

**Disabilities and Child Welfare: Ensuring Equal Rights and Opportunities: A Case Study of Punjab, Pakistan**  
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**Abstract**

This study investigates the realization of equal rights and opportunities for children with disabilities within child welfare institutions in Punjab. Grounded in a rights-based framework consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the research examines how legislative commitments are translated into institutional practices and service delivery mechanisms. The primary objectives of the study were to assess the extent of policy implementation, identify structural and socio-cultural barriers affecting inclusion, evaluate institutional capacity and coordination, and explore emerging practices that promote disability-inclusive child welfare. By focusing on both systemic structures and lived experiences, the study aimed to provide a comprehensive understanding of inclusion gaps and reform opportunities. A qualitative case study design was employed to generate in-depth insights into institutional realities. Data were collected through semi-structured interviews with policymakers, social workers, educators, rehabilitation professionals, and caregivers, complemented by document analysis of relevant provincial policies, child protection laws, and institutional reports. Purposive sampling was used to select information-rich participants, and data collection continued until thematic saturation was achieved. Thematic analysis guided the interpretation of data, enabling the identification of recurring patterns, sub-themes, and contextual dynamics related to accessibility, protection mechanisms, professional competence, and social attitudes. Credibility and trustworthiness were ensured through triangulation, member checking, and careful documentation of analytical procedures. The findings reveal a substantial gap between policy recognition and effective implementation, primarily due to weak enforcement mechanisms, inadequate budget allocations, fragmented interdepartmental coordination, and limited specialized training. Structural barriers such as inaccessible infrastructure, economic constraints, and rural-urban disparities further restrict access to education, healthcare, and rehabilitation services. Additionally, stigma and gender-based discrimination exacerbate exclusion, particularly for girls with disabilities. However, inclusive education initiatives and community-based rehabilitation programs demonstrate promising progress. The study concludes that sustainable realization of equal rights requires systemic reforms, strengthened accountability mechanisms, professional capacity building, and enhanced community awareness to ensure meaningful inclusion within Punjab's child welfare framework.

**Keywords:** Disability Inclusion, Welfare Institutions, Equal Rights, Rights-Based Approach

**Introduction**

Disability is also an issue that is considered as a human right and a development issue across the world with international systems like the United Nations Convention on the Rights of Persons with Disabilities (CRPD) enacting full inclusion and nondiscrimination in every sector of the society (United Nations, 2006). In spite of these pledges, children with disabilities remain systemically marginalized, especially in low- and middle-income nations where the social

protection systems are not well developed, and the services are disjointed (Groce et al., 2011; Mitra and Sambamoorthi, 2014). Disability and childhood are even more vulnerable towards each other: children usually rely on their families and the state institutions to obtain education, health care, and social support, although the available global evidence shows that gaps in policy implementation are widespread and that this group becomes disadvantaged (Emerson and Hatton, 2014). It is found that children with disabilities face the risk of not enjoying the benefits of basic services and opportunities that could help them develop equally without the specific policy frameworks and effective implementation mechanisms (Kuper et al., 2014; World Health Organization, 2011). The rate of disability among children in Pakistan is high, and cultural, economic, and structural factors further hamper the access of children to child welfare services (Ibrahim, 2017; National Commission for Human Rights, 2019). As the most populated province in Pakistan, the province of Punjab is a good example of the challenges and opportunities that are involved in the challenges of addressing disability in mainstream child welfare systems. Recent literature indicates that even though the country is guaranteed as a constitutional right, and regular policy campaigns suggest the inclusion of children with disabilities, there are still notable gaps in the availability of school places, health service access, and the social coverage of children with disabilities (Farooq and Ansari, 2020; Nisar and White, 2021). These shortcomings are based on ineffective data systems, professional training, and budgetary allocations to inclusive programs, which all undermine the abilities of child welfare organizations in addressing the rights and needs of the disabled children in an effective manner (Rizvi and Shah, 2022). Considering the acuity of meeting both national and international demands in the protection of the rights of every child, it is important to analyze disability in the context of child welfare in Punjab. A case study method allows developing a sensitive insight into the way in which policy requirements are being turned into practice on provincial and community grounds and identifying the strengths and weaknesses in a system along with the ways of its reformation (Yin, 2018). Placing the local experience in the wider context of the discourse of disability rights and inclusive welfare will allow this research to contribute to the research done by scholarly participants to find the evidence-based strategies that will help ensure that children with disabilities receive an equal right and opportunity (Barnes & Mercer, 2010; Shakespeare et al., 2019). Finally, the findings will be used to educate policymakers, practitioners, and other stakeholders in the civil society who will be interested in promoting equity and justice in child welfare systems in Pakistan and similar settings.

