

The Effectiveness of the Life Model of Social Work in Achieving Social Support for Families of Children with Disabilities.

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Abstract:

This study sought to provide social support for families of children with multiple disabilities through conducting the life model of social work. This study is considered semi-experimental. The study sample consisted of 24 families of children with multiple disabilities in Kolena Eid Wahda Association in Aswan. The study randomly divided the sample into one control and one experimental group. It applied the independent experimental variable (professional practice of the life model of social work) to the experimental group and excluded the control group from the practice. The study used the social support scale for families of children with multiple disabilities. Through verifying the validity of its hypotheses, the study proved the effectiveness of the life model of social work in realizing social support for the families of children with multiple disabilities. This included providing informational, emotional, procedural, and spiritual support for the families.

Keywords: Multi-disability - social support -the life model of social work.

Introduction:

Over the past few decades, people with disabilities have been subject to direct attention on an international, regional, and local basis and subsequently the Egyptian government named 2018 the year of persons with disabilities. Added consideration has been given to special educational programs and to providing suitable and free support services, driven by the belief that they would provide people with disabilities with the necessary knowledge and skills needed to carry out their daily lives as independently as possible. Children with disabilities were among the groups receiving this added attention. They were given suitable care, including them with their peers, and provided with the necessary skills to ensure they interacted successfully within their communities (Al-Quraini, 2013, p.150).

Children with disabilities differ from children without disability in some respects. These differences include increased dependence on others and their urgent need to learn added skills because of their limited physical, mental and cognitive abilities. Despite the multiplicity and severity of disability in some cases, we find that children with disabilities can learn and reach high levels of achievement in various practical, sports and artistic fields.

Young children with multiple disabilities have unique needs and challenges. Impairments may occur in cognition, motor, and sensory functions and occur in combination with each other. Many of these young children struggle to communicate their wants and needs, to freely move their body to access and engage their world, and to learn abstract concepts and ideas. The intensity of their needs means that delays are likely to have a pervasive impact on the child's development and are likely to continue to impact the family and the child well beyond early childhood years (Eva, and Jean2012, p.10).

The Central Agency for Mobilization and Statistics (CAPMAS) indicates that disability in Egypt touches 10.7% of the population. At least four relatives of the person with disability are affected in some way by his or her disability (National Council for Disability, 2017).

Individualization requires the best fit of content and order with the child's current needs and abilities. Expression, on the other hand, requires consideration of what content is most relevant to the child and family's interests, personal goals and limitations in reaching those goals. Some specific unique content areas that come to mind, which should be considered for children with multiple disabilities, include self-determination, communication, and self-directed movement (Eva, and Jean, 2012, p.11).

Given the variety of combinations of physical, medical, educational, and social-emotional challenges that young children with significant multiple disabilities bring to each learning environment, a diverse set of individual disciplines is needed to provide support. As early as the 1950s, those in the field of special education have recognized that one or two individuals and/or disciplines cannot appropriately meet the diverse and often extensive needs of children with multiple disabilities (Snell, Brown2011, p.122)

Many researches and studies have tried to identify the characteristics of and problems faced by children with disabilities. The results of Hanley's study, 1991, suggest that problems facing multi-disability children increase with the number of disabilities. The results of the study by Johnson et al. (1995) show that children with multiple disabilities suffer from poor psychological and social compatibility and an inability to make friends with their peers. The results of the Stokled (1995) study indicate that children with multiple disabilities are subjected to several kinds of abuse, which affects their psychological and social compatibility. The results of Shokri's study

(1995) also indicate that children with multiple disabilities are subjected to various methods of inappropriate treatment by parents such as neglect, rejection, torture, and discrimination. Thus, they demonstrate a need for professional intervention to mitigate the effects of negative parental attitudes. Anwar's study (2001) found that children with multiple disabilities face many problems including psychological problems such as introversion, fear, depression, jealousy, anxiety, biting and sucking on nails. Behavioral problems include aggression, excessive activity, theft, lying, and involuntary urination. Shalaby's study (2007) clarified that families of children with multiple disabilities face various problems, which negatively affect the families' social performance.

