

Contributions of Government Rehabilitation Centers in Achieving Community Inclusion for Persons with Physical Disabilities.

Dr. Amjad Mohammed Almufti

Associate Professor at department of Social Work - Head of the
Department of Social Work - Faculty of Arts, Islamic University of
Gaza, P.O. Box 108, Gaza, Palestine.

Mr. Ghassan Samir Filfil

Social worker at Ministry of Social Development

Master's in Social Work

DOI: 10.21608/fjssj.2023.205541.1144 **Url:** https://fjssj.journals.ekb.eg/article_297050.html

Received Date: 07/03/2023 **Acceptance:** 17/04/2023 **publication date:** 30/04/2023

Reference citation : Almufti ,Amjad Mohammed & Filfil, Ghassan Samir, (2023) Contributions of Government Rehabilitation Centers in Achieving Community Inclusion for Persons with Physical Disabilities.future of social sciences journal, April, vol.(13), No.(3) , p-p: (89-114)

2023

Contributions of Government Rehabilitation Centers in Achieving Community Inclusion for Persons with Physical Disabilities

Abstract:

The study aimed to assess the contributions of government rehabilitation centers in achieving community inclusion for Persons with Physical Disabilities (PwPDs). This study is an evaluative study that relied on the social survey method using a comprehensive census approach. The researchers used a questionnaire specific to PwPDs, and it was administered to 151 beneficiaries of the Gaza Center for the Rehabilitation of Persons with Disabilities in the Gaza Strip. The study found that the center's contribution to improving negative behavioral patterns was moderate (57.5%), whereas its contribution to improving social status was low (55.3%). Additionally, the center's support in enabling persons with physical disabilities to address their issues and providing them with knowledge and skills was rated as moderate (51% and 57.1%, respectively). The study also identified several obstacles that hindered the center's ability to promote community inclusion, with a high level of severity.

Keywords: Contributions, Government Rehabilitation, Persons with Physical Disabilities.

اسهامات مراكز التأهيل الحكومية في تحقيق الدمج المجتمعي للأشخاص ذوي الإعاقة الحركية

الملخص:

هدفت الدراسة إلى تحديد اسهامات المراكز تأهيل الحكومية في تحقيق الدمج المجتمعي للأشخاص ذوي الإعاقة الحركية، وتعد هذه الدراسة من الدراسات التقييمية التي اعتمدت على منهج المسح الاجتماعي بطريقة الحصر الشامل، حيث استخدم الباحثان استمارة استبار خاصة بالأشخاص ذوي الإعاقة الحركية، وطبقت على (١٥١) مفردة من الأشخاص ذوي الإعاقة الحركية المستفيدين من مركز غزة لتأهيل الأشخاص ذوي الإعاقة الحركية بقطاع غزة وتوصلت الدراسة إلى أنّ مستوى اسهامات المركز في إحداث تغيير بالأنماط السلوكية السلبية للأشخاص ذوي الإعاقة الحركية "متوسطة" بنسبة (٥٧,٥%)، وأنّ مستوى اسهامات المركز في إحداث تغيير بالمكانة الاجتماعية "منخفضة" بنسبة (٥٥,٣%) كما أنّ مستوى اسهامات المركز في إكساب الأشخاص ذوي الإعاقة الحركية القدرة على مواجهة مشكلاتهم "منخفضة" بنسبة (٥١%)، وأنّ مستوى اسهامات المركز في إكساب الأشخاص ذوي الإعاقة

المعارف والمهارات "متوسطة" بنسبة (٥٧,١%) هدفت الدراسة إلى تحديد اسهامات المراكز
تأهيل الحكومية في تحقيق الدمج المجتمعي للأشخاص ذوي الإعاقة الحركية، وتعد هذه
الدراسة من الدراسات التقييمية التقييمية
الكلمات المفتاحية: اسهامات، المراكز الحكومية، الاشخاص ذوي الاعاقة، الدمج المجتمعي.

First: Literature Review

Suggests that the structure of society should include persons with disabilities (PwDs), who experience complete or partial impairments that limit their ability to contribute to development (Abdul Hamid, 2009, p. 23).

programs and interact fully with others argue that disability is not just an emergency or a specific issue for a certain group of people, but rather it is a topic that has been present in human history since ancient times and continues to persist today. (Karim et al., 2019, p. 180). The processes of disability and rehabilitation have been an ongoing part of human existence.

From this perspective, the international and local focus on PwDs has been substantial, with the United Nations recognizing the year 1981 as the International Year of Persons with Disabilities. This has spurred popular and governmental efforts to improve the lives of PwDs through the development of laws and provisions for their wellbeing. The third day of December each year has been designated as International Day of Persons with Disabilities. (Abu al-Maati, 2000, p. 352). Furthermore, the United Nations estimates for 2022 reveal that over one billion individuals, equivalent to 15% of the world's population, live with a disability, with 80% of them residing in developing countries (United Nations, 2022).

