M’Lop Tapang’s (MT) Special Needs Program
Internal Research Project to Evaluate Impact of the Program (January, 2019)

Summary: Interviews were conducted with 35 parents/caretakers of children who receives services from M’Lop Tapang’s Special Needs Program. Nearly all of these parents/caretakers reported that they had noticed improvements in their children’s behavior or functional ability since attending the program. Significantly, almost all also reported a dramatic reduction in stress as a result of their child attending the programs. While the study revealed many positive aspects of MT’s Special Needs Program it also highlighted areas for improvement, particularly in areas of parental learning/education.

Background: In a country where most families lack access to even the most basic health and social services, Cambodian families with children having learning disabilities have even fewer options. Most of these children face significant discrimination within the community and are often left isolated in their homes. Through our Outreach activities we have found, and continue to find, a number of children with physical, behavioral and developmental disabilities. Many of these children suffer from undiagnosed learning difficulties. There are very few services in all of Cambodia for children with special needs and the program is the only one of its kind in the Sihanoukville area.

M’Lop Tapang’s Special Needs Program has been operating since 2007. A designated team works with children and their families at M’Lop Tapang’s Education Center as well as with children and families in the local community. The program is provided for free to the families.

Research Project: 35 caretakers/parents of children who have received Special Needs services were interviewed for this study. We used a self-created questionnaire and a member of our research team sat down with the interviewees to complete the form. Interviews were conducted in the community and at M’Lop Tapang’s Education Center. The data was analyzed by using SPSS program.

About the people we interviewed:
- Sex: 75% of the interviewees were female
- Age (mean): 39.6 years’ old

Number of dependent children in interviewee’s family

- One - three: 71%
- Four - six: 23%
- Seven - nine: 6%
- Marital status of caretakers: 77% of the interviewees were married, 9% were divorced, and 14% were widows/widowers
- Monthly income (mean): $308 USD.

The children of the caretakers interviewed:

- Sex: 63% male / 37% female
- Age (mean): 9.5 years’ old (the age ranges was from 3 years old to 17 years old)

Where the children receive MT Special Needs services:

- MT Education Center: 85%
- At their home: 9%
- Both at Education Center and home: 6%

One third of the children had attended local public schools before joining MT Special Needs Program. Of those that had attended school before, 83% quit going. The most common reasons for stopping were that “my child couldn’t learn” or that “the school did not have the skills to teach them”.

66% of the children had never attended public or private school before joining MT Special Needs Program. The most common reasons were: too young (9%), the school did not accept them (26%), the parents never tried to send them (65%). For the children not going to school more than 50% of the caretakers reported that their children spent most of
their time at home watching TV or playing on the phone.

100% of those interviewed stated that their child likes being part of the MT’s program, and all but one of the parents/caretakers reported that they had seen positive changes in their children since starting with MT’s Special Needs program. Most parents/caretakers interviewed have seen improvements in more than one area:

- 86% reported positive changes in their child’s in ability to feed/dress themselves
- 74% reported positive changes in their child’s speech
- 74% reported positive changes in their child’s health/nutrition
- 71% reported positive changes in their child’s ability to focus
- 49% reported positive changes in their child’s behavior/relationships with others
- 34% reported positive changes in the child’s physical mobility

“Now he knows to call us ‘Ma’ or ‘Pa’ and he knows the names of his younger siblings too” - Mother of 12-year-old boy

“She can speak 2 or 3 words now, she can put on her own clothes and she knows to go to the toilet when she needs to pee. Before is she needed to pee she would just do it in front of everyone but now she uses the bathroom.” – Mother of 11-year-old girl

When asked, most of the parents/caretakers also stated that they had specific goals for their children that they would like MT’s Special Needs team to help with. Most of these goals centered around simple life skills, e.g., brushing their teeth, dressing themselves, feeding themselves. A few of the parents’ goals were less realistic, i.e. “Please help my girl to be normal.”

**Impact on the parents/caretakers**

94% of the parents/caretakers interviewed reported that having their child attend MT’s Special Needs program has greatly decreased their stress. We asked them to rate their stress level before and after their child started attending the program using a scale of 1-10 (1 being least amount of stress and 10 being the most amount of stress)
100% of the parents/caretakers interviewed also reported that they have more time to do other things since their child started attending MT’s Special Needs program:

- 75% reported that they have more time to do their housework
- 71% reported that they have more time to work and to earn money
- 57% reported that they have more time to spend with their other children

**Parent/caretaker learning:**

When asked about the time when they first learned about their child’s diagnosis, almost half of the parents/caretakers interviewed said that they learned before enrolling with M’Lop Tapang, 20% found out after their children started with the Special Needs program, and 31% reported that they still did not know. Nearly two thirds of those interviewed stated that they did not gain any new knowledge about their child’s condition since starting the program.

The Special Needs program launched an organized family meeting a couple of years ago. The goal of these meetings was for families to share and learn from each other. However, 83% of those interviewed reported that they did not learn anything from other families.

**Parent/caretaker requests for more support:**

Initially when asked, most parents were very hesitant to say they wanted more support and that they were just so grateful already for what MT was doing. When we explained that their response would help shape the program in the future, 74% of the parents/caretakers interviewed requested more support from the Special Needs team. The most common requests for additional support included:

- Help with transportation to and from MT’s Education Center
- Full time (all day) classes versus part time (morning or afternoon) classes
- More home visits
- More variety of activities in programs
- Help with child-specific goals (e.g. Feeding self, dressing, improving speech)

**What we learned from doing this research:**

- Average family income is higher than in another recent study we did that focused on impact of providing free medical care. The reasons for this is that the Special Need program, unlike other MT programs, is open to all local families and not just those living in poverty. The decision to open to all
families is based on the fact that there are no other services for Special Needs in the Sihanoukville area.

- With the exception of one interviewee, all of the families perceived positive changes in their children since they joined the program. The changes were often seen in different areas of the child’s daily life.
- The self-perceived stress levels of the parents/caretakers were significantly reduced with their child being part of the program. Having children attend the program also allowed the parents more time to engage in other activities.
- Surprisingly, even though each family meets with Special Needs staff and visiting medical and child development specialists, the majority of parents/caretakers reported that they had not learned anything new about their child’s condition since being part of the program or hadn’t learned anything from other parents. For the 30% that reported that they still did not know the child’s medical diagnosis, this may be due to not having Khmer language words for conditions like “autism”, “Down’s syndrome”, “Fetal alcohol syndrome” “and others.

**Recommendations:**

- Re-evaluate family meetings format. This may require more training to the staff on how to effectively run these kinds of meetings.
- Present study findings to Special Needs staff and visiting medical/behavioral specialists on high percentage of parents/caretakers who reported not learning anything new. There may be need to create new teaching styles.
- Explore/evaluate parent/caretaker requests for more support. While some of the requests (i.e. help with child-specific goals, more variety of activities) may be achieved within the existing program and at low cost, other requests (transportation, more all day programs) would require investments in vehicle, infrastructure/increased classroom space, and staffing levels.
- Share this research study with our working partners in Cambodia.