Problems of Families with Children with Disabilities in the Context of Social Science Research and Social Work Practice

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**Abstract:** The article examines the theoretical and practical aspects of child disability problems, provides data of research in the study of child disability problems. In the process of writing this article was used a method of observation and theoretical analysis. Children with disabilities, depending on the type of disability and their place of residence, face with various forms of isolation from the society and feel differently the negative impact of the world in relation to them. Children with disabilities are considered inferior, which increases the vulnerability of such children. Family as the mildest type of social adaptation of children with disabilities also needs skilled care of social work specialists. The author offers the most optimal form of the social policy realization for children with disabilities.

**Keywords:** Children with disabilities • Physically challenged children • Families raising children with disabilities • Social work with the family

**INTRODUCTION**

Despite the fact that children with disabilities have equal rights with healthy children to realize their inner potential, it can be particularly difficult for them to survive and succeed in life.

Modern social representations about disability can be divided into two groups - medical and social. The first view attributes the disabled status to patients who deviate (deviants) and concludes of the need to fix them or isolate. From the second perspective, the state of the human body can be perceived differently by the man himself and others, depending on their age and gender, cultural traditions and social conditions, that is the context of the situation. Today there are the laws on integrated learning, working rehabilitation centers that favor a different approach [1].

Results of changing the environment in closed institutions for children with disabilities described by B. Nirje, show primarily that even people with severe arrested developmental under appropriate conditions are able to learn and can achieve such a level of functional skills which makes elementary social adaptation possible. Moreover, having studied the results of numerous experiments, Nire concluded that emotional disturbance that were thought to depend on mental retardation, was in fact a product of the environment in which people with intellectual disabilities were forced to live [2].

In the thesis of Jin Huang from the Washington University in St.Louis, Missouri, is considered the efficiency of family assets investment in the development of a child with disabilities. Availability of household assets, financial resources improves the quality of life of the child, as well as providing child mobility along social steps. This idea is rooted in the belief that the more family invests in the development of children, the greater the likelihood of their success in the future [3].

Thus, children's disability is more than just a medical phenomenon, as well as any functional change of organism, disease or aging. How having of a disability is reflected on the child himself or his family and other associates, depends on how civilized and humane the society as a whole. Even attitude to the child with a disability in the family can largely depend on the attitude to him in the society. Therefore, the problems of families with children having disabilities are a constant subject of social work practice.
The Main Part: Child disability is one of the most pressing social problems of the modern society. According to the “World report on disability”, released jointly by the World Health Organization and the World Bank, more than a billion people, or about 15% of the world population live with any kind of disability. This is a higher figure than previous appraisal done by the World Health Organization in 1970 and which was 10%. Measurement of child disability (0-14 years) is performed only in the “Report on the global disease burden”, according to its estimates, it is 95 million (5.1%) children, of whom 13 million (0.7%) have “severe disability” [4].

Today, according to the Ministry of Education and Science of the Republic of Kazakhstan in our country there are 5 million children aged from 0 to 18 years, 151,216 children, with developmental disabilities [5].

So far, the state social policy of the Republic of Kazakhstan has been focused on the isolation of children with developmental problems and the best option was considered their socialization in special institutions: neuropsychiatric, medico-social institutions, schools - boarding and specially-correctional schools. According to the Russian scientist D.V. Zaitsev, negative aspects of the child stay in these institutions are his isolation from the broader social contacts, family, limiting the interpersonal interaction with pupils who have developmental disorders, a diminished level of education, the lack of demand in the society or the low competitiveness of the acquired professions in such institutions. Lack of an enabling environment for the special needs of children with disabilities. The above mentioned emphasizes the need to identify new priorities of the state social policy based on the principles of equality, normalization of life and “inclusion” in the society of persons with disabilities [6].

Today, the state social policy of Kazakhstan aims to integrate children with disabilities into the society, to create conditions for education in accordance with their psychophysical peculiarities, to support families having children with disabilities.

The Law of the Republic of Kazakhstan “On Social Protection of Disabled Persons in the Republic of Kazakhstan” gives the following definition of a childhood disability: “A disabled child is a person under eighteen years of age, having a health problem with a persistent disorder of body functions, caused by diseases, injuries, their consequences, defects resulting in limiting of the life and the need for his social protection” (paragraph 8 of Article 1) [7].