### **Background of the Study**

In the world, the concept of disability is gradually being realized as a multidimensional phenomenon which is influenced by social, economic and environmental limitations that restrict full involvement in the society (World Health Organization and World Bank, 2011). The shift in paradigm toward a rights-based approach is manifested even in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which compels the states that ratified it to provide equal opportunities, accessibility, nondiscrimination, and complete inclusion of persons with disabilities in all sectors of the state, including education, health, and social protection (United Nations, 2006). Regardless of these normative systems, world statistics show that there are still loopholes to inclusive policies and practices. Particularly, children with disabilities are disproportionately excluded and deprived of vital services and developmental opportunities, which makes them some of the most vulnerable groups in the world at large (Groce et al., 2011; Kuper et al., 2014). It is also found that these issues are aggravated by barriers in the form of stigma, inaccessible infrastructure, poor policy implementation, and poor institutional coordination, particularly in low- and middle-income countries (Banks, Kuper, and Polack, 2017; Mitra and Sambamoorthi, 2014). In Pakistan, the work on disability inclusion promotion happens in a disjointed policy environment with the federal and provincial governments having the same responsibilities towards social welfare and child services. Since the 18<sup>th</sup> Constitutional Amendment, when the devolution of social

welfare functions occurred, the role of provincial governments, especially in the most populated provinces like Punjab, in shaping and executing disability-inclusive programs increased (Farooq & Ansari, 2020; Nisar and White, 2021). With its varied socio-economic and geographical context, Punjab is like a micro-cosm of the larger national issues of policy intention-ground-realities congruences. Despite Pakistan being a ratifier of the CRPD and promulgator of successive policy initiatives intended to facilitate the inclusion of people with disabilities in education, health care access, and social protection programs, the gaps in their implementation are still very strong, owing to the lack of disability-disaggregated data, the resources, the professional capacity, and the cultural biases (Ibrahim, 2017; Rizvi and Shah, 2022). As a result, disabled children have often experienced the systemic barriers that they find limiting their access to mainstream child welfare systems and the provision of equal access to basic services. Child welfare is a very wide range of governmental and communal-organized actions that are meant to protect the rights of all children to health, safety, development, and wellbeing (Gilbert et al., 2011). Nevertheless, traditional child welfare systems tend to ignore disability as a cross-cutting variable, and therefore, current policies and programmes do not adequately meet the special needs of children with disabilities and their families (Emerson and Hatton, 2014). The lack of disability-responsive policies in the field of child protection, access to education and social services strengthens exclusion and supports disadvantage intergenerational patterns (Shakespeare et al., 2019). Child welfare institutions in Punjab are run on several departments based on civil society partnerships but with the inclusion of disability-based planning and monitoring system still being inconsistent. An in-depth analysis of this context can be done through a narrow case study approach that can shed light on facilitators and obstacles to the attainment of equal rights and opportunities of children with disabilities. This kind of enquiry is crucial to the discovery of evidence-based approaches, policy reform, and institutional capacity building in accordance with the international human rights commitments and sustainable development objectives.

