

**ANALYSIS OF SPECIAL NEEDS EDUCATIONAL SUPPORT SERVICES ON
ACADEMIC PERFORMANCE OF LEARNERS WITH PHYSICAL
DISABILITIES IN KIAMBU COUNTY, KENYA.**

BY

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E55/CE/26783/2011

**A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
DEGREE OF MASTER OF EDUCATION IN (SPECIAL NEEDS EDUCATION)
IN THE SCHOOL OF EDUCATION OF KENYATTA UNIVERSITY.**

JANUARY, 2021

DECLARATION

This Thesis is my original work and has not been presented for a degree in any University for consideration. This Thesis has been complemented by referenced sources duly acknowledged. Where text, data (including spoken words), graphics, pictures, or tables have been borrowed from other sources including the internet, these are specifically accredited and references cited in accordance in line with anti-plagiarism regulations.

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DEDICATION

This thesis is dedicated to my family, my husband Samson Gathige and to my children Prudence, Faith and Hope for the support they gave me to complete this work.

ACKNOWLEDGEMENT

I give thanks to the Almighty God who kept me fit physically, mentally and spiritually and gave me this opportunity to undertake and accomplish this work. I am grateful to K.U for according me an opportunity to pursue my master's degree program. My gratitude goes to my supervisors Dr. F. Wamocho and Dr. Nelly Otube who devoted a lot of their time, patience and guidance towards the completion of this task. I wish also to acknowledge Dr. M. Kari and Dr. L. Mazrui for their advice.

I am indebted to my husband, Samson Gathige for his encouragement and moral support. My deep appreciation goes to my children Prudence, Faith and Prince, who gave me a reason to live, read and writes. My thanks go to my colleagues my entire respondent who included learners, teachers and professionals in Thika East Sub-county.

GOD BLESS YOU ALL.

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ABBREVIATIONS AND ACRONYMS

EARC	- Educational Assessment and Resource Centre
EFA	- Education for All
FAPE:	- Free Appropriate Public Education
FPE	- Free Primary Education
IDEA	-Individuals with Disabilities Educational Act
I.E.P	-Individualized Education Program
KIE	- Kenya Institute of Education.
K.U	-Kenyatta University
M.O.E.S.T	-Ministry of Education Science and Technology
P.V.C	-Polyvinyl chloride
U.N.E.S.C.O	-United Nations Education Science organization
W.H.O	-World Health Organization

ABSTRACT

The purpose of this study was to analyze special needs educational support services on academic performance of learners with physical disabilities in Kiambu County, Kenya. The objectives of the study were to find out how provision of mobility and self- help skills influence academic performance of learners with physical disabilities, find out how provision of counseling and medical skills influence academic performance of learners with physical disabilities, find out how multidisciplinary services are offered to learners with physical disabilities and determine the challenges faced by teachers and professionals in providing support services to learners with physical disabilities. The study adopted survey research design, employing survey method to achieve the objectives. The study was guided by Social Cognitive Theory. The target population for this study was 120 learners with physical disabilities, 400 teachers and 12 professionals such as social workers, counselors, nurses and occupational therapists. Purposive sampling was used to select four professionals and stratified random sampling technique was used to select thirty six learners and one hundred and twenty teachers. Questionnaires were used to collect information from learners and teachers and interview guide to collect information from professionals. The quantitative data was sorted, coded and keyed into Statistical Package for Social Sciences (SPSS) software and presented using descriptive statistics where tables of frequencies and percentages were used. The qualitative data was edited, organized into themes and categories and presented in discussion form. The findings revealed that support services helped the learners to participate in class, socialize with others and improved the performance of the learners. There was collaboration with professionals and teachers. The counselors, social-worker and teachers mostly visited the schools and professionals faced challenges such as heavy workload, financial problems and some parents were uncooperative when called upon by the professionals. The conclusion of the study was that support services helped the learners to participate and socialize hence improved performance of learners. The recommendations were as follows: School management of learners with physical disabilities should be keen in provision of adequate self-help skills to learners by employing an occupational therapist. School administration should employ nurses to offer medical services to learners, the ministry of education should deploy more professionals for schools with learners with physical disabilities and provide funds for buying materials and equipment and the parents should be encouraged by schools to be cooperative with professionals.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

This chapter presented the background to the study, statement of the problem, purpose of the study, research objectives, research questions, and significance of the study, delimitations and limitations, assumptions of the study, theoretical and conceptual framework and operational definitions of key terms.

1.1 Background to the Study

According to Neckel and Desch as cited in Hardman Drew and Egan (2005), physical disabilities are impairment that interferes with an individual mobility, coordination, communication, education and personal adjustment. It shields an extensive variety of circumstances from a slight gradation of awkwardness such as cerebral palsy, to the learner using a wheelchair who may need help in several areas of his / her day-to-day living. Schwartz (2005) stated that support services which are also referred to as related services are the services offered to children with disabilities to enable them to achieve their academic and social potential, they support the individual and aid him/her to overcome or reduce his/her disability. The service includes mobility, medical, counseling, self-help skills and multidisciplinary services.

In America, According to Szaba, cited in Heward (2006), (Individual with Disability Education Act) (I.D.E.A) ensures that children with disabilities receive necessary education and services without the cost to the child and the family. Free Appropriate

Primary Education (F.A.P.E) is one of the provisions in the (I.D.E.A) and stipulates that special education and support services such as mobility, counseling, medical, self-help skills and multidisciplinary are provided at public expense. They meet the education standard and are provided in conformity with I.E.P required for the child. For children with physical disability, special education alone will not be enough. Depending on placement alternative therapies and other support personnel will come into the class to assist the teacher, child and classmates.

South Africa is in the process of restructuring education according to democratic principles by promoting equality in terms of race, gender, class and culture. The South African school Act, section 11 of 1996 states “where reasonably practicable, education must be provided for learners with special education at regular public schools” Pretorius and Lemmer (1998). The law in South Africa assures individuals with disabilities of the right to appropriate education in regular classrooms whenever possible.

Kenya holds the principle of ‘best interest’, which states that all resolutions disturbing the youngster will be made in the attention of the youngster (G.O.K, the children Act 2001). To endorse excellence teaching to pupils with physical disabilities, a multidisciplinary group composing of diverse experts providing provision facilities must appear to the difficulties and benefits of all pupils. The first draft of the education bill by MOEST (2003) ministry of education shall deliver alike chances for all pupils with disabilities by endorsing inclusive education in the mainstream and shall provide and keep under appraisal suitable preparation, reliefs and amenities including resources and services such as medical, counseling, mobility, self-help skills and multidisciplinary services that

would help the establishment of free education and teaching for pupils with special needs (MOEST 2003).

The introduction of FPE in 2003 opened door for millions of Kenyan children including those with special needs MOEST (2003). In the past, children with special needs such as physical disabilities used to be segregated and educated only in residential special schools. FPE is bent towards inclusion where all children including those with special needs are educated nearby regular classes nearly all the day instead of special classes. The government provides funds and ensures that all children are in school. Although the government is committed to providing special education, the effective delivery of support services such as mobility, medical, counseling, self-help skills and multidisciplinary services to learners with physical disabilities which can influence their academic performance has not received adequate attention hence the focus of the present study.

1.2 Statement of the Problem

Learners with physical disability have problems with mobility which affect their interaction with environment, they may have fatigue and lack of endurance which may affect their ability to concentrate, some have lack of sensation affecting the arms or legs which can affect perception of items and certain concepts and may experience experiential deficits.

Lack of special needs support services such as medical services, counseling services, mobility services, multidisciplinary services and self-help skills usually affects their participation in education which leads to their poor performance. Lack of adequate mobility services will affect the learners' ability to explore the environment and

manipulate the learning materials. Lack of medical services on the other hand often leads to absenteeism from school due to pain caused by infected parts of the body hence poor performance. Lack of counseling services causes them to have poor self-esteem.

Although much has been done by the government of Kenya on provision of special education, little focus has been given to the availing support services in public institutions offering education to learners and persons with physical disability. In Kenya, for example studies have been conducted on provision of support services to learners with physical disabilities. However, none of the studies addresses the subject of the support services on education settings. This study therefore focused on influence of provision of educational support services on academic performance of learners with physical disabilities in Thika East sub-county, Kiambu County, Kenya.

1.2.1 Purpose of the Study

The purpose of this study was therefore to analyze special needs education support services on academic performance of learners with physical disabilities in Kiambu County, Kenya.

1.3 Objectives of the Study

The study sought to;

- i. Find out how provision of mobility and self-help services influence academic performance of learners with physical disabilities in Kiambu county.
- ii. Find out how provision of counseling and medical services influence academic performance of learners with physical disabilities in Kiambu county.

- iii. Find out how multidisciplinary services are offered to learners with physical disabilities in Kiambu County.
- iv. Determine the challenges faced by teachers and professionals in providing support services to learners with physical disabilities in Kiambu County.

1.4 Research Questions

The following research questions were formulated to guide the study;

- i. How does provision of mobility and self-help services influence the academic performance of learners with physical disabilities in Kiambu County?
- ii. How does provision of counseling and medical services influence the academic performance of learners with physical disabilities in Kiambu County?
- iii. How are multidisciplinary services offered to learners with physical disabilities in Kiambu County?
- iv. What are the challenges faced by teachers and professionals in providing support services to learners with physical disabilities in Kiambu County?

1.5 Significance of the Study

The findings of this study would help the learners with physical disabilities in Kiambu County schools as they receive the necessary special needs support services to help in their academic performance.

The findings of this study would bring inclusive facts to the government and other stakeholders on provision of special needs education support services to learners with physical disabilities in primary schools. It was hoped that the findings may be utilized by

KICD to adjust consistent syllabus to integrate the provision amenities to mark it suitable and meaningful to learner with physical disabilities.

The finding of this study might be useful to KNEC to modify their valuation and categorizing measures of pupils with physical disabilities by captivating into attention their special essentials in term of assessment period, need of help during test, use of taping strategies for those with lettering difficulties.

The finding of this thesis would enhance to literature on the delivery of special need support services to pupils with physical disabilities in Kenya. Lastly the findings of this study would be beneficial in providing a base for upcoming study in the field of pupils with physical disabilities in Kenya and outside Kenya.

1.6 Delimitations and Limitations of the Study

1.6.1 Delimitations

The study was restricted to Kiambu County. It was confined to three classes that are from class 5 to class 7. These classes were used for the researcher thought would give the right information on the study. It was limited to integrated primary schools for learners with physical disabilities in the county because the researcher wanted to get the data on learners with physical disability in integrated primary schools.

1.6.2 Limitations

There were few literatures on learners with physical disabilities with respect to provision of special need support services. The literature review was basically drawn within and

outside Kenya. It was not possible to cover the opinion of many stakeholders in this county because it required considerable time, resources and other logistics.

1.7 Assumptions of the Study

- Those schools offered some support services for learners with physical disabilities.
- Those schools have enjoyed other professionals to help teachers in serving the learners.
- Teachers in integrated primary schools are trained to work with children with physical disabilities.

1.8 Theoretical and Conceptual Framework

1.8.1 Theoretical Framework

The study was guided by Bandura's social cognitive theory advanced in 1986. According to this theory, one expected the provision of special need support services to children with physical disabilities to rotate around personal factors such as self-esteem, behavioural such as withdrawal and surrounding factors such as mobility, physical structures and manipulation of learning materials. This meant that the academic and social wellbeing of these learners cannot adequately be provided by teachers alone without involving other experts. School, teachers and other professional had the challenge of improving confidence in academic performance of learners under their charge (Wachianga 2010). Using social cognitive theory as a framework, teachers and professionals could improve their learner's emotional behaviors and correct their family self- habits and thinking to improve their academic and self-regulatory practices by working as team. To achieve this, the teacher will apply the Bandura's collective agency,

by working with the counselor, therapist and medics to enhance academic performance and socialization of learners with physical disabilities.