However, at the Palestinian level, the Palestinian Central Bureau of Statistics (PCBS) in 2021 reported that there were 92,710 people with disabilities living in the West Bank and Gaza Strip, making up 2.1% of the total population. This figure includes 44,570 people with disabilities living in the West Bank (48%), and 48,140 people with disabilities living in the Gaza Strip (52%).

The most prevalent types of disabilities among PwD are physical limitations and hand use impairments, with 47,109 individuals having mobility impairments and hand use limitations making up 51% of the total PwDs population (PCBS, 2021).

Basically, physical disability is a significant classification of disability that can result in partial or complete loss of movement. When any impairment occurs in the individual's physical functioning, physical disability may manifest itself, resulting in functional disability that affects one or more of the individual's physical organs.

Considering this, it has become crucial to rehabilitate and integrate persons with physical disabilities to enable them to regain their maximum physical capacity and achieve psychological and social adaptation. It is essential to invest in disabled human resources and transform them into productive individuals who can actively contribute to society's progress (Fahmy, 2000, p. 7).

The inclusion and qualification of individuals with physical disabilities at various levels can only be achieved through organizations, whether governmental or private, that focus on these objectives. Anyhow, inclusion can take many forms, which are determined by the extent to which PwDs are integrated into various aspects of society. These forms include total or comprehensive inclusion, partial inclusion, spatial inclusion, social inclusion, functional inclusion, and community inclusion.

Due to the positive impact on PwDs, their families, and society, achieving the community inclusion of disabled groups has become a primary goal for both governmental and private organizations. The subject of rehabilitation, PwDs, and centers has been extensively studied in the past, including a study conducted by (Al-Sartawi, 2016).

This study aimed to assess the effectiveness of a skills-based vocational training program for PwDs in the vocational rehabilitation stage. The study found that there were significant differences in the levels of professional, social, and behavioral skills between the scores of the experimental group before and after applying the vocational rehabilitation curriculum. However, no such differences were observed in the control group that followed the traditional training method. The study then suggests that vocational rehabilitation programs for PwDs should incorporate personal and social aspects and provide skills training in actual work environments.

In study (Khairallah's 2015), the objective was to demonstrate how social rehabilitation centers play a significant role in providing social care for PwDs. The study found that one of the key roles of such centers is to provide services such as vocational training, professional training, qualification certificates, and prosthetic devices. These

services helped increase the confidence of PwDs and encouraged them to continue their training. However, the study also identified various challenges that hinder the training process, including the lack of workshop capabilities, inadequate funding to cover the services provided by the rehabilitation centers, a lack of interest in learning certain professions, and difficulties associated with the regulations and procedures used in the centers. And (Mahmoud's, 2015) research also sought to define the private sector's contribution to the PwDs' vocational empowerment. The study demonstrated this role, which emphasizes motivating PwDs by giving them incentives and appropriate resources for vocational training. In addition to giving PwDs new work patterns and designs, adopting contemporary methods and techniques in training programs, diversifying the training techniques used by trainers, relying on professionals with expertise in conducting training for PwDs, and setting aside a specific budget for PwDs training.

The study (Hosawi, 2015) also examined the obstacles to vocational rehabilitation as perceived by the trainers at the Vocational Rehabilitation Center for People with Disabilities in Riyadh. The study's findings revealed that the management of the center was the most significant hindrance, as reported by the trainers. This obstacle was attributed to lack of advanced tools in the rehabilitation workshops, limited financial resources, inadequate staff; followed by barriers associated with vocational rehabilitation. Then, barriers related to the student including the student's limited interest in rehabilitation, social isolation, and limited abilities. Lastly, the barriers related to the student's family.

Besides, (Swaidan's, 2014) study examined the utilization of professional practice techniques of working groups that achieve community inclusion for workers from PwPDs. The findings of the study indicated that utilizing professional practice techniques in working groups can facilitate community inclusion for workers from PwPDs. According to the study, craft activities and vocational training were the most popular activities among workers from PwPDs, followed by religious and cultural activities. The study's recommendations included fostering collaboration and inclusion between community-based organizations focused on the care and rehabilitation of PwDs, and the provision of necessary resources, programs, and support services for PwDs, especially those with physical disability.

While (Abdel Halim, 2014) assessed the effectiveness of the services and programs offered by the Center for the Care and Rehabilitation of Persons with Special Needs at Fayoum University. The findings highlighted the importance of expanding educational services by training faculty members and support staff to effectively communicate and teach persons with special needs. Additionally, the study recommended expanding social services by integrating persons with special needs in various student activities and organizations.

Moreover (Al-Sabah's, 2013) study aimed to assess the rehabilitation issues faced by PwPDs in Palestinian rehabilitation centers, based on their perspective and that of the staff working in these centers. The findings highlighted a high level of vocational rehabilitation issues, emphasizing the need to develop vocational training programs that meet the demands of the labor market. The study also recommended transitioning to supported employment programs, which offer assistance to PwDs in the workplace, and provide follow-up support during their employment to ensure their adaptation to the work environment, overcome obstacles that hinder their professional growth, and maintain their job.