### **Statement of the Problem**

Although there are international obligations regarding the concern and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and local policies that encourage inclusion, children with disabilities in Punjab still face systemic inequities in child welfare frameworks. Although the child welfare systems have a mandate to uphold the right to protection, development and participation of all children, the issue of disability has not been mainstreamed in policy formulation, budgets, service delivery, as well as monitoring. There is empirical evidence that the children with disabilities do not get access to quality education, access to healthcare services, rehabilitation facilities, and social protection programs, which restricts their developmental outcomes and their future social mobility (World Health Organization and World Bank, 2011; Banks et al., 2017). Additionally, there is no trusted disability-disaggregated data, the lack of professional training, unreachable infrastructure base, and existing socio-cultural stigma which blocks the effective implementation of the inclusive child welfare policies. Such structural vulnerabilities cast doubts on how far equal rights and opportunities are actually given to this marginalized group of people. The constitutional changes in the social welfare responsibilities have caused the provincial institutions in Punjab to be very much accountable but there is still no coordination between child protection units, social welfare units and the education and health departments. Some policies work on case basis rather than being integrated and disability responsive in that most of them do not offer a systemic approach to meeting the needs of children with disabilities and their families in a multifarious manner. As a result, families often have to experience a more than average economic and psychosocial impact, and children are at risk of being neglected, excluded, and under-involved in community life (Emerson and Hatton, 2014; Nisar and White, 2021). Nevertheless, the fundamental issue is not simply that there is legislation over disability-related issues, but rather the failure to translate rights-related commitments into viable, fair and

sustainable interventions involving child welfare. In the absence of empirical research on institutional practice and barriers to implementation in the context of Punjab, then any attempt to encourage the adoption of inclusive child welfare will be a mere aspiration, and not a transformation.

**Research Questions:**

1. In what ways do policy and institutional practices in child welfare in Punjab promote equal rights and opportunities of children with disabilities?
2. What are the barriers to effective inclusion of children with disabilities in child welfare services in Punjab in terms of structure, socio-cultural and administrative factors?
3. What can be done to enhance provincial child welfare systems of Punjab to facilitate disability inclusive policies, coordinated services delivery, and fair access to education, health, and social protection programs?

**Research Objectives:**

1. To examine the existing child welfare policies, legal frameworks, and institutional practices in Punjab concerning children with disabilities.
2. To assess the extent to which child welfare services in Punjab provide equal access to education, healthcare, rehabilitation, and social protection for children with disabilities.
3. To identify structural, administrative, and socio-cultural barriers that hinder the effective inclusion of children with disabilities within the provincial child welfare system.
4. To propose evidence-based policy recommendations for strengthening disability-inclusive child welfare mechanisms to ensure equal rights and opportunities in Punjab.

**Conceptual Framework:**

| Independent Variables  | Dependent Variables  |
|--|--|
| <ul style="list-style-type: none"> <li>• Disability-Inclusive Policy Implementation</li> <li>• Institutional Capacity and Service Delivery Mechanisms</li> </ul> | <ul style="list-style-type: none"> <li>• Access to Essential Services</li> <li>• Protection of Equal Rights</li> <li>• Social Inclusion and Developmental Outcomes:</li> </ul> |

**Conceptualization & Operationalization**

**Independent Variables**

**Disability-Inclusive Policy Implementation:** This variable is based on how provincial legislation, policy, and child welfare systems specifically address the rights and accessibility of disability, the allocation of budget, monitoring, and interdepartmental coordination.

**Institutional Capacity and Service Delivery Structures:** This entails the presence of trained workers, accessible structures, rehabilitation, access to inclusive education, data system, and coordination among departments that handle child welfare.

**Dependent Variables**

**Access to Essential Services:** The extent to which children with disabilities are able to access inclusive education, healthcare services, rehabilitation programs as well as social protection programs without discrimination.

**Protection of Equal Rights:** How much children with disabilities enjoy the benefits of law, non-discrimination and decision making and protection against neglect and abuse under a child welfare system.

**Social Inclusion and Developmental Outcomes:** The degree to which children with disabilities are engaged in the community life, their educational achievement, psychosocial well being, and general development prospects.

## Literature Review

Disability has been conceptualized to change over time where a medical-based model has been relegated to the background and a social and rights-based approach that focuses on the social barriers as opposed to impairment of individuals. The signing of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) was a world-wide declaration to ensure dignity, equality and full participation of persons with disabilities (United Nations, 2006). The CRPD has emphasized the role of the state in ensuring access to education, healthcare services, social protection, and child welfare services without discrimination. In addition to this, the World Health Organization in cooperation with the World Bank (2011) highlighted that disability is determined by the environmental, institutional, and attitudinal obstacles. According to scholars, the social model offers a broader framework of explaining how child welfare systems have to change their structure in order to support children with disabilities (Shakespeare et al., 2019). Therefore, the concept of disability is being increasingly discussed as the issue of social justice and human rights instead of charity and welfare dependency. Children with disabilities are over-exposed to poverty, neglect, and social exclusion, especially in the low- and middle-income countries. The empirical studies show that there is a strong relationship between disability and multidimensional poverty, where access to education and health services strengthen intergenerational disadvantage (Banks et al., 2017; Groce et al., 2011). School enrollment, engagement in community life, and prevention healthcare are some of the areas that children with disabilities face challenges (Kuper et al., 2014). Stigma and discrimination are factors that exacerbate these weaknesses and result in social isolation or institutionalization. Emerson and Hatton (2014) also point out that families with disabled children often experience more economic and psychological effect resulting in child wellbeing. The literature thus puts the disability at the centre of child protection, poverty reduction as well as inclusive development plans.