The counseling services assisted the child to understand self and environmental factors that would alter his behavior to improve his/her positive self-concept and self-esteem. The physiotherapist services assisted in enhancing mobility skills within the school environment and use of mobility devices. The ease of movement enabled the child to perform both academic tasks and interact with peers. The occupational services involved self-help skills such as bathing, washing, toileting and feeding. It also included the manipulation and use of assistive devices which equipped the child at school. The medical services depending on the technological innovations would improve health status of the students and change their behavior positively towards academic tasks. A healthy child is motivated to join peers in social activities within the school environment. According to the theory, the students are expected to be agents proactively engaged in their own development (Wachianga 2010).

1.8.2 Conceptual Framework

Special need educational support services for the child with physical disabilities were necessary if he or she was to participate fully into the learning process. The framework below explained the provision of special need educational support services to a child and the benefits the child gained, which impacted on his/her socialization and academic performance. The special need educational support services had the intervening variables which were the benefit the learners gets when having support services within a short period.

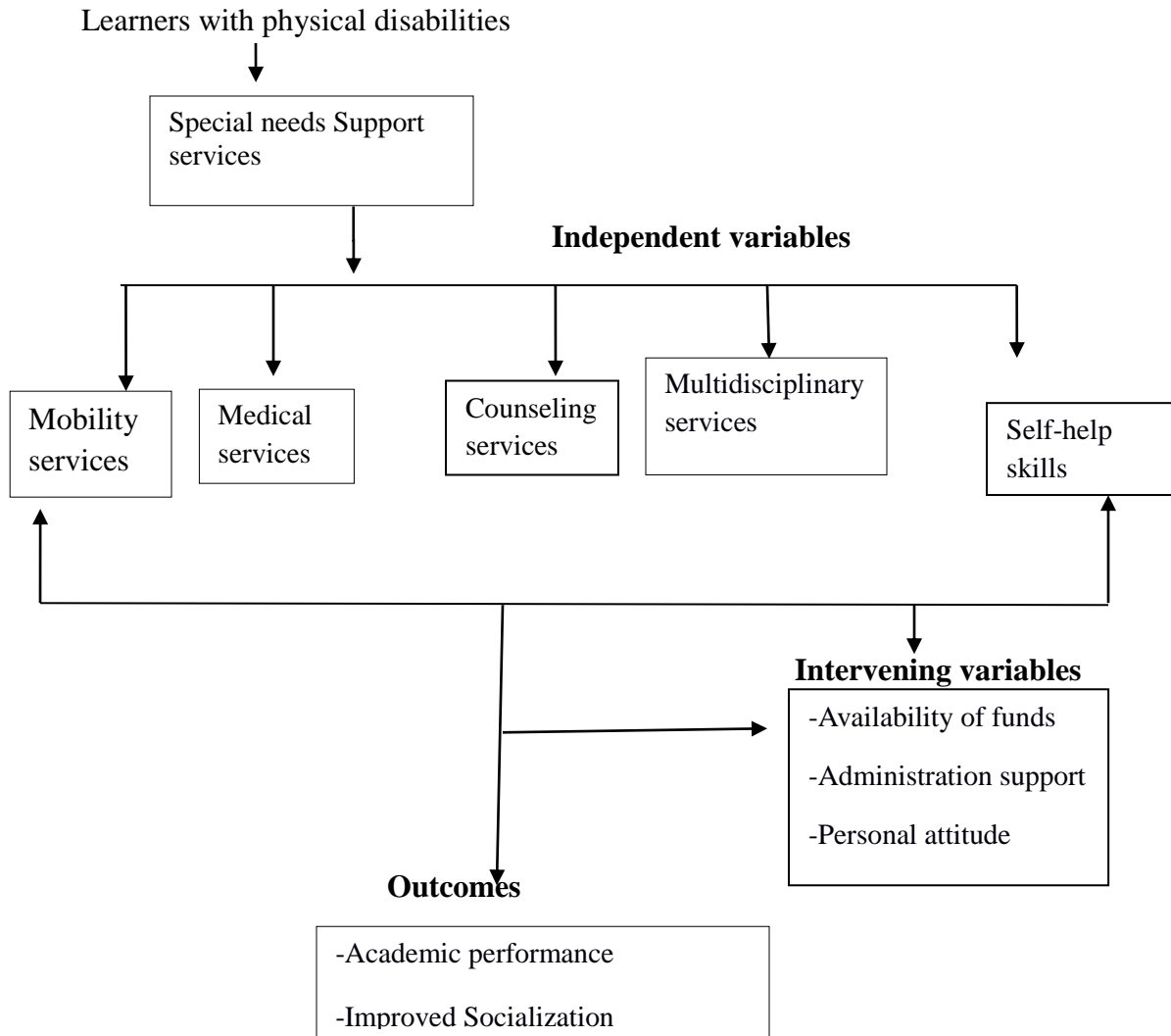


Fig.1.1 Special needs educational support services and their influence on learners with physical disabilities.

As shown in the diagram, the learner benefited by receiving the special need support services to cater for his physical, medical and psychosocial needs from different professional. These included mobility services which increased the learner physical and

social environment, creates opportunity for exploration, discovery of new skills for mastery and socialization of the learner.

The acquisition of self-help skills lead to child's confidence in personal management which reinforced peer grouping. The occupational therapist and the teachers further assisted the child in manipulating learning materials including the use of assistive technology in class which increased the assistance in self-help skills development. The medical services increased learning opportunities and social interaction of the child, since the learner is able to reach the stimulating environment, which is both physical and social. Inadequate provision of medical services resulted in reduced opportunities for learning.

The other special need educational support service was counseling which promoted the learner self-concept to perform demanding tasks in the school environment. The learner who has self-worth will try to change the behaviors that improved his social integration and compete favorably in academic tasks. The effective provision of special need support services lead to appropriate and holistic development in the learner developing competence in academic, social and physical skills. When the learners needs are identified and intervention are made through collaboration of teachers and professionals the outcome benefits by the child is improved socialization, academic achievements and skill acquisition while the child lacking the above have reduced academic performance.

1.9 Operational Definitions of Key Terms

Augmentative communication- It is defined as the combination of all methods of communication available to an individual, including any speech, vocalization, gestures, communication behaviors, methods and devices Schwartz,(2005).

Counseling services-these are services to improve child's behavioural adjustments and control skills to make the child more available for participation in the educational program.

Disability –This is a defect which results in some malfunction or a restriction to perform an activity in the manner considered normal for human beings but which may not affect the individual's normal life.

Individualized education program- A written plan which describes a student special individual learning needs and the exceptional student programs and services which will be given to the student. Sherwood, et al, (2009).

Integration- Is a procedure through which pupils with and without special desires are trained together in the similar school and environment.

Integrated school- This is the school which admits learners with and without disabilities and are taught together in the same environment Wachianga, (2010).

Learners with physical disabilities- These are learners with a condition that makes them unable to function normally as expected of human beings at a given age.

Medical services- They refers to facilities provided by approved doctor to regulate the youngster's medically associated in capacity that marks in the youngster want for distinctive teaching and support amenities.

Mobility services-These are the services which enable the learner to orientate to the environment and move about independently.

Multidisciplinary professionals- These are professionals from different areas who work as a team to assist learners with special needs.

Occupational therapists-A professional who is specialized in training an individual develop physical skills that help in daily living activities.

Physiotherapist- A specialist who provides physical exercises that strengthens muscles that promotes the child's ability to move and manipulates learning resources.

Physical Disabilities –Is a condition that makes an individual unable to function normally as expected of human beings at a given age.

Regular schools –Are schools referred to as mainstream schools and normally admit Learners without disabilities. Wachianga,(2010)

Self-help services-These are skills that allow a person to do things for himself/herself. The skill covers dressing, personal hygiene, toileting and feeding

Special needs educational Support services-These are services offered to a child with physical disabilities receiving special needs education and may includes mobility services, self-help services, medical and counseling services. They help to reduce the effect of their disability. Schwartz, (2005)

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter contained a review of literature relating to an assessment of influence of special needs educational support services on academic performance of learners with physical disabilities. It had the following subsections: Mobility services and self-help skills and influence on academic performance of learners with physical disabilities, Medical services and Counseling services and influence on academic performance of learners with physical disabilities, Multidisciplinary services for learners with physical disabilities, and professionals and teachers' challenges.

2.1 Mobility Services and self Help skills and influence on academic performance of learners with physical disabilities.

2.1.1 Mobility Services and influence on academic performance of learners with physical disabilities.

According to Wachiana (2010), the ability to explore and interact with the environment is critical and any inability to do so affects the individual psychologically. The damage of aptitude to transfer about easily and securely may be the highest removal touched by pupils with corporal disabilities. Providing a means of flexibility to these learners can recover their impartiality, investigation, interaction with the world and may result in enhancing learning opportunities.

As stated by Farrel, (2009) motor activity and physical access perhaps most represents the potential to remove barriers. PVC pipe walker, Manual or powered wheel chairs or

toys can be used as mobility aids. Otherwise wheel chair access ramps and continuous areas of smooth floor surfaces can assist in accessing classrooms and other facilities. Their quality and effectiveness can influence academic participation and socialization of student with physical disabilities. New digest (2007) states that the services includes helping the learner advance carriage, step and body alertness, display purposes and practice of mobility assistances and devices, treatment to increase joint functions, muscle strength and mobility endurance. This implies that for the student to have adequate school performance, a wide range of mobility services should be provided to them. This study intended to establish the range of mobility services provided at schools and how these services impact on socialization and academic performance of students with physical disabilities.

According to Hanson and Harris cited in Tasson (2003) when developing strategies for independent mobility, the goals should include helping the learner to initiate interaction with and control various aspects of his environment. They should also provide movement opportunities that are functionally based on the child to acquire mobility skills. In line with the above study the physiotherapist has a pertinent professional role to conduct mobility training that is appropriate and meaningful for the child.

Most of literature available looks on mobility, exercises, aids and programs to enhance mobility. In his study, he focused on the availability and adequacy of mobility services which are expected to result in independent movement, proper and comfortable sitting and positioning. The study ascertained how this affects socialization and academic participation as major outcomes which are critical to the life of the child, school and for

future life. The current study sought to ascertain whether a mobility service was one of special need education facilities offered and influence on academic performance of pupils with physical disabilities.

2.1.2 Self Help Skills and influence of academic performance learners with physical disabilities.

According to Dane and Donovan (2002) gross, fine motor skills and hand eye coordination is particularly important for such tasks as eating, drinking and toileting. Establishment of adaptive skills like dressing, feeding or personal hygiene comprises of a large part of the young child's daily routines. If motor skills development is compromised, self-care may be impacted as well. Motor movement is pre-requisite that are also necessary for many self-task. Self-help skills can also overlap in the skill areas of communication, cognitive and social skills. Developing the appropriate skills provide a learner with skills needed to survive in all settings. They foster independence and confidence in a child Raver, (2009).

Oketch (2003) revealed that self-help services allow somebody with special needs to be recognized and to contribute in all actions of the public. Mwaura and Wanyera (2002) points out that there is an excessive risk of starting undesirable self-concept as a consequence of responses from nobles.

Negative self-concept is critical to academic performance of children at school. Wachanga (2010) revealed that self-help services allowed a learner with physical disabilities to socialize and participate in academic. These studies have shown the importance of self-help skills to children who are physically disabled and how they

enhance in academic participation and socialization. However, they did not focus on whether is one of special need support services offered to learners with physical disabilities. This is what the current study seeks to establish, if self-help skills services was one of special need educational support services offered and impact on academic performance of learners with physical disabilities.

