for example. Asking about a child's records for use in the case studies alerted agencies to their importance, their responsibilities and the procedures for updating such records. Therefore, there is a serious need for auditing to identify how these agencies' services are performing. This may require government intervention to enforce inspection policies and guidelines, and to oblige the care agencies to comply.

Auditors/inspectors should report on the agencies, as well as the social care authorities. It is understandable that there may be a lack of qualified personnel or institutes to carry out such auditing or inspections. There is no problem, however, in using experts from other countries but such personnel needs to be aware of and have sympathy for local social, cultural and religious norms. Consultants or consultancy firms can be used to audit care agencies. Audits should be carried out on a regular basis: two to four years is a suitable period. Periods longer than this are not advisable as many things can change nationally and internationally, relating to policies and service facilities. Shorter time scales can lead to repeating the work as changes may not have occurred; it is also too demanding for participants.

7.8 Concluding Remarks

The main themes of this chapter can be summarised in the following:

> There is an imperative need to balance power between the parents and the State. It was evident that more power should be shifted to the parents rather than the State due to religious and cultural factors.

> There is a lack of partnership between the childcare agencies and children's parents. This needs to be taken as a priority by the care authorities in order to establish mechanisms to encourage partnerships.

> Social barriers are the main obstacles which hinder the integration of children with special needs into society. These barriers include physical barriers, legislation and guidelines, and social attitudes. There is a need to increase the awareness of society towards people with special needs in general and children with special needs in particular. Various institutes in the State need to work together on this issue to ensure a positive attitude towards people with special needs to help them integrate into society. This should involve the education system, health education and the official media: TV, radio and newspapers, for example.

This will also help children with special needs to grow up with positive messages about being a child with special needs.

> The care agencies have strong educational programmes. There is evidence that the agencies invest a lot of their effort in this direction.

> Developing social skills needs to be given more attention and effort as it represents a key issue in the child's integration into society.

> Better systems need to be developed for record keeping, auditing and evaluation.

> There is a range of changes needed to move children's special needs provision to another level. The main points are the structure, management and administration of the profession.

> Having a disability may mean living in society as part of a minority whose particular needs may not be adequately recognised or taken into account. There is a need for well-established equal opportunities legislation to prevent discrimination against people with special needs. There is a need

for education and employment acts to promote the interests and rights of people with special needs.

➢ Social work and social work practices need to be improved. A well-established purpose for each activity needs to be identified and a set of tasks formulated to achieve the purpose.

➢ There is a need to establish assessment processes for children with special needs in the State. This process should include recognition of the parents' role in child development and care.

Chapter Eight
Conclusions and Recommendations for Change

8.0 Introduction

There is a need to consider all State citizens, regardless of their abilities to contribute positively. Childcare is one of the most important sectors of society in which the State should develop its philosophy of valuing and including its citizens. This chapter presents the main outcomes of this research and provides recommendations for changes that need to be carried out in order to improve the childcare profession in the State and to help and support children with special needs integrate into society and contribute positively.

8.1 Conclusions

The main conclusions can be summarised in the following:

Impact of changes in the Qatari family structure on the childcare professions

It is important to note the fact that Qatari society currently consists of three generations: the older generation of parents and grand parents, and the children's generation. The older generation has a strong culture and tradition and consists of those who have lived through a closed society enduring considerable hardship. The younger generation are better educated and more open, both in terms of Qatari society as well as with other societies. This has led to conflicts, with children and parents vs. grandparents in matters of interests and rights, As an example, living with parents, after a marriage, in the same house is no longer part of the family culture and tradition. Instead a different form has evolved with married sons living close to their parents but in separate houses.

The structure of families in the State has changed in the last few decades moving from an extended family structure to a semi-nuclear family. This is due to changes in lifestyle and the economic, political/ and social developments that the country has seen. This has also created various interactions among individuals within the social/ system, as described by systems theory. This continuous interaction within the values and norms of society has helped to change the family structure.

Qatari society is moving towards more independent families but they are still living very close to each other socially and geographically. It is common to see brothers

living in separate houses but very close to their parents' main house. They still communicate, function and act as a unit. The father is still the head of the family, although his involvement has decreased from what it was a few decades ago. The trends towards independent families has led to many financial and social commitments with the open market policy, and support for women in recent years has encouraged women to work. The other important factor is education as the number of educated people within the State has increased due to sharp changes in the educational system. This has led to a more accepting attitude that the care agencies are an important tool in supporting families to care for their children, as well as improving the life of the child and preparing him/her to be integrated into society. Finally, the last important factor is a political one. The leadership of HH Sheikh Hamad and his views on the modernisation of the political, economic and social life of the State have helped and supported the rights of children and childcare.

The above factors are the main reasons for establishing and increasing social awareness towards the needs of childcare agencies in general and children with special needs in particular.

Children with Special Needs

Children with special needs can contribute positively to Qatari society, bearing in mind the State lacks manpower and has a large number of non-national workers. Therefore, there is a serious need to view people with special needs as being no different from any other citizens and to open up opportunities for them. This research indicates that there is a social barrier facing children with special needs. They are treated separately as a group in an isolated environment. This is against the norms and values of society, as the Arab culture and religion demand full support and integration of people with special needs within society.

