Case Studies on the Inclusion of Children with Disabilities

Brunei Darussalam
Samoa
Thailand
Viet Nam

This Case Study was prepared as part of the UIS-AIMS Unit, UNESCO Bangkok Project to develop Towards Inclusive Education for Children with Disabilities: A Guideline
Case Studies on the Inclusion of Children with Disabilities

Brunei Darussalam
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## Brunei Darussalam Case Study

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An assessment of the progress made towards meeting the goal of Education for All (EFA) by 2015 has shown that many countries have made significant progress, with primary school enrolments exceeding 90 per cent in many countries of the Asia-Pacific region. The problem remains: How to reach the children who are persistently out of school, and how to cater for them most effectively to ensure that they receive a meaningful education, with opportunities equal to those children who comply more readily with national compulsory education mandates?

The Dakar Framework for Action made reference to vulnerable and disadvantaged groups of children and called for inclusive education (IE) practices to reduce their lack of access to education and their inability to benefit from it in its current form. The process of transforming schools to make them more inclusive has been receiving attention for more than a decade, with the landmark UNESCO meeting held in Salamanca, Spain in 1994. This meeting gave rise to the “Salamanca Statement” and “Framework for Action on Special Needs Education,” which called for a policy shift which would require all regular schools to become inclusive schools and serve all children, particularly those with special educational needs.

The statement concluded that regular schools with an inclusive orientation were the most effective means to combat discriminatory attitudes, create welcoming communities building an inclusive society and achieve “Education for All”. It further asserted that these schools would provide an effective education to the majority of children and would improve the efficiency and ultimately the cost-effectiveness of the entire education system.

In many countries attempts to implement inclusive education have been limited to small pilot projects, usually initiated by international NGOs often in partnership with governments. The realization that 100 per cent primary school enrolment is not going to be achieved unless the focus is shifted from those who are already in school, to those who are excluded, has acted as a catalyst to many governments to look at changes that may need to be made to their schools if they are to cater for all children. Increased attention to the fact that education is a basic right for all children has strengthened this move towards change. The case studies reported in this document provide detailed accounts of how four countries within the region have addressed this challenge and the steps that have been taken towards transforming educational systems, from exclusive to inclusive and welcoming schools.

The lessons learned from these case studies have been used in the preparation of the UNESCO document: “Towards Inclusive Education for Children with Disabilities: A Guideline.”

It is hoped that this document will provide useful guidance to other countries that are in the process of undertaking change in their educational systems to achieve the EFA goals by 2015, and achieve the right to the education of all children, including children with disabilities.
Introduction

The introduction to the case studies conducted in Brunei Darussalam, Samoa, Thailand and Viet Nam as part of the research project on “Towards Inclusive Education for Children with Disabilities: A Guideline.”

Ensuring that all children receive an education has long been a goal of the global community, reinforced and restated in the United Nations Millennium Development Goals of 2000. Education is the fundamental building block for prosperity, has the capacity to lift people out of poverty and has significant effects on health and development in developing countries.

The catalyst for the case studies reported in this document was the realization that the goal of universal primary education would never be achieved unless attention was diverted from those children who were attending school to those children who were not achieving access to the school system. The global initiatives implemented by UNESCO in 1990 and 2000 had led to significant efforts by governments in the Asia-Pacific region towards increasing the enrolment rate in primary education. Many governments had achieved rates in excess of 90 per cent child enrolment. The problems arose in achieving the final 10 per cent. Who were the excluded groups of children and why were they so difficult to identify and draw into the education net?

The World Conference on Education for All, held in Jomtien, Thailand in 1990 and the World Education Forum held in Dakar in 2000 reflected UNESCO’s commitment, in partnership with the global community, to achieving universal primary education. The assessment which was carried out in 180 countries and was conceivably the biggest review on education in history indicated mixed results. Many countries reported that they were approaching full primary school enrolment for the first time, but at the same time an estimated 113 million children were cited as out of school. The Dakar Framework for Action made reference to vulnerable groups and excluded children, but did not make explicit recommendations for addressing this issue, although it called for “inclusive” approaches to education.

The Dakar Framework called for the achievement of full primary education enrolment by 2015. In 2004, with the approach of the Mid-Decade Assessment (MDA), the issue of excluded children was being highlighted by work carried out by the United Nations Economic and Social Commission (UNESCAP) in Bangkok. A review of the achievements of the first UNESCAP Asian and Pacific Decade of Disabled Persons in 2002 had suggested that in the 63 countries of the Asia-Pacific region, less than 10 per cent of children with disabilities were receiving any education. At a meeting held by UNESCAP in 2004 to look at the collection of data and statistics on persons with disabilities it became clear that the majority of governments were not collecting data on adults with disabilities or on children with disabilities.

They were not included in policy and planning and the small numbers of children receiving an education were being educated by non-government organizations, with little, if any, responsibility taken by the respective ministries of education.

In 2004, the Assessment, Information Systems, Monitoring and Statistics Unit of UNESCO Bangkok made a decision to undertake a study to identify the necessary and effective steps for including children with disabilities in national Education for All (EFA) action plans and strategies, and to develop guidelines for action for use in regional and national capacity building to promote the goal of full inclusion of children with disabilities in the EFA process, including the monitoring process. The goal of the UNESCO project was, firstly, to analyze the complex interplay of factors which result in exclusion and, secondly, to obtain detailed information about educational systems in selected countries where a specific commitment has been made to include children with disabilities in schools, in the national education and the monitoring process.
Case studies were conducted in four countries in the Asia-Pacific region. The region is large and diverse, with countries ranging from China, which has the greatest population in the world, to small Pacific Island countries with very limited resources and small populations. The selection of countries was based on pragmatic factors which included funds available and the time limits to undertake the collection of relevant information. The four countries selected for study were Brunei Darussalam, Samoa, Thailand and Viet Nam. All four countries had either made progress, or were in the process of considering what changes were needed in their education systems to include children with disabilities. This concern with expanding access to education for children with disabilities was the defining criterion for selection for the study.

The aim of the case studies was to document and analyze the processes, problems, solutions and outcomes of effective education policies and practices which were including children with disabilities. The information was collected during country visits by three expert consultants, who used a protocol developed specifically for the purpose of obtaining comparable data. The protocol took was structured with a series of questions under a number of relevant headings.

Most questions, except where otherwise specified, will be addressed to the focal point for the education of children with disabilities within the ministry or directorate of education. Information was also obtained from:

- National bureau of statistics;
- Ministries of education (statistics and monitoring section);
- Head teachers, or school principals;
- Teachers in regular schools with children with disabilities included in regular classes;
- Children with disabilities in inclusive schools;
- Non-disabled peers in the same classes as children with disabilities;
- Family members of children with disabilities enrolled in inclusive schools;
- Community members or local government officials in communities where inclusive schools exist;
- University and/or teacher training college personnel engaged in training special education teachers and regular teachers who will teach in regular inclusive schools;
- Representatives of organizations of people with disabilities.