2.1.2.1 Feeding and Swallowing

According to Heller et al, (2000) eating is one of the most basic and crucial skills needed to sustain life but consist of a complex series of processes.

The term feeding is used to describe a functional process which involves the interactions of a variety of factors including the child's surrounding, caregiver- child interactions, child health, developmental sensory motor, neuro-motor and cognitive status, feeding techniques and utensils, positioning needs, swallowing and the interaction of swallowing variables with respiratory and gastrointestinal factors, nutritional requirements and specific oral and pharyngeal activity (Sherwood, et al, 2009).

Physical conditions that can be associated with pediatric feeding and swallowing problems include the following; immaturity like air way abnormalities (for example cleft lip and palate, congenital defects of the larynx, trachea and esophagus, acquired anatomical defects due to traumatic injury and neurological conditions due to central nervous system disease, peripheral nervous system diseases, neuromuscular diseases, or other neurologically based problems. The influence of nutritional intake on brain growth, learning and behavior has been examined extensively. If children are unable to consume the amounts and types of food necessary to supply their daily nutritional requirements

because of the inability to coordinate feeding, swallowing and breathing, or because they cannot initiate a suckling or swallowing motion, or because poor oral motor activity does not permit them to drink from a cup or to bite and chew solid foods, their brain growth and intellectual functioning may be compromised.

Learners with physical disabilities can require assistive devices during meal time because of fine motor and oral motor difficulties. These will assist the learners towards independent, safe and socially acceptable eating and drinking habits. Plates with raised rims for easier scooping, utensils with built – up handles, cups with weighted bottoms, handles or cut out rims. According to Dane and Donovan (2002) eating or assisting in eating may take a long time and patience is needed. Meal times can provide the best opportunity for learning because eating is highly motivating and engaging as the child friendly interacts. This study wished to ascertain whether feeding is one of the self-help skill offered and influence academic performance of learners with physical disabilities.

2.1.2.2 Toileting

The only prerequisite to start lavatory training are steady arrangement of eradication, regular periods of one or two hours of aridness and sequential age of two years or older.

If lavatory exercise is hindered until the youngster is older it might consequence in location in an extra disruptive situation away from peers and friends (Farlow and Snell, 2006).When starting toilet training you should consider clothing (Christiansen and Matuska (2004). Teachers should suggest to parents that children should wear pants with elastic rather than overalls with suspenders that are not easy to remove. In additional it is significant for the youngster to be able to use contented potty chair. Learners with

physical disabilities require toileting training for they may disabilities which might bar them from learning as others. The study sought to ascertain whether toileting skills as a part of self help skills impact academic performance of learners with physical disabilities.

2.1.2.3 Hygiene

According to WHO hygiene refers to conditions and practices that help to maintain and prevent the spread of diseases. It is a set of practices performed for the preservation of health. Home hygiene and everyday life hygiene pertains to the hygiene practices that prevent diseases and the spreading of diseases in home and in everyday life settings.

It includes procedures such as hand hygiene, care of domestic animals and home health care. Personal hygiene is practices performed by a person to care for one's bodily health and well-being through cleanliness.

Bigge, Heller and Best (2005) learning these skills can maintain health; promote socialization and acceptability to others. Students with physical disabilities may not fully achieve the required hygiene skills due to cognitive or physical limitations that require practical teaching and assistance. Teachers and occupational therapists can apply target techniques and task analysis while teaching face and body washing for the student to master the skills easily due to their cognitive and physical limitation. A study of Bigge et al 2005 on hygiene skills considered socialization of the child. The current study sought to find out whether a hygiene skill is one of the self-help skills offered and influence on academic of learners with physical disabilities.

2.1.2.4 Dressing

Attractive clothing provides comfort and raise one's self concept and helps people to feel good about them. Clothing for children with physical disabilities should allow independence in dressing and more self-sufficiency. According to Sherwood et al (2005) some students with motor impairments are able to dress themselves, but adults do not allow enough time for them to complete the tasks. Thus, they do not try or quickly become discouraged. Some students are never given the opportunity to learn that they can complete some tasks without aid. This causes unnecessary dependence. Individuals with coordination problems and limited use of hands may need assistive devices to increase success.

For example nylon zippers and velcro, buttonhook, reachers, dressing stick, socks aid, lace locks, shoe buttons or Velcro fasteners. Tips to make up dressing easy for the learners with physical disabilities includes; Shoes should have Velcro closures, large bib overalls can easily be put on by young pupils in wheel chair they slip off easily to while using the toilet, Elastic waist clothing, pushing or pulling aids. Elastic loops for button holes for buttoning, Tube socks are easy to put on and use and shoes that have the same heel height Sherwood et al., (2005).

Dressing is one of the self- help skills that are needed by the child for personal management. Dressing skills by learners with physical disabilities mostly involve the assistance given by teachers and the occupational therapist that is specialized in training individual development and physical skills that aid in daily activities. Parents should be educated on dressing needs of their children and be informed of the adaptations on

clothing such as zip, elastic, velcro, or big buttons. This is necessary because some of these children experience fine motor problems such as grasping and manipulation of materials that may affect their ability to dress with ease.

The current study sought to establish whether the skill of dressing as self-help is one of special needs educational support services offered to learners with physical disabilities and influence on their academic performance.

2.2 Counseling and medical services and the influence of academic performance of learners with physical disabilities.

2.2.1 Counseling Services and influence of academic performance of learners with physical disabilities.

According to Nasibi (2003) counseling is an interaction process between a teacher (counselor) and student (counselee) in a professional setting which is initiated and maintained as a means of facilitating meaningful understanding on self and environment and results in changes in the behavior of the students who have problems. Gargiulo (2009) points out that a child with infirmity naturally provokes a varied variety of expressive replies, which differ from annoyance, rejection, consciousness and receipt. The primary concern of the counselor working with exceptional children should include self-concept MOEST (2003).

According to Nwoye (1988) there are two extensive types of counseling services which are suggested for persons with disability; alteration counseling and informational counseling. The learner with special need require these services at two basic levels; that is

directly and indirectly through their peers, teachers and their potential employers. In counseling them directly you must first help them adjust their minds and feelings to the meaning and implication of their handicapping conditions.

Helping clients with a handicapping condition to adjust his /her condition requires giving counseling on how to plan an effective strategy for improving his/her other positive aspect of self, helping to determine how to manage most of his/her existing handicapping condition so that he/she can control the obstacles that can prevent progress in life. Informational service is guiding program that is basically designed to provide students with educational, personal, social and occupational data needed to understand themselves in their environment.

The parents of the learners with disability needs also to be counseled to contain the main embarrassment that they are experiencing after the diagnosis of their child's handicapping condition. To help them adjust to this blow, by assuring that what has happened to them can as well happen to anybody else. Help them to avoid temptation common among such parents of either blaming themselves or others (gods/humans) as the possible cause of their child disability. Help them by speaking openly on the specific biological and environmental causes of the disability. Help the parents understand the true nature of their child's future success and life, he/she needs for example to help them locate where they can obtain adequate diagnosis for their child disability. Help them get information regarding where people with disabilities similar to that of their child can gain special education/ effective education. There is danger of forming negative self-concept as a

result of the reaction from peers. Mwaura and Wanyera (2002).The undesirable self-concept is unsafe to academic concert of these children at school.

The study sought to establish whether counseling services is one of special needs educational support service offered to learners with physical disabilities and impact on their academic performance.

2.2.2 Medical services and the influence of academic performance of learners with physical disabilities.

According to Farrel (2009) pediatrics is concerned with child growth and diseases and is relevant to special education Candy et al 2001, Behrman and Kliegman 2002; Osborn et al, 2005; Kliegman et al, 2007). Anderson (2007).For a pupil with orthopedic impairment, the contribution of the physiotherapist will include assessment, direct therapy, and guidance to the teacher and others on postures and mobility, physiotherapists and teachers may collaborate to produce programs enabling the fullest participation of the child in physical activities. The occupational therapist will be involved in assessment, direct work and guidance.

Teachers working with youngsters with physical disability could draw on health advice as to the greatest way to assist the pupil study and grow while confirming security. The medical doctor's charge of asthma may lead to direction on what doings may be followed, the inferences of weather circumstances particularly cold and the best regime for workout and respite. The learner himself will be involved in ongoing decisions and will be assisted to manage the condition as they get older Heward (2006). Approaches to

speech difficulties include medical ones, for example Martin and Miller, 2003, pg, 40-45). Medical perspectives may include genetic information while Structural and sensory problems may require medication to be administered such as antibiotics for ear or surgery may be recommended for cleft palate.

This study sought to establish whether a medical service is one of special needs educational support services offered to pupils with physical disabilities and its influence on their academic performance.

2.3 Multidisciplinary services to learners with physical disability

According to Wright, Cohen and Poon (2008), Educators should collaborate with professional within and outside the immediate school community. Educators not only provide their expertise but also seek skills from a variety of sources and co-ordinate the application of sources of such expertise but also seek expertise across systems. They must have knowledge about the services and expertise each system can give, and how to access and co-ordinate the services and expertise from different systems. Personal commitment of an educator is always the key to the success of professional collaboration in school or an educator is always the key to the success of professional process in the future. Better student outcomes always require teamwork in the school process Wachianga 2010.

As pointed out by Bigge *et al.*, (2005), therapist cannot take place of professional educators even though they assist in equipment modification and training that increase functional setting. Similarly, educators cannot provide direct therapy services although they frequently follow through therapeutic regiments established by occupational

therapist and physiotherapist. Guiliford cited in Kamere (2004) states that special school provide opportunity for close co-operation between teachers and specialist, with each appreciating the disability and it's challenges to the child physically, academically and psychologically. Reinforth cited in shwartz (2005) points out that special needs support services providers have knowledge in specific areas to assist learners with physical disabilities. Therefore collaboration of teachers and the support service providers will assist learners with physical disabilities in all areas of their lives. The study sought to establish whether the multidisciplinary services influence academic performance of learners with physical disability.

2.4 Teachers' and Professionals' Challenges in provision of Support Services

When diverse population of learners with physical disabilities is educated within one classroom no one individual will have expertise to meet all the needs. It's therefore necessary for professional to coordinate in offering their services. School time schedules, overlapping duties and knowledge in supporting children with physical disabilities may negatively interfere with socialization and academic participation of the child.

Many therapists do not feel comfortable working with the clients. An assumption is made that people with physical disabilities don't have the cognitive skill to participate in counseling. A study of Amy 2002 sought to obtain feedback from practicing school counselor in order to explore their activities. Results indicated that school counselor provides many services to student with disabilities.

According to California school nurse organization (2005) healthcare issue is one of the greatest challenges facing our society today. An increased number of students are entering school with complex medical conditions that require daily monitoring and specialized medical procedures. The primary role of school nurse is to answer the health care needs of school children. A study by Kamere (2004) stated that special schools provide a portion for close co-operation between the teacher and specialists with each appreciating the disability and its challenges to the child physically, academically and psychologically.

Wachianga (2010) points out that some of professional who can offer support in classroom are physiotherapist, occupational therapist, nurse, psychologist, counselor and social worker. The study revealed the challenges encountered by professional while providing support services to learners with physical disabilities aiming at promoting socialization and academic participation. The current study sought to establish the challenges encountered by professional while providing special needs educational support services to learners with physical disabilities aiming at promoting socialization and academic performance.

2.5 Summary

From the review of related literature, there are three gaps in knowledge that the study present intended to fill. One, medical services focused on medical model in supporting learners in school overlooking the education and socialization model which this study focused on. Two, the literature on special needs support services focused only on

academic participation leaving out academic performance of children. Lastly, only a few studies had been done on this kind in Kenya. The current study focused on impact of special needs educational support services on academic performance of learners with physical disability in primary school.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter covers research design, variables, location of the study, target population, sampling techniques and sample size, research instruments, pilot study, validity, reliability, data collection techniques, data analysis, and logistical and ethical consideration.