There is a need to involve children in choosing their programme; children should use their rights. It is clear that the care agencies value the children with special needs and they believe in the rights of children. The problem is that this belief in rights is lacking in practice. The current involvement of children is very limited and not well recognised. It is important that the care agencies demonstrate their values

in practice, especially with regard to children's rights. The rights of children to be integrated into mainstream schools are denied for no convincing reason.

There is still a lack of education in the state for people with special needs, and especially children. This education should enhance awareness of the importance of children with special needs. Unfortunately, this research indicated that there is still a minority, especially teenagers, who view children with special needs as vulnerable and take advantage of them. The national education system, as well as the national media, should contribute to this educational programme.

Parents of the Children with Special Needs

The parents of children with special needs are not aware of their rights and roles in their children's planning and progress. This may be due to two factors. The first is lack of education and the second is that care agencies' services are relatively new in the State and there is a lack of understanding in dealing with care agencies, as well as a lack of experience. The care agencies are currently neglecting the parents' rights regarding their children. This is due to the fact that there are no rules and legislation identifying these rights within the care system and there is a general lack of awareness of parents' rights among the care staff. Parents can be important partners to the care agency as they can provide essential information and experience to the care agencies. The care agencies should develop and establish partnerships with parents.

Partnership with Parents with Children with Special Needs

The research indicated that there is a lack of effective parental involvement in the care agencies' activities.   Therefore, there is a need to develop mutual understanding and share experiences with parents. This can be achieved by:

> ➢ Home visiting
> ➢ Providing parent-friendly spaces within the agencies
> ➢ Encouraging parents to take a "management" role and to attend meetings/
> ➢ Involving parents in the child care planning.

To establish an equal, active and responsive partnership with parents, the work with parents has to be driven by those parents who already use the services and those parents who say they would like to use them.

In the field of social work in Qatar, no research has ever been conducted in childcare and welfare. Social work in Qatar has developed tremendously of late, particularly with regard to childcare, rights and welfare. This needs to be recorded in history by documented research.

The importance of this research rests on the fact that childcare in general and children with special needs issues in particular, have not yet been researched, investigated and analysed in the State of Qatar. Therefore, this research is essential for social work which aims to enhance the status of children with special needs in this small state. It also attempts to highlight the efforts so far exerted in this area and to discover any possible deficits.

Care Agencies' Records

One of the most important findings in this research is that care agency records fall short of providing the information needed. These are also still in traditional form since electronic records are lacking. The vast majority of the records lack detailed reports that reflect parents' opinions, views and attitudes towards their child's progress, behaviour and social skills. This lack of information has an impact on strategic planning and decision-making which contributes to the planning for and progress of the child.

There is a need to establish a recording system in all care agencies and this should be supported by strict government guidelines. The system should include the following:

Use of electronic technology

The world is moving towards an electronic age. IT has become part of our education and our daily life. Individuals, businesses and educational health institutes are benefiting from this electronic age to improve their performance and increase their productivity. Health and social services are among the beneficiaries of the electronic age.

Care agencies in the State of Qatar need to take urgent steps towards adopting electronic record systems.

Introduce Recording Regulation

Recording is a compliance requirement in many sensitive industries and institutes: the pharmaceutical industry and the aerospace industry, for example. Therefore, the health and social services MUST establish recording systems for their activities since this is a regulatory requirement.

The State of Qatar lacks these regulatory requirements for establishing records for children with special needs in care agencies.