Child welfare systems should uphold the rights of children and their holistic growth, nevertheless, conventional systems do not tend to incorporate the disability-related issues. Gilbert et al. (2011) assert that child systems across the world differ greatly in terms of orientation and capacity which affect responsiveness to marginalized populations. In the absence of the mainstreaming of disability in the child welfare policy, children with disability can be left as an oversight in planning and monitoring of the services as well as allocating resources. Shakespeare et al. (2019) argue that it is important to have inclusive child welfare, which involves cross-sectoral collaboration of education, health, and social protection departments. In the absence of such integration, the services will still be fragmented, thus making them less effective. The literature is constant in emphasizing that inclusive policy design should be followed by pragmatic aspects like access to infrastructure, trained human resources and disability sensitive data systems. The rights of the disabled in the context of Pakistan is a slow-moving phenomenon; this is due to the law reforms and policy measures in line with the international commitment. The government also put in place measures that were intended to bring in inclusive education and social welfare programming after ratifying the CRPD. Nevertheless, researchers report the existence of implementation gaps because of insufficient funding, the inefficiency of implementation mechanisms, and insufficient monitoring systems (Ibrahim, 2017; Nisar and White, 2021). Decentralization of social welfare to the provinces after the constitutional reforms has brought inequalities in the implementation of policies in different regions. Despite the legal regulations, empirical research indicates that the provision of services remains uneven and biased towards the city and disadvantages rural communities (Rizvi and Shah, 2022). These shortcomings of the structure cripple the practical implementation of equal rights of children with disabilities in mainstream welfare systems.

Punjab province, which is the most populous region in Pakistan, is very instrumental in the development of disability-inclusive child welfare practices. A cluster of social maintain departments, child protection bureaus, and special education institutions are found in Punjab, but these institutions are not well coordinated. Studies have found that the lack of disability-

disaggregated data and interdepartmental cooperation is impeding the success of planning and evaluation of policies (Nisar & White, 2021). Moreover, rural-urban differences lead to unequal access to the rehabilitation centers, inclusive schools and assistive technologies. The cultural understanding of disability also affects the uptake of services because stigma can deter families in seeking institutional help (Ibrahim, 2017). These situational aspects underscore why empirical studies focused on reforming need to be conducted within a provincial context in order to interpret systemic gaps and opportunities.

The world community is now promoting the idea of integrated, disability-sensitive child welfare systems that incorporate an institutional capacity building with the legislative commitment. There is some evidence that inclusive education, available healthcare, and specific social protection programs can boost the developmental outcomes of children with disabilities (World Health Organization and World Bank, 2011; Banks et al., 2017). The most effective reform should be disability mainstreaming in all child welfare policies and inter-agency coordination should be strengthened and regular monitoring set in line with international human rights standards. With reference to Punjab, a case study approach will allow better comprehension of how the policy promises are turned into practice and where the bottlenecks in the system remain. The existing literature as a whole proves that the establishment of equal rights and opportunities of children with disabilities requires not just legal acknowledgment, but also a long-term structural change of child welfare institutions.

## **Research Methodology**

### **Research Design**

The study utilized a qualitative case study design in determining the ways of child welfare institutions in Punjab that provide children with disabilities with equal rights and opportunities in accordance with the case study. Qualitative research would be appropriate in investigating the intricate social facts and institutional procedures in their natural environment (Creswell and Poth, 2018). The design was guided by the interpretivist paradigm and the rights-based principle of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) because it allowed gaining an in-depth insight into the policy implementation and systemic challenge (United Nations, 2006; Yin, 2018).