Khalaf's study (2010) aimed to identify the effectiveness of a training program in developing social skills among a sample of children with multiple disabilities. The study found that the social skills of children with multiple disabilities improved. The study of Abdel Hafiz (2012) found that implementing a social guidance program contributed to lessening life pressures, reflected in increased motivation to improve treatment and attention to the child with multiple disabilities among mothers.

The study of Eva and Jean (2012) sought to ensure that young children with multiple disabilities are active participants in all aspects of their lives and that they make meaningful progress toward valued life outcomes which can be a daunting endeavor for families and educators. Young children with multiple disabilities can achieve meaningful outcomes. Educators must come to the understanding that although these children may present substantial educational challenges, they deserve the right to grow, learn, and prosper, like everyone else.

Al-Otaibi's study (2012) sought to identify the support services that children with multiple disabilities need and the adequacy of those services. The results showed that 84.2 percent of the families of children with multiple disabilities need support. Abdel Rahman's study (2015) aimed to evaluate the programs of civil society organizations in strengthening the capacities of the multi-disabled to provide strong programs through which institutions can be more efficient and effective in the care of persons with multiple disabilities. El Salamouny's study (2016) aimed to educate mothers on the nature of severe and multiple disabilities in children and methods for dealing with them and developing their social skills. This

study found that mothers face various kinds of psychological, economic and social pressures.

As shown, previous research and studies related to children with multiple disabilities demonstrate that they face many problems. Problems include the lack of services and care programs, absence of institutions specialized in providing health care and education services, and the need of their families to receive further social support to help them care for their multi-disability children. People enjoying social support have increased the ability to resist and overcome frustrations and to solve problems positively. Sound social support has a great role in reducing psychological and social pressures. Support can be demonstrated through kind words, advice, guidance, providing useful information, helping run errands, or financial support (Karen, 1996, p.379).

The professional practice of social work in the field of disability is a key area. Social workers contribute with other specialists to help the disabled adapt to their disability and to the surrounding social environment, and to benefit from individual and collective social welfare programs provided to them. Social work adopted social support in the broad sense in term. This includes activities that social workers conduct with their clients to strengthen some aspects of their lives and the defense activities for vulnerable groups. The support provided makes use of existing traditional assistance and provides clients with the opportunity to express themselves and to conform to life conditions (Abu El-Maati, 2000, p17).

Social work consists of many approaches and professional models carried out through professional intervention to help individuals and families deal with the problems they face. The life model is one of the most suitable and effective approaches to providing social support to families of children with multiple disabilities. It seeks to identify the problems facing the client and to describe effective steps to address these problems. It focuses on the social environment and increases the attention to improving social performance through supporting clients' capabilities and pointing them towards existing environmental sources for alleviating their problems (Gitterman and Carel, 2002, p.111).

The life model presents a philosophical idea of man as an active living organism that seeks to achieve different goals in life. This model is thus consistent with many social work theories and

approaches that emphasize that the environment negatively or positively affects the safety of individuals. Individuals could also affect the environment in ways that increase or decrease its ability to facilitate life (Mary, 2008, p350). The life model has given great attention to the ecological aspects of human performance and the difference between the impact of social and physical environments. This is because individuals in the environment can not only provide resources to clients but can also affect their behavior through their responses to that behavior (Lousie and Stephen, 2007, p.272). The model also observes that the nature of information between people and their environments is at the source of human needs and social problems, and that human beings influence and are influenced by their physical and social environments through mutual and continuous adaptations. Consequently, pressure results from contradictions between the individuals' needs and their abilities on the one hand, and environmental characteristics and resources on the other (Brenda and Karla, 2005, p.63) In other words, the life model perceives clients' problems as a result of complex transformations and negative interactions that occur between humans and the environment. This often leads to instabilities between the abilities and needs of the individual and the quality of environmental demands. At the same time, it creates difficulties and life problems generated by pressure from three aspects of life (Gitterman and Carel, 2008, p.72):

1. Life Transformations: Life transformations in both biological and social aspects jointly. Biological changes include developments and transformations in different stages of human growth.
2. Environmental Pressures: Environmental pressures emerge as a result of the lack of resources and social capital in the social and physical environments.
3. Maladjustment Processes: The patterns and processes of maladjustment emerge as a response to life transformations and environmental pressures, presenting another painful pressure in the lives of individuals.

