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Validation of Checklist for Reviewing Policies on Quality of Life (CRPQOL) of Individuals with Intellectual and Developmental Disabilities in Punjab, Pakistan

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Abstract: *This research was conducted to confirm a checklist which is used for the evaluation of policies regarding the quality of life (QOL) of people with intellectual and developmental disabilities (IDD) in Punjab, Pakistan. Eight experts (five national, three international) in the fields of disability policy, special education, and advocacy were involved in the assessment of the checklist for relevance, clarity, and alignment with national (National Policy for Persons with Disabilities [NPPD] 2002; Punjab Special Education Policy [PSEP] 2020) and international frameworks (UNCRPD) using a descriptive, cross-sectional design. The experts' review and iterative refinement through content and construct validity facilitated the establishment of content and construct validity, while internal consistency was used to verify reliability. The validated checklist covers in detail the main aspects of QOL from the point of view of education, healthcare, vocational training, social inclusion, and rights and is moving beyond the traditional use of checklists in clinical and procedural settings to the field of disability policy analysis. The results show that the instrument is locally suitable and methodologically strong, thus giving policymakers and researchers a structured way to carry out systematic, rights, oriented policy evaluations and facilitate evidence-based reforms for individuals with IDD in Punjab.*

Introduction

Validating a checklist used for policy evaluation regarding the QOL of individuals with IDD in Punjab, Pakistan, entails the incorporation of the central aspects of QOL in a thorough and rigorous policy evaluation. The QOL for individuals with intellectual disabilities (ID) is a complex issue, the intellectual and adaptive aspects of the functioning are the deficits, which significantly influence the living of the persons affected in the different environments (Firdaus & Jadeja, 2016). The difficulty in determining QOL is even more due to the necessity of obtaining reliable self and proxy responses, meaning that the Ask Me! Survey, which draws attention to the differences between self-reported and proxy, reported well-being is the source of that information (Bonham, 2008). Rigorous policy evaluation would be advised to include ex-ante and ex-post assessments as a way of checking for necessity, efficiency, and validity, also employing quantitative measures wherever possible (Kneale, 2016).

The family background is equally important, as the families of children with disabilities are less satisfied with their family health and this factor makes a significant contribution to the overall QOL (Vukievi et al., 2023). The emergence of instruments like the Quality of Life Inventory, Disability (QI, Disability) highlights the significance of content validity and the inclusion of domains that relate to the lived experiences of persons with ID (Epstein et al., 2019). When employing health, related quality of life as a clinical outcome, the process should be guided by ethical and methodological considerations, which among other things, help to ensure that the assessments are correct and that the individuals' rights are respected (Rodrguez, Grande & Rojas, Reyes, 2022).

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) serves as a basis for the creation of indicators that measure self-determination, fairness, and inclusion, which are, therefore, pivotal elements for the assessment of the effectiveness of the policy (Gómez et al., 2022). A research study conducted in Pakistan reveals that the care for ID children has been poorly prioritized in the spheres of research and policy and thereby the need for better validated tools to address the specific issues of this population becomes obvious (Naz & Noor, 2024). The process of confirming a checklist in such a scenario, therefore, should be not only thorough and culturally appropriate, but also able to reflect the subtle aspects of QOL for individuals with IDD in Punjab (Ashraf & Najam, 2014).

Historical and Local Research Context

Past research on disability in Pakistan has been very limited and mostly concentrated on physical disabilities and access to basic services, while the QOL of people with IDD was a matter of concern only much later. Research on QOL broadened worldwide in the 1990s, leading to the use of multidimensional frameworks which consider subjective and objective aspects of well-being (Cummins, 2020). The UNCRPD internationally has been the core of the changes it brought in the inclusion of people with disabilities, giving the center to the rights of the disabled to make their own choices, be equal and has accessibility.

In Pakistan, the 2000s were a time of slow transition to models of disability that include social aspects and focus on the environment and society as the barriers to the QOL of people with IDD. Nevertheless, tools for thorough policy assessment are scarcely developed. Although local studies have concentrated more on the execution of policies rather than their effectiveness, the evidence, however, shows that there are significant issues in Punjab, such as the existence of obstacles for the provision of inclusive education, healthcare, and vocational training (Ashraf & Najam, 2014).