### **Research Approach**

Qualitative research involved an exploratory and descriptive design to examine the practices of institutions, gaps in the policies and experience of stakeholders. This method is suitable in cases when not so much contextual research is conducted, and processes are to be described in detail (Marshall and Rossman, 2016). The social model of disability also helped design the study since it focuses on structural and environmental factors that influence participation (Shakespeare et al., 2019).

### **Study Setting and Population**

The study was carried out in selected child welfare and disability related institutions that run in Punjab such as Social Welfare Departments, Child Protection Bureaus, special education institutions, and rehabilitation centers. The research population was formed by officials of governments, administrators of institutions, NGOs, rehabilitation specialists, and parents of children with disabilities. A range of different stakeholders enhanced credibility by triangulation and provided the coverage of the institutional and lived views (Lincoln and Guba, 1985; Emerson and Hatton, 2014).

### **Sampling Strategy**

As a sampling method, purposive sampling was applied to identify the participants who had direct knowledge and experience regarding disability-inclusive child welfare services. The sampling technique is generally suggested in qualitative research to determine cases that are

rich in information (Patton, 2015). About fifteen to twenty respondents were identified according to the data saturation rule where all the themes would be well covered without repetition (Guest, Bunce, and Johnson, 2006).

### **Data Collection Methods**

Semi-structured interviews were the main method of obtaining data, and the participants had the opportunity to express their experiences, but with the consideration of the objectives of the research (Creswell & Poth, 2018). Moreover, provincial policies, legislation and institutional reports were analyzed to evaluate their compliance with CRPD standards and to place the empirical results in context (Bowen, 2009; United Nations, 2006). These complementary approaches provided a better methodological triangulation and deepness of analysis.

### **Data Analysis Procedure**

Qualitative data were analyzed using thematic analysis in order to discover patterns and reoccurring themes in the data. It is a structured but elastic way and means of coding and decoding textual data (Braun and Clarke, 2006). The transcripts of the interviews were coded, sorted into themes, and discussed within the framework of conceptual bases and available literature, which guaranteed the consistency between the empirical results and theoretical bases.

### **Trustworthiness and Rigor**

This rigor was achieved in the study through the use of the credibility, transferability, dependability, and confirmability criteria (Lincoln and Guba, 1985). The transferability was supported by detailed context descriptions, whereas interpretations were checked by the member checking. An audit trail and reflexive practices, also contributed to dependability and confirmability; this way, the findings were based on the narratives of the participants and not on the researcher bias.

### **Ethical Considerations**

Before data collection was carried out, ethical approval was obtained and informed consent was taken on all the participants. The anonymity and confidentiality were ensured by the pseudonyms and safe practices of data handling. The research was conducted according to the ethics of dignity, respect, and non-discrimination as per the international human rights which were enshrined in the CRPD (United Nations, 2006).

### **Data Analysis**

In this chapter, the qualitative data is themed to demonstrate the participants of the study (policymakers, social workers, educators, and caregivers, and the representatives of the civil society organizations in Punjab). The rights-based framework was used to analyze the data informed by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the current child welfare literature. The data provided gave rise to six main themes and some sub-themes.

### **Theme 1: Policy Initiatives vs. Implementation Lapses.**

#### **Sub- theme 1.2: Disability rights Legislation.**

Participants admitted that the rights of disability people are formally ensured in the framework of the national and provincial systems based on the commitments of the United Nations CRPD. Respondents mentioned that constitutional guarantees and child protection laws offers a platform on non-discrimination and equal participation. Nonetheless, informants suggested that when legal recognition is obtained, it does not necessarily mean fair results. This observation is in line with the global studies that indicate the disparity between declared disability conventions and its actual implementation (United Nations, 2006; Shakespeare, 2018).

### **Sub-theme 1.2: Weak Policy Enforcement and Budgetary Constraints**

The implementation had been outlined to be inconsistent even in the presence of policies as there was a lack of financial allocation and effective monitoring systems. According to the reports of the officials, the disability-based programs are usually underfunded in the general child welfare budgets. The participants pointed at the lack of systematic evaluation systems to enhance the outcomes of inclusion. Like gaps in implementation, have been reported in the developing setting because institutional capacity constrained the implementation of rights-based policies (WHO and World Bank, 2011).