From Steps of the Life Model (Malcom Payne, 1997, pp. 144-146)

1. The first step includes problem assessment, analysis of systems that affect the situation, and the establishment of specific goals for solution and agreement.
2. The second step includes progress and change, and helping the client carry out assigned tasks to overcome pressures in three

aspects: life transformations, environmental pressures, and maladaptation processes.

3. The third step includes:

- a) Gradual separation: Gradual separation is considered a painful experience that the client goes through. Both the social worker and the client go through the stages of separation including denial, negative feelings, grief, and finally recognizing reality. It is considered a mutual experience between both the social worker.
- b) Evaluation: The purpose of the evaluation is to identify the results of professional intervention through measures and statistical analysis.

The life model is a therapeutic model that seeks to achieve the following (Gitterman and Carel 1995, p.2):

- Strengthening individuals and their internal motivation towards continuous growth and towards realizing their potential.
- Helping the client to improve his/her social performance and achieve an appropriate level of psychological and social compatibility.
- Achieving an environmental standard suitable for individuals, families, small groups and communities.
- Changing environments to meet and satisfy needs and achieve maximum well-being.

Several studies proved the effectiveness of this model in dealing with problems. Hammam's study (2003) proved the effectiveness of the life model of social work in addressing the social problems women face. Shoman's study (2004) found that the life model contributed to reducing the psychological, social, health and economic pressures among the elderly. In addition, Azzam's study (2008) demonstrated the effectiveness of the life model in alleviating the pressures facing prisoners' wives. Rostman's study (2009) revealed that the use of the life model within the ecological approach reduces symptoms of psychological depression.

In light of the above, the current study attempts to use the life model of social work to achieve social support for families of children with multiple disabilities. Thus, the study problem can be formulated in the following key question:

How effective is the life model of social work in achieving social support for families of children with multiple disabilities?

Importance:

1. Children with multiple disabilities need higher care and attention. This is because of the nature of the disabilities they suffer from, most of which are chronic, the diversity of their needs, and the difficulty in providing them with the needed care.
2. Emphasizing the importance of social support and its positive role in helping the families of children with multiple disabilities to care for them; and supporting families to acquire the skills required in this regard.
3. The scarcity of studies conducted in the field of social work to increase the social support for families of children with multiple disabilities.

Goals:

- 1- Identifying types and forms of social support for families of children with multiple disabilities.
- 2- Testing the effectiveness of a professional intervention program, from the perspective of the life model of social work, in achieving social support, demonstrated through provisional informational, emotional, procedural, and spiritual support for families of children with disabilities.

Concepts:1- Effectiveness:

Effectiveness describes all that is effective, having the ability to influence. It includes working to reach the highest levels of achievement in reaching the best result with the least cost. Effectiveness is "that strong sense in a person who produces inventions and perceptions, his/her message delivery, and his/her hidden ability to recognize things." Webster Dictionary (1999, p.402) indicates that effectiveness is the production or adaptation to production, or effectual, sufficient, influential, or motivational. Effectiveness in social work means the ability to help the client achieve the objectives of the intervention within a reasonable period of time (Tash, 2000, p.108). Effectiveness in therapeutic social work is the ability to assist the client to achieve the objectives of the intervention in a suitable duration (El Sokary, 2000, p.169).

Effectiveness in this study is the ability of the professional intervention efforts, applying the life model approach, in serving the individual for achieving social support for families of children with multiple disabilities.