3.1 Research Design

Descriptive survey design was used in this study. The design fits in the study because the researcher would not manipulate any variables Gay (1992). The researcher also initiate the plan suitable since the information obtained was used to clarify the existing state of activities among pupils with physical disability in Kiambu County.

3.1.1 Variables

3.1.1.1 Dependent variables

Dependent variable was the academic performance of learners with physical disabilities. The learners' academic performance depended on provision of special needs education support services. When learners with physical disabilities are provided with special needs support services their academic performance improves therefore academic performance of learners depended on provision of support services.

3.1.1.2 Independent variables

Independent variables were special needs educational support services including medical, counseling, mobility, self-help skills. Special needs support services assisted the learners with physical disabilities in their academic performance.

3.2 Location of the Study

The study was located in Thika East Sub-county which is in Kiambu County, Kenya.

Thika East was chosen because it has several schools in Kiambu County where learners with physical disabilities have been integrated in regular primary schools and there is poor performance of those learners. The high number of schools for learners with physical disabilities enabled the researcher to gather the required data for the research.

3.3 Target Population

The study targeted 120 learners with physical disabilities, 400 teachers and 12 professionals in Thika East sub-county that is in Githima zone. These schools were chosen because they had integrated learners with physical disabilities. To observe whether the services were available in the integrated schools; professionals were targeted for they provided the services to learners and teachers assisted the professional in the provision of support services.

Table 3.1 Target Population

	Males	Females	Total
Learners	55	65	120
Teachers	198	202	400
Professionals	5	7	12
Schools	40		40
Total	258	274	532

Source; Education office Kiambu County

3.4 Sampling Techniques and Sample Size

3.4.1 Sampling Technique

Purposive sampling technique was used to select 12 schools from Kiambu County, 4 professionals from Kiambu County, Stratified random sampling technique was used whereby certain sub-groups were included Orodho, (2009) to select 36 learners so as to include certain categories such as gender that is boys and girls, classes 5-7 and type of physical disability, and teachers based on the classes they teach that is, 40 from class5, 40 from class 6 and 40 from class 7. The teachers were the main link between professionals and learners and at times offered special need support services through guidance. The researcher used more teachers than learners because learners with physical disabilities were not many in integrated primary schools and teachers gave the correct information on special support services.

3.4.2 Sample size

Table 3.3 Sample Size

	Population	Sample	%
Teachers	400	120	30
Learners	120	36	30
Professionals	12	4	33.3
Total	532	160	31.1

3.5 Research Instruments

The researcher used a questionnaire as a research instrument for 120 teachers and 36 learners and interview guide for 4 professionals that is a social-worker, a nurse, an occupational therapist and a counselor. This helped the researcher to cover a broad area of the study and allow for in-depth information through probing.

3.5.1 Questionnaire

Questionnaire was chosen as it gathers a variety of the subject information from the learners and the teachers Orodho, (2003). Close ended items in questionnaire was used to elicit data to enable the researcher to gather responses in line with the study objectives. The open- ended items allowed the respondents to give their views and opinions on the influence of special need educational support services on academic performance of learners with physical disabilities.

The questionnaire for teachers consisted of six sections. (A) Background information on teacher's demographic characteristic 4 items (B) 2 Items about mobility services (C)3

items on Self- help skills (D)2 items on Medical services (E)2 items on Counseling services and (F) 4 items on collaboration. The questionnaire for students consisted of (A) Background information 2 items (B) Availability of support services 7 items (C) Effectiveness of support services 9 items.

3.5.2 Interview guide

The researcher interviewed every officer in their offices at the agreed dates and time.

It consisted of 10 questions which were asked to the professionals. The researcher guided and listened to the responses. The interview with the professionals was seeking to gather data on the support services, challenges they faced and recommendation for improving the quality of their services to learners with physical disabilities. It was conducted in their offices on agreed dates.

3.6 Pilot Study

The pilot study was conducted in Ndula primary which had integrated learners with physical disabilities. Piloting involved 3 teachers and 3 pupils from class 5-7. The respondents were given the questionnaires and were given instructions on how to fill. Piloting was done to check the validity and reliability of research instruments. The purpose of pilot study was to ensure clarity and suitability of the language used in the instruments. Through observation and oral questioning the researcher discovered that some question items in the instruments were not being interpreted easily therefore was simplified. Adjustment was made on the items which were ambiguous.

This ensured that the items in the instruments were suitable and adequate to solicit the needed information from the respondents. The selected school did not take part in the main study.

3.6.1 Validity

The tools were assessed for content validity that is the range to which the form includes such as use of correct language, verdict structures and whether requests are to the equal of the envisioned respondent. The researcher used certified tools to discourse the aims of the study. The instruments were examined and accepted by a skilled lecturer in the department of special need education also the researcher sought expertise from other researcher.

3.6.2 Reliability

Reliability was established using test-retest method. After the first phase of piloting, the researcher went back two weeks later to re-administer the same instrument to the same sample. The two sets of responses were then compared to determine consistency. A correlation coefficient of 0.75 was used to establish reliability. According to Mugenda(2008), a Correlation coefficient of 0.75 is considered reliable.

3.7 Logistical and Ethical Considerations

3.7.1 Logistical Considerations

A research permit was obtained from the NACOSTI. Further permission was sought from Kiambu county education commissioner and Sub-county commissioner of education

from Thika East Sub-county. Permission was requested from the Head teachers to conduct research in their schools.

3.7.2 Ethical Considerations

The participants were informed of the purpose of the study. Direct consent was sought from teachers and professionals providing special need support services and consent of learners' participation was requested from the teachers. Participants were assured that the information they provided would be kept in confidence and would only be used for the purpose of the study as indicated in each instrument Orodho, (2009).

3.8 Data collection Procedures

Before data collection, the Kiambu county director of education and Thika east sub-county education officer was visited to brief them about the study. Logistic procedures were followed downwards to the schools. Prior appointment was made to visit the respective schools at a time convenient for them. To minimize misinterpretations, clear instructions were given on how to fill the questionnaire. A total of 120 questionnaires were given to the teachers after classes in the staffroom in 12 schools in different days and gave them enough time to fill. Then a total of 36 questionnaires were given to learners in their classes in 12 schools after class work and clear instructions was given on how to fill the questionnaires by the researcher. Enough time was given to learners to fill the questionnaires to enhance the credibility of the collected data.

Lastly, the researcher administered the interview guide to the social worker in her office on the agreed date convenient to her. Then a nurse was interviewed in her office as well,

occupational therapist and a counselor in their offices within a period of one hour, on the agreed date convenient for them. The researcher had a note book and noted their responses.

3.9 Data Analysis

First, questions were sorted out to remove those with incomplete information; those questions that were duly filled by the respondents were included in the analysis. Second a data coded book was prepared; this reference book facilitated the entry of data into computer data entry sheet. Third, the coded data in the computer sheet were directly keyed into statistical package for social sciences (SPSS).The data were analyzed and presented using descriptive statistics on the basis of frequencies and percentages. Graph, pie charts and tables of frequencies and percentages were used to present and analyze the data.

Data from open ended questions such as interview guide were first thoroughly read by the researcher to gain familiarity of the responses. These was then sorted out, classified and categorized under major themes of support services as mobility, medical, counseling, self- help services, multidisciplinary service and professional challenges. These made it easier to determine frequencies and then give adequate description.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 Introduction

This chapter presented the analysis and discussion of the data collected from a sample of Respondents from Thika East Sub-county. The data analysis entailed both qualitative and quantitative. The quantitative data were analyzed using SPSS and presented in tabular form, results inferred and the findings discussed, while qualitative data were read sorted out classified and categorized under major themes and presented in discussion form. However, some of the responses from learners and teachers were combined and discussed as a unit for clarity.

The findings of the study were discussed under the following themes delivered from the research questions.

- i. How does provision of mobility and self-help skills influence the academic performance of learners with physical disabilities?
- ii. How does provision of counseling and medical services influence the academic performance of learners with physical disabilities?
- iii. How are multidisciplinary services offered to learners with physical disabilities?
- iv. What are the challenges faced by teachers and professionals in providing the support services to learners with physical disabilities?

4.1 Response rate

The study recorded 100% response rate from all the types of respondents involved (learners, teachers, and the professionals). This gave the study an impetus to strongly address the research objectives with more reliable findings.

Table 4.1 Response rate

Respondents	Frequency	Percentage %
Learners	36	100
Teachers	120	100
Professionals	4	100

All 36 learners returned their questionnaires, all 120 teachers returned their questionnaires and the 4 professionals participated in interview very well. This assisted the researcher to investigate the influence of provision of special need support services on academic performance of learners with physical disabilities.

4.2 Demographic information.

4.2.1 Students

The demographic data of students for this category of respondents included gender and class level. The data were collected from 36 students to get equal representation between boys and girls in the study. Class level was considered to seek varied information from the sample students. Learners were asked to indicate their gender and their classes as presented in table

Table 4.2 Gender and the class of the pupils

Class	Boys		Girls		Total	
	F	%	F	%	F	%
Five	4	20	3	18.75	7	29
Six	6	30	5	31.25	11	31
Seven	10	50	8	50	18	50
Total	20	55.56	16	44.44	36	100

The data presented in table 4.2 shows the representation of the respondents by gender and class level. The findings showed that there were 20 (55.56%) boys and girls were 16 (44.44%). Moreover, majority of the respondents (50%) were from class seven followed by those from class six at 31%. There were 20 boys and 16 girls adding up to 36 pupils. The findings implied that most of the learners in upper primary in Thika East were boys. The higher proportion of those in class seven was informed by the fact that they would provide more reliable information compared to their juniors.

4.2.2 Teachers

The bio-data of teachers on this category included professional qualification, training in special needs and teaching experience. The respondent characteristics were considered useful for the study to generate the required data. Teachers were asked to indicate their highest academic qualification.