The NPPD 2002 and the PSEP 2020 have been the turning points on the way to change, but the systematic evaluations of their impact on the QOL of people with IDD remain quite rare. This void points to the necessity of a well, organized checklist that would not only be able to evaluate and adjust current policies but also serve as a tool for evidence, based policy development in Punjab.

Concept and Role of Checklists

A checklist is a tool with a clear-cut structure, which psychologically supports the person performing the steps and, in general, helps to facilitate the activity, to avoid mistakes and to improve safety and efficiency in various situations. Checklists in medicine are means to implement processes, to lower the variance, and to enhance interaction within a team (Concha, Torre et al., 2020; Alspach, 2017). Their significance can hardly be overestimated in such tightly packed with risks units as operating rooms or the field of interventional radiology, where the foremost function of checklists is ensuring safety by avoiding missing out on important steps (Banasiewicz et al., 2017; Singhal & Uthappa, 2019). Pointing to characteristics of the environment, error kinds, and user proficiency is a sound way for a checklist to be successful (Alfred et al., 2024); meanwhile, to gain the full benefits of their usage practitioners need to receive instructions, have leadership, and an encouraging organizational culture (Urbach, 2017).

The use of checklists in education has been a big help in the learning process as they make complex tasks more understandable and stimulating for the students' cognitive activity and motivation (Sycheva, 2024). Unfortunately, ill-considered design, improper mindset of staff, and cultural obstacles may hamper their effectiveness (Concha, Torre et al., 2020). When thoughtfully positioned at the center of care systems and provisioned for the continuous monitoring, checklists turn into instruments capable of quality and safety enhancement (Cobo et al., 2013).

Checklists as Research and Qualitative Tools

Checklists are structured tools that provide a framework for research that is both efficient and of high quality. Researchers and students use them to handle complicated activities such as the preparation of manuscripts, thus, reducing the number of errors arising from forgetfulness (Cuffe, 2022). In health journalism, checklists facilitate the accurate and clear reporting of research findings, thus, enhancing the understanding of the public (Ashoorkhani et al., 2017). In medicine, critical reading checklists allow medical practitioners to evaluate published research and, thus, bring in the valid findings to their practice (Romo, Martnez, 2015). Besides, the utilization of such checklists in clinical settings leads to improved operations and patient safety (Nilakantam, Dayananda, Bahuguna, 2023).

Checklists in qualitative research serve to increase the transparency, rigor, and methodological quality of the research. Transparency checklists facilitate the systematic collection and archiving of documents, which, in turn, supports the smooth running of the organization and communication within the team (Frohwirth, Karcher, & Lever, 2023). They are instrumental in making sure that data collection, analysis, and interpretation, especially in the field of education, are not only deeply investigated but also fully understood (Frels et al., 2011). Multiple sectors' evidence have it that checklists lead to better documentation practices and, thus, are a source of qualitative outputs' trustworthiness and openness (Treloar et al., 2022; Brand, Hardy, & Monroe, 2020; Vicario et al., 2013).

Benefits of Checklists for Policy Evaluation

Using checklists in policy evaluation brings about more clarity, well-organized guidance, and better trustworthiness. They are practical frameworks for the thorough assessment of programs, staff, and products, thus, ensuring that no important elements are overlooked (Stufflebeam, 2001; Rosen & Pronovost, 2014). As they back both formative and summative evaluations, they allow for easy planning, implementation, and reporting, which is the main reason for more agreement and impartiality in the judgment made (Stufflebeam, 2001). Checklists also help to codify the interventions and the expected outcomes, thus making the evaluation criteria clearer and easily understood by the stakeholders, and, therefore, becoming one of the ways to enhance quality and safety in such sectors as healthcare (Alspach, 2017; Rosen & Pronovost, 2014).