2- Life Model in the Social Work:

The first use of the term “life model” is Bandler, who worked in the field of mental health in Boston. The term was brought up while discussing the service of the self-supporting individual. Bandler assumed that the reference framework for this model should be life itself. Bandler presented his thoughts and conceptions in the form of concepts derived from the ecological approach (Gitterman and Carel 1995, p.21). The life model is one of the most effective models in social work. It seeks to identify the problems facing the client and attempts to describe effective steps to deal with these problems. It focuses on the social environment and increases interest in improving social performance through supporting the capacities and capabilities of and guiding individuals facing problems to available environmental resources to help ease their problems and facilitate accessing those resources (Gitterman and Carel, 2002, p.111). The life model is a comprehensive approach to practice with individuals and groups to release effective forces, reduce environmental pressures, restore development, and encourage interactions (Barker, 1999, p.277). The life model in the current study can be defined as:

- 1- One of the professional practice models in social work that primarily depends on the relationships and interactions between individuals and their environments.
- 2- This model deals with many of the problems facing individuals resulting from the pressures of the surrounding environment, to help them develop their abilities to cope with problems, and to provide them with the needed skills to overcome these problems.

The therapeutic processes in this model focus on realizing informational, emotional, procedural and spiritual support for families of children with disabilities.

3 - Social Support for Families of Children with Disabilities:

Social work is an important source for the social support that humans need. The extent of social support, and level of satisfaction with it, affects the individual’s perception of the pressures of life and the methods of coping with these pressures. It plays an important role in satisfying the need for psychological security, decreasing the level of suffering resulting from pressures, and decreasing the symptoms of sickness such as anxiety and depression (Ali, 2000, p.14). Al-Shennawi and Abdel-Rahman (1994) define social support as the relationship between the individual and others that individuals

recognizes to support them when needed. Social support has a mitigating effect on the pressures of life. Cutrona, (1996 p.4): defines social support as "satisfying the individual's basic needs of love, respect, appreciation, understanding, communication, empathy, sharing of interests, provision of advice and information from persons of importance in the life of the individual, especially at a time of crisis or stress(p.4).

Social support in this study can be defined as:

- The collation of mutual social relationships that the family of children with multiple disability participates in or receives; and through which it experiences love, respect, appreciation, understanding communication, empathy, sharing of interests, and provision of advice from surrounding people of importance.
- Social support is represented in financial, emotional, and spiritual support that the family of a child with multiple disabilities receives from surrounding people, in addition to the family's ability for recognizing and accepting this support.
- The respondent's score on the social support scale applied in this study and designed by the researcher procedurally define social support.

The patterns of social support in this study include:

- Emotional support: The behavior that promotes a sense of trust, acceptance, empathy, appreciation and respect for the family of children with multiple disabilities.
- Information support: (advice and guidance) The provision of adequate information to the family of children with multiple disabilities, to help them understand the child's disability, abilities, skills, and programs and methods of care.
- Instrumental support: The provision of all forms of assistance to the family of children with multiple disabilities such as providing care, providing loans and financial donations, prosthetic devices and benefiting from all services provided by community institutions.
- Spiritual support: The strengthening of spiritual aspects of the family of children with multiple disabilities, which makes them more patient, accepting of God's will in anticipation for His reward.

Method: The study is based on the following hypotheses:

- 1- There are statistically significant differences between the mean scores of the pre and post testing of the experimental group on the social support scale for families of children with multiple disabilities in favor of the post-testing.
- 2- There are no statistically significant differences between the mean scores of the pre and post testing of the control group on the social support scale for families of children with multiple disabilities.
- 3- There are statistically significant differences between the mean scores of the post-testing of the experimental and control groups on the social support scale for families of children with multiple disabilities in favor of the experimental group.
- 4- There are no statistically significant differences between the mean scores of post and follow up testing of the experimental group on the social support scale of families of children with multiple disabilities.

Design of the Study: This study is of the semi-experimental type. The study seeks to identify the impact of an independent experimental variable, which is the professional practice of the life model of social work, on another related variable, which is achieving social support for families of children with multiple disabilities. The study utilized two groups, one experimental and one control group, from a sample consisting of 24 families of children with multiple disabilities randomly divided into 12 families in a control group and 12 families in an experimental group.