Figure 8.1 shows the four main contributors that need to contribute to the child's care record. They are the parent, social workers care staff, and health professionals. There is a need for a recording process that help interaction and coordination among the above contributors.
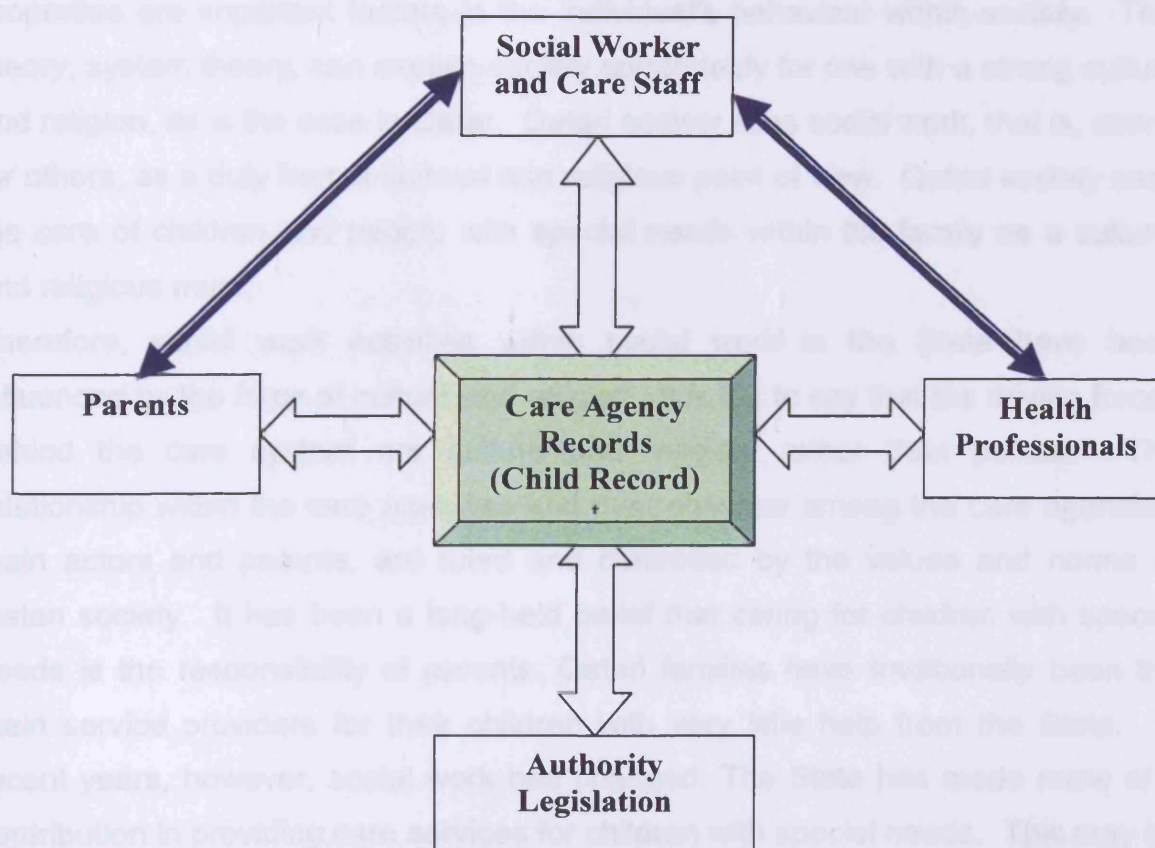
Figure 8.1 : Contributors to the care agency and child records

Social Work and Social Workers

System theory focuses on culture that shapes individual behaviour within a society. Sets of values and norms within society are important factors in sharpening an individual's behaviour. Social work activities and social work represent an important facet of behaviour in a social system. Social norms, the system and its properties are important factors in the individual's behaviour within society. This theory, system theory, can explain society comfortably for one with a strong culture and religion, as is the case in Qatar. Qatari society sees social work, that is, caring for others, as a duty from a cultural and religious point of view. Qatari society sees the care of children and people with special needs within the family as a cultural and religious must.

Therefore, social work activities within social work in the State have been influenced by the force of culture and religion. It is fair to say that the driving forces behind the care system are culture and religion, rather than politics. The relationship within the care agencies and the behaviour among the care agencies' main actors and parents, are ruled and controlled by the values and norms of Qatari society. It has been a long-held belief that caring for children with special needs is the responsibility of parents. Qatari families have traditionally been the main service providers for their children with very little help from the State. In recent years, however, social work has changed. The State has made more of a contribution in providing care services for children with special needs. This may be due to various factors. The first factor is the increase in awareness of the parents for the needs of various forms of expertise to ensure that their child integrates into society without any problem and without a negative impact. The other factor is that the Qatari family structure has changed and moved towards the semi-structured nuclear family, as explained in Chapter Two and Chapter Seven. This change, together with economic changes, has led to both parents working. These factors have forced parents to search for other sources of care for their children. These factors represent the case from the parents' point of view. From the State's point view, its philosophy has changed since the HH Sheikh Hamad began to rule in 1995. The State is moving towards modernisation in all its sectors and, most importantly, is moving toward being a more open and democratic state. Social work represents an important obligation that the State authorities need to fulfil. There are social values and norms driving the authorities to be seen as parents,

who meet the citizens' needs and satisfaction. According to systems theory, the authorities' behaviour represents and is shaped by the culture of its society. The other important factor is that the country's economy is improving, and oil revenues and the open market strategy have helped the government to spend more on various aspects of society, the care services being one of them. Therefore, social work, from the State's point of view, is in an excellent position to improve and to be modified in order to meet society's needs.

Legislation

The research has indicated that there is still a lack of awareness of and basic education concerning children with special needs. The vast majority of these children were discovered as having special needs at a late stage which makes it difficult to provide suitable treatment to cure or modify the special needs and to provide the child with the social skills he/she needs to integrate into and contribute to society in a normal way.

One of the tools that can be used to monitor a child's development is by introducing legislation and careful follow-up procedures to watch the child's progress. This will help to find any child who has special needs at an early stage and this will help in providing an appropriate strategic plan to improve his/her educational and health programmes.

There is also a need for legislation to break down social barriers. This researcher strongly believes in the "social model of disability" (Oliver, 1996). There is a need to break down social barriers in order to help and facilitate the integration of children with special needs into society and to permit them to contribute positively to that society. The current mainstream schools' infrastructure denies children's rights by introducing barriers. The schools are happy to provide extra lessons and handouts and publications, to organise various school activities to satisfy and meet the needs of mainstream children but they are failing to produce any facilities for children with special needs. The schools are failing to introduce teaching assistance in the classroom for children with special needs, yet there is no reason why this should not be done. The schools also lack any structural facilities to meet

the needs of children with special requirements. There is no special access or proper lifting facilities. Mainstream schools also deny travel support to children with special needs to help them and their parents to gain access to the schools. These barriers have helped to isolate children with special needs in schools; even the names of the schools reflect their disabilities. The above section concentrates on schools for two main reasons: firstly, this research deals with children of school age and, secondly, the current agencies are mainly managed and controlled by the Ministry of Education. However, these recommendations should not be restricted to schools but should include all sections of society. This should include shopping centres, health services, social events and work environments.