In addition, information was in some cases obtained from:

- Head teachers at special schools;
- Classroom teachers at special schools;
- Students at special schools;
- Parents of children attending special schools;
- Teachers and coordinators of inclusive pre-schools;
- Children and family members of children attending inclusive pre-schools;
- Parents of children attending early intervention centres;
- People with disabilities in the local communities;
- Students with disabilities attending inclusive secondary schools, and their parents;
- Teachers at inclusive secondary schools;
- University staff at universities and colleges (where students with disabilities are enrolled in tertiary studies);
- Students with disabilities enrolled at universities and colleges.
The key areas for the collection of information were:

Section 1: Focal point for the education of children with disabilities within the ministry or directorate of education;

1. To identify the catalyst or determining factors which led to the decision to include children with disabilities in the national education system;
2. Policy on education and children with disabilities;
3. Legislation on education for children with disabilities;
4. To identify providers of education for children and youth with disabilities;
5. Budgetary policy and measures;
6. Administration and implementation of policy;
7. Description of systems of educational provision in relation to:
   - Special schools;
   - Regular inclusive schools at the primary level;
   - Pre-schools;
   - Early detection and intervention for infants and young children with disabilities;
   - Access to secondary school for children and youth with disabilities;
   - Access to tertiary education opportunities for persons with disabilities;

Section 2: National bureau of statistics and ministry of education statistics and monitoring section.

1. Definition of disability.
5. Multi-sectoral collaboration.

Section 3: Implications at the level of primary school, teacher, child, both disabled and non-disabled, family and community. Where possible interviews were conducted with:

- Head teacher or principal of an inclusive regular primary school;
- Class teacher in an inclusive class with a child with a disability;
- A child with a disability in a class in an inclusive regular school;
- A non-disabled peer in the same class as the child with a disability;
- A family member of a child with a disability attending a regular inclusive school;
- A community member or local government official.

Section 4: Implications at the level of special school, pre-school, early intervention centre, inclusive secondary school, from the perspective of the teacher, child, disabled and non-disabled, family and community. Where possible interviews were conducted with:

- A head teacher or classroom teacher in a special school;
- A parent of a disabled child attending a special school;
- A child at a special school;
- A teacher at a pre-school;
- A parent of a child attending an early intervention centre;
- A teacher at an inclusive secondary school;
- A parent of a youth with disabilities attending an inclusive secondary school;
- A student attending an inclusive secondary school.
Section 5: Teacher training institutions, including training for teachers to teach students with diverse abilities in regular schools:

1. Interviews conducted with ministry of education officials;
2. Visits made to colleges and university departments responsible for teacher training for special education teachers and regular teachers who will teach in inclusive schools.

Section 6: Access to tertiary education for students with disabilities. Interviews were conducted with:

1. University teacher training officials;
2. Students with disabilities attending university or tertiary education.

Section 7: Organizations of persons with disabilities – Interviews conducted with:

1. Representatives of organizations of persons with disabilities;
2. Individual persons with disabilities.

Section 8: Respondents views on "change" with reference to:

1. Views on the current situation;
2. What changes were perceived as necessary;
3. What means should be used for achieving change in the education system.

The case studies presented in this UNESCO document were based on the information obtained by means of the structured processes based on the protocol format which was used during the country visits, and in the supplementary information gathering procedures. The wealth of information was then summarized to form each country case study. A review process was then undertaken with more than 50 stakeholders participating in a writers review meeting which enabled country level verification of the results. Stakeholders included representatives of parent organizations and organizations of persons with disabilities, teachers from regular and special schools and special education units, head teachers and principals, Ministry of education officials and administrators, officials of educational statistics and monitoring sections, university lecturers engaged in teacher education, representative of regional and local NGOs engaged in promoting and providing inclusive education and community members.

Discussion groups were held on a range of topics which had been the subject of investigation during the in-country process. These were held on the basis of the country level, as well as professional and other primary affiliations. The outcome was a series of recommendations for action considered necessary to improve the opportunity and quality of education for children with disabilities in the education systems of the region. The recommendations addressed every level of the education system and highlighted the importance of collaboration and inter-dependence between school systems, parents, disability advocates and communities.

The lessons learned from the case studies and the recommendations from the review meeting of stakeholders have been used in the preparation of the UNESCO document “Towards Inclusive Education for Children with Disabilities: A Guideline.” This guideline for action to include children with disabilities in school systems and in the EFA monitoring process begins by identifying the problem and setting out the rationale for the focus on the education of children with disabilities. This is followed by a detailed analysis of eight aspects of the education system and the ways in which it must change to allow the full inclusion of children with disabilities. Each aspect has a critical role to play in transforming the education system and is based on the information obtained from the detailed case studies.
Conclusion

Brunei Darussalam, Samoa, Thailand and Viet Nam, four countries with diverse geographic, economic, political and social situations were included in the case studies summarized in this document. The case studies were conducted to add country-specific experiences to the process of developing regional guidelines for action to include children with disabilities in school systems within the EFA Monitoring Process. These studies were conducted between late 2004 and early 2005 but have been updated subsequently to provide a picture of the changes that have taken place since the various studies began. Visits were undertaken for periods of just one week, or by means of a number of visits over several months but information was obtained from a variety of sources over the entire period.

In all cases, information was gained through first-hand visits to ministries of education and other ministries, statistics departments, advisory and advocacy groups and universities, special schools and special education centres of all forms and levels, in addition to interviews with disabled and non-disabled students, head teachers and principals, parents, community members and experts. When any governmental disability-related commission or advisory committee existed, these were also consulted if possible. UNESCO staff and EFA monitoring experts were also consulted in all countries except Brunei, which did not have an EFA plan, or a UNESCO office at the start of the project.

The results from the four countries cannot be representative of such a large area as the Asian-Pacific region. But the case studies have provided very valuable information, and insights into the issues involved in the transformation of national education systems towards making them more responsive to the needs of all children, particularly children with disabilities. There are lessons to be learned which will be helpful to any country moving in this direction.

The countries in which the case studies were conducted varied in many dimensions, and all were at different stages of development in terms of providing education to children with disabilities. Samoa and Brunei are countries with relatively small populations; just 180,000 in the case of Samoa and 300,000 in Brunei, while Thailand and Viet Nam have populations of 68 and 84 million inhabitants respectively. Brunei is located on the island of Borneo and depends largely on oil and natural gas for its high-income per capita. Samoa is an island nation consisting of four main inhabited islands located northeast of New Zealand, in the South Pacific. Thailand and Viet Nam are on the east and west of the Southeast Asian peninsula, shared also by Cambodia and Lao PDR.