Table 4.3 Teachers' professional qualification

Qualification	Frequency	Percentage
P1	38	31.3
Diploma in SNE	60	50
Bachelor	20	17
Masters	2	1.7
Total	120	100

The above table shows the qualification of teachers, 60(50%) teachers had a diploma in special need education, 38(31.3%) teachers had a p1 certificate, 20(17%) teachers had bachelors and 2(1.7%) teachers had masters. Therefore, findings indicated that the learners with physical disabilities were handled by qualified teachers who had knowledge in special needs and gave relevant information to the researcher. Teachers were further asked to indicate their teaching experience as indicated in fig 4.1

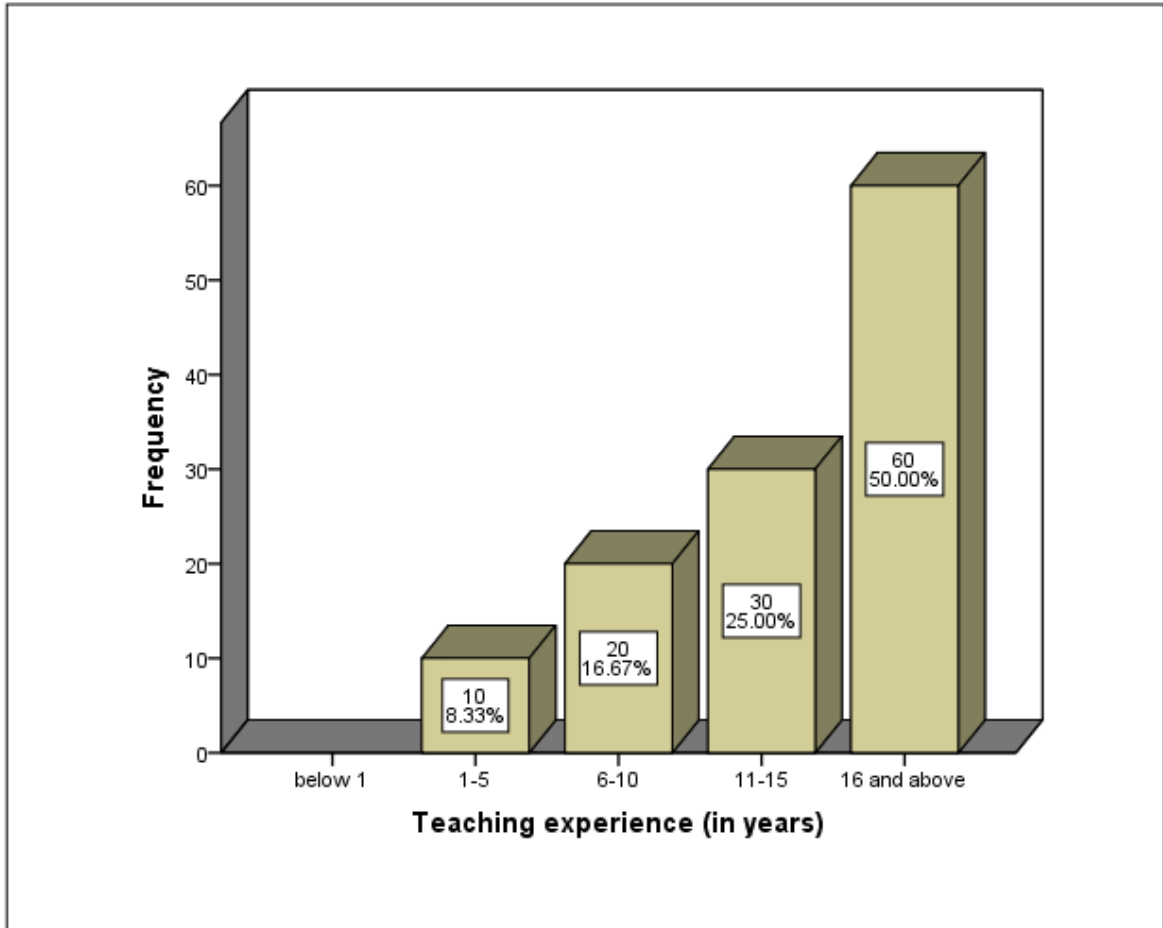


Fig 4.1 Teachers' Teaching Experience

Figure 4.1 shows the teaching experience of the teachers. 60(50%)teachers had an experience of above 16 years, 30(25%) teachers had between 11 and 15 years, 20(16.67) teachers had between 6-10 years, 10(8.33%) teachers had between 1-5 years and none of the teachers had an experience of less than one year.

This showed that most of the respondents had adequate experience to understand various aspects affecting learners with physical disabilities. This assisted the researcher in receiving adequate information on the impact of provision of support services on academic performance of learners with physical disabilities.

4.3 Provision of mobility and self-help services and influence on academic performance of learners with physical disabilities.

Objective one; aimed at finding out how provision of mobility and self-help skills influence academic performance of pupils with physical disabilities in integrated primary schools in Thika East Sub-county.

4.3.1 Mobility Services

The study sought to establish whether mobility services which enabled the learner to explore and interact with the environment are provided daily during school terms. The information was sought from the learners and the results were as displayed in table 4.4

Table 4.4 Frequency of Provision of Mobility Services

Response	Frequency	Percentage %
Agree	8	22.2
Disagree	28	77.8
Total	36	100

From the table 4.4 28(77.8%) learners disagreed that mobility services were provided daily in school term while 8(22.2%) learners agreed. This showed that mobility services were not provided daily. The Therapist from the interview guide said that, "we provide the mobility services weekly". Mobility services should be provided daily for they are very important to learners with physical disabilities. According to Schwartz (2005) mobility services should be provided to learners with physical disability often as they had motor difficulties which made it difficult for them to move or manipulate the physical environment. The researcher concurs with Schwartz that learners with physical disability

required mobility services to be able to explore the environment. The study further sought to establish the type of mobility devices used by learners with physical disability. The information was sought from the teachers and the results were as displayed in fig 4.2.

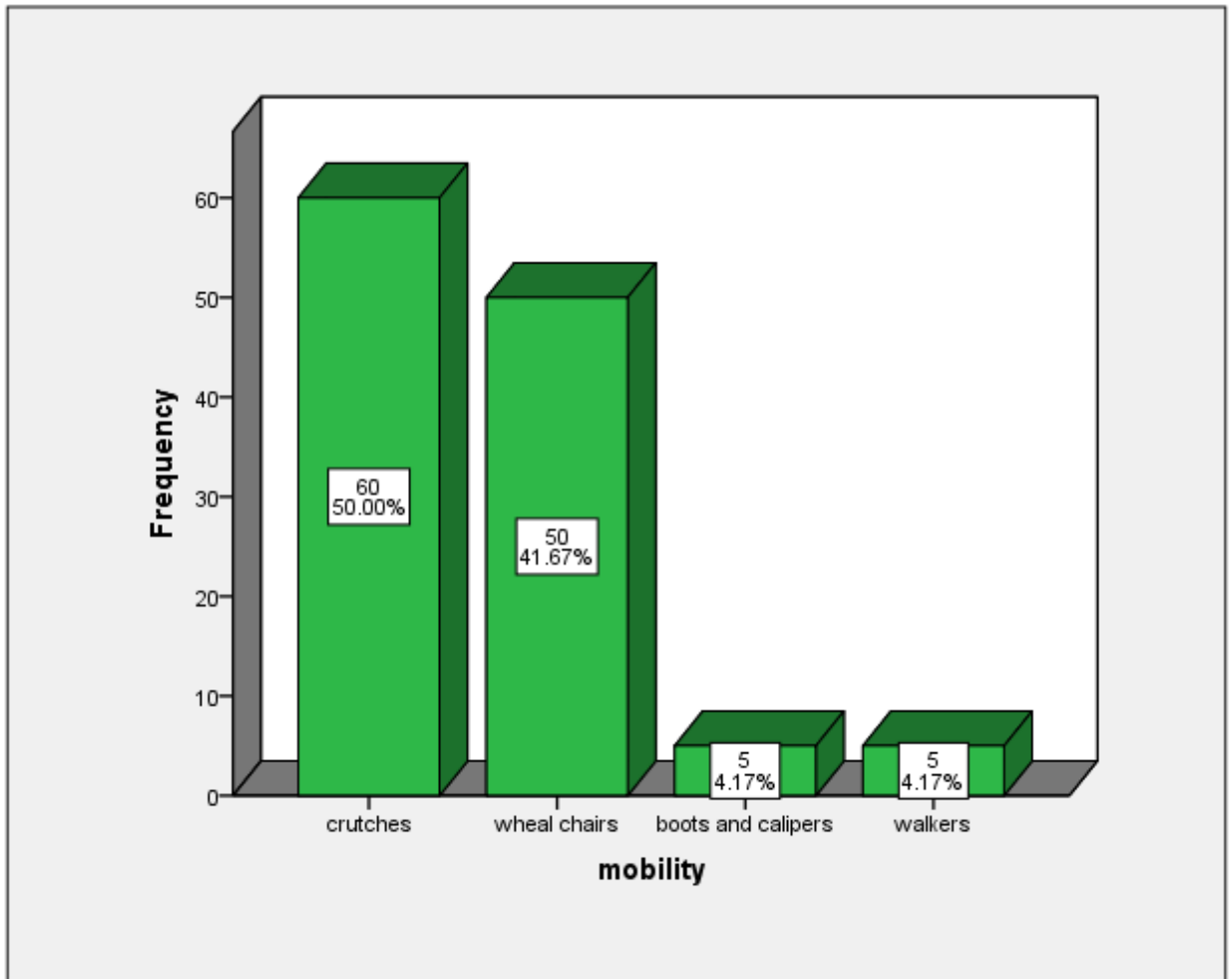


Fig 4.2 Mobility devices used by learners

From the results in fig 4.2, 60 (50%) teachers said that learners with physical disability used crutches, 50(41.67%) teachers said that learners used wheel chairs, while 5(4.17%) teachers said that the learners used boots and calipers and walkers. These devices are very important to learners with physical disabilities for they assist learners in their interaction with environment.

The results concurred with Gagiulo (2000) who found that learners with physical disabilities used wide range of mobility devices. Waruguru and Kabuchuru (2008) posited that the learner with physical disability should be trained to use the functional parts of the body which would assist the learner in participating in classroom activities hence improvement in academic performance. Most of the learners used crutches for they were cheaper. However, when considering mobility aid for the learners one should check for their appropriateness rather than their cost.

4.3.2 Mobility Services and Academic Performance

From the first objective the study also sought to establish whether mobility services improved academic performance and the results were as shown in table 4.5

Table 4.5 Mobility Services Provided and Academic Performance

Responses	Frequency	Percentage %
Teachers	120	100
Professionals	4	100
Learners	36	100

The information was sought from teachers, professionals and learners. All 120(100%) teachers and 36(100%) learners responded that the mobility services improved academic performance. Teachers observed that learners attended classes in time and participated actively in class due to improved mobility. The occupational therapist also indicated that mobility services improved academic performance. The finding concurred with Waruguru and Kabuchuru (2008 who observed that to teach learners with physical disabilities, it was important to train the learners to use mobility devices.

According to this, the device would accelerate the speed of learners' movement hence improve the participation in class activities. Also the learners became more active after exercises which improved their academic participation hence improved performance.

4.3.3 Mobility and Socialization

From the first objective further the study intended to establish whether mobility services improved socialization of learners and the results were shown in table 4.6

Table 4.6 Mobility and Socialization

Socialization aspect	Teachers	Learners
Playing with peers	120	36
Working in class	120	36
Percentages	100	100

This information was derived from the learners and teachers and 120(100%) teachers and 36(100%) learners showed that mobility improves the interaction of learners. Also the therapist stated that mobility services promoted socialization. The mobility services enhanced socialization through playing together with peers and working together in class. Mobility services lead to increase socialization of learners during physical education. The finding indicated that mobility services impacted positively in facilitating socialization of learners. This could be due to the fact that most of activities that facilitate socialization are movement based. Therefore, when learner's mobility is enhanced, they are encouraged to interact among themselves and teachers.

This study conformed to the previous study by Heller *et al*, (2000) who found that providing a means of mobility to learners with physical disabilities could improve their independent exploration and interaction with the world. According to this citation, interaction with the world around the learners results in discovery, exploration free movement as well as the ability to socialize with others. When the learner improves their mobility, their physical environment is extended both to the peers and to the teachers, therefore increasing their classroom participation and hence improved their performance.