In the above mentioned law, along with the definition of a childhood disability are outlined measures to be taken in respect of children with developmental disabilities. Measures aimed at improving the quality of life for children with disabilities are not only of medical character but also social ones. Social workers can make a significant contribution to improving the quality of life for children with disabilities and their families. At present, the global community is interested in creating of such environment in which a high level of professionalism of the social worker should be the norm.

British scientist Eileen Munro believes that children need help of social workers and deserve that social workers, making important decisions in their interests, had a high level of professionalism. Be a professional - specialist of social work, means being able to establish relationships, combining care and control. Being able to properly use the data of analysis in order to understand and explain the versatile assessment and necessary solutions to help children with disabilities and their families with solving of their problems and changing of the situation [8].

The family of the child with disabilities has relatively recently become the object of study of the social sciences and social action. However, theorists and practitioners in the field of social work note the social norm of passivity in families bringing up children with disabilities. The family hopes for specialists (doctors, teachers, social workers) in order to obtain from them the necessary professional assistance, but their own sources are estimated as insignificant and taking a dependent-position which ultimately leads to social isolation [9].

Problems of families bringing up children with disabilities in Kazakhstan and the former Soviet Union space differ from the spectrum of problems in Western Europe, the USA and Canada. Differ and methods of their solving, but they do not relate to all aspects of life of these families.

American researchers have identified a set of social problems, needs and priorities of the main phase of families’ development in which children with disabilities are brought up in the form of multi-level circle in the center of which is a child. According to the model of family systems basic problems are noted at four levels: microsystems, mezosystems, eczosystems and macrosystems.

The microsystem consists of a house, kindergarten, school, peers, neighborhood on the playground, doctors and other family relationships.
Mezosystem includes the relationship between two or more microsystems of child between parents and health professionals or other specialists, or the relationship between the various professionals, such as social and health workers.

Ecosystem includes social structure in which a child may not be an active participant, such as school boards, community organizations, neighborhood, social security, health, education, the media, etc.

Macrosystem consists of society and subculture of the child, such as the legislative and cultural context in which there are three other systems. Context may include socio-economic level, the origin, whether the child lives in a rural or urban environment. Macrosystem is a system of ideology or other beliefs, which are the basis of social institutions [11].

In Western European countries, the USA and Canada are created and constantly upgraded technical conditions of barrier-free urban planning and architectural environment for disabled people, all types of transport are adopted and equipped for the convenience of the various categories of passengers. Infrastructure and utilities are built on universal design, safe for all people, including people with disabilities. In education systems in many Western countries is introduced the inclusive education [12]. Thus, children with disabilities are guaranteed not only equal rights, but, above all, the equality of opportunities and conditions for the implementation of the rights enshrined in the law and realization of their intellectual and social potential.

CONCLUSION

It is known that the birth of child with disability drastically changes family's prospects on life and also exerts long deforming influence on its socio-psychological status. Family and parents as the nearest social surroundings of child must take part as equal partners along with other specialists in solving problems of child’s complex rehabilitation. As far as parents and family will participate in this process, thus much efficiently will be solved the problems of child’s rehabilitation, social adaptation and integration of child with disability in society.

Visiting organizations, which facilitate children with disability socio-medical service, we noticed that the children who visit organization in daytime react strangers differ from children, who live there. Children from daytime division meeting a stranger behave calm, do not fell any discomfort or otherwise heightened interest. While children, who live in these socio-medical organizations commonly looking for tactile contact, they smile, come to meet, hug and kiss absolutely unknown to them people. It means that they so need parents’ warmth, attention to them and those relations, which child can find only in family. Thus reaffirming that family is the softest form for social adaptation and integration in society for children with disability.

Resume: Nowadays the problem of social security of children with health limited possibilities couldn’t be considered only as socio-medical problem, it is more spacious issue – social task on a large scale, following which it is necessary to adjust complex interaction with all patterns and organizations, which can hep child with disability and provide his family successful social integration. In addition, it is necessary to activate all the directions of socio-integration institutes in this problem: medical, financial and economic, psycho-educational, social, family and so on. Exactly because, the urgent problem is investigation not only of social security systems of children with disability, but also other systems aimed at improvement of quality of life.

REFERENCES