Brunei Darussalam was the most advanced country in terms of making provisions to include all children with disabilities in their education system. It is a wealthy country and with a small population and centralized government was well placed to make the necessary changes, once the decision had been made to do so. At the start of the project Brunei claimed to have 98 per cent of all children with disabilities in schools and was working to achieve 100 per cent enrolment. The children not yet catered for were children with complex and multiple disabilities.

Thailand, with a population of 68 million, has a long history of non-government service provision for children with disabilities, but the special schools and services were available mostly in more populated areas while the vast majority of the population lived in rural areas. It was estimated that until a decision was made by the government, supported by legislation, policy and implementation, no more than four per cent of children with disabilities had access to educational services. Thailand has a long history of strong advocacy by leaders of organizations of persons with disabilities, and they sit on an advisory committee to the prime minister with input into all policy planning and implementation that affects the lives of persons with disabilities in Thailand.

In 2000, Thailand was the recipient of the "Eleanor Roosevelt Award" for the country which had made the greatest progress in improving the situation of persons with disabilities. Thailand exemplifies a country which had made a commitment to address the issue of exclusion from education faced by children with
disabilities; had passed legislation; and was in the process of implementing the changes which would make its education system inclusive. It therefore provides a model for change but also illustrates the challenges faced during the process.

Samoa, a small Pacific Island country, had also relied heavily on NGO services to provide education to a small number of children with disabilities living in population centres where it could be delivered. These services had grown up to meet a need that was not being met by the nation's government, and over time had assumed an advocacy role to encourage the government to take responsibility for the education of this sector of the population. Samoa was in a transitional stage, with the realization that change and action were necessary, but short of a full commitment to ensure that this was achieved. Samoa had advantages in a well developed system of teacher training, with a comprehensive range of courses for teachers working with children with diverse abilities and needs, and also strong input from a regional branch of an international NGO, Inclusion International. The latter conducted surveys of all children and adults with disabilities, thus providing the government with the data needed for effective planning and policy formation and implementation. The Samoa case study illustrates some of the confusion that can exist when a commitment is made but not followed through whole-hearted and the problems that arise when policy is poorly implemented. However in the period since the case study was conducted, significant progress has been made, with a coherent policy now being effectively implemented.

Viet Nam, with a large population of 84 million people, has made a very strong commitment to the education of its children. The progress made since the UNESCO World Education Forum held in Dakar in 2000 has been remarkable. In response to the Dakar Framework for Action, Viet Nam was one of the first countries to complete a national action plan to enable it to achieve full primary school enrolment.

It was also one of a small number of countries which qualified for World Bank funding as part of the “Fast Track” programme. While the government has been engaged in improving the situation of persons with disabilities in many areas, in response to the United Nations Economic and Social Commission (UNESCAP) Asian and Pacific Decade of Disabled Persons (1993-2002 and 2003-2012), a concerted move to address the educational needs of children with disabilities has only been made since the case study information was collected. Children with disabilities could be included in mainstream schools but this was a rare occurrence. International NGOs have led the way in developing pilot projects on inclusive education in Viet Nam, always in partnership with the government. The support has often been in the form of developing teacher training programmes, as well as in overcoming community lack of awareness on this issue. More recently, an inclusive education policy was formulated and will be implemented over time with characteristic Vietnamese efficiency.

Inclusive education had been discussed in Viet Nam as early as 1985, with a series of pilot projects starting in 1987. Several years were required in order to understand the demands and system needs of inclusive education, including curriculum adjustment and increasing use of collaborative learning.

**Catalysts for change**

All countries mention the Salamanca Statement and Framework for action on Special Needs Education (1994) as having influenced educational developments within their countries. This was particularly influential for Brunei, used the Salamanca recommendations to design its system of inclusive education, assisted by a Canadian consultant expert, resulting in a system with a very strong emphasis on reflective teacher education. Another very significant catalyst for all countries has been the United Nations Economic and Social Commission (UNESCAP) Asian and Pacific Decades of Disabled Persons (1993-2002 and 2003-2012). Both the Agenda for Action (1993) and the Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF) (2002) placed emphasis on the importance of access to education for children with disabilities, and in the BMF it is identified as the third priority area for action. Assessment of achievements in the first decade estimated that less than 10 per cent of children with disabilities within the region had access to any form of education. The Dakar Framework for Action to achieve Education for All has also provided guidance and encouragement with awareness training for country EFA Coordinators provided on an annual basis by the UNESCO Office in Bangkok.
Case Studies on the Inclusion of Children with Disabilities

Identifying the catalysts is important because it provides valuable information for advocacy groups, such as organizations of persons with disabilities, in their efforts to persuade governments to take the action necessary to ensure educational access for children with disabilities. Advocacy by these groups has been most effective in Thailand, where they have been able to work cooperatively with the Thai government to develop policy, to implement it and to be involved in monitoring the progress made.

National policy and legislation on education and children with disabilities

One of the main barriers to accessing education for children with disabilities has been the fact that national education policies and plans have not addressed this issue. In the Asia-Pacific region, UNESCO has played a key role in creating awareness in educational ministry officials and national EFA coordinators, providing critical feedback to national action plans and requiring that data be collected and reported in the documentation that underpins the Mid-Decade Assessment (MDA) process. Policy and legislation which refers to “all children” does not in most cases result in any consideration of the educational needs of children with disabilities. This was the case in Samoa where compulsory education for all children did not in practice include children with disabilities. This situation has since been addressed with an explicit policy on the education of children with special needs developed in 2008. Brunei developed both policy and legislation and has implemented a system of education which includes all children with very few exceptions.

The significance of specific legislation stating the right to education for children with disabilities is most clearly seen in Thailand, where it is upheld in the constitution and in special legislation passed in 1999. This was followed by policy mandating 12 years of compulsory basic education in integrated schools with appropriate educational materials, assistive devices and support provided access to early intervention services from birth.

This included a strategy for seeking out-of-school children which is implemented collaboratively by ministries of education and health working together with organizations of people with disabilities. The enrolment of children with disabilities in the mainstream school system increased from four per cent to in excess of 23 per cent in a four year period from the onset of the policy implementation.

Restructuring the school system to make it more inclusive

The most important point about restructuring the school system is that it must be a gradual process. Fears abound that all special schools should be closed immediately and all children with disabilities placed in regular schools without preparation. It needs to be emphasized that moving towards inclusive education is a process. Awareness training to create positive attitudes to change is an essential first step. Intense in-service and in-school training is essential to prepare the whole school community but particularly classroom teachers for the change. A system of support must be developed, providing assessment and assistance to children with disabilities and their families, as well as providing support and training to teachers in regular schools. This aspect was developed in Brunei, with special education units in Thailand. The same structure was named special education centres, with highly trained professionals capable of performing a wide range of support services. In some cases, special schools are transformed into special education centres or support units.