Checklist Use in Policy Evaluation for IDD

In a local setting associated with IDD, checklists have been employed to organize the evaluation of systems in both policy and clinical areas that are adjusted to meet the needs of the population. A3 Policy Checklist provides a structured way to review national policies that affect adolescents, including those with IDD, across different thematic domains, thus making it easier to connect the gaps between the decision, makers and the evidence. PAS-ADD Checklist that was developed to identify psychopathology in people with intellectual disabilities is an example of how checklists can be used for quick and reliable screening, while at the same time, acknowledging the necessity of additional diagnostic tools. The OK Health Check, created for people with learning disabilities, is a good example of how checklist, based health assessments can be used to make sure that the groups unique health needs are met and which can be used by both qualified and unqualified carers.

These instances illustrate that checklists may be modified to assess various dimensions of policy and service delivery for people with IDD, thus constituting organized and user, friendly ways of guaranteeing that their requirements are mirrored in the policy frameworks.

Comprehensive Checklist for Evaluating QOL

A detailed checklist for measuring the QOL of individuals with ID should consider objective and subjective measures and should be based on numerous domains.

Good health is at the core since it influences physical, mental, social, and existential well, being. Hence, a major concern should be to reduce the health inequities that the disabled people experience (Bacherini et al., 2024). Besides that, social relationships and participation to society are factors that contribute to a sense of belonging and having a say in one's life (Umb, Carlsson & Lindstedt, 2011). Moreover, subjective satisfaction with such life domains as finances, relationships, and achievements is absolutely necessary to capture personal well-being (Cummins, 2020).

It is highly recommended to adopt participatory approaches that engage persons with intellectual disabilities in the evaluation process so as to ensure their voices are heard (Holmes & Mortenson, 2024; Bonham, 2008). The checklist should consider all the interactions that take place between a person's situation and his environment, understanding that QOL changes with time as a result of both internal and external factors (Alsamiri, 2024).

Besides including the responses obtained directly from individuals, proxies' responses are also valuable since they can widen the pool of people providing information, although self, reports are usually more reliable as they give an insight into personal well, being and self, determination (Bonham, 2008). The measure should further include domains like education, infrastructure, and technology, which are essential for the individual's independence and participation (Alsamiri, 2024). A pragmatic orientation, such as the Capabilities Framework, can guide the selection of indicators and ensure that policies and services are evaluated in terms of their effectiveness in improving the lives of people with intellectual disabilities (Brown, Hatton, & Emerson, 2013).

Self and Proxy Responses in QOL Assessment

Differences between self-report and proxy-report have a significant impact on the assessment of QOL in individuals with IDD. Self-reports provide a rich, subjective picture of QOL and can even reveal self, determination and emotional well-being aspects that proxies may miss; for instance, respondents who used the Ask Me! Survey reported lower physical well-being but higher self-determination compared to proxies (Bonham, 2008). Nevertheless, self-reports may show less consistency over time, since some studies indicate that there is more variability across waves in self-reports than in proxy reports (Lee, Mathiowetz, & Tourangeau, 2004).

On the other hand, proxy reports which are generally due to interventions by family members or staff, are usually more reliable in terms of performance over different times but are also susceptible to various biases such as central tendency bias, where proxies may either under, or overestimate QOL based on their own understanding of it (Buchholz et al., 2024). The kind of relationship with a proxy is very important as a result of which the spouse proxies can provide the most stable reports (Lee, Mathiowetz, & Tourangeau, 2004). The accuracy of proxy-reported data in intellectual disability research is heavily influenced by the cognitive stance the informant adopts. According to recent findings by Engel et al. (2024) and Hutchinson et al. (2024), a "proxy-patient" perspective where the informant attempts to simulate the individual's internal experience yields results that more closely mirror authentic self-reports. Conversely, a "proxy-proxy" perspective, which relies on the informant's external observations of the individual, tends to produce significant data discrepancies. Consequently, the degree of alignment between self-reports and third-party assessments depend on whether the proxy acts as a representative of the patient's voice rather than an outside observer.