### **Theme 2: Obstacles to Accessing the necessary services.**

#### **Sub-theme 2.1.1: Physical and Structural Obstacles.**

Professionals and caregivers stated that there were unavailable infrastructure in schools, hospitals, and welfare offices. It is limited because of lack of ramps, assistive technologies, and inclusive classroom design. These obstacles recify the social model of disability that recognizes environmental limitation and not impairment as the main cause of exclusion (Oliver, 1990). Infrastructural inaccessibility was associated by the respondents with general neglect in the planning and the resource distribution systems.

#### **Sub- theme 2.2: Economic and Geographic Inequalities.**

The respondents noted that poverty, costs of transport, and rural-urban differences are additional factors restricting the access to services. Families in remote areas of Punjab have other barriers of distance to specialized rehabilitation centers. The study by the World Health Organization shows that the children with disabilities in the low-income settings are out of proportion when it comes to engaging in health and educational provision (WHO & World Bank, 2011). The statistics validate that poverty makes child welfare systems more marginalize.

### **Theme 3: Institutional Competence and Professional Competence.**

#### **Sub-theme 3.1: Insufficient Special training**

Interviewees are keen to note that a lot of social workers and educators are not trained on disability-inclusive practices. Professionals stated that they lacked exposure to inclusive pedagogy, assistive technology and child-based assessment tools. This capacity gap impairs good intervention and advocacy of children rights. International scholarship also emphasizes on the importance of professional training in the provision of inclusive child welfare systems (Priestley et al., 2016).

#### **Sub-theme 3.2: Disjointed Interdepartmental Co-ordination.**

Participants reported lack of coordination of social welfare, education departments and health departments. Referrals pathways were either vague resulting to duplication or gaps in service. This disintegration makes the institutions inefficient and restricts the holistic attention to children. Comparative policy research has shown that the concept of integrated service models is more efficient in safeguarding vulnerable groups (Shakespeare, 2018).

### **Theme 4: Cultural perceptions and Social Stigma.**

#### **Negative Community Attitudes Sub-Theme 4.1.**

There was also a lot of discrimination and social isolation among caregivers. The idea of disability was sometimes viewed as a liability or humiliating to a family therefore families discouraged the idea of seeking support. These perceptions have a negative impact on the psychosocial development of children and their engagement in the community. Disability rights literature has pointed out that social stigma is a very serious impediment to inclusion in the world (United Nations, 2006).

### **Sub-theme 4.3: Gendered Politics of Disability.**

The women noted that girls with disabilities are discriminated against, especially because of gender norms that overlap with one another. Families can only focus on boys and to some extent, girls are relegated. The intersectionality theory can be used to embrace the awareness that exclusion is increased by the interaction of gender and disability (Shakespeare, 2018). Results indicate that there is a need to have gender-sensitive child welfare interventions.

### **Theme 5: Protection Systems and the Law.**

#### **Theory: Paley-Bratton index, weak monitoring and complaint systems.**

Child protection laws exist, but participants indicated lack of child-friendly complaint systems to refer to in case of child abuse or neglect. The visits to institutions were reported to be irregular. Equal rights are not well implemented in this poor accountability structure. Global policies are keen to note that availability of reporting mechanisms is at the heart of protection of vulnerable children (United Nations, 2006).

### **Sub- theme 5.2: Institutional Neglect.**

There are those that brought up issues with poor supervision at residential care homes. The absence of trained personnel and individualized care plans make one more prone to neglect. Literature on child welfare across the world advocates the significance of community-based options rather than institutionalization (WHO and World Bank, 2011). The results indicate that there should be more regulatory control in Punjab.

### **Theme 6: New Opportunities and No-Shows.**

#### **Sub-theme 6.1 The Inclusive Education Initiatives.**

The respondents pointed out the pilot inclusive education programs which encourage mainstream classroom integration. The partnerships between the government and non-governmental organizations have helped in increasing awareness and accessibility in the chosen districts. These programs are consistent with the CRPD global endeavors on inclusive education (United Nations, 2006).

#### **Sub-theme 6.2 Community based rehabilitation and advocacy.**

Rehabilitation programs that were based within the community were explained to be good models of localized support. Such programs increase family empowerment and promote social participation. There is an indication that community-based models are cheap and sustainable within low resource environments (WHO and World Bank, 2011). Participants showed optimistic concern that implementation of equal opportunities of children with disability in Punjab through scaling such practices could be reinforced.