It is critically important that the expertise available in special schools is not lost or under-utilized, as children with disabilities are gradually moved from the special school to the regular school. In Samoa the move to inclusion was started in one school. In Thailand in 2004 there were 349 designated “integrated” schools, in 2005 there were 2000, and the numbers have escalated each year. Thailand refers to its programme as ‘integrated education moving towards full inclusion” and recognizes that the process will be achieved over a period of years.

It is, however, important that the policy of inclusion is applied to the whole education system, from early intervention and pre-school to primary and secondary school vocational training and post-school options, including tertiary studies at university.
Teacher training

Teacher training is perhaps the key to successful inclusive education. This involves pre-service training for all teachers wishing to enter the teaching profession, and extensive programmes of in-service training, with varying degrees of intensity, to cater for the range of different situations that will arise during the transition from exclusive to inclusive education. This has been recognized by all four case study countries. Modifications to teacher training needs to be made as soon as the decision has been made to transform the education system.

Brunei put into place an extensive teacher training programme at the national university, with a variety of provisions from degree level to masters courses, and with an emphasis on extensive “upgrading” options in the early stages of new policy implementation. Thailand has a similarly wide range of options, but taking place in a large tertiary system with more than 600 universities of which 80 are run by the government. No untrained teachers are employed in Thai schools and all teacher trainees receive at least one course on special needs in their training. A range of specialist courses exist at masters degree level. The government had to pass regulations to ensure that all teacher training institutions complied with the required changes in curriculum to cater for the move towards integrated and inclusive education. This can be a problem in a large tertiary system with autonomy at the level of the institution. Teacher training in the area of special needs has been the strength of the Samoan system for many years and will play an invaluable role as inclusive education becomes more widespread across Samoan schools. This is easier to achieve in smaller countries with good resources at tertiary level.

Viet Nam has always placed great emphasis on teacher training and had developed courses for teachers working with children with disabilities. This will need to be upgraded as the new policy on inclusion is implemented in schools across the country.

Data collection, monitoring and evaluation

Comprehensive disability data is an essential ingredient for sound planning, monitoring and evaluation. The lack of an internationally recognized definition of disability has been receiving attention from the World Health Organization for a number of years, but the most recent classification system developed, the International Classification of Functioning, Disability and Health (ICF), is only beginning to be understood within the region with exploratory workshops working to see how it can facilitate the task of defining disability and the procedures for collecting data by means of census or survey. There is no uniform method for collecting educationally relevant data about children with disabilities, either in or out of the school system. This makes the task of obtaining reliable information for the purpose of monitoring and evaluation progress extremely difficult. All four case study countries had their own definitions of disability, which makes comparability across countries meaningless. At the time the case study was conducted, Viet Nam was not collecting data on children with disabilities, but this will change as they implement their policy on inclusive education. Samoa had developed a detailed database on both adults and children with disabilities, with assistance from an international NGO, but the database was not being maintained or used in the most effective manner. This issue will also surely be addressed as Samoa implements its policy on inclusive education. Thailand has worked hard to collect comprehensive data on persons with disabilities, including children, and was developing data collection strategies within the Thai Education Ministry to be used for planning, monitoring and evaluation of progress. Brunei only recently established a system for data collection in 2005. This is a critical area that must be addressed by each country as they move to include children with disabilities in their national education systems.

The role of organizations of people with disabilities

Disabled peoples’ organizations have a critical role to play in advising government on policy and on implementation strategy. Their network of organizations and contact at grassroots level with the disability community puts them in a powerful position to influence families and the community and persuade families to send their children to school. They can act as one link between stakeholders. They can also broaden their membership beyond adults and encourage other, younger membership in their own organization, or act as an umbrella group with other organizations.
The Biwako Millennium Framework places organizations of persons with disabilities at the forefront of action to be taken to achieve an inclusive, rights-based and barrier-free society by 2012. Achievements in Thailand demonstrate the significant contribution that can be made when strong organizations are formed, and advocacy to government is received in a constructive and cooperative manner. Formal consultative status is the goal towards which all national organizations of persons with disabilities should work. This requires willingness to form cross-disability organizations, and for the disability community to work together.

In relation to education, the voice of parents and families of children with disabilities is very important. Some parents of children with disabilities face frustration at the unwillingness of disabled peoples' organizations to include them as members. In other cases parents may be unaware of the rights of their children, lack the confidence to send them to school, or fear how they will be treated. Organizations of persons with disabilities have a responsibility to address both these issues.

Thailand is an excellent example of a country where strong organizations of persons with disabilities have been formed. They have undertaken active advocacy campaigns and been effective in influencing government policy and actions. The Thai government has learned to value the input from these organizations and has formalized the link by forming an advisory committee to the prime minister to assist with all matters concerning people with disabilities.

In Brunei, the formation of organizations of people with disabilities and their families is relatively new but will grow in strength. In Samoa NGO advocates have joined forces with the more recently formed organization of persons with disabilities and this is developing a strong advocacy voice which is being heeded by government.

Viet Nam has been slower to recognize the important role of organizations of persons with disabilities but their strength is growing too.

Conclusion

The four case studies are detailed documents with a wealth of information on every aspect of transforming a national education system from an exclusive to an inclusive system. The approaches taken vary in each context but the principle steps remain the same. Recognition of the right to education of children with disabilities is a fundamental first step and must be enshrined in legislation. Legislation is an important step in the process of turning educational policy into mandated provisions which must be carried out within the school system. The extent to which children with disabilities are covered by legislation will determine their ability to access the education system. Removing the barriers which prevent a wide variety of children from attending school is accepted as the responsibility of the national education system and is achieved by reorganizing the way in which schools are operated so that every child is welcome and can learn. The critical importance of modifying the teacher training system so that all teachers achieve competencies which enable them to teach all children, including those with diverse abilities and disabilities has been stated. The importance of working in partnership with organizations of persons with disabilities and their families cannot be overemphasized.

Moving towards an inclusive system of education is a long term undertaking and requires a full commitment at every level of government and the community. The first step is to make the commitment and to progress from there. The case studies in this document were undertaken as part of a UNESCO project to provide guidelines for action to include children with disabilities in schools systems and the EFA monitoring process in the Asia-Pacific region. Once the case studies were complete, a review meeting was held, attended by stakeholders at all levels of the education system. The case study findings were verified and a series of recommendations for action were made, addressing change needed at the level of government, the school and the community. These recommendations have been incorporated into a UNESCO publication entitled “Towards Inclusive Education for Children with Disabilities: A Guideline.” It is hoped that these documents will make a significant contribution to a change in education systems throughout the region, moving towards inclusion for all children, but particularly for children with disabilities.
Case Studies on the Inclusion of Children with Disabilities

Brunei Darussalam

This Case Study was prepared as part of the UIS-AIMS Unit, UNESCO Bangkok Project to develop Towards Inclusive Education for Children with Disabilities: A Guideline

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Brunei Darussalam is a country ruled by the national philosophy of *Melayu Islam Beraja*, meaning the Malay Islamic monarchy. It has a population of just 300,000 and is located on the island of Borneo – a territory which, administratively, is divided between Indonesia, Malaysia and Brunei.