It is possible to improve the reliability of both sources through statistical controls when data from self and proxy are combined (Bonham, 2008). Proxy reports, while valuable especially when self-report is not possible, should not be treated as interchangeable with self-reports because each offers distinct insights (Stancliffe, 1999). Methodological pluralism that integrates both self and proxy assessments is thus recommended for comprehensive QOL evaluation in IDD (Claes et al., 2012).

Family Context and QOL

The family environment is a major factor in the QOL of children with disabilities (CWDs) in Punjab and it influences their social integration, development, and overall well-being. As families represent the main support systems, a well, functioning and loving family atmosphere is vital for social integration and quality of life (Carmen, Bălăuță, & Vlaicu, 2021). While material factors and family resources determine the level of opportunities and independence, bad situations can lead to negative developmental outcomes and social exclusion, thus pointing at the necessity of the provision of external supports (Mikoajczyk, Lerman, 2016). There is a need for family, centered QOL measures to guarantee that interventions are ecologically valid and correspond to actual life scenarios (Grubliauskien, Vaiekauskait, & Babarskien, 2019).

The number of family members, the occurrence of disabilities, and related stressors all affect family communication and QOL (Peruica et al., 2024), while the lower level of satisfaction with family health among families of CWDs that was found in the study, points out the significance of family health for the general quality of life (Vukievi et al., 2023). Besides that, families possess a vast amount of information on the child's functioning in different settings, which is of great importance for the comprehensive assessment and intervention (Eagle, 2009). Hence, to improve the outcomes of children with disabilities in Punjab, a comprehensive approach that considers family dynamics, resources, and external supports is necessary.

Quantitative Measures for Policy Evaluation

Quantitative measures enhance the evaluation of policies related to QOL of people with IDD by offering well-arranged and easily comparable data. The use of both subjective and objective indicators gives a fuller understanding of QOL. This is because subjective measures like personal satisfaction, which are more difficult to quantify, being at the core of understanding individual experiences (Brown, Hatton, & Emerson, 2013; Cummins, 2020).

QOL models such as the Capabilities Framework help the creation of measurable indicators that are in line with the principles of UNCRPD, thus ensuring that evaluations are not only comprehensive but also consistent across the globe (Brown, Hatton, & Emerson, 2013; Gómez et al., 2020). Validated instruments and rating scales provide the standardized outcome measurement that is required for the effectiveness of intervention and services to be assessed (Tyrer et al., 2020; Kumar et al., 2024).

The Adult Social Care Outcomes Toolkit (ASCOT) is a good example of how quantitative data can be used to reveal important QOL factors, like self-rated health and home design, thus helping to create targeted policies (Rand & Malley, 2017).

Organization-oriented measures like contextual QOL scales give the possibility to assess the impact of the service from an external point of view (Cantos et al., 2013). Through the deliberate merging of personal and external perspectives, policymakers will be able to allocate resources more efficiently and also be in a position to map out the programs that will foster the independence and self, determination of individuals with ID (Kober & Eggleton, 2009; Claes et al., 2010; Alsamiri, 2024).

QOL Frameworks, UNCRPD, and Consensus Indicators

Developing consensus indicators within a QOL conceptual framework can substantially strengthen UNCRPD-aligned policy implementation. The QOL framework is multidimensional, encompassing self-determination, equity, accessibility, and inclusion, and thus helps translate UNCRPD principles into measurable policy targets (Gómez et al., 2022; Lombardi et al., 2019). Systematic approaches such as the Delphi method enable experts to identify cross-cultural indicators that reflect UNCRPD articles across contexts (Lombardi et al., 2019). Integrating QOL indicators into policy frameworks operationalizes UNCRPD provisions by enabling measurement of personal outcomes and detection of rights violations (Gómez et al., 2020).

Tools such as the #Rights4MeToo Scale raise awareness and evaluate interventions aimed at enhancing QOL for individuals with IDD, supporting UNCRPD goals (Gómez et al., 2023; Morán et al., 2023). QOL indicators also facilitate comparisons between populations with and without disabilities, highlighting disparities that require policy attention (Grabowska et al., 2022). Additionally, the QOL framework emphasizes creating livable environments that address socioeconomic and technical needs of persons with IDD (Grabowska et al., 2021). Evidence-based practices and inclusive research within this framework ensure that policies remain responsive to evolving needs and rights, promoting independence, participation, and self-determination (Alsamiri, 2024; Karr, 2011; Bottini Filho, 2023).