Second: the study Problem

In the light of the prelude to the study problem presented above, and the results of previous Arab and foreign studies, which showed that the problem of people with mobility disabilities is one of the most serious problems facing the Palestinian society, which has a unique specificity in this society, as a result of the continuation of the occupation and its attacks, Consequently, the number of injuries that may lead to disabilities has increased, the most prominent of which is movement disability, in addition to other causes of disability. Such as genetic factors, diseases, and various accidents.

In order to face the problems arising from disability, many government institutions work to provide services and programmes, foremost of which are rehabilitation programs in all its forms. This is to achieve an important goal, which is the societal integration of people with mobility disabilities, which has value and importance, whether for people with disabilities in general or for people with mobility disabilities in particular, and the psychological, social and economic impact on them and their families, achieving social justice, and achieving harmony and harmony between people. people with disabilities and the environment\.

The problem being studied can be defined by the following questions:

Question 1: To what extent do government rehabilitation centers play a role in modifying negative behavioral patterns among Persons with Physical Disabilities - PwPDs?

Question 2: How do government rehabilitation centers contribute to improving the social standing of PwPDs?

Question 3: How do government rehabilitation centers contribute to empowering PwPDS to resolve their own challenges?

Question 4: How do government rehabilitation centers contribute to equipping PwPDS with new knowledge and skills?

Question 5: What obstacles impede government rehabilitation centers from promoting community inclusion of PwPDs?

Third: the importance of the study:

1. The problem of movement disability represents the most common type of disability in society, as it represents 51% of individuals with disabilities in Palestine, which is a large percentage that cannot be ignored, neglected, or isolated (Palestinian Central Bureau of Statistics, 2021).

2. The results of the study may be used to enrich the theoretical side and deepen the field study of social work in the field of community integration of persons with mobility disabilities.

3. The researchers hope that those responsible for managing the rehabilitation center and those working in it will benefit from the results of this study. In order to improve the level of this center and the services it provides to be more able to achieve the societal integration of persons with mobility disabilities.

4. The lack of a number of previous studies - within the limits of the researchers' knowledge - in Palestine that were concerned with measuring the contributions of government rehabilitation centers to achieve social integration of persons with motor disabilities.

Fourth: study concepts.

1. **Government centers for rehabilitation are defined in this study as:** the place or center in which social, psychological, educational and recreational services are provided, and training professions for persons with mobility disabilities, which are under the supervision of the Rehabilitation and Inclusion of Persons with Disabilities Department of the Palestinian Ministry of Social Development.

2. **The societal inclusion of people with mobility disabilities in this study is defined as:** the ability of government rehabilitation centers to bring about a change in the negative patterns of people with mobility disabilities, and to provide them with new experiences and skills, and to bring about a change in their social status, and to provide them with the ability to solve their problems.

3. **Persons with motor disabilities are defined in this study as:** people who suffer from total or partial disability in their motor system or in the internal functions of the body; Which affects their normal lives, and they fall in the age group (16-40) years, and they benefit from the programs and services of the Gaza Rehabilitation Center for Persons with Disabilities for a period of not less than one full year.

Fifth: Methodology

1. **Research Type:** Considering the research problem and objectives, the present study falls under the category of evaluation research, aimed at assessing the role of government rehabilitation centers in facilitating community inclusion of Persons with Physical Disabilities - PwPDs.

2. Research Scopes:

- **Spatial scope:** It is the geographical extent of the research. This study was conducted exclusively within the Gaza Center for the Rehabilitation of Persons with Disabilities as it is the only government-affiliated organization dedicated to rehabilitating PwPDs in the Gaza Strip. And as administration demonstrated its cooperation with the two researchers by providing necessary data and facilitating the study progress where PwPDs were readily available as study participants.
- **Human scope:** The study comprised of PwPDs who receive rehabilitation services at the Gaza Center for the Rehabilitation of Persons with Disabilities, with a total sample size of 151 PwPDs.
- **Time scope:** It is the allocated time for collecting field data by the researchers and was from 14/08/2022 to 05/09/2022.

3. **Sampling Method:** Consistent with the requirements and methodology of the study; The researchers designed a questionnaire for people with motor disabilities consisting of five sections:
a. The first section: It is the primary data of the respondents (gender - age - marital status - educational level - cause of disability -

classification of disability - degree of disability - duration of joining the center).

B. The second section: the indicator of the contributions of services to achieving social inclusion for people with mobility disabilities, and it consists of (24) items.

T. The third section: the indicator of the obstacles that limit the effectiveness of the center's services in achieving social inclusion for people with mobility disabilities, and it consists of (10) paragraphs.

The triple Likert scale was used to measure the respondents' responses to the questionnaire items, according to Table (1):

Table (1): Scores of Three-Point Likert Scale.