8.2 Recommendations for Change

This section presents recommendations for change drawn from the main outcomes of this research. The vast majority of the changes are directed towards the State authorities for implementation to help and improve the childcare system in the State and improve the integration of children with special needs into society.

8.2.1 Changes in policy

The State authorities are in the process of modernising the State institutes and establishing various policies and legislation to support this modernisation. Therefore, this research provides the following recommendations for change:

Introducing Education, Children, and Equal Opportunity Acts

Now, disabled children are excluded from or marginalised within mainstream education, health and social services. The majority of the current legislation has been established with only non-disabled children in mind. The legislation should be formulated on the basis of integrating children with special needs into society. Therefore, there is a need to establish a children's act, an education act and an equal opportunities act that will provide clear support for the rights of children with special needs.

Introducing an Assessment Framework

There is a need to introduce an assessment framework practice guide that aims to assist those undertaking assessments of need, by enabling practitioners and mangers to understand and work more sensitively with disabled children and their families.

Policies to break social barriers

The State authorities are in the process of modernising the State and building its political and civil institutions. Therefore, it is an excellent time for the authorities to introduce legislation ensuring the breakdown of social barriers to allow the full integration of children with special needs. This includes:

> ➢ Changing the school infrastructure to accommodate children with special needs.

The changes should help the mobility of children with special needs in schools. This includes providing lifts and supplying easy access to school

> ➢ Providing physical resources to help and support children with special needs

State Educational Programme .

The State government should also introduce public educational programmes that help and support the integration and positive contribution of people with special needs to society. This should include open access to education, employment, health and transport. Guidelines to employees and educational institutes should also be issued, forcing them to facilitate the integration of people with special needs.

> ➢ It is clearly evident that the government can play an important part in supporting, helping and promoting childcare agencies and their partnerships with the parents of children with special needs. There is a need for extensive research into government policies towards child care in the light of the new constitution.

> The State should establish an early monitoring system for identifying children with special needs. The current system makes it very difficult for care professionals to follow cases thoroughly.

> The current system for managing childcare in the State needs to be changed as it is currently controlled and managed by a small department in the Ministry of Education, apart from one of the care agencies, namely Al-Shafalah. This is controlled and managed by the Council for Family Affairs. This is due to the fact that the Ministry of Education has no expertise in managing children with special needs and that is why special education is not well defined within the Ministry and lacks qualified manpower.

> The Ministry of Education tries to teach children separately without making a serious effort to demolish social barriers. The mainstream schools have no facilities for pupils with visual and hearing needs. The schools have no lifts or any equipment for facilitating the movement of people with physical difficulties.

Financial Support for Children with Special Needs

There is a need to introduce social benefits to the families of children's with special needs to reduce financial stresses. As this study showed, in a small number of cases there is a strong link between family, poverty and children with special needs. This will enhance government obligations towards their citizens.

Homecare Services

There is a need to introduce homecare services to children with special needs. This services does not exist at the present time. It is important to encourage homecare services to reduce parents' stress and to make children more independent.

8.2.2 Changes in society

The State authorities have a responsibility to break down social barriers and to help people with special needs to take their normal place in society. There is a need for change in the attitudes of society towards people with special needs in general and children with special needs in particular. There is also a need to

change the physical/ structure/ of society to help and facilitate children with special needs to integrate into society.

Changes in Society's Attitudes

There is a need to change society's attitudes towards people with special needs in general and children with special needs in particular. This can be achieved by the following:

1.   Changing in early age education programmes

2.   Establishing clubs and societies for people with special needs

3.   Supporting and helping individual volunteers' and organisations in order to contribute to positive social attitudes.

4.   Helping and supporting social activities that promote changes in attitudes towards people with special needs.

5.   Using TV, radio, local newspapers, national newspapers and websites as tools to change social attitudes towards people with special needs.

Breaking the Social Barriers in society

The authority needs to break down social and physical barriers by:

1.   Providing easy access and mobility in shopping centres, health centres, social
      activities, cinemas, theatres, sports halls and stadiums.

2.   Providing easy access to public transport to people with special needs.

3.   Changing school structures to help access and mobility of children with special needs in schools.

8.2.3 Care Agencies

There is a need to change the current care agencies. Such changes may include the following:

➢ There is a need to establish a CPD system for care agencies to help and support their staff to increase their awareness and experience of the latest issues concerning children with special needs. This can be achieved by:

- ❑ Establishing cooperation with regional and international institutes for children with special needs, especially in developed countries. This cooperation should include visits, placements, visiting speakers and seminars.
- ❑ Inviting experts, specialists and professionals in childcare and health and safety for seminars at the care agencies.