There are four districts in the country: Brunei-Muara; Tutong; Temburong, and; Kuala Belait. The economy has been based primarily on oil and natural gas income over the past few decades and the government is the largest employer.

The central government controls administration at all levels, including the district and local level. The school system is based on the British 7-3-2-2 model, with seven years of primary school education, three of lower secondary, two of upper secondary and two of pre-university level.

The mission to obtain information for this case study was carried out in late 2004. Visits were made to many of the centres and schools throughout the country, in two of the four districts in Brunei and to NGO centres and government schools, centres and early intervention centres. No private schools were visited. The main government contact is the Special Education Unit at the Ministry of Education, which was established after the Salamanca conference in 1994. Interviews were conducted with parents and children.
Section 1

Focal Point for the Education of Children with Disabilities within the Ministry or Directorate of Education

1. Catalysts for transformation of the national education system to include children with disabilities in regular schools

Children with disabilities started being formally included in classrooms with the establishment of the Special Education Unit (SEU) of the Ministry of Education (MOE) in 1994. The Ministry of Education took this step after attending the World Conference on Special Needs Education: Access and Quality, held in Salamanca, Spain in June 1994, and the policies were based upon the Salamanca Statement and Framework for Action on Special Needs Education. The first Special Education Conference was held in Brunei in 1996. At this conference, the Minister of Education stated:

Special Education is based on the assumption that all children are special and should receive a good education in order to develop their potential to become full, active and contributing members of society. We must look at how the system can better serve all children, including children with special needs who require special education and related services if they are to realize their full potential.

Before the establishment of the SEU, there were children with disabilities attending school, but there were not many special education teachers available to accommodate to their special needs. Dr. Marg Csapo (Editor of the International Special Education Journal) was an early developer of the Brunei system, along with the first head of the SEU, Dr. Omar Khalid. Prior to the opening of service centres for children with disabilities in Brunei, some families would send their children to schools in Singapore or Malaysia.

2. Policy on education for children with disabilities

National policy on education includes 12 years of compulsory education for all children who are Brunei citizens. The SEU Special Education Policy Guidelines booklet from 1997 states:

The National Education Policy statement that all children of school age are provided with 12 years of education includes children with special needs who can become contributing members of society if an appropriate educational programme is offered.

Furthermore, it states that it will be the responsibility of all heads of schools and colleges to provide services in school that will be: “appropriate for students’ needs, age and level of education achievement”. The SEU will be the coordinating unit that will organize services with the support of the School-Based Team (SBT), Special Educational Needs Assistance (SENA) teachers and regular teachers. The SEU should set standards, develop and implement policy, assist in developing guidelines, monitor research and practice, review and evaluate programmes and services, manage an array of services, support professional development and participate in long-term planning.

No EFA plan existed for Brunei in 2004, as the country wasn’t a member of UNESCO.

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1 SEU, Special Education Handbook for Teachers., p. i.
2 SEU, Policy Guidelines, p. 3.
3. Legislation

The Education Order, dated 31 December 2003, outlines the formal legislative framework of the educational system under the Constitution of Brunei. According to this legislation: “Subject to any requirements of the National Education Policy, the minister shall ensure that a child of school-going age is given the opportunity to attend primary school and secondary school and complete the course of study provided therein”. There is no mention of education being compulsory in this directive. Special education is outlined in Section 30.

4. Provision of education to children with disabilities

The government is the main provider of education to children with disabilities, although private centres do exist and have a higher percentage of hearing-impaired children, for example. Children with high-support needs are primarily in special centres but some are in government schools. Schools are registered by the Ministry of Education and centres are registered by the Ministry of Culture, Youth and Sports (MOCYS) or the Ministry of Health (MOH). NGOs do not run official schools but do have some informal programmes, in addition to having students in regular attendance at the centres. These include just a few “basic educational programmes” and early intervention programmes for children with disabilities. The Ministry of Culture, Youth and Sports has one non-formal training centre that does not follow the national curriculum and provides just basic life skills training and some basic education. This is called the Pulaie Centre. Another centre, the Pusat Ehsan Al-Ameeah Al-Hajjah Maryam Centre, also has educational programmes for young adults who have left mainstream schooling. In both cases these decisions are made jointly with the SEU. There is also a programme called SMARTER, which is a support programme for children with autism. This is not necessarily a replacement for basic schooling but it can act in additional programmes. SMARTER would like to develop classes for primary and secondary schooling in the future. The KACA Centre offers “support” in the form of play therapy and social skills programmes for children with special needs, but not schooling. Children who attend these centres may, or may not attend formal schooling as well. These three centres are run by non-governmental organizations and do not have government financial support. They raise funds in the community and from private business donors. There is some interaction, however, between the SEU and these centres, and both the Pusat Ehsan Centre and the KACA Centres have royal patronage.

The government provides 12 years of compulsory schooling, from primary to secondary level, for all Brunei citizens. The main structure of the secondary school systems follows the British model. Lower secondary schools are broken down into three different categories: Level I, which is the main level; Level II, which is for students who failed the primary six level examination two times, and; Level III, the pre-vocational programme for students with high support needs. Children with disabilities are in the mainstream school system at all these levels. Children with high support needs who need to be home schooled because of their condition are not included in the formal government schools, but attend additional support programmes run by the MOCYS, or the MOH. Other children with disabilities can be placed in pre-vocational programmes when they reach secondary level schooling. In the primary schools, children with high support needs remain in the same classroom as their age peers, but they have individualized education plans.

The Child Development Centre (CDC) of the MOH provides therapeutic support to young children and school-age youths. An early intervention programmes and some informal transition programmes are also conducted by the CDC. The early intervention programmes cater for children below the age at which they are formally accepted into schools. CDC also provides continual support afterwards.

A national database to coordinate activities does not exist, but this may be developed in the future. The Ministry of Culture, Youth and Services provides information on the number of children enrolled in each service centre. A Malay language form must be signed by a doctor to certify the disability, in order for the child to be registered with the ministry. There are however no categories of disability on this form. There is a high-level of liaison and coordination between the various parties, both governmental and non-governmental, in the care and schooling of children.