Response	Agree	Neutral	Disagree
Score	3	2	1

Questionnaire Validity: A group of (13) experts, who were faculty members from Palestinian universities and some universities in the Arab world, reviewed and assessed the content validity of the questionnaire. After receiving feedback from the experts, the researcher made appropriate changes to the questionnaire based on their suggestions, which included deletions, additions, and amendments. As a result, the questionnaire was finalized in its current form.

Questionnaire Stability: To assess the stability of the questionnaire, the researchers used Cronbach's Alpha Coefficient and found that it had a value of 0.903 for all axes, indicating a high level of stability.

Sixthly: Study Tables

Tables describing the study population of PwPDs.

Table (2): The study population characteristics of PwPDs.

Variable	Item	Frequency	Percentage %
Gender	Male	96	63.6
	Female	55	36.4
	Total	151	100.0
Age	20-16	65	43.0
	30- 21	61	40.4
	40- 31	25	16.6
	Total	151	100.0
Marital status	Single	111	73.5
	Married	36	23.8
	Divorced	4	2.6
	Total	151	100.0
Educational level	Below high school level	96	63.6
	High school	39	25.8
	University	16	10.6
	Total	151	100.0
Disability cause	Genetic	51	33.8
	Acquired	38	25.2
	Injury (occupation)	62	41.1
	Total	151	100.0
Disability classification	One limb amputated	63	41.7
	both limbs/sides amputated	3	2.0
	Polio	42	27.8
	Muscle atrophy	43	28.5
	Total	151	100.0
Disability degree	Severe	29	19.2
	Moderate	120	79.5
	Mild	2	1.3
	Total	151	100.0
Enrolled at since:	Less than a year	57	37.7
	1-3 years	65	43.0
	More than 3 years	29	19.2
	Total	151	100.0

Table No. (2) Provides evident information about the characteristics of the study population of PwPDs as following:

- In terms of gender, 63.6% of respondents were male, while 36.4% were female.
- By age, 43.0% of the respondents in the sample were aged between 16 and less than 20 years, 40.4% were aged between 21 and less than 30 years, and 16.6% were aged between 31 and 40 years.
- Regarding marital status, 73.5% of the respondents in the sample were single, 23.8% were married, and 2.6% were divorced.
- In relation to the academic qualifications of the participants, 63.6% of them had an educational level below secondary school, whereas 36.9% had completed secondary school. Moreover, 25.8% had completed only primary school or had an educational level below secondary school, whereas 10.6% had a university education.
- Concerning the cause of disability among the participants, 41.1% of them had a disability caused by injury (occupation), 33.8% had a genetic disability, and 25.2% had acquired disability.
- Regarding the classification of disability among the participants, 41.7% of them reported amputation in one of their limbs as the cause of disability, while 28.5% classified their disability as muscle atrophy. Additionally, 27.8% reported polio as disability cause. Only 2.0% of the participants classified their disability as amputation on both sides.
- In terms of the disability degree among the participants, 79.5% had a moderate disability, while 19.2% had a severe disability. Only 1.3% had a mild disability.
- Lastly, 43.0% of the participants had enrolled for a period ranging from one year to less than three years, while 37.7% had enrolled for less than a year, and 19.2% had enrolled for three years or more.

The answer to question 1: To what extent do government rehabilitation centers play a role in modifying negative behavioral patterns among Persons with Physical Disabilities - PwPDs?

Table (3): Government rehabilitation centers' role in modifying negative behavioral patterns among PwPDs.

	Government rehabilitation centers' role in modifying negative behavioral patterns among PwPDs.	Percentage				Sum of weights	Arithmetic Mean	Standard Deviation	Relative Weight	Sequence
		N / Frequency	Agree	Neutral	Disagree					
1	I transformed my negative attitudes towards individuals in society.	N	-	140	11	29 1	1.92	0.26 1	64.2 %	2
		%	-	92. 7	7.3					
2	The center assisted me in adapting to being respectful towards others.	N	3	135	13	29 2	1.93	0.32 0	64.5 %	1
		%	2. 0	89. 4	8.6					
3	I am open to receiving criticism from others.	N	2	73	76	22 8	1.51	0.52 7	50.3 %	5
		%	1. 3	48. 3	50. 3					
4	I increased my self-esteem.	N	2	84	65	23 9	1.58	0.52 1	52.8 %	4
		%	1. 3	55. 6	43. 0					
5	I improved my communication skills.	N	2	133	16	28 8	1.90	0.33 4	63.6 %	3
		%	1. 3	88. 1	10. 6					
6	I gained independence as an individual.	N	1	73	77	22 6	1.49 7	0.51 5	49.9 %	6
		%	0. 7	48. 3	51. 0					
Total						26 1	1.72	0.26 6	57.5 %	Moderate

The data presented in the table (3) indicates that the level of contribution by government rehabilitation centers to changing negative

behavioral patterns among PwPDs is "moderate", where the relative weight was 57.5%, and the arithmetic mean was 1.72, which places it in the range of 1.68 to 2.33.