➢ There is a need to move to modern technologies to support and enhance childcare services.. There is a need to move towards ICT. There is also a need to introduce databases for recording and to use the latest software in learning and communication.

➢ Qatar University has a department of social work. Unfortunately, the relationship between the care agencies and this department is still weak. There is a need for cooperation and coordination between the care agencies, the authorities and Qatar University.

➢ Care agencies should introduce and implement IT in their childcare programmes, management and administration. This will help, improve and facilitate the performance of the care agencies, as well as the recording and documentation systems.

8.2.4 Parents of Children with Special Needs

➢ State and care agencies need to increase the awareness of parents of children with special needs concerning their rights regarding their children's plan in the care agencies. This can be achieved by educational programmes that can be organised by care agencies and the State. This can take the form of leaflets, seminars and regular meetings.

➢ The financial, social and moral stress of parents, due to caring for children with special need, must be considered seriously by the State in order to relieve these strains by introducing legislation and guidelines to support the parents. For example, the State needs to introduce benefits for families with children with special needs, provide transport facilities and free education.

8.2.5 Children with Special Needs

➢ Children need to be aware of their rights. This should include their education, health and employment. This should also include their involvement in plans for their future.

➢ Care agencies need to improve their current social programmes. Children need more social skills in order to improve their social needs to break down social barriers as these represent the main barriers for their integration within society.

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Appendices

Appendix A

Case Study for
Children Receiving Care

Q1: Parents' background

    a.   Parent's education

    b.   Parent's work commitment

    c.   Parent's health history

    d.   Parent's social history

    e.   Brothers and sisters in the family

    f.   Family tree

Q2: Child receiving care

    a.   Age/gender

    b.   Child's health history

    c.   Child's educational history

    d.   History of the child's relation to his/her family

    e.   History of the child relation to his/her friends

    f.   Child's relationship to his/her social workers/teachers

    g.   Child and the environment around him/her, equipment

Q3. What are the main problems and obstacles for the child receiving care?

Q4. How is the child's progress recorded?

    What progress has been identified?

Q5. Child's Programme

    a.   Education programme and his/her response to the programme

    b.   Health programme

    c.   Entertainment Programme

Q6. **Child development**

    a.   Education
    b.   Health
    c.   Relationship with others
    d.   Dependency

Q7: **What is the future plans for the child?**

Appendix B

Questionnaire for
Families of the children
receiving care

Appendix B

Questionnaire for
Families of the children receiving care

Dear family,

I am a PhD. research student at Leicester University, United Kingdom. The research is sponsored by University of Qatar. I am currently carrying out a survey in children receiving care in Qatar. 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 the 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.

Ibrahim Al-Kaabi

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. 20-25 years ☐   ☐
2. 26-30 years ☐
3. 31-35 years ☐
4. 35-40 years ☐
5. 41-50 years ☐
6. over 50 years ☐

3. What is your marital status?

1. Married ☐ ·   ☐
2. Divorced ☐
3. Widowed ☐

4. Do you have a full time job?

1. Yes ☐   ☐
2. No ☐

5. **How many children do you have?**

1. 1 child ☐

2. 2 children ☐

3. 3 children ☐

4. 4 children ☐

5. 5 children ☐

6. 6 children and over ☐

☐

B. *Child/Children receiving care*

6. **How many children do you have receiving care?**

1. One child ☐

2. Two children ☐

3. Three children ☐

4. Four children ☐

5. Five children ☐
    and over

☐

7. **How long have they been receiving care?**

1. 0-6 months ☐

2. 6 –12 months ☐

3. 1 – 2 years ☐

4. 2 – 3 years

5. 3 - 4 years ☐

6. 4 – 5 years ☐

7   Over 5 years ☐

☐

8. **How old is your child/ren in care?**

1. 0-3 years ☐ ☐

2. 4-5 years ☐

3. 5-10 years ☐

4. 10-15 years ☐

5. 15 – 18 years ☐

9. How often do you take your child to the care agency?

1. Once a week ☐ ☐

2. Twice a week ☐

3. Three times a week ☐

4. Every day ☐

5. Others, Please Specify ……………. ☐

10. **How many hours a week does your child attend care agency?**

1. 0 – 3 hours ☐ ☐

2. 3 – 6 hours ☐

3. 6 – 9 hours ☐

4. 9 – 12 hours ☐

5. Over 12 hours ☐

C. Care Agency

11. What programme does the child receive?

1. Education ☐ ☐

2. Health and Safety ☐

3. Entertainment ☐

4. Others, Please specify ……………………………

12.   It is a good idea to send the child to the care agency

1.   Strongly Agree   ☐   ☐

2.   Agree   ☐

3.   Neutral   ☐

4.   Disagree   ☐

5.   Strongly Disagree   ☐

13.   It is very easy to find a place in care for a child in the State.

1.   Strongly Agree   ☐   ☐

2.   Agree   ☐

3.   Neutral   ☐

4.   Disagree   ☐

5.   Strongly Disagree   ☐

14.   What are the main problems and obstacles for you in taking your child to the care agency?

1.   Finance   ☐   ☐

2.   Transport   ☐

3.   Social   ☐

4.   Convincing the child   ☐

5.   Other, Please specify ....

15. What are your main concerns when your child is in care?

1.   Safety   ☐   ☐

2.   Education   ☐

3.   Staff treatment   ☐

4.   Others, Please specify ....

16. **Which of the following are the main factors in choosing your care agency?**

1. The agency is close to home/work ☐
2. Quality of the service ☐
3. Agency staff ☐
4. Agency values ☐
5. Rules and guidelines ☐
6. Time spent on the care ☐
7. Others, Please specify ....