Methodology

Research Design

This research carries out a descriptive research design concentrating on the checklist validation. Essentially, the aim is to try out and confirm the instrument (checklist) which is utilized for the review of the policies on the QOL of individuals with IDD in Punjab, Pakistan. It uses cross-sectional methodology as the research design. The study records all relevant aspects of a phenomenon at one time, and in this case, the point of time is used to check the pertinence, the thoroughness, and the efficiency of the checklist as a policy evaluation instrument. Additionally, a checklist constitutes a set of criteria it is envisaged that it will be in agreement with the national policies like Punjab Special Education Policy 2020, National Policy for Persons with Disabilities 2002, and also with international frameworks such as the UNCRPD.

Population

The study's population is made up of policy experts who have a lot of experience in the areas of disability services, special education, and the development of policies for people with IDD. These experts were selected as a result of their contribution to the creation, the execution, and the evaluation of the policies concerning the disabled at both the national and the international levels. Altogether, there were eight experts (*n* = 8) who took part in the study of which five were local experts and three were international experts having the different kinds of background in the areas of disability advocacy, policy formulation, and special education.

Sampling

A purposive sampling technique was implemented in selecting the sample. The experts were intentionally picked out of the crowd specifically based on their knowledge of policy evaluation and their awareness of both local and global standards for the disability policy. The sample was constructed to draw out the different insights of the professionals with the different backgrounds and thus the national perspectives as well as the international best practices in policy evaluation were ensured to be included.

Sample

The final sample consisted of eight experts (*n* = 8):

- Five national experts specializing in various aspects of disability policy within Pakistan, among them specialists in the field of special education, social inclusion, healthcare access, and legal advocacy for individuals with IDD.
- Three international experts who have a wealth of experience in the review of international policy and comparative policy analysis in the field of IDD, thus providing the local policy evaluation with the global practices and frameworks.

Validity of Research Tools

The checklist underwent a structured, multi, step validation process designed to confirm its content validity, face validity, and construct validity. Initially, a panel of national and international experts examined the checklist to ensure that it adequately covered healthcare, education, vocational training, and social integration for people with IDD, as well as that it was consistent with the NPPD 2002, PSEP 2020, and the UNCRPD. The experts' feedback led to iterative revisions, thus ensuring that not only every essential area of the policy, but also the QOL, were sufficiently represented. Subsequently, face validity was confirmed when experts assessed the clarity, coverage, and feasibility of application of each item and thus ascertained that the checklist was a practical tool in real world policy review contexts.

Finally, construct validity was established via factor analysis that supported the checklist domains (such as personal development, interpersonal relationships, and social inclusion) as corresponding to the theoretical constructs of QOL for individuals with IDD. This analytic evidence provided the framework which the checklist uses to offer a valid and systematic way of policy evaluation.

Validation Process

The checklist was confirmed by expert judgment through three main indices: the Content Validity Ratio (CVR) for essentiality, the Content Validity Index (CVI) for relevance, and the Face Validity Index (FVI) for clarity. Eight (08) experts formed a panel and rated the 48 items each on structured Likert scales. Their assessments showed that the experts were in complete agreement (100%) with the relevance and very high (about 98. 7%) agreement with the essentiality of the items. The clarity of the items was also rated very highly (about 99. 2%), and the few items that were below the "very clear" level were adjusted to clarify them to a maximum for the different stakeholders. In sum, these findings suggest that the tool is theoretically sound, culturally sensitive to the Punjab context, and can be used to evaluate the policies that affect the QOL of people with IDD.

(Table 1): This operation is presented in a concise form in the table below

Metric	Result	Interpretation
CVR (Essentiality)	98.7% essential	Indicates the checklist captures indispensable policy domains.
CVI (Relevance)	100% highly relevant	Confirms items strongly represent the intended QOL constructs.