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3 Brunei Darussalam Government Gazette, p. 996.
5. Budgetary policy and measures

The SEU has a separate budget for developing an educational system for children with disabilities. However, the main source of finance for inclusive schooling for children with disabilities is included in the general education budget. There is also a separate budget within the MOCYS to finance the various centres. There are also support payments made to those children who attend the special centres.

SENA teachers are not paid any more than other teachers. Teacher pay is based on qualifications in Brunei, so some teachers are motivated to continue their schooling to earn higher salaries. The SEU can request additional materials that will then be paid for through the government budget.

A law was passed in recent years to make new buildings more accessible to special needs students. However in practice, this has not been materialised in most cases. Schools can however make budget requests on a yearly basis, including requests for any equipment, as well as other additional costs, such as for accessibility construction and for additional teachers.

6. Administration and implementation steps

Since Brunei is a small country, the country’s SEU can administer and implement policy at the school level through the training of teachers and headmasters on a regular basis as well as through direct visits (there were 344 visits to primary schools and 42 visits to secondary schools in 2003). The SEU is the focal point that is in charge of education for children with disabilities in Brunei. They have a separate budget which is for their own administrative purposes and they also have a special budget for the purchase of special education resources for use by children with special needs and SENA teachers in the schools.

There are no formal guidelines to determine which children will be included in the regular school system. The assessment is done on a case-by-case basis. The decision is made at the school level, but is guided by the SEU.

At the present time, no organization is responsible for finding out-of-school children. There is an informal system conducted by the village leaders to report any out-of-school children but this channel needs to be reinforced to ensure that it works more effectively. The parents play a large role in deciding whether or not to send their child to school. Many are relieved when they find that they are encouraged to do so, fearing that the child may not be accepted. Some parents also do decide to keep children at home, as there is not necessarily enforcement of the compulsory education law. Others may decide to send their children to special centres. Since some parents do not have assistance in the form of household help or other personnel, they may also be unable to send the child to school if the child needs additional support. A teacher’s aide proposal has been written and submitted to the MOE, and if approval is granted, this would allow support to any child with special needs in inclusive schools.

The CDC, within the MOH, is the first place many parents visit. The MOH, through the Multi-Disciplinary Committee, a tripartite committee, which also includes the MOE and the MOCYS, meet to discuss the best option for any child with special needs. Parents are then contacted by the SEU for further advice and assistance to develop educational plans when the child is close to the school age. A database hasn’t been created to record children from birth, though a diagnosis can be made early on.

School leaders, called headmasters/headmistresses in primary schools, or principals in secondary schools in Brunei, have often been given training in how to implement inclusive schooling. However, given the high turnover of headmasters, the SEU is considering an annual training programme for headmasters, to be certain that they are all trained in these skills.

Awareness programmes of all kinds have been held to inform the community about children with disabilities and the possibilities that exist for educating them. They have held training for village leaders, as well as conducting television and radio campaigns. The MOH also plays a key role in informing parents of their options for educating their children. Health check-ups are carried out every month (up to two-years of age) to enable health care professionals identify any developmental delays so parents are kept informed.

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4 Annual Report, SEU, p. 3.
well informed of any potential difficulties their child may have. Infants can now have their hearing checked at one centre in Brunei, however this is an optional service and needs to be requested.

SENA teachers act as the main conduit of information and policy between the SEU and the school. SENA teachers have meetings at the SEU once a month where they are given additional training. The trainers can be from the Universiti of Brunei Darussalam, or other local resources, including the Centre for British Teachers. Expatriate special education specialists are also working with Brunei Darussalam on a regular basis.

Individualized Education Plans (IEPs) are developed by School-Based Teams for children with special needs in the inclusive schools, and officers from the SEU and the MOH may also be invited to assist in the drafting of the IEPs.

At times, teachers can even undertake house visits in the course of their duties. One student, Nazura, had speech difficulties and the teacher went to her home to work with her. She was excessively shy, but later began to speak in the classroom as well.

The SEU has published a variety of documents to train teachers and administrators. The Special Education Handbook for Teachers (1998) explains what inclusive education is, including the philosophy stating that: “All learners in the community are valuable: the educational system recognizes their individual differences and aims to develop each learner’s potential.”

At the secondary level, the SEU continues the same processes and training, but in this setting the teachers are called home-room teachers instead of SENA teachers.

7. Special schools

Though the MOE did not mention this outright, there is a de facto system of “centres for children, youths and adults with special needs” in Brunei Darussalam which originated as Care Centres of the MOCSYS (formerly the Ministry of Culture, Youth and Sports) in the 1980s. Those children with high-support needs and adults with disabilities are trained in several centres throughout the country. The support centres do not offer formal curricular-based schooling similar to government schools. There are centres run by the MOCSYS in all four districts of the country which aim to “assist handicapped children in achieving freedom and self-confidence”, to “give basic education” and to provide awareness for parents. There are morning and afternoon sessions, four days a week for the “guidance courses” for young students, as well as some Community Based Rehabilitation courses on Saturday mornings. Training courses for adults are run all day, five days a week. Monthly meetings are held with the SEU and the CDC to welcome children with special needs whose needs may be better met in these centres.

There are special centres in each of the four districts, all run by the MOCSYS. The centres are not in remote areas but in small towns. The newest centre’s building in Pulaie was built in 1991 and includes facilities for courses in a schoolroom setting, as well as training areas for vocational and handicraft courses. Pulaie has transportation available if children cannot provide their own. Usually this is a ride home but not to school. The centre is not residential, offering only day care courses. All employees are employed by the MOCSYS. Teachers are seconded from the MOE. Training includes basic schooling for children under 18 and vocational training courses for older trainees, including traditional weaving, basket making, handicraft making, sewing and cooking. Basic mobility and self-care are also taught. Braille is taught to visually impaired children and sign language to hearing-impaired children. Trainees are given a monthly allowance, ranging from US$35 to US$150.

Some more academically advanced children with special needs have been sent to Malaysia and Singapore for further studies. One graduate is now a teacher after studying Special Education and gaining a degree in Kuala Lumpur. At least three partially blind youths have gone on to undertake advanced studies. There were two hearing-impaired teenagers studying computer courses in Kuala Lumpur. Funds for these studies can come from the department, or from private companies. There have also been some job placements in the area with a transition service provided by the centre. Sports activities have also been supported by the centre.
8. Regular Inclusive Schools – primary level

Brunei is developing an extensive system of inclusive schooling that enrols children with disabilities. This initiative began in 1994 with the appointment of a special consultant to the Ministry of Education on Special Education for the establishment of the SEU, as well as a position on the joint University of Brunei Darussalam and MOE committee to prepare the proposals for the Certificate in Special Education, Bachelor of Education in Special Education and Master of Education in Special Education courses.