Tools:

- A. Primary data sheet for families of children with multiple disabilities: It includes the primary data of the child with multiple disabilities, and his/her family, and describes the child's disabilities, physical and mental ages, educational level of the parents and their jobs, as well as a description of the family unit.
- B. Social Support Scale for Families of Children with Multiple Disabilities: (Designed by the researcher): The objective of the scale is to assess the level of social support for families of children with multiple disabilities, namely; cognitive support, emotional support, instrumental support, and spiritual support. This scale underwent several steps until it reached its final form as follows:
 - 1- Review of the theoretical concepts, definitions, and related research around social support and children with disabilities.

Benefit from previous research and scales that examined social support and children with multiple disabilities The Scale Validity was verified using the following methods:

- a- Content Validity: The preliminary version of the scale was presented to ten members of the faculty specialized in social work at Helwan University and Aswan University in order to verify the content validity of the scale. In light of the arbitrators' review, the number of the scale statements reached 50.
- b- Internal Consistency: The validity of the internal consistency was determined through calculating the correlation between the statements and the total score of the dimensions, and the correlation between each dimension and the total score of the scale using Pearson. The results have been noted that there are statistically significant correlations between all the survey statements and its total score at a significant level, except for the following statements: Statement 5 under the first dimension, statements 6 and 12 under the second dimension, statement 11 under the third dimension, and statement 5 under the fourth dimension. The correlation was insignificant for these statements. Therefore, they were excluded. As for the dimension, the correlation coefficients, there is a statistically significant correlation between the dimensions of the scale and its total score of the scale at a significant level (0.001). This is an indication of the scale's validity and applicability.
- c- Reliability of the scale using the coefficient (α) Kronbach: The reliability of the scale was verified using the coefficient (α) Kronbach. The scale reliability coefficient reached 0.72, while the reliability coefficient for the first dimension reached 0.76, for the second dimension reached 0.70, for the third dimension 0.70, and for the fourth dimension 0.78. These values are considered acceptable.

The Split-Half Reliability: The split half reliability was determined through the correlation between the odd and even numbers of the scale statements. The split half coefficient reached 0.80. After the correction of the length, the Spearman Brown reliability coefficient was 0.89. Thus, the reliability coefficient values of the dimensions are acceptable, reliable, and confirm the scale's reliability and applicability.

Domains of the Study:

Study location: The study was carried out by Kulana Eid Wahda Association in Aswan Governorate. The association works in the field of community development. One of its objectives is caring for persons with disabilities. The association was for various reasons, including the presence of several departments for providing services for disability including speech therapy, physiotherapy, diagnosis, psychotherapy, capacity development, and education. The association receives children with disabilities from 2 years to 18 years of age and includes a nursery and pre-school for children with disabilities. The association includes a team of experts from all specializations related to the care of children with disabilities. Both the association and the families of the children with disabilities agreed to participate in the study and in the professional intervention program

Study time: The study was conducted during the period from 1/1/2018 to 30/6/2018. **Sample:** Using a comprehensive survey of families of children with multiple disabilities revealed the existence of 45 families with children with multiple disabilities. Some cases gave irregular attendance because of their remote living location. The sample was selected from children with multiple disabilities living with their families, frequenting the association, and agreeing to participate in the study. Twenty-four families were chosen using simple random sampling. The families were divided into 12 families in a control group and 12 families in an experimental group. The next table shows the homogeneity of the two groups in the level of social support through tribal measurement.