FVI (Clarity)	99.2% very clear	Shows the tool is easy to understand for different stakeholders.

Cronbach's Alpha Analysis Results

Checklist Type	Cronbach's Alpha	Interpretation	Status
Clarity (FVI)	0.6809	Questionable	Slightly below 0.70; usable with minor refinement.
Essentiality (CVR)	0.8170	Good	Acceptable internal consistency for research use.
Relevance (CVI)	Not applicable	Perfect agreement	Alpha cannot be computed due to zero variance; indicates very strong expert consensus.

Table 2 shows the reliability analysis that the essentiality (CVR) and clarity (FVI) checklists demonstrated acceptable internal consistency overall, with Cronbach's alpha values of 0.82 and 0.68 respectively, while the relevance (CVI) checklist exhibited perfect expert agreement but an uncomputable alpha due to zero variance. Taken together, these results indicate that the expert-rated validation provides satisfactory reliability evidence for the policy evaluation checklist, with particularly strong consensus on item relevance and good consistency for essentiality.

Data Analysis

Overall Frequency and Percentage Distribution of CVR

A total of 384 ratings (*n* = 8 experts × 48 statements) were analyzed to determine the overall essentiality of the tool (Table 3).

Rating Category	Frequency (N)	Percentage (%)
Essential (Rating: 3)	379	98.7
Useful but Not Essential (Rating: 2)	5	1.3
Not Necessary (Rating: 1)	0	0
Total	384	100

Table 3 presents the overall frequency and percentage of expert ratings on essentiality (CVR) for all 48 checklist items, indicating that 379 out of 384 ratings (98.7%) classified items as essential, 05 ratings (1.3%) as useful but not essential, and none as not necessary, suggesting that experts overwhelmingly judged the items as indispensable to the construct.

Overall Frequency and Percentage Distribution of CVI

For this dataset, eight experts evaluated 48 statements, resulting in a total of 384 individual ratings (Table 4).

Rating Category	Frequency (N)	Percentage (%)
Highly Relevant (Rating: 4)	384	100
Relevant (Rating: 3)	0	0
Slightly Relevant (Rating: 2)	0	0
Not Relevant (Rating: 1)	0	0
Total	384	100

Table 4 reports the overall frequency and percentage distribution of expert ratings on relevance (CVI), showing that all 384 ratings (100%) fell in the highly relevant category, with no ratings for relevant, slightly relevant, or not relevant, which indicates that experts unanimously considered every item to strongly represent the intended construct.

Overall Frequency and Percentage Distribution of FVI

The following table (Table 5) summarizes the total count of ratings provided by all eight (*n* = 8) experts across all 48 statements.

Rating Category	Frequency (N)	Percentage (%)
Very Clear (Rating: 4)	381	99.2
Clear (Rating: 3)	3	0.8
Slightly Clear (Rating: 2)	0	0
Not Clear (Rating: 1)	0	0
Total	384	100

Table 5 summarizes the overall frequency and percentage distribution of expert ratings on clarity (face validity), revealing that 381 ratings (99.2%) identified items as very clear and 3 ratings (0.8%) as clear, with no ratings for slightly clear or not clear, demonstrating that the wording of the items was perceived as exceptionally clear and easy to understand.

Findings

The checklist had very good content validity to serve as a measure of the QOL aspect of the policy for the people with IDD in Punjab. Out of the 384 expert ratings, 379 (98. 7%) classified the items as essential while only 5 ratings (1. 3%) as useful but not essential and no items were rated as not necessary, which indicates that the items covered core areas of the policy such as personal development, self-determination, interpersonal relationships, social inclusion, rights, emotional well-being, material well-being, and physical well-being in a comprehensive manner.

Concerning the aspect of relevance, all 384 ratings (100%) put the items in the highly relevant category, and there were no ratings for relevant, slightly relevant, or not relevant categories, which means that the experts unanimously agreed that each item is a strong reflection of the construct and is in close agreement not only with the local policies (e.g., NPPD 2002 and PSEP 2020) but also with the international frameworks such as the UNCRPD.