4.3.4 Teaching Self Help Skills

From the first objective the study also sought to establish whether teaching of self-help skills as another support service was provided to learners with physical disabilities. Teachers were asked to respond with either yes or no. The following responses were presented in fig 4.3

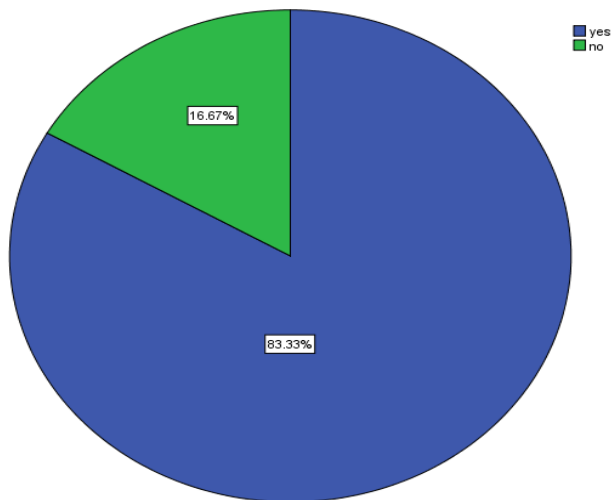


Fig 4.3 Teaching of self-help skills

According to the results in figure 4.3, 100(83.33%) teachers responded that self-help skills were taught to learners with physical disabilities while 20(16.67%) responded that it was not taught. The findings showed that majority of the teachers indicated that teaching self-help skills to learners with physical disabilities was done. Other learners without physical disabilities were not generally taught how to perform such activities as toileting, dressing and bathing. They acquired them through imitation and observation and they became part and parcel of their lives. They therefore learnt them naturally, incidentally or effortlessly. However, learners with physical disabilities had difficulties acquiring these skills. In view of this, they should be taught these skills to carry out daily living activities without or with minimal assistance.

The study further sought to establish who should be involved in teaching self-help skills. Majority of the teachers indicated that teachers should be involved in teaching self-help skills. Teachers spent most of their time with learners and have advantage of identifying individual weaknesses. A study by Raver (2009) showed that developing self-help skills to learners with physical disabilities fostered independence and confidence in a child. This meant that learners with physical disabilities required to be taught the self-help skills to live independently as other learners without disabilities. The learners were further asked to respond to the statement regarding whether self-help skills were included in daily program. The results were shown in table 4.7

Table 4.7 Frequency of Teaching Self Skills

Responses	Number of learners	Percentages
Strongly agree	30	83.3
Agree	6	16.7
Total	36	100

As presented in the table 4.7 30(83.3%) learners strongly agreed while 6(16.7%) learners agreed that the services were provided on daily basis. This showed that the learners received self-help skills on daily program. This concurs with Dane and Donovan (2002) who cited that establishment of adaptive skills like dressing feeding or personal hygiene comprised a large part of the young child's daily routines. Having the self-help skills taught daily will enable the learners to acquire the skills for independence living. This view is shared by Westling and Fox cited in Bigge et al., (2005) who observed that hygiene skills maintain health, promote socialization and acceptability to others. This would improve classroom participation of the learner hence improved performance. The kind of self-help skills given to learners includes bathing, dressing and washing clothes and utensils. These skills were very important for learners to promote independence.

4.3.5 Self-helps skills and Academic Performance

The study sought to establish whether the self- helps skills promoted academic performance of learners with disabilities. All 120 (100%) teachers agreed that the self-help skills promoted academic participation of the learners with disabilities. The acquisition of the skills made the child fit to interact with other learners hence improved

participation in class hence improves performance. The study further sought teachers' opinion on how self-help skills promote academic participation.

Table 4.8 Self- help skills and Academic Performance

	Frequency	Percentages
Reduces infection of diseases	100	83.3
Build self esteem	80	66.7
Promotes confidence	60	50
Creates conducive learning environment	100	83.3
Increases class attendance	80	66.7

The data on table 4.8 above 100(83.3%) teachers showed that self- help skills help to reduce infections of diseases and creates conducive learning environment, 80(66.7%) teachers felt it built self -esteem and increases class attendance while 60(50%) teachers indicated that it promoted confidence. For the child to gain and discover new learning experiences he/she must be actively involved in the learning process. The results shows that self-help skills had influence on academic performance as they build self-esteem, reduces infections, increases class attendance and creates conducive learning environment, therefore, increasing class participation. Oketch (2003) revealed that self-help services allowed somebody with special needs to be recognized and partake in all actions of the society.

The finding of this study differs with Bigge et al., (2005) who emphasized importance of teaching personal management skills to promote independence in school. This did not reflect on academic performance of the learner as a result of personal management skills.

4.4 Provision of Medical and Counseling Services and influence on Academic Performance of Pupils with Physical Disabilities.

The second objective focused on how provision of medical and counseling services impact academic performance of learners with physical disabilities. To achieve this, the researcher established the perception of learners on adequacy of medical services given to them as another support services and results were as shown below on figure 4.4

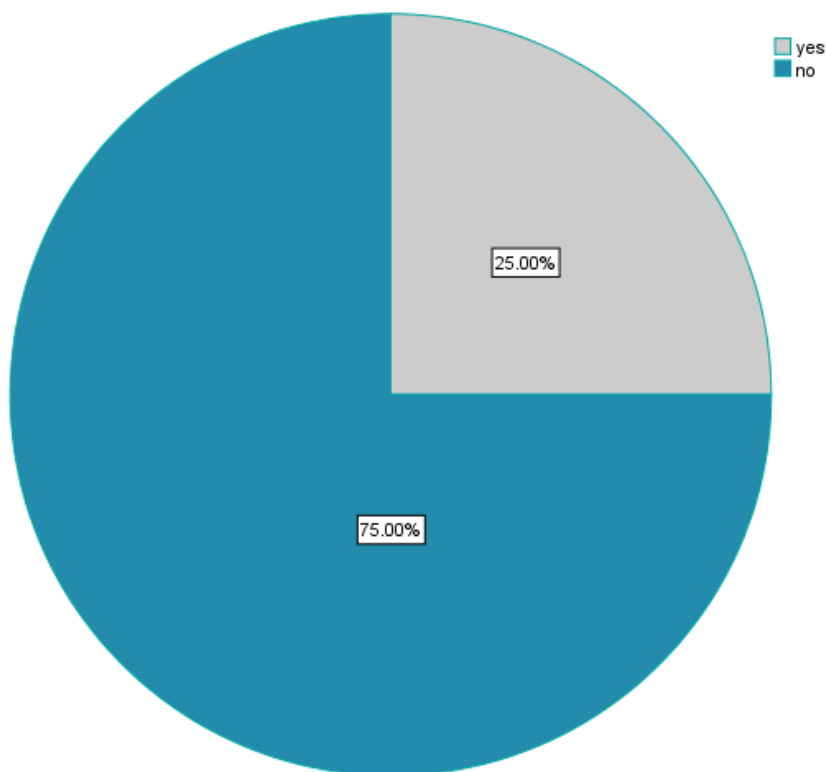


Fig 4.4 Perception on Adequacy of Medical Services

From figure 4.4 data above 27(75%) learners disagreed that health services were not adequate while 9(25%) learners agreed that school health services were adequate. This

showed that there were no sufficient medical services to learners with physical disabilities. The learners went to seek medical services in the nearest health facilities. The professionals from interview stated that they provided medical services to learners when they visited the hospital. California school nurses organization (2005) stated that there was need of the school nurse for learners with physical disabilities. This was because some of the learners with physical disabilities depended on medicine. The medical services provided in schools for learners with physical disabilities as shown by the teachers were first aid during emergencies, discussion of health issues and ensuring proper dose. These findings were in line with Smith (1998) who observed that in some occasion's teacher may be asked to dispense medication or attend to minor medical needs of the learner. This implied that teachers could be involved in health maintenance and administration, Therefore, there was need of a health centre in every school with learners with physical disabilities to assist them in their education.

4.4.1 Medical Services and Academic Performance

From the second objective the study further sought to establish how medical services provided to learners enhance their academic performance in school. The results were shown in table 4.9

Table 4.9 Medical services and academic performance

Responses	Number of teachers	Percentage %
Improves class attendance	80	66.67
Improves their mobility	40	33.33
Total	120	100

From the table 4.9 80(66.67%) teachers stated that medical service improves class attendance and 40(33.33%) teachers said that medical services improve their mobility.

The findings showed that medical services led to regular class attendance and improved their mobility hence able to participate well in class. These findings were in consistent with a study conducted by Reinforth cited in Shwartz (2005) that a learner could visit the nursing officer for treatment to enable him/her to benefit from education program hence improving classroom performance. A child who is healthy physically and psychologically is able to adjust with social environment and hence improves his performance in school.

4.4.2 Medical services and socialization

From the second objective teachers were further asked to respond to a statement regarding whether medical services influenced learners' socialization in school and the result were as follows

Table 4.10 Medical services and socialization

Response	Number of teachers	Percentage %
Become active in play	60	50
Builds their self esteem	20	16.7
Improve their mobility	40	33.3
Total	120	100

As shown in the table 4.10 above, 60(50%) they responded that medical services caused the learner become more active in play, 40(33.3%) teachers responded that the services improved their mobility while 20(16.7%) teachers responded that it build their self-esteem. The nurse from the interview guide responded that medical services promoted

their socialization. A child who is healthy will be able to interact well with others in class and in outdoor activities. This concurs with Wachianga (2010) who revealed that medical services improved the academic performance of learners with physical disabilities. I concur with them because a learner who is unhealthy cannot participate fully in academic and socialization.

4.4.3 Counseling services

Still in the second objective, counseling services as one of the support services are crucial to learners with physical disabilities because their disabilities interferes with their optimal life adjustment, consequently counseling services helped them make life more satisfying and achieve their potential. The study also sought to establish whether counseling services was provided in their schools and the results were as shown in fig 4.5

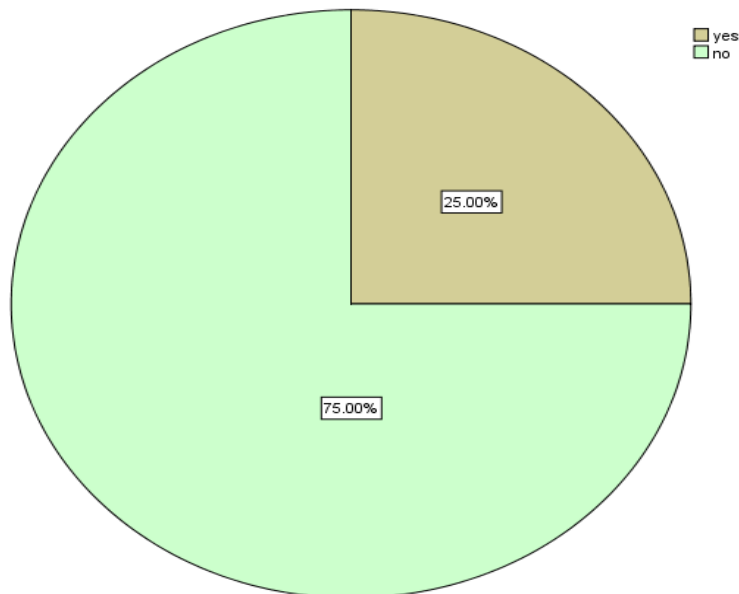


Figure 4.5 Provision of counseling services

27(75%) learners agreed that counseling services are provided in schools while 9(25%) learners disagreed. From interview guide the counselor stated that they provided counseling services to learners to assist them in behavior modification. Counseling was very important for learners with physical disabilities because it helped them adjust to school life. Due to this, counseling needs of these learners should be addressed to help for their correct maladaptive behavior. This study concurs with Nasibi (2003) who emphasized that the school are charged with responsibility of helping individual learners and develop their potential.

4.4.4 Types of counseling services provided

From the second objective the study further sought to establish the types of counseling services provided and the results were as in table 4.11

Table 4.11 Counseling Services Provided

Responses	Number of teachers	Percentage
Behavior modification	100	83.3
Transition planning	60	50
Self-advocacy skills	30	25

From the data above 100(83.3%) teachers responded that behavior modification was one of the counseling services provided to learners, 60(50%) teachers indicated that there was also transition planning, and 30(25%) teachers indicated that the other type of counseling provided is self-advocacy skills. Children with permanent disabilities tended to have psychological maladjustment which could lead to school related social problems. Behavior modification strategies were therefore used to enhance their socialization and

academic performance were necessary. Transition planning was also important for learners with physical disabilities to assist them to have confidence in themselves as they move from one stage to another. This support MOEST (2003) that exceptional children should be assisted to build a better self-concept as people who can perform and accomplish goals. It suggested that learners with physical disabilities should be encouraged and motivated to achieve their full academic potential.