The phrase "Assisted me in adapting to being respectful towards others" ranked first among the key indicators of the level of governmental rehabilitation centers' contributions to changing negative behavioral patterns of PwPDs, with an arithmetic mean of 1.93. The second-ranked phrase was "I transformed my negative attitudes towards individuals in society" with an arithmetic mean of 1.92. The phrase "I improved my communication skills" ranked third with an average of 1.90. The fourth-ranked phrase was "I increased my self-esteem" with an average of 1.58, and the fifth-ranked phrase was "I am open to receiving criticism from others" with an average of 1.51. Finally, the phrase "I gained independence as an individual" ranked sixth with an arithmetic mean of 1.49.

Upon analyzing the results presented in the previous table, it can be concluded that the effectiveness level of the center's services in inducing a change in the negative behavioral patterns of PwPDs is "moderate".

The lowered effectiveness of the center's services is related to their inability to boost the self-confidence of PwPDs and their limited success in helping them accept criticism. Additionally, the center's capacity to foster the independence of PwPDs was found to be weak, and the level of effectiveness in changing negative behavioral patterns was moderate. These results are consistent with a prior study **Hosawi (2015)** that identified PwPDs isolation and limited capabilities as the primary challenges that rehabilitation centers face.

The answer to question 2: How do government rehabilitation centers contribute to improving the social standing of PwPDs?

Table (4): Government rehabilitation centers' role in improving the social standing of PwPDs.

	Government rehabilitation centers' role in improving the social standing of PwPDs.	Percentage				Sum of weights	Arithmetic Mean	Standard Deviation	Relative Weight	Sequence
		N / Frequency	Agree	Neutral	Disagree					
1	I have started participating in different social events.	N	7	122	22	287	1.90	0.428	63.4%	1
		%	4.6	80.8	14.6					
2	The center facilitated forming social connections for me.	N	2	116	33	271	1.79	0.437	59.8%	3
		%	1.3	76.8	21.9					
3	Making new friends was made easier for me by the center.	N	2	65	84	220	1.45	0.526	48.6%	5
		%	1.3	43.0	55.6					
4	I engage in social activities with others.	N	1	77	73	230	1.52	0.514	50.8%	4
		%	0.7	51.0	48.3					
5	I engage in center-based activities with my colleagues.	N	2	60	89	215	1.42	0.522	47.5%	6
		%	1.3	39.7	58.9					
6	The center gives me the impression that I am a more respected member of my family and society.	N	2	125	24	280	1.85	0.390	61.8%	2
		%	1.3	82.8	15.9					
Total						251	1.65	0.294	55.3%	Low

The table (4) indicates that the contributions of governmental rehabilitation centers in improving the social status of PwPDs were rated as "low" based on the study items, with a relative weight of 55.3% and an arithmetic mean of 1.65, falling into the category of 1 to 1.67.

Regarding the most important indicators of the centers' contributions, the phrase "I have started participating in different social events" ranked first with an average of 1.90. The phrase "The center gives me the impression that I am a more respected member of my family and society" ranked second with a mean of 1.85. The third was "The center facilitated forming social connections for me" with an average of 1.79. The phrase "I engage in social activities with others" ranked fourth with an average of 1.52. "Making new friends was made easier for me by the center" ranked fifth with an average of 1.45, and "I engage in center-based activities with my colleagues" ranked sixth and last with an average of 1.42.

After analyzing the results presented in the previous table, it is evident that the center's services have a low effectiveness in enhancing the social status of PwPDs. In other words, the center's inadequacy in helping PwPDs establish social connections and friendships, as well as improving their mobility and participation in activities with their peers, indicates a suboptimal level of service provision. This finding is consistent with previous research, including **Saud's (2008) study**, which highlighted the limited role of rehabilitation organizations in supporting and rehabilitating PwDs in the social rehabilitation field. Similarly, **Abdul Halim (2014)** emphasized the importance of expanding social services to include PwDs in various activities. Additionally, **Al-Sartawi (2016)** spotlighted the need to expand rehabilitation programs offered to PwDs to address both personal and social aspects.

The answer to question 3: How do government rehabilitation centers contribute to empowering PwPDS to resolve their own challenges?

Table (5): government rehabilitation centers contribute to empowering PwPDS to resolve their own challenges.