Table (1) - The differences in the pre-testing between the control and experimental groups on the social support scale for the families of children with multiple disabilities

Measure/ Test	Test Dimensions	experimental groups		control groups		Z Value	Level of Significance
		Mean Differences	Total Differences	Mean Differences	Total Differences		
	Informational Support	14.04	168.50	10.96	166.5	0.184	Not significant
	Emotional Support	12.17	146.00	12.83	154.00	0.235	Not significant
	Instrumental Support	12.46	149.50	12.54	150.50	0.029	Not significant
	Emotional Support	12.25	147.00	12.75	153.00	0.180	Not significant
	Social Support Scale	12.92	155.00	12.08	145.00	0.292	Not significant

The results of the previous table indicate that there are no statistically significant differences between the control and experimental groups on the social support scale for the families of children with multiple disabilities. The mean difference of the experimental group for social support as a whole was (12.92) with a difference of (155.00). The

mean difference of the control group was (12.08) with a total difference of (145.00). The value of (Z) for social support as a whole was (0.292). While the value of (Z) calculated for informational support was (0.184), for emotional support (0.235), instrumental procedural support (0.029), and for spiritual support (0.180). These values were not statistically significant at a significant level of (0.01). It could be said that the differences were not statistically significant on the level of social support and on the sub-dimensions of the scale, thus confirming the homogeneity between the control group and the experimental group.

Results: In light of the study objectives, the results of the study were presented and explained using the (Z) test to calculate the mean differences between groups and the percentages for determining an improvement rate as follows:

The results of the first hypothesis: "There are statistically significant differences between the mean scores of the pre and post testing of the experimental group on the social support scale for families of children with multiple disabilities in favor of the post-testing". This is presented in the following table:

Table (2) - The differences between the pre and post-tests of the experimental group on the scale of social support for families of children with multiple disabilities

Measure/ Test Test Dimensions	Pre Test		Post Test		Z Value	Level of Significance
	Mean Differences	Total Differences	Mean Differences	Total Differences		
Informational Support	6.50	78.5	18.50	223	4.168	0.001
Emotional Support	6.50	78.0	18.50	226	4.181	0.001
Instrumental Support	6.50	77.5	18.50	224	4.179	0.001
Emotional Support	6.50	77.0	18.50	225	4.175	0.001
Social Support Scale	6.50	78.0	18.50	226	4.162	0.001

The results of the previous table indicate that there are no statistically significant differences between the pre and post measures of the experimental group on the social support scale for families of children with multiple disabilities in favor of post testing. The calculated (Z) value for social support as a whole was (4.162). The (Z) value for informational support reached (4.168) for emotional support (4.181) for instrumental support (4.179) and for spiritual support (4.175). These values were statistically significant at a significance level of (0.01). This indicates an improvement in social support for families of children with multiple disabilities, where the percentage of social support improvement as a whole reached 38 percent. This means that the professional intervention of the life model of social work has led to positive changes reflected in the improvement level of social

support as a whole. This is evidenced through the improvements in the sub-dimensions of social support.

The results of the second hypothesis: "There are no statistically significant differences between the mean scores of the pre and post testing of the control group on the social support scale for families of children with multiple disabilities". This is demonstrated in the following table:

Table (3) – The differences between the pre and post testing of the control group on Social support scale for families of children with multiple disabilities

Measure/ Test Test Dimensions	Pre Test		Post Test		Z Value	Level of Significance
	Mean Differences	Total Differences	Mean Differences	Total Differences		
Informational Support	11.12	133.5	13.88	166.5	0.974	Not significant
Emotional Support	11.54	150.5	12.46	149.5	0.029	Not significant
Instrumental Support	11.08	145	12.92	155	0.294	Not significant
Emotional Support	12.83	154	12.17	146	0.24	Not significant
Social Support Scale	11.79	141.5	13.12	158.5	0.495	Not significant

The results of the previous table indicate that there were statistically significant differences between the pre and post testing scores of the control group of the families of children with multiple disabilities. The mean difference of the pre-testing of social support for the families of children with multiple disabilities as a whole was (11.79) with a difference of (141.50). The mean difference of the post testing was (13.12) with a total difference of (158.50). The value of (Z) calculated at (0.0495) which is not statistically significant at significance level (0.01). The results also indicate the lack of statistically significant differences between the pre and post testing for the sub-dimensions of social support scale for families of children with multiple disabilities. The value of (Z) for informational support was (0.974) emotional support (0.029), instrumental support (0.294), and spiritual support (0.240). These values were statistically insignificant at the 0.01 significance level. Generally, no statistically significant changes occurred in the control group on the level of social support for the families of children with multiple disabilities. While an improvement occurred in social support for the families of children with multiple disabilities in general, this improvement is slight and insignificant. This confirms that the changes in the experimental group are attributed to the professional intervention efforts using the selective treatment techniques in social work, which calls for accepting the validity of the second hypothesis.