☐

17. **Why do you take your child to the care agency?**

1. To improve his/her reading/writing (education) ☐
2. To entertain him/her ☐
3. To improve his/her imagination ☐
4. Introduce him/her to social life ☐
5. To keep him/her busy while I am at work ☐
6. I don't have the time or the experience ☐
7. Others, Please Specify .... ☐

☐

18. **The care agency staff are very helpful and supportive.**

1. Strongly Agree ☐
2. Agree ☐
3. Neutral ☐
4. Disagree ☐
5. Strongly Disagree ☐

☐

19. **The care agency has high values.**

1. Strongly Agree ☐
2. Agree ☐
3. Neutral ☐
4. Disagree ☐
5. Strongly Disagree ☐

☐

20. **The relationship between the parents and the agency is strong.**

    1. Strongly Agree ☐
    2. Agree ☐
    3. Neutral ☐
    4. Disagree ☐
    5. Strongly Disagree ☐

    ☐

21. **The care agency meets and satisfies the needs of the child.**

    1. Strongly Agree ☐
    2. Agree ☐
    3. Neutral ☐
    4. Disagree ☐
    5. Strongly Disagree ☐

    ☐

22. **The care agency meets and satisfies the needs of the parent.**

    1. Strongly Agree ☐
    2. Agree ☐
    3. Neutral ☐
    4. Disagree ☐
    5. Strongly Disagree ☐

    ☐

23. **The agency puts its values into practice.**

    1. Strongly Agree ☐
    2. Agree ☐
    3. Neutral ☐
    4. Disagree ☐
    5. Strongly Disagree ☐

    ☐

24. **Children's views should be respected in the agencies' care.**

   1.   Strongly Agree   ☐
   2.   Agree   ☐   ☐
   3.   Neutral   ☐
   4.   Disagree   ☐
   5.   Strongly Disagree   ☐

D. Child Protection

25. **The care agency act swiftly and sharply in any case of child abuse.**
   1.   Strongly Agree   ☐
   2.   Agree   ☐   ☐
   3.   Neutral   ☐
   4.   Disagree   ☐
   5.   Strongly Disagree   ☐

26. **The child and its parents are fully involved in any child abuse investigation.**
   1.   Strongly Agree   ☐
   2.   Agree   ☐   ☐
   3.   Neutral   ☐
   4.   Disagree   ☐
   5.   Strongly Disagree   ☐

27. **The care agency has a clear policy towards child abuse.**

   1.   Strongly Agree   ☐
   2.   Agree   ☐   ☐
   3.   Neutral   ☐
   4.   Disagree   ☐
   5.   Strongly Disagree   ☐

E. National Policy

28. **There is a need for a clear national policy towards children receiving care.**

1.	Strongly Agree	☐
2.	Agree	☐
3.	Neutral	☐
4.	Disagree	☐
5.	Strongly Disagree	☐

☐

F. Support from the family

29. **Do you live with your family or your husband's/wife's family?**

1.	Yes	☐
2.	No.	☐

☐

30. **Do you get help and support to your child from your family?**

1.	Yes	☐
2.	No.	☐

☐

31. **Do you get help and support for your children from your husband's/wife's family?**

1.	Yes	☐
2.	No.	☐

☐

32. **Who looks after the children when you go to work?**

1.	My family	☐
2.	Husband's/Wife's family	☐
3.	Child minder	☐
4.	Others, Please specify	

☐

33. **Which of the following kinds of support do you get from your family?**

  1. Financial ☐
  2. Moral ☐ ☐
  3. Transport ☐
  4. Education ☐
  5. Child minding ☐
  6. Others, Please specify ....

34. **Which of the following kinds of support do you get from your husband's/wife's family?**

  1. Financial ☐
  2. Moral ☐ ☐
  3. Transport ☐
  4. Education ☐
  5. Child minding ☐
  6. Others, Please specify ....

Thank you for completing this form

Appendix C

Interview
for Childcare Authorities

Q1: *What are the main policies and procedures for childcare and welfare in the State?*

Q2: *Can you explain the main values of the childcare policies?*

Q3: *What is the route for formulating and establishing childcare policy?*

Q4: *What are your priorities towards childcare in the State?*

Q5: *What do you think are the main barriers to establishing policies regarding childcare in the sate?*

> *How can they be solved?*

Q6: *How do you see family changes in the last decade in the State?*

Q7: *What kind of rights do children enjoy in the State?*

Q8: *What are the main aims and objectives of the childcare agencies?*

Q9: *How do you view disabled children?*

Q10: *Are policies and forms of support being developed by the government in order to address the issue of violence against children?*

> *If so, what are these?*

Q11: *What do you think are the most important issues regarding children receiving care?*

Q12: Do you think childcare is best provided by the State or by an organisation?