	Government rehabilitation centers contribute to empowering PwPDS to resolve their own challenges	Percentage				Sum of weights	Arithmetic Mean	Standard Deviation	Relative Weight	Sequence
		N / Frequency	Agree	Neutral	Disagree					
1	The center assisted me in developing practical problem-solving skills.	N	1	140	10	293	1.94	0.264	64.7%	1
		%	0.7	92.7	6.6					
2	The center enhanced my abilities and self-sufficiency to tackle my challenges independently.	N	1	100	50	253	1.67	0.484	55.8%	2
		%	0.7	66.2	33.1					
3	The services provided by the center have improved my capacity to make informed decisions in my personal life.	N	-	62	89	213	1.41	0.494	47.0%	4
		%	-	41.1	58.9					
4	The services provided by the center helped me secure a job that fits my qualifications and preferences.	N	1	46	104	199	1.31	0.481	43.9%	5
		%	0.7	30.5	68.9					
5	The services provided by the center aided me in embracing novel concepts and undertaking innovative projects in my life.	N	0.7	34	116	187	1.23	0.443	41.3%	6
		%	0.7	22.5	76.8					
6	The center's services informed me of the resources available in the community that can assist me in addressing my issues.	N	0.7	87	63	240	1.58	0.507	53.0%	3
		%	1	57.6	6.6					
Total						231	1.52	0.227	51.0%	Low

The table (5) indicates that the contributions of governmental rehabilitation centers in empowering PwPDS to resolve their own challenges were rated as "Low" based on the study items, with a

relative weight of 51.0% and an arithmetic mean of 1.52, falling into the category of 1 to 1.67.

Regarding the most important indicators of the center's contributions, the phrase "The center assisted me in developing practical problem-solving skills" ranked first with an average of 1.94. The phrase "The center enhanced my abilities and self-sufficiency to tackle my challenges independently" ranked second with a mean of 1.67. The third was "The services provided by the center have improved my capacity to make informed decisions in my personal life" with an average of 1.58. The phrase "The services provided by the center helped me secure a job that fits my qualifications and preferences" ranked fourth with an average of 1.41. "The services provided by the center aided me in embracing novel concepts and undertaking innovative projects in my life" ranked fifth with an average of 1.31, and "The center's services informed me of the resources available in the community that can assist me in addressing my issues" ranked sixth and last with an average of 1.23.

Upon examining the data presented in the previous table, the effectiveness of the center's services in empowering PwPDs to tackle their challenges is low. Specifically, the center fails to assist PwPDs in finding suitable employment opportunities and in making informed decisions in their personal lives. These findings are consistent with those of a previous study by Omar (2010), which highlighted the negative societal perception of PwPDs and the limited job prospects available to them. Similarly, Al-Sabah's study (2013) emphasized the importance of developing vocational training programs that align with the demands of the labor market for PwPDs.

The answer to question 4: How do government rehabilitation centers contribute to equipping PwPDs with new knowledge and skills?

Table (6): Government rehabilitation centers contribute to equipping PwPDs with new knowledge and skills.

	Government rehabilitation centers contribute to equipping PwPDs with new knowledge and skills.	Percentage				Sum of weights	Arithmetic Mean	Standard Deviation	Relative Weight	Sequence
		N / Frequenc	Agree	Neutral	Disagree					
1	The center's services improved my comprehension and abilities to handle my disability.	N	-	87	63	289	1.91	0.281	63.8%	1
		%	-	138	13					
2	Equipped me with new cognitive skills that align with my abilities and disability.	N	-	134	17	285	1.88	0.317	62.9%	3
		%	-	88.7	11.3					
3	Increased my consciousness of my entitlements and rights in society.	N	1	133	17	286	1.89	0.330	63.1%	2
		%	0.7	88.1	11.3					
4	Provided me with diverse professional and qualifying experiences.	N	-	36	115	187	1.23	0.428	41.3%	6
		%	-	23.8	76.2					
5	I developed the ability to actively participate in the community.	N	-	79	72	230	1.52	0.501	50.8%	5
		%	-	52.3	47.7					
6	Offered me strategies to apply and leverage my remaining abilities.	N	-	125	26	276	1.82	0.379	60.9%	4
		%	-	82.8	17.2					
Total						259	1.71	0.184	57.1%	Moderate

The table (6) indicates that the contributions of governmental rehabilitation centers in equipping PwPDs with new knowledge and skills were rated as "Moderate" based on the study items, with a relative weight of 57.1% and an arithmetic mean of 1.71, falling into the category of 1.68 to 2.33.

Regarding the most important indicators of the center's contributions, the phrase "The center's services improved my comprehension and abilities to handle my disability" ranked first with a mean of 1.91. The phrase "Increased my consciousness of my entitlements and rights in society" ranked second with a mean of 1.89. The third was "Equipped me with new cognitive skills that align with my abilities and disability"

with a mean of 1.88. The phrase "Equipped me with new cognitive skills that align with my abilities and disability" ranked fourth with a mean of 1.82. "I developed the ability to actively participate in the community" ranked fifth with a mean of 1.52, and "Provided me with diverse professional and qualifying experiences" ranked sixth and last with a mean of 1.23.

Upon reviewing the previous table's data, the center's services have a moderate level of effectiveness in equipping PwPDs with new skills and knowledge. The low level of effectiveness of these services is reflected in the center's inability to provide PwPDs with diverse vocational and rehabilitative experiences, the lack of provision of the skill of community participation for PwPDs, and the failure to effectively utilize and invest the remaining capabilities of them.