The results of the third hypothesis: There are statistically significant differences between the mean scores of the post-testing of the experimental and control groups on the social support scale for families of children with multiple disabilities in favor of the experimental group.

Table (4) - The differences in the post-testing between the control and experimental groups on the social support scale for the families of children with multiple disabilities

Measure/ Test Test Dimensions	experimental group		control l groups		Z Value	Level of Significance
	Mean Differences	Total Differences	Mean Differences	Total Differences		
Informational Support	12.54	149.5	13.88	166.5	4.176	0.001
Emotional Support	11.50	138.0	12.46	149.5	4.175	0.001
Instrumental Support	12.83	154.0	12.92	155	4.174	0.001
Emotional Support	12.92	155.0	12.17	146	4.175	0.001
Social Support Scale	12.46	141.0	13.12	158.5	4.164	0.001

The results of the table above indicate that there were statistically significant differences between the experimental and control group in the post testing, in favor of the experimental group, in improving the level of social support for the families of children with multiple disabilities. The value of Z for social support as a whole was (4.164), while the value of (Z) calculated for informational support was (4.176) for emotional support (4.175), instrumental procedural support (4.174), and for spiritual support (4.175). These values are statistically significant at a significance level of (0.01). These differences were in favor of the experimental group, which proves that the professional intervention in practicing the life model of social work has achieved positive results in realizing social support for families of children with multiple disabilities. These results are attributable to the efforts of professional intervention, which calls for accepting the validity of the third hypothesis.

The results of the fourth hypothesis: "There are no statistically significant differences between the mean scores of posts and follow up testing of the experimental group on the social support scale of families of children with multiple disabilities". This is presented in the following table:

Table (5) The differences between the post-testing and follow-up testing of the experimental group on the social support scale for families of children with multiple disabilities

Measure/ Test Test Dimensions	post-testing		follow-up testing		Z Value	Level of Significance
	Mean Differences	Total Differences	Mean Differences	Total Differences		
Informational Support	12.54	149.5	12.46	150.5	0.29	Not significant
Emotional Support	11.5	138.0	13.5	162.0	0.702	Not significant
Instrumental Support	12.83	145.0	12.17	146.0	0.239	Not significant
Emotional Support	12.92	155.0	12.08	145.0	0.309	Not significant
Social Support Scale	12.46	146.0	12.54	155.0	0.029	Not significant

The results of the previous table indicate that there were statistically significant differences between the post-testing and the follow-up testing of the experimental group of families of children with multiple disabilities. The mean difference of the post-testing of social support for the families of children with multiple disabilities as a whole was 12.46 with a total difference of (146.00). The mean difference of the follow-up testing was 12.54 with a total difference of (155.00.) The value calculated (Z) was (0.029), which is not statistically significant at the level of (0.01). The results of the table above also indicate the lack of statistically significant differences between the post and follow-up testing for the sub-dimensions of social support for families of children with multiple disabilities. The (Z) value for informational support was (0.029), for emotional support (0.702), for instrumental support (0.239), and for spiritual support (0.306). These values were not statistically significant at a significant level (0.01). It could be said that the differences were not statistically significant on the level of social support and on the sub-dimensions of the scale. The differences confirm that the sustainability of the changes that occurred among the experimental groups was attributed to the professional intervention efforts using the techniques of the life model of social work. This calls for accepting the validity of the fourth hypothesis.