There is a national database of statistics from the SEU that shows which children with special needs are included in mainstream schools in Brunei. There are also some statistics which show how many children are enrolled or attending courses in the special schools and centres that exist in Brunei. However, no calculations have been done to estimate what percentage of children are in formal inclusive education programmes, in comparison with other programmes. It was estimated that 80 per cent of mainstream schools now have at least one trained special education needs assistance teacher.

9. Pre-school system

Brunei has a system of pre-school education, but this is often held in private schools and kindergartens. There are 78 non-government kindergartens, pre-schools or primary schools and 126 government preschool and primary schools. Numbers on pre-school enrolments in the Ministry of Education statistics are not broken down between kindergarten and primary school students. Nearly half of Brunei’s children are in non-government schools (24,662) in the kindergarten/pre-school and primary levels. Another 32,421 are in government pre-school and primary schools. Children with special needs are often sent to the Child Development Centre (CDC), KACA, or to the Pusat Ehsan Centre if they are in need of one-on-one teaching. Pre-school teachers were required to have a special education qualification.

10. Early detection and early intervention for infants and young children with disabilities

The MOH has been the provider of early-childhood care for infants and young children, both through their 15 nationwide maternal and child health clinics, and, since 1999, through the CDC in Bandar. Children can begin at the CDC just after birth and stay until they reach school age, though some continue visits even after they have entered school. The CDC employs several occupational, physical and speech therapists, some of whom have also attended early childhood development courses.

All have studied their specialties overseas. The three occupational therapists, three early development therapists (EDP) and two physical therapists are full-time, and the three psychologists and two speech therapists are part-time. There is also one teacher for hearing-impaired children. Each specialist sees approximately 30-40 children a week, the EDPs see 40-50 children a week. The children who attend may have been born premature, and if so, this high-risk group is monitored to the age of five. Other children may suffer from severe disabilities, such as Down’s syndrome, or have other genetic or birth defects. A large percentage have speech delays and other developmental delays are also common. Parents have been made aware of autism lately by a new NGO in the community and many have brought children for assessment of this condition as well. Children are generally referred from the maternal and health clinics, though other

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5 Teacher Education Initiatives in Including Children with Disabilities in Brunei Darussalam, Powerpoint presentation, Dr. Koay, December, 2004.
doctors can also inform their patients of the centre. The centre works primarily as an open house in the afternoons. Parents often stay during the afternoons to help their children learn new skills.

The CDC is the main centre in the country so children are welcome from all areas. About 90 per cent tend to come from the surrounding area of the capital city, Bandar Seri Begawan. There were up to 15-20 new cases a month and the overall caseload was approximately 600 children. Some children are also referred to the Pusat Ehsan Centre for further training and individual coursework. They are later referred back to the SEU for assessment, when they are of school age.

Three other non-governmental centres also cater to the early intervention needs of Brunei children: SMARTER, Pusat Ehsan, and KACA. KACA works with children from birth to six years of age. Formed in 1986, originally the centre went out into the community to identify and assist children with disabilities. Now the needs are greater and the centre has the backing of CDC or MOH clinics throughout the country. The current centre was opened in 1992 to serve children with special needs, such as children with down's syndrome, cerebral palsy, hearing disorders and autism.

The services are free of charge. Facilities include physiotherapy, occupational therapy, psychological assessment and assistance, educational assistance, speech and language therapy and a therapy playgroup. A retired MOH employee, trained in the United Kingdom in special education in the 1980s, who has also worked with the MOCYS and the MOE, was in charge of the centre. Plans for the future include more clinics with orthopaedic surgeons, as well as continued work with autistic children in conjunction with SMARTER, the parents’ association for autistic children. KACA has added another centre in Tutong district as well.

Brunei has prenatal check-ups and all children are seen at birth by senior paediatricians and given regular check-ups after birth, at two months, six months, one year and five years. Any high-risk children and premature babies are given a battery of tests, including sight and hearing tests, and are watched more closely for signs of any delays. All other children, even if not given a complete hearing test at a young age, will have a simple check-up for sight and hearing.

More and more children attend the CDC. One paediatrician said, the medical skills of local doctors allow more children to survive, even if they are very premature, but many are disabled.

11. Access to secondary school for children and youth with disabilities

Children with disabilities can attend secondary school in Brunei and do have access to some additional support. Special education teachers at the secondary level are either called SENA teachers or homeroom teachers and they also provide special support, just as in primary school. It is presumed that as the Brunei inclusive education system matures, support in secondary and higher levels will slowly increase. Students are also welcome to revisit their SENA teachers from previous years if they are in need of any added assistance. The child's confidential file is passed from the primary school to the secondary school when the child reaches the next level.

The pre-vocational programme was designed specifically to meet the needs of students with high support needs that have progressed through the primary school system. It started in 1998. Children admitted in pre-vocational programmes must have been through primary school in order to be admitted onto this scheme. The majority of students in the programmes are students with high support needs, with moderate to severe intellectual and other impairments, and students with chronic learning difficulties who may have other mild to moderate impairments. Students are tracked after the primary school completion examination; the highest level is level I, then level II then the pre-vocational programmes. There are few, or no overage students in higher levels of schooling in Brunei. Children are automatically promoted to the higher grade if they have already been in the same class for two years. This can and does lead to some children arriving at higher levels without the necessary skills for higher education. The aim is to provide 12 years of schooling for all children, however it appeared that importance was not placed on the quality of this schooling, or other specific achievements for those unable to complete the higher levels. School courses are a whole day, or morning and afternoon sessions, with afternoons set aside for preparation for the government examinations, and for sports and religious teaching.
In one secondary school in Belait, near the Malaysian border, about one hour away from the capital city of Brunei, children in pre-vocational courses were taught skills such as Malay, English, mathematics and physical education, plus technical skills such as woodworking, home sciences, metal tooling, gardening, sewing, handicrafts, everyday life skills and social skills.

They were also involved in some projects in the school involving school maintenance. Students in the higher levels also learnt basic vocational skills at the nearby engineering college. The engineering college offers basic courses in automotive repair, computer technology, manufacturing, refrigeration, welding and electrical repair. These students have the option to be enrolled in the college-based basic vocational course after completing the pre-vocational programmes, however some students were likely to leave in order to find employment.

The engineering college awards a college skill certificate at the end of the course. The numbers of students in this pre-vocational course fell over the past few years and there tended to be more boys than girls. Asked why this was the case, the teachers knew that two of the girls that had started, but not completed the course, were employed at the local supermarket and at least one was married. The students in the pre-vocational courses were generally not in the mainstream of the school, though they did participate in sports and all-school functions. The courses were conducted in the mornings only.

Three teachers had completed the one-and-a-half year part-time course on special education. The SEU also carried out monthly visits to the school and the SEU officer returned to Bandar once a month as well. The SEU also carried out annual reviews of the programmes.