The findings align with the results of **Khairallah's study (2015)**, which indicates that the training process faces difficulties due to the shortage of resources within workshops, limited financial resources to cover the offered programs, and a lack of motivation to learn professions. Additionally, **Omar (2010)** revealed that the lack of financial capabilities could lead to the failure of rehabilitation programs, and the absence of training courses for center staff could negatively impact service provision, as well as the failure to follow up with PwPDs in the long term. However, **Mahmoud (2015)** highlights that vocational training for PwDs requires providing incentives, allocating necessary resources for training, and adopting modern training techniques.

The answer to question 5: What obstacles impede government rehabilitation centers from promoting community inclusion of PwPDs?

Table (7): Obstacles impeding government rehabilitation centers from promoting community inclusion of PwPDs.

	Obstacles impeding government rehabilitation centers from promoting community inclusion of PwPDs	Percentage			Sum of weights	Arithmetic Mean	Standard Deviation	Relative Weight	Sequence	
		N / Frequency	Agree	Neutral						Disagree
1	PwPDs often feel hopeless about finding solutions to their problems due to their frustration.	N	138	10	3	437	2.89	0.368	96.5 %	3
		%	91.4	6.6	2.0					
2	The specialists lack the ability to establish professional relationships with the PwPDs.	N	127	22	2	427	2.82	0.412	94.3 %	8
		%	84.1	14.6	1.3					
3	The services provided by the center are not tailored to meet the specific needs of PwPDs.	N	136	14	1	437	2.89	0.330	96.5 %	2
		%	90.1	9.3	0.7					
4	The center's services and activities are stagnant and not being updated.	N	137	14	-	439	2.90	0.291	96.9 %	1
		%	90.7	9.3	-					
5	The center lacks professional staff to implement services.	N	128	22	1	429	2.84	0.385	94.7 %	6
		%	84.8	14.6	0.7					
6	The complexity of regulations, administrative procedures, and laws hinders the use of services.	N	95	56	-	397	2.62	0.485	87.6 %	10
		%	62.9	37.1	-					
7	The center has insufficient capabilities and devices.	N	131	20	-	433	2.86	0.340	95.6 %	5
		%	86.8	13.2	-					

	Obstacles impeding government rehabilitation centers from promoting community inclusion of PwPDs	Percentage			Sum of weights	Arithmetic Mean	Standard Deviation	Relative Weight	Sequence
		N / Frequency	Agree	Neutral					
8	The local society holds a negative perception towards PwPDs.	N	132	19	434	2.87	0.333	95.8 %	4
		%	87.4	12.6					
9	Insufficient collaboration between the central governing body and the local organizations.	N	114	36	415	2.74	0.450	91.6 %	9
		%	75.5	23.8					
10	The media is not particularly interested in highlighting the issues and difficulties faced by PwPDs.	N	127	23	428	2.83	0.390	94.5 %	7
		%	84.1	15.2					
Total					428	2.83	0.215	94.4%	High

The table (7) indicates obstacles impeding government rehabilitation centers from promoting community inclusion of PwPDs were rated as "High" based on the study items, with a relative weight of 94.4% and an arithmetic mean of 2.83, falling into the category of 2.34 to 3.

In terms of the center's most significant contributions, the top-ranked phrase was "The center's services and activities are stagnant and not being updated" ranked first with an average of 2.90, followed closely by "The services provided by the center are not tailored to meet the specific needs of PwPDs" with a mean of 2.89. The third-ranked phrase was "PwPDs often feel hopeless about finding solutions to their problems due to their frustration" with a mean of 2.89. The fourth-ranked phrase was "The local society holds a negative perception towards PwPDs" with a mean of 2.87. The fifth-ranked phrase was "The center has insufficient capabilities and devices" with a mean of 2.86. The sixth-ranked phrase was "The center lacks professional staff to implement services" with a mean of 2.84. The seventh-ranked phrase was "The media is not particularly interested in highlighting the issues and difficulties faced by PwPDs" with a mean of 2.83. The eighth-ranked phrase was "The specialists lack the ability to establish professional relationships with the PwPDs" with an arithmetic mean of

2.82. The ninth-ranked phrase was "Insufficient collaboration between the central governing body and the local organizations" with an arithmetic mean of 2.74. Finally, the tenth-ranked phrase was "The complexity of regulations, administrative procedures, and laws hinders the use of services" with an average of 2.62.

Upon analyzing the table, it becomes obvious that one of the most significant obstructions to achieving community inclusion through the services provided by the Gaza Center for the Rehabilitation of Persons with Physical Disabilities is the lack of renewal in the rehabilitation program activities and services. Additionally, the center's services do not cater to the specific needs of PwPDs and the feeling of hopelessness and frustration among PwPDs about the possibility of finding solutions to their problems. However, the researchers attribute to the lack of renewal and development in programs and services and to the inadequacy of devices to weak material capabilities, financial and human resources, and the inability to keep up with the development of workshops to meet the requirements of the local labor market. These factors contribute significantly to the reduction in the effectiveness of the center in achieving community inclusion for PwPDs. These findings agree with Hosawi (2015), which indicates that the primary barriers to success are a lack of financial resources, a shortage of skilled personnel, inadequate workshops, and a lack of motivation, isolation, and inadequate skills on the part of the rehabilitation trainees.