4.4.5 Counseling and Socialization

Also from the second objective the teachers were asked to respond to whether counseling had positive impact on socialization of the learners and the results were as shown

Table 4.12 counseling and socialization

Responses	Number of teachers	Percentage
Build self esteem	60	50
Assist to socialize	20	16.7
Builds independence	40	33.3
Total	120	100

From the table 4.12 above 60(50%) teachers responded that counseling builds self - esteem, 40(33.3%) teachers responded that it builds independence and 20(16.7%) teachers said that it assisted learners to socialize. The counselor stated that counseling promoted socialization. In a school environment, it is important for a learner to establish and maintain friendship in order to diminish feeling of isolation and loneliness. The issue of self- esteem was responded to by 60(50%) teachers because it resulted in building self-image of the learners. The feeling of self-worth due to positive self-confidence reinforces

socialization. The results concur with Mwaura and Wanyera(2002) who stated that there was risk of learners making undesirable self-concept as an outcome of the reaction from peers. Therefore building self-esteem is very important for socialization. The finding disagreed with MOEST (2003) which looked at self-concept broadly on academic rather than on socialization model.

According to it, the primary concern of a counselor dealing with exceptional children should include building a better self-concept as a people who can perform and accomplish goals. The finding implied that positive self-concept reinforces self-confidence and therefore the learner could easily socialize with his or her peers.

4.4.6 Counseling and Academic performance

Still in the second objective teachers were given a statement to respond whether counseling could improve academic performance of the pupils with physical disability.

The results were as displayed in fig 4.6

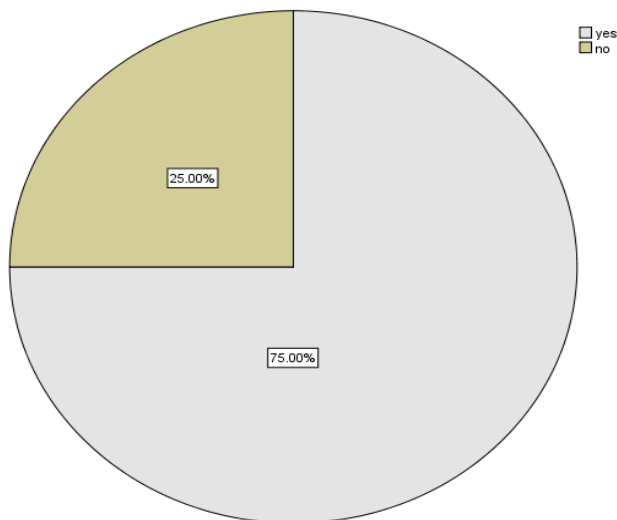


Fig 4.6 Counseling and academic performance

The responses 90(75%) teachers agreed that counseling service improved academic performance while 30(25%) teachers disagreed. The counselor stated that counseling services improved the learner's performance. This indicated that counseling was very important in improving academic involvement of pupils with physical infirmities. Due to poor physical and mental conditions some learners might see no need of working hard in school as they considered themselves disabled and therefore not motivated to perform well in school. This concurred with (Mwangi 2003) who argued that intervention of teachers; counselor should include giving a person academic counseling as one tries to rehabilitate him/her. This implied that teachers who are counselors working with learners who are physically disabled should encourage them to set positive academic goals.

4.5 Multidisciplinary services and influence on academic performance of learners with physical disabilities

The third objective of this study sought to examine how multidisciplinary services were offered to learners with physical disabilities. The researcher sought views of teachers on collaboration with professionals providing support services and the results were as shown in fig 4.7

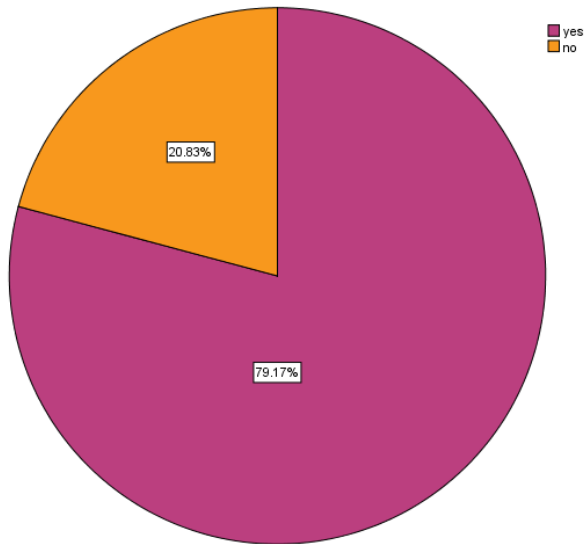


Fig 4.7 Collaboration of teachers and professionals

From the figure above 100(79.17%) teachers agreed that they collaborated with other professional offering support services while few teachers disagreed. From interview guide the professionals stated that they collaborated with teachers though they did not plan together but review the learners' progress. The varying needs of learners with physical disabilities required collaboration of teachers and others professionals offering support services. The professionals are competent in various areas, at the same time the needs of the individual learners are specific yet, in most cases teachers could mostly implement the pieces of advice given to them by professionals. The finding was in line with the study of Reinforth cited in Shwartz (2005) who pointed out that some support services providers had the talent and flexibility in class during any lesson and find ways to provide specialized services needed by individual learner.

4.5.1 Professionals offering support services to the school

As part of objective three, the study further sought to establish from teachers the professionals offering support services to school. Their responses were as shown as below

Table 4.13 Professionals offering support services to school

Responses	Number of teachers	Percentage
Counselors	50	41.6
Therapist	20	16.8
Social workers	50	41.6
Total	120	100

From the data 50(41.6%) teachers responded that counselors provided support services, 50(41.6%) teachers responded that Social workers provided support services while 20(16.8%) teachers responded that therapist provided support services in school. This implied that learners with physical disabilities received services from counselors, therapists and social workers to guide and encourage them in their academic. This conformed to Wright, Cohen and Poon (2008) who revealed that educators should collaborate with professional offering special need support services within and outside school community. Due to this fact the teachers must collaborate with various experts in other fields for the child to benefit fully in school. The study further sought to establish how often the professionals worked with teachers in the school. The results were as shown in fig 4.8

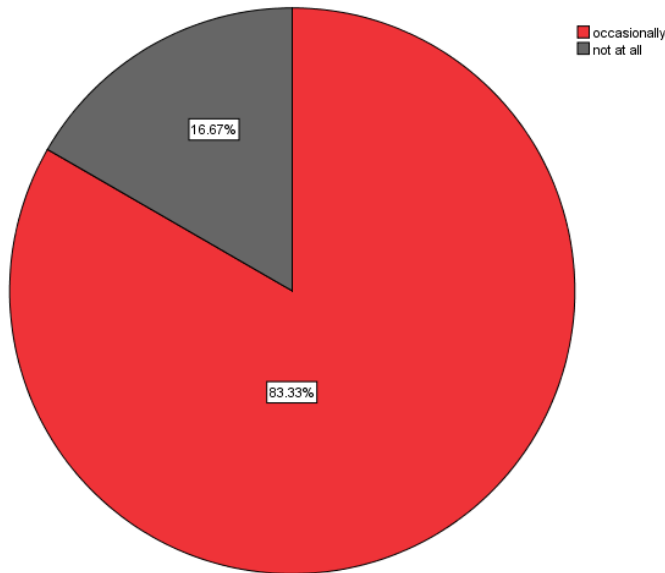


Fig 4.8 how often do teachers collaborate with professionals

From the data 100(83.33%) teachers responded occasionally while 20(16.67%) teachers responded that not at all. The learners with physical disabilities might have poor positive self-image because of their disability and require to be counseled to adjust them to the environment. Reinforth cited in Schwartz (2005) pointed out that some support service providers had knowledge in specific areas to assist learners with physical disability. Teachers should collaborate with professionals always so as to help learners with physical disabilities learn adequately.

4.6 Challenges professionals faced in providing support services to learners with physical disabilities

The fourth objective of this study sought to examine the challenges faced by professionals while providing support services to learners with physical disabilities.

Data was collected through interviews conducted with a therapist who indicated that one of the identified challenges was heavy workload as the children visited them in large

numbers. This means that sometime some children went home without being attended to. The therapist attended to the school only once in a week, this implied that learners were rushed during the service due to the large numbers which had to be attended to on a single day. This reduced the quality and effectiveness of the mobility services the learner received.

Further, from the interview with the social worker the findings indicated that the parents were not cooperative when asked to take their children to visit the professionals. This implied that the parent knew their child better than teachers or professionals. This was in line with a study by Gargiulo (2006) when he argued that parents are seen as collaborators and equal partners with professionals. One can therefore conclude that the quality of support services given to learners with physical disability depended on the cooperative teamwork between teachers, professionals and parents. Further, interview with a counselor revealed that there was financial implication in terms of services and materials such as assistive devices in the provision of support services.

The parents were more involved in the provision of funds for the services such as medical, materials and equipment. Most of the parents sometimes underwent heavy financial constraint due to medical services and purchase of devices. This was a big challenge as it depended on social economic background of the parents.

This study conformed to Barakat and karak, soketal, cited by Gargiulo (2006) arguing that the families of children with physical disability and other health impairment were under tremendous stress characterized by financial strains. This could be so because the

funds enhanced the availing and adequate provision of support services required by the child.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter the summary of the findings of this study was done. The conclusion was made followed by recommendations. The final section outlines areas that the researcher felt needed further research. The summary is based on 120 teachers and 36 learners from integrated primary school in Kiambu County.

5.2 Summary of research findings

The study aimed at establishing the impact of special need education support services on academic performance of learners with physical disabilities. The finding of the study were presented in accordance with objective of the study as follows

- i. Find out how provision of mobility and self helps skills influence the academic performance of learners with physical disabilities.
- ii. Find out how provision of medical and counseling services influence the academic performance of learners with physical disabilities.
- iii. Find out how multidisciplinary services are offered to the learners with physical disabilities.
- iv. Determine the challenges faced by teachers and professionals in providing support services.

5.2.1 Provision of mobility and self- help skills to learners with physical disabilities.

The study found that mobility services were offered though not always. These services should provided frequently to enable learners to perform well in their academic

The most commonly devices used by learners were crutches, boots and calipers, walkers and wheel chairs. Mobility services improved performance of learners in academic and socialization of learners with peers and teachers. The finding also revealed that teaching self-help skills was necessary as one of support services which were provided on daily basis and the skills provided were bathing, dressing, and washing of clothes and utensils. The acquisition of self-help skills improved academic performance for these skills made the child fit for schooling. They reduced chances of contracting infection and maintain child health for regular school attendance. The skills lead to improvement of self-esteem enabling the child to be confident and comfortable hence enhancing socialization with peers and teachers hence improving the academic performance.

5.2.2 Provision of counseling and medical services

The finding also showed that medical services were provided as learners visit the health facilities. The common related medical services provided to learners included first aid, discussing health issues and proper dose. These seemed to be the most basic services that teachers could provide in the absence of qualified medical personnel. The medical services promoted academic performance and socialization.

The finding revealed that counseling services were provided .The most common types of counseling provided included behavior modification indicating that the learner had behavior problem which could be due to effect of their disabilities. Self-concept was the second for it increases the learner's confidence hence improving class performance. Counseling services improved academic performance and socialization.

5.2.3 Multidisciplinary services

The finding showed that there was collaboration of professionals and teachers. The counselor, social workers and therapists mostly visited the school. The professional collaboration helped in guidance of the parents and learners, provision of materials and provision of health services as they visited the health centre near the school.