In addition to pre-vocational training, there were also several high school students with other disabilities attending the mainstream school. There were two hearing-impaired students at the high school who received hearing aids, one of whom attended school with her sister, used sign language and was due to complete her secondary studies in the coming year. A visually impaired student also attended the school. Students with high-support needs also attended the school but this group were mainly in the pre-vocational programmes. Inclusive education was adopted as a policy by the MOE in 1997. Students with high-support needs were in the regular classrooms, in both the primary and secondary schools. There was a plan to build an independent living centre at the secondary school. Interestingly, no wheelchair users have attended the school.

The school did have some computer software, but the programmes were in English, not Malay, making it difficult to help those children with the most profound special education needs.

12. Access to tertiary education for persons with disabilities

Students with disabilities were able to attend tertiary education, but this was a relatively recent development and institutional support was in the process of being developed. There was a third year undergraduate blind student at Universiti of Brunei Darussalam. Supports and modifications were incorporated into the student’s educational programmes, and the university set up a university-based team to oversee the special needs of the student. These provisions were due to be extended to other students, as more students with disabilities undertake studies at the tertiary level.
Disability Statistics, Database, Collection Methods and Definitions from the National Bureau of Statistics, or National Statistics Office and the Ministry of Education on Educational Statistics and Monitoring Section

13. Definition

Brunei Darussalam did not have a formal definition of inclusive education.

14. Disability statistics

The MOH, through its CDC, has compiled data on children who are treated at the centre, but this data was not regularly collated and analyzed. Files on each child exist and include a diagnosis.

The birth registration process did not directly include the disability on the birth registration form and the diagnosis of the disability is placed on the medical records only.

Brunei also has statistics at the MOCYS on people with disabilities throughout the country who receive government subsidies. The Pulaie Centre, under the MOCYS, collated some data recently and hoped to continue the process to crosscheck the provision of services, as of January 2005. The recent data revealed a total of 1,947 registered children with disabilities. There were 45 members registered at the Association of the Blind, 357 at KACA, 253 at PAPDA, 49 at SMARTER, 363 students with high support needs at SEU, 167 at another regional centre and 51 at Pusat Ehsan. This accounted for a total of 1,285 in these centres. The researchers had not looked into the overlap of these lists of children.

The SEU also had a list of children with special needs in schools. The data collated had information on the diagnosis, name, age and school the child attended.

15. Disability statistics and data-base – Ministry of Education

The SEU listed the following categories of students with special needs: students with learning disabilities; gifted and talented students; mild and moderate to severe mental retardation; emotional/behavioural disorders; hearing impairments; visual impairments; speech and language impairments; multi-handicap, and; physical disability, including neurological impairment. The SEU kept statistics that included: date of birth; geographic location; school attended; level attended, and; diagnosis.

No statistics on out-of-school children with disabilities were available. Several different kinds of forms were used by the different centres, the MOH and the MOE.
16. Monitoring procedures – national monitoring and monitoring for the EFA process

Monitoring procedures were limited because of the lack of an organized data collection and collation system across the different agencies providing services. Basic numbers of children in services and schools were available but there was no information on children who were not being served.

17. Multi-sectoral collaboration

A national advisory committee on disability did exist in the past in Brunei, but in recent years this group did not meet. The National Coordination Council consisted of the Permanent Secretaries of the MOH, MOE and the MOCYS. There were no other members.

A high degree of informal interaction between these ministries, especially MOE and MOH, did exist. The MOH runs the CDC, which later refers students to the Ministry of Education. The CDC and the SEU host school planning meetings that include parents. Meetings were held once every six months for general information sharing.

One difficulty for developing services in Brunei was the continual promotion and displacement of individuals who spent some time in various leadership positions. Since most personnel are directly employed by the ministries, they could be moved towards administrative positions, disrupting the continuity of their service.
18. Head teacher or principal of an inclusive regular school

There should be regular briefings for heads of schools. SENA teachers went to Gadong (an area in the Bandar Seri Begawan City, where the main SEU office is located) once a month for updates and continuing staff development and this serves as the main source of information and training. Very few primary schools had 500-600 pupils, but if they did, they had two or more SENA teachers. Monthly meetings for the SENA teachers included different topics of instruction, as well as advice and discussions of problems. SEU’s mandate is to provide services to students with special needs in schools and to design appropriate special education programmes to meet their educational needs. These specialists also conducted regular teacher training sessions to equip SENA teachers with the skills to teach students.

19. Classroom teacher in a class with CWD in an inclusive regular school

The inclusive education system of Brunei is based on the resource teacher model, with at least one trained special needs teacher in 80 per cent of primary schools. Special needs teachers are called SENA teachers. They are given training of at least 18 months for a certificate in special education. Special education teachers can also complete Bachelor’s and Master’s degrees in special education. The resource teacher guides the other teachers in their work with students with special needs.

Teachers in the inclusive classrooms therefore rely somewhat on the SENA teacher for guidance in their role of teaching the special needs children in the regular classroom. However, some classroom teachers did admit that they felt that their skills and achievement in teaching these children was limited by a lack of experience. They did not, necessarily have any special education training, though it was offered as an optional course when pursuing special education courses. Teachers often said that they coped with special needs children by giving them less, or easier work. Their first priority was to ensure that the child was safe and not too disruptive towards other students. At times classes were too large, with up to 35 in one primary school. This restricted the teacher’s ability to give sufficient attention to special needs children.

Children can advance in school even if they do not pass examinations. In secondary schools, if a child fails the exam for the next grade the first time, he or she will repeat the year, however the child is passed into the higher grade in the event of a second failure.

School administrators receive training from the SEU, but this did not always seem to be the case. There was some variation in the receptiveness of head teachers to special education and inclusive education practices, though presumably the majority were in favour of this innovation. Parents in general seemed to accept children with disabilities in mainstream classrooms. As one teacher stated: “In Brunei, everyone knows everyone else, and so any resistance on the part of some parents would be hard to maintain since they could be neighbours, or relatives of the parents of the disabled child.”
One SENA teacher admitted some frustration at her lack of specialized skills in all areas of disability, so that children with down’s syndrome for example, could benefit less from their assistance than other children. In the Dato Marsal Primary School, there were a total of 1,078 pupils and 71 special needs children, with 17 in the afternoon session (primary school levels four, five and six) and the remaining 54 in the morning session. All the children attended school only half-a-day, though in the 2005 school year this changed to offer religious teachings for three days a week in the afternoons.

Under the new system, students stay all day, three days a week, with general education in the morning and religious studies in the afternoon. The greatest challenge for one of the teachers was handling many different kinds of disabilities. For example, this teacher taught an autistic child who was often disruptive. She had been given no additional special skills in handling the 10-year old child, who would often move around the room during class time, or fall asleep. Colleagues helped her to manage the children through the Classroom Assistance Programmes.