Seventh: Overall findings of the study

- a) **Regarding the results related to the level of contributions of government rehabilitation centers in modifying negative behavioral patterns among PwPDs**, the study's findings indicate that the level of contributions is rated as "moderate", with a relative weight of 57.5% and an arithmetic mean of 1.72.
- b) **Regarding the results related to the level of contributions of government rehabilitation centers in improving the social standing of PwPDs**, the study's findings indicate that the level of contributions is rated as "low", with a relative weight of 55.3% and an arithmetic mean of 1.65.
- c) **Regarding the results related to the level of contributions of government rehabilitation centers in empowering PwPDs to resolve their own challenges**, the study's findings indicate that the level of contributions is rated as "low", with a relative weight of 51.0% and an arithmetic mean of 1.52.

- d) **Regarding the results related to the level of contributions of government rehabilitation centers in equipping PwPDs with new knowledge and skills**, the study's findings indicate that the level of contributions is rated as "moderate", with a relative weight of 57.1% and an arithmetic mean of 1.71.
- e) **Regarding the results related to the level of obstacles impeding government rehabilitation centers from promoting community inclusion of PwPDs**, the study's findings indicate that the level of contributions is rated as "high", with a relative weight of 94.4% and an arithmetic mean of 2.83.

Eighth: Recommendation.

- a) Prioritizing programs that encourage PwPDs to participate in resolving their challenges by adopting a scientific problem-solving approach and enhancing their logical reasoning skills through discussions and dialogues.
- b) Endeavor to promote constructive engagement and cultivate a culture of amicable relations between PwPDs and their social circles, including friends and acquaintances.
- c) Focusing on programs that cultivate the interests of individuals with mobility disabilities, foster their team-building abilities, and harness their energies and talents to boost their performance.
- d) Acknowledging the preferences of PwPDs, identifying their necessities, and providing assistance to enable them to utilize their free time effectively to improve their competencies, meet their needs, and mitigate their difficulties.
- e) Focusing on programs that assist in correcting misconceptions about PwPDs and striving to foster social relationships that uphold optimistic beliefs, perspectives, and attitudes, such as organizing outings and gatherings that enhance the integration of PwDs with the wider community.
- f) Designing initiatives that facilitate the acquisition of scientific, cultural, social, and other competencies and experiences by PwPDs, thereby enabling them to integrate into society.

References:

- Al-Sartawi, A. (2016). The effectiveness of a vocational training program based on skills training for People with Disabilities (PwDs) in the vocational rehabilitation phase. Journal of Educational and Psychological Studies, College of Education, Sultan Qaboos University, 10(1).
- Suwaidan, M. (2014). Using professional practice techniques for working with groups to achieve social integration of workers with physical disabilities. Journal of Social Service, Egyptian Association of Social Workers, (54).
- Al-Sabbah, S. (2013). Challenges in the rehabilitation of Persons with Physical Disabilities (PwPDs) in Palestinian rehabilitation centers. Journal of Islamic University for Educational and Psychological Studies, Gaza Islamic University. 21(1).
- Abdulhaleem, F. (2014). Services and programs of the care and rehabilitation center for people with special needs at Fayoum University. Journal of Social Service, Egyptian Association of Social Workers, (52).
- Abdulhameed, H. (2009). Al-Eaqa' Wa Al-Moawqon (Disability and Persons with Disability). 1st ed. Cairo: Almaktab Aljame'i Alhadith.
- Fahmi, M. (2000). Caring for the Persons with Disability in the Arab World. 1st ed. Alexandria: Al-Maktab Al-Jame'i Al-Hadith.
- Karim, F., et al. (2019). The reality of vocational rehabilitation centers for Persons with Disabilities (PwDs). Journal of Educational and Psychological Sciences, Iraqi Association of Educational and Psychological Sciences, 2(23).
- Mahmoud, K. (2015). The Role of the Private Sector in Empowering People with Disabilities (PwDs) Professionally. Journal of Social Services. The Egyptian Association of Social Workers, (35).

- United Nations. (2022). International Day of Persons with Disabilities. (No. A/RES/47/3). Geneva: United Nations.
- Hosawi, A. (2015). Obstacles to rehabilitation at the vocational rehabilitation center for people with disabilities in Riyadh city. Saudi Journal of Special Education, 1(2).
- Central Bureau of Statistics (2021). The reality of disability in Palestine (1st ed.). Gaza: Central Bureau of Statistics.
- Khairallah, A. (2015). The role of social rehabilitation offices in providing social care for persons with disabilities in Fayoum Governorate. Journal of Psychological Guidance, Ain Shams University, (43).