Q13: What are the responsibilities of the State towards childcare?

Q14: What are the main benefits which children get from the State?

How well is the State doing in this at the moment?

Q15: What are your future plans for childcare?

Appendix D

Interview for Social Workers in Care Agencies

Q1: What are the main policies and procedures for admission of a child receiving care in your agency?

Q2: What do you think are the main barriers to establishing policies regarding childcare in your agency?

Q3: What kind of rights do children enjoy in your agency?

How can these rights be developed and extended?
When do you think this will happen?

Q4: What is the role of child education in your programme?

What is your role?

Q5: What is the role of health in your programme?

What is your role?

Q6: What are the main programmes offered by childcare agencies?

Q7: Do you think family structure has changed in the last ten years?

Q8. Are policies and forms of support being developed by the government in order to address the issue of violence against children?

If so, what are these?

Q9: **What do you think are the most important issues regarding children receiving care?**

Q10: **Outline briefly the procedures the agency carries out in the event of child abuse?**

What is the role of the family in the investigation?

Q11: **What is the role of parents in policy and decision-making, investigation and administration in your agency?**

Appendix E

Interview for Care Staffs in Care Agencies

Q1: What are the main policies and procedures for admission of a child receiving care in your agency?

Q2: What are the main policies for care staffs training?

Q3: What do you think are the main problems and obstacles in your agency?

Q4: What are the main programmes offered by childcare agencies?

Q5: Do you think family structure has changed in the last ten years?

Q6: What do you think are the most important issues regarding children receiving care?

Q7: Outline briefly the procedures the agency carries out in the event of child abuse?

What is the role of the family in the investigation?

Appendix F

Questionnaire for
Families of the children receiving care (Arabic Version)

استبيـــــان

"رعاية الأسرة و الطفولة في دولة قطر"

عزيزتي الأســـرة :

أقوم بإعداد رسالة دكتوراه في مجال الأسرة والطفولة في دولة قطر .

تتطلب هذه الدراسة إجراء استبيان ، ومشاركتكم في هذا الاستبيان مهــم وقــيم للحصول على نتائج فعالة لذلك أكون شاكراً لمساعدتكم وتعاونكم في ملئ هــذا الاستبيان .

* وإجاباتكم على هذا الاستبيان ستعامل بسرية تامة .

شاكرين لكم حسن تعاونكم ،،،

الباحـــث

1- الجنـس :

1) ذكر

2) أنثى

2- السـن :

1) من 20 – 25 سنة

2) من 26 – 30 سنة

3) من 31 – 35 سنة

4) من 35 – 40 سنة

5) من 41 – 50 سنة

6) من 50 سنة وأكثر

3- الحالة الاجتماعية :

1) متزوج/متزوجة

2) مطلق/مطلقة

3) أرمل/أرملة

4- هل تعمل/تعملين :

1) نعم

2) لا

5- كم من الأطفال لديك ؟

1) طفل واحد

2) طفلان

3) 3 أطفال

4) 4 أطفال

5) 5 أطفال

6) 6 أطفال وأكثر

ب _ الأطفال في المؤسسة :

6- كم طفل لديك في هذه المؤسسة ؟

□ 1) طفل

□ 2) طفلان

□ 3) 3 أطفال

□ 4) 4 أطفال

□ 5) 5 أطفال

□ 6) 6 أطفال وأكثر

□

7- منذ متى بدأ طفلك/أطفال يذهبون للمؤسسة؟

□ 1) صفر – 6 أشهر

□ 2) 6 – 12 شهر

□ 3) سنة – سنتين

□ 4) 3 – 4 سنوات

□ 5) 4 – 5 سنوات

□ 6) 5 سنوات وأكثر

□

8- ما هو سن طفلك/أطفالك الذي يذهب للمؤسسة ؟

□ 1) صفر – 3 سنوات

□ 2) 4 –5 سنوات

□ 3) 5 – 10 سنوات

□ 4) 11 – 14 سنة

□ 5) 15 – 18 سنة

□

9- كم عدد المرات التي يذهب فيها طفلك/أطفالك للمؤسسة ؟

□ 1) مرة في الأسبوع

□ 2) مرتان في الأسبوع

□ 3) 3 مرات في الأسبوع

□ 4) كل يوم

5) أخرى ، أوضح :

□

10- كم ساعة في الأسبوع يقضي طفلك/أطفالك في المؤسسة ؟

1) صفر – 3 ساعات ☐

2) 3 – 6 ساعات ☐

3) 6 – 9 ساعات ☐

4) 9 – 12 ساعة ☐

5) 12 ساعة وأكثر ☐

☐

ج ـ المؤسسة :

11- ما هو نوع البرامج و الأنشطة التي توفرها المؤسسة لطفلك/أطفالك ؟

1) تعليمية ☐

2) صحية وأمنية ☐

3) تسلية وترفيه ☐

4) أخرى ، أوضح :

☐

12- تعتقد/تعتقدين أن إرسال طفلك/أطفالك للمؤسسة فكرة جيدة .