Discussion:

The professional intervention of the life model of social work has led to positive changes reflected in the improvement level of social support, where emotional support came first with an improvement that reached 42 percent. This improvement was represented in abandoning the feelings of grief, fear and anxiety associated with the child with multiple disabilities and his/her future life, the ability for self-control and emotional control, and the ability to deal with the various pressures associated with the care of the child with multi-disabilities. This was followed by instrumental support (39%). This improvement was reflected in the ability of the child with

multiple disabilities to access services related to the child's care such as physiotherapy, capacity development, communication, and benefiting from all the programs and services provided by civil society and government institutions for multi-disability childcare. Spiritual support came in the third place with an improvement rate of 38 percent. This improvement was manifested in the family's care for the child with multi-disability in anticipation for God's reward, considering the child as a test from god, exercising patience in caring for the child, and showing acceptance for God's will. Informational support came in last place with an improvement rate of 32 percent. This improvement was represented in learning information about the care of children with multi disabilities, available programs for developing the child's physical and mental capacities, disability care institutions and their services, and the role of institutions in providing care for children with disabilities and their families. This in addition to understanding the child with multiple disabilities, helping him/her, and the acceptance of the family and community of the child with multiple disabilities.

The mentioned improvements were demonstrated in the experimental group cases where the professional intervention program of the life model of social work achieved social support for families of children with multi-disabilities. Case number 3 came in first place with an improvement rate of 54 percent, followed by case numbers 2 and 4 in second and third places with an improvement rate of 46 percent each. Case number 1 was in the fourth place, with an improvement rate of 46 percent, while case number 6 came in fifth place with an improvement rate of 44 percent. In the sixth place came case number 5, with an improvement rate of 42 percent, followed by case number 11 in seventh place with an improvement rate of 41 percent, followed by cases number 7 and 10 in eighth and ninth place with an improvement rate of 37 percent each. Case number 12 was in tenth place with an improvement rate of 36 percent, followed by case number 8 in eleventh place (28%), and finally, case number 9 with an improvement rate that reached 21%. These results confirm the effectiveness of the professional intervention program of the life model of social work in achieving social support for the families of children with multiple disabilities. This also confirms the validity of the first hypothesis.

The results conform to the results of previous studies which indicated the effectiveness of the life model of social work in several areas of professional practice of social work. These studies include Carel's study (2002, p.111) on guiding individuals suffering from problems, Hammam's study (2003) on addressing social problems of women heading households, Showman's study (2004) on reducing the psychological, social, health and economic pressures of the elderly, Azzam's study (2008) on alleviating the pressures facing wives of prisoners, and Michael Rostman's study (2009) on reducing symptoms of psychological depression.

The researcher pointed out that the practice of the life model of social work has achieved positive results in achieving social support for the families of children with multiple disabilities, despite the variation of results between cases. The researcher recognizes a number of factors that influenced the practice of the life model of social work in achieving social support for families of children with multiple disabilities, which can be summarized as follows:

- 1- The characteristics of the families of children with multiple disabilities and the individual differences between them, which led to the different motivational level towards responding to the therapy methods. This has in turn led to different levels of professional intervention effectiveness with the cases.
- 2- Cultural differences between the families of children with multiple disabilities, which led to a difference in the response level for implementing the tasks and duties related to the professional practice. This again has caused different levels of impact from one case to another.
- 3- Due to the different nature of disability, its severity, and other related factors associated with it from one case to another, as well as the difference in the level of social support, different impact levels occurred in different cases.
- 4- The current study has revealed the effectiveness of the life model practice in Social Work in achieving social support for families of children with multiple disabilities. Despite that, the results of the study cannot be generalized. However, the researcher can provide through the study a number of indications and indicators that need further studies to compare to the results of this study.

Study Limitations:

- The lack of commitment to implementing required tasks associated with the intervention program among targeted cases.
- The lack of awareness among families on the traits and characteristics of children with multiple disabilities and the lack of social acceptance towards them.
- The distant residence locations of families of children with multiple disabilities, which represented a challenge for them in attending some of the therapy sessions.
- The weak skills and level of expertise of service providers in institutions working with children with multiple disabilities.

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