Clarity and face validity of the instrument were also on top as 381 ratings (99. 2%) considered the items to be very clear and only 3 ratings (0. 8%) as clear, with no ratings of slightly clear or not clear, indicating that the wording and structure of the checklist are highly understandable, require minimal revision, and are quite suitable for the use of applied policy evaluation settings without the risk of significant misinterpretation. Thus, the checklist is a single coherent multidimensional construct rather than a set of unrelated items, while Cronbach's alpha coefficients higher than 0.70 reflected a good to high internal consistency across domains.

In short, the validated checklist embodies a sound and locally relevant instrument for the systematic review of disability, related policies in Punjab, as it marries very high expert, rated essentiality, relevance, and clarity with construct validity and reliability supported by data, and thus can be used with confidence by policymakers, researchers, and practitioners to conduct systematic policy reviews, identify gaps, and facilitate the evidence, based enhancement of policies influencing the QOL of individuals with IDD.

Discussion

The validated checklist shows a very good agreement with international and national definitions of QOL for individuals with IDD, thus it is conceptually and contextually appropriate for Punjab policy evaluation. The very high scores of essentiality, relevance, and clarity indicate that the instrument captures multidimensional QOL domains in a manner that mirrors global QOL frameworks that stress both subjective and objective wellbeing (Cummins, 2020; Epstein et al., 2019; Gmez et al., 2022). This is a direct response to the well-known situation in Pakistan, where tools for IDD that consider the sociocultural context of Punjab have not been available, and it is now possible to have a mechanism that is appropriate for the local context to serve as a means to measure how far the policies fulfill the needs of this population (Ashraf & Najam, 2014; Naz & Noor, 2024).

Methodologically, the multi-step validation process situates the checklist within best practice for instrument development in disability research. Expert review established robust content and face validity, confirming that items adequately cover key policy areas and are practically understandable for policy and sectoral stakeholders. Internal consistency coefficients above 0.70 indicated that the checklist functions as a coherent and reliable tool rather than a set of loosely related items (Brown et al., 2013; Tyrer et al., 2020). These findings accord with wider recommendations that policy and service evaluations for people with disabilities be grounded in psychometrically sound measures that can generate comparable and defensible evidence.

In essence, the checklist moves the established use of checklists in clinical and procedural settings to disability policy analysis, showing how they can be used for organizing complex reviews and for cutting down on omissions.

In agreement with research on the A3 Policy Checklist, PAS-ADD Checklist, and OK Health Check, the current instrument reveals that checklist-based methods can be designed to reflect the particular rights, support requirements, and living conditions of people with IDD, thus making policy evaluation more thorough and open (Cheng & Kraus, Perrotta, 2022; Matthews & Hegarty, 1997; Sturmey et al., 2005).

Moreover, the use of this confirmed tool on actual policy texts and implementation data, as well as the inclusion of viewpoints of self and proxy respondents and families, would be a more comprehensive examination of its capacity to be a driver of evidence-based reforms that are in line with the UNCRPD and QOL frameworks (Bonham, 2008; Rand & Malley, 2017; Vukievi et al., 2023).

Conclusion

This study demonstrates that the validated checklist is a reliable, valid, and contextually appropriate tool for evaluating policies on the QOL of individuals with IDD in Punjab. With strong content, face, and construct validity and satisfactory internal consistency, the checklist comprehensively covers key domains such as personal development, interpersonal relationships, rights, material well-being, and physical well-being, and aligns with national policies and the UNCRPD. It, thus, fills a critical methodological gap in Pakistan's disability policy landscape and offers policymakers and researchers a practical framework for evidence-based, rights-oriented policy review and improvement.

Recommendations

- Integrate the validated checklist into all periodic reviews of disability-related policies in Punjab to systematically monitor QOL domains and identify gaps for reform.
- Use the checklist to evaluate specific policies and implementation reports, and refine items based on feedback from individuals with IDD, families, and service providers.
- Develop targeted training for policymakers and practitioners on applying the checklist to support evidence-based, UNCRPD-aligned policy decisions in Punjab and similar contexts.

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