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

13- تعتقد/تعتقدين أنه كان سهلاً إلحاق طفلك/أطفالك بالمؤسسة ؟

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

14- ما هي المشاكل والمعوقات الرئيسية عندما تريد/تريدين إصطحاب طفلك للمؤسسة ؟

1- مشاكل ومعوقات مالية ☐

2- مشاكل ومعوقات تتعلق ☐
بالمواصلات

3- مشاكل ومعوقات إجتماعية ☐ ☐

4- مشاكل ومعوقات تتعلق بإقناع الطفل ☐

5- أخرى ، أوضح :

15- ما هو قلقك الرئيسي عندما يكون طفلك/أطفالك في المؤسسة ؟

1- سلامة الطفل/الأطفال ☐

2- تعليم الطفل/الأطفال ☐ ☐

3- معاملة الموظفين لطفلك/أطفالك ☐

4- أخرى ، أوضح :

16- ما هو العامل الرئيسي لاختيارك لهذه المؤسسة ؟

1) قربها من العمل/المنزل ☐

2) القيم والمبادئ التي تتبناها المؤسسة ☐

3) قوانين المؤسسة ☐ ☐

4) الوقت الذي يقضيه طفلك في ☐
المؤسسة

5) أخرى ، أوضح :

17- لماذا تصطحب/تصطحبين طفلك/أطفالك للمؤسسة ؟

(1) لتطوير وتحسين مستوى القراءة والكتابة

(2) التسلية

(3) لتطوير خيالك وفكرة

(4) لتنمية الحياة الاجتماعية

(5) لشغل وقت عندا تكون في العمل

(6) ليس لدي الوقت والخبرة الكافية

(7) أخرى ، أرجو أن تحدد :

□ □ □ □ □ □ □

□

18- الموظفين والعاملين بالمؤسسة متعاونين ومتفاهمين ...

(1) أوافق بشدة

(2) أوافق

(3) محايد

(4) لا أوافق

(5) لا أوافق بشدة

□ □ □ □ □

□

19- للمؤسسة قيم ومبادئ عليا ؟

(1) أوافق بشدة

(2) أوافق

(3) محايد

(4) لا أوافق

(5) لا أوافق بشدة

□ □ □ □ □

□

20- العلاقة بين المؤسسة والعائلة قوية علاقة قوية ؟

(1) أوافق بشدة

(2) أوافق

(3) محايد

(4) لا أوافق

(5) لا أوافق بشدة

□ □ □ □ □

□

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21- المؤسسة توفر الحاجات التي يرغبها طفلك/أطفالك ...

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

22- المؤسسة توفر الحاجات التي تتوقعها العائلة مما يجعلها تشعر بالرضا

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

23- تطبق المؤسسة قيمها ومبادئها

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

24- رأي الطفل يقدر ويحترم في المؤسسة ؟

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

د _ حماية الطفل :

25- المؤسسة تتصرف بشكل حازم وسريع عندما يتعرض الطفل سوء المعاملة ؟

1) أوافق بشدة ☐

2) أوافق ☐

3) محايد ☐

4) لا أوافق ☐

5) لا أوافق بشدة ☐

☐

26- عندما يتعرض الطفل لسوء المعاملة ، تشرك المؤسسة الوالدين وتخطرهما بذلك

1) أوافق بشدة

2) أوافق

3) محايد

4) لا أوافق

5) لا أوافق بشدة

27- لدى المؤسسة سياسة واضحة عندما يتعرض الطفل لسوء المعاملة

1) أوافق بشدة

2) أوافق

3) محايد

4) لا أوافق

5) لا أوافق بشدة

هـ ـ السياسة المحلية :

28- هناك حاجة لوجود سياسة وأنظمة من الدولة تجاه الأطفال الذين يذهبون للمؤسسة ؟

1) أوافق بشدة

2) أوافق

3) محايد

4) لا أوافق

5) لا أوافق بشدة

و ـ المساندة من العائلة :

29- تعيشين مع عائلتك أو عائلة زوجك ؟

1) نعم

2) لا

30- هل تحصلين على مساعدة أو مساندة لطفلك/أطفالك من عائلتك ؟

1) نعم

2) لا

31- هل تحصلين على مساعدة أو مساندة لطفلك/أطفالك من عائلة زوجك .

1) نعم

2) لا

32- من يهتم بطفلك/أطفالك أثناء وجودك في العمل ؟

1- عائلتك ☐

2- عائلة زوجك ☐

3- مربية أطفال ☐

4- أخرى ، أوضح :

☐

33- ما هي نوعية المساعدة التي تحصلين عليها من عائلتك ؟

1) مالية ☐

2) معنوية ☐

3) مواصلات ☐

4) تعليمية ☐

5) توفير مربية لأطفالك أو الاهتمام
بأطفالك/طفلك ☐

6) أخرى ، أوضح :

☐

34- ما هي المساعدة التي تحصلين عليها من عائلة زوجك ؟

1) مالية ☐

2) معنوية ☐

3) مواصلات ☐

4) تعليمية ☐

5) توفير مربية لأطفالك /أو الاهتمام
بأطفالك/طفلك ☐

6) أخرى ، أوضح :

☐

شاكرين لكم ملئ الاستبيان ،،،