### **Discussion**

This study shows that there is still a noted disconnect between policy promises and the actual practice related to the rights of children with disabilities in Punjab. Despite the fact that the national and provincial systems show compliance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the implementation systems are poorly developed, and they are not always used in practice. This gap upholds previous studies that show that the international conventions ratification may not necessarily guarantee the realization of the rights on the ground (United Nations, 2006; Shakespeare, 2018). The statistics indicate that lack of budgetary provision, disjointed institutional governance, and inadequate systems of monitoring the legislative will limit the passage of legislative will to institutional practice.

The analysis also highlights the structural and socio-cultural hindrances and obstacles that have been perpetuating marginalization of children with disabilities in the child welfare systems. Exclusion is reinforced by physical inaccessibility, limitations by poverty, and poor training as a professional, which comprises the major assumptions of the social model of disability (Oliver, 1990). In addition, intersectionality views that emphasize the intersectional inequalities support

vulnerability, especially in girls with disabilities, which are compounded by stigma and gender-based discrimination (Shakespeare, 2018). These data are in line with the global evidence showing that the exclusion on the basis of disability is firmly rooted in the larger systems of socio-economic and cultural environments (World Health Organization and World Bank, 2011).

Nevertheless, new opportunities of reform in the study are also possible with the help of inclusive education programs and community-based rehabilitation patterns. The joint activities of governmental institutions and civil society organizations show that there is slow progress towards inclusion of rights-based. These efforts are consistent with the global best practices, which focus on community involvement, intersectoral coordination and capacity development as critical elements of inclusive child welfare systems (United Nations, 2006). Nevertheless, to achieve sustainable development, there should be systematic investment in professional training, accountability systems, and policy coherence to allow equal rights and opportunities to go beyond the rhetoric into a reality of children with disabilities in Punjab.

### **Conclusion**

This research paper has explored how a rights based theory of child welfare institutions in Punjab has addressed the issue of equal rights and opportunities for children with disabilities. The results indicate that despite the legislative frameworks indicating the commitments that are in line with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), there have been significant gaps between the policy development and implementation. The barriers to inclusion in the access to education, healthcare, and protection services are still structural, low institutional capacity, low professional training, and weak monitoring mechanisms. Furthermore, the children with disabilities are further marginalized by socio-cultural stigma and gender-based discrimination, which constitutes the systemic inequality in the overall child welfare system.

Simultaneously, the study also finds the new possibilities of reform in the form of inclusive education, community-based rehabilitation models, and the increased cooperation of the government and civil society participants. These trends point to the gradual transition into a more participatory, rights-based framework, but it will need a more sustainable development to be more accountable, allocate resources more appropriately, and have some interdepartmental coordination. The meaningful implementation of equal rights requires both legislative adherence and changes in the institution, awareness of the community and capacity building. Finally, to continue to strengthen disability-inclusive child welfare in Punjab, it will be required to be a long-term engagement that is holistic and transforms international standards of human rights into concrete changes in the experiences of children with disabilities.

### **Recommendations/Suggestions**

- Intensify implementation tools to make certain that child welfare institutions in Punjab have all the disability rights commitments as per the United Nations CRPD.
- Make more specific budgetary allocations to disability-inclusive programs in provincial departments of child welfare and social protection.
- Institute frequent surveillance and assessment mechanisms to determine the results of accessibility, inclusion, and protection of children with disabilities.
- Give specialized training to social workers, teachers, healthcare givers and child protection staff on inclusive and rights based practices.
- Enhance physical accessibility of schools, hospitals, welfare offices, and so on through ramps, assistive appliances and inclusive infrastructure.
- Implement integrated referral and coordination systems at the social welfare, education and health departments to provide holistic services.
- Increase the community-based rehabilitation program to cover rural and under served districts.

- Conduct mass awareness activities to minimize stigma and positive attitudes towards inclusion of disability.
- Implement gender sensitive initiatives to tackle the compound discrimination of girls with disabilities.
- Develop child friendly complaint and reporting mechanisms to protect children with disabilities against abuse, neglect and institutional discrimination.

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