5.2.4 Professional challenges

The finding revealed that the professionals faced various challenges which included transport problems to and from the school of learners with physical disability. There was heavy work load compared to the number of learners and the number of professionals. Parents were found to be uncooperative when asked to visit the professional. There was also lack of professionals in different areas where learners required the services. The study revealed that there were also financial constraints in term of services and materials needed to provide support services. The finding revealed that professional continuously reviewed the services they provided to learners. The challenges faced by professional could negatively affect the quality of delivery of support services.

5.3 Conclusions

Based on the findings it is logical to conclude that special needs education support services impacted academic performance of learners with physical disabilities positively for it was noted that provision of education support services was of great help to learners with physical disabilities in academic performance and socialization. The mobility skills enabled the learners move, play with peers and manipulate materials. Medical skills helped the learners to be healthy and be able to participate in learning process though it

was provided when learners visited the health facility available. The only health measures provided in school was first aid, health issues and proper dose.

Counseling services assisted the learners to improve their behavior, self-image and confidence which enabled them to perform well in class. Self- help skills enabled the learners to improve their self- concept and made them comfortable. Collaboration was necessary for the teachers and professionals though it was not regular. There was transport problems, heavy workload, financial constraints and parents were uncooperative. The support services improved academic performance and socialization.

5.4 Recommendations

The purpose of the study was to establish the impact of provision of special need educational support services on academic performance of learners with physical disabilities in Thika East sub-county, Kiambu County. On the strengths of the study findings the following recommendations were made. The provision of educational support services should be emphasized and be provided to learners with physical disabilities in schools. The government should employ more professionals such as nurses, counselors, social workers and therapists in schools to provide the services to learners for they would be very important to learners with physical disabilities.

On the issue of collaboration with professionals and teachers should be improved as this would help the learners with physical disabilities. The services offered by therapists could be extended by the parents and teachers at home hence improving learner's abilities. The ministry should provide the schools with funds to buy materials and equipment for

learners with physical disabilities, employ more professionals in schools with learners with physical disabilities and parents should be sensitized and made aware of their learners needs to assist them to be co-operative.

5.4.1 Policy Recommendation

1. The government and other stakeholders should employ more professionals in schools with learners with physical disabilities to assist in provision of support services.
2. The KICD should modify the regular curriculum to incorporate the provision of support services to learners with physical disabilities.
3. The ministry of education should provide more funds for provision of support services.

5.4.2 Areas for further research

1. This study only covered Thika east sub-county which is only a small part of Kenya. A study on this kind can be carried out in other regions of Kenya.
2. The study only collected opinions from teachers, social workers, counselor, a nurse, a therapist and learners. Further research can be done to consider all stakeholders.
3. The study only surveyed the provision of few support services. A study could be carried out with a view to include more support services.

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APPENDIX I:**QUESTIONNAIRE FOR STUDENTS**

This questionnaire is designed to gather information about the impact of provision of support services on academic, their availability and effectiveness to learners with physical disabilities. You are assured that your responses will be treated with strict confidence and the information you give will be used for this research purpose only.

There is no right or wrong answers. Do not write your name.

SECTION A: BACKGROUND INFORMATION

State the level of your class Class 5 Class 6 class 7

State your gender Boy Girl

SECTION B: AVAILABILITY OF SUPPORT SERVICES

The following statements indicate the nature of support services provided to students with physical disabilities at school. Please write, Strongly agree, Agree, Undecided, Disagree, or Strongly Disagree which most represents your views on the following statements.

1. Mobility services are provided daily during school terms.
2. Only physiotherapists or those trained in mobility teach mobility skills.
3. Self-help skills such as dressing, toileting, and body washing are put in the school's daily program.
4. School health services such as prescription of drugs, surgery and general administration of health procedures are provided regularly.
5. Counseling services are offered to an individual or group.
6. Teachers regularly invite specialists to provide support services.

7. Personnel providing support services work as a team.

SECTION C: EFFECTIVENESS OF SUPPORT SERVICES

Please show the correct option by putting a tick in the box or giving simple explanations as required in the space provided.

1. Do the mobility services provided improve your academic performance?

Yes No

If the answer above is yes, state how the services help in classroom performance.

2. Do the mobility services promote your interaction with peers and teachers?

Yes No

If yes, state how the services help in your interaction?

3. What does it involve and the benefits of self-help skills in promoting your interaction with peers and teachers?

4. Do you think medical services provided are adequate in assisting your learning at school?

Yes No

Please explain your answers above

5. Do you think counseling services promote your interaction with peers?

Yes No

If yes explain

6. Are counseling services useful in improving classroom performance?

Yes No

7. Do people provide support services constantly? Check how the services assist you in class performance? Put a tick against your choice.

(a)Every time they come.

(b)Not done every time.

(c)Not done at all.

8. How would you like these services to be provided? Kindly state. _____

9. In your opinion, do you think these services are necessary for your life at school?
Please kindly explain your answer. _____

Thank you for taking your time to respond to these statements.

PAULINE NJERI NDUNG’U

APPENDIX II: QUESTIONNAIRE FOR TEACHERS

I am conducting a study on impact of provision of support services on academic performance of learners with physical disabilities in Thika East Sub-county, Kenya. You are assured that your responses will be treated with strict confidence and the information you give will be used for this research purpose only. There is no right or wrong answers. Do not write your name. You are requested to respond to all statements in each section. Thank you.

SECTION A BACKGROUND INFORMATION

1. Name of your school _____

2. Highest level of professional qualification

P1 Diploma in SNE Bachelor's degree

PGDE Masters Others

3. Have you undertaken training in special need education?

Yes No

If the answer above is yes, what level did you train for?

P1 Diploma in SNE Bachelors

Masters others

4. How many years have you been teaching?

-Less than one year

-1-5 years

-6-10 years

-11-15 years

-16 and above years

SECTION B MOBILITY SERVICES

5. (a) Kindly mention the most common types of devices for mobility used by your learners with physical disabilities.

Wheel chairs Crutches Boots and calipers

Mobility chair Walkers Others (please specify)

- (b) If your answer above included others, please briefly state why? _____

- (c) Do the mobility services encourage interaction among learners and teachers?

Yes

No

- (d) Please give reasons for your answer above _____

- 6(a) Do the mobility services improve class performance of these learners?

Yes

No

- (b) Please give reasons for your answer above. _____

SECTION C SELF-HELP SKILLS

- 7(a) Do you find teaching self-help skills e.g dressing necessary?

Yes

No

(b) If the answer above is yes, who are involved in the teaching? _____

8 (a) Do you teach hygiene skills e.g body washing in your school?

Yes

No

(b) If the answer above is yes, which are the areas of hygiene skills do you concentrate on?

i _____

ii _____

iii _____

iv _____

v _____

Do you think learning hygiene skills can improve academic performance among learners?

Yes

No

9. Please kindly tick whichever is applicable in impacting academic performance of learners.

i) Reduce infection

ii) Build self esteem

iii) Promotes confidence

iv) Increases class attendance

v) Creates conducive learning environment

SECTION D MEDICAL SERVICES

10 Do most learners with physical disabilities often require medication?

Yes

No

11. a) Under what circumstances does the school nurse make referrals?

Arrangement to hospitals, or visiting doctors for learners.

- a) _____
- b) _____
- c) _____
- d) _____

b. Please list some of the medical related services provided to your learners in school.

- i _____
- ii _____
- iii _____
- iv _____

c. Do you think health services have an impact on learner's socialization?

Yes No

Please give reasons for your answers above. _____

d. How does medication facilitate academic performance of learners with physical disabilities? _____

SECTION E COUNSELING SERVICES

12. Which among the following counseling services below are provided to your

learners in school? I) Behavior modification

II) Transition plans

III) Self concepts

IV) Needs and interests for those in adolescence

V) Being advocate for other learners

VI) Needs and interest

Any other, please specify _____

13. (a) Can counseling services influence socialization of learners in school?

Yes No

(b) Please give reasons for your answer. _____

(c) Can counseling improve academic performance of learners?

Yes No

Please explain your answer. _____

SECTION (F) TEACHERS AND PROFESSIONAL COLLABORATION

14.(a) Do you consider it necessary to collaborate with other professionals providing support services to learners?

Strongly agree Agree Undecided

Disagree Strongly disagree

(b) Which professionals' offers support services to learners in your school and how often? _____

15. (a) Do the professional join the teachers to work with the learners in class?

i) Occasionally ii) Always iii) Not at all

(b) If they do, do they review the services provided Yes No

Please give reasons for your answer above _____

16. Does interaction of learners and professionals improve academic performance of learners with physical disabilities?

APPENDIX III: INTERVIEW GUIDE FOR PROFESSIONALS

1. School attached _____
2. Gender male female
3. What is your profession?
4. Which support services do you provide to learners with physical disabilities?
5. Do you think that the support services provided promote the learners academic performance?
6. How do these services promote socialization of learners? (Probe)
7. Do you collaborate with teachers while providing support services to learners? (Probe)
8. Do you plan as a team and constantly review the learner's progress? (Probe)
9. Have you taken any course or training in working with learners with physical disabilities?
10. Which challenges do you face while providing your services to learners?(Probe)

APPENDIX IV: APPROVAL LETTER FROM GRADUATE SCHOOL



KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 020-8704150

Internal Memo

FROM: Dean, Graduate School

DATE: 17th December, 2016

TO: Pauline Njeri Ndung'u
C/o Special Needs Education Department.

REF: E55/CE/26783/2011

SUBJECT: APPROVAL OF RESEARCH PROPOSAL
=====

This is to inform you that Graduate School Board, at its meeting of 14th December, 2016 approved your Research Proposal for the M.Ed. Degree "Influence of Provision of Educational Support Services on Academic Performance of Learners with Physical Disabilities, Thika East Sub-County, Kiambu County, Kenya".

You may now proceed with your Data collection, subject to clearance with the Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking Forms per semester. The form has been developed to replace the Progress Report Forms. The Supervision Tracking Forms are available at the University's Website under Graduate School webpage downloads.

Thank you

EDWIN OBUNGU
FOR: DEAN, GRADUATE SCHOOL

CC. Chairman, Special Needs Education Department

Supervisors:

1. Dr. Fransiscah I. Wamocho
C/o Special Needs Education Department
Kenyatta University
2. Dr. Nelly Otube
C/o Special Needs Education Department
Kenyatta University

APPENDIX V: AUTHORIZATION LETTER FROM NACOSTI

**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/61198/16162**

Date: **27th March, 2017**

Pauline Njeri Ndungu
Kenyatta University
P.O.Box43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of provision of educational support services on academic performance of learners with physical disabilities Thika East Sub County Kiambu County Kenya,”* I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **27th March, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Kiambu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

**DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO**

Copy to:



The County Commissioner
Kiambu County.

The County Director of Education
Kiambu County.

APPENDIX VI: PERMIT LETTER FROM NACOSTI

CONDITIONS

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officer will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**



REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation
RESEARCH CLEARANCE PERMIT
Serial No.A 13437
CONDITIONS: see back page

THIS IS TO CERTIFY THAT:

MS. PAULINE NJERI NDUNGU
of KENYATTA UNIVERSITY, 0-1015
ITHANGA, has been permitted to conduct research in Kiambu County

on the topic: INFLUENCE OF PROVISION OF EDUCATIONAL SUPPORT SERVICES ON ACADEMIC PERFORMANCE OF LEARNERS WITH PHYSICAL DISABILITIES THIKA EAST SUB COUNTY KIAMBU COUNTY KENYA

for the period ending: 27th March, 2018


Director General
National Commission for Science, Technology & Innovation

Permit No : NACOSTI/P/17/61198/16162
Date Of Issue : 27th March, 2017
Fee Received :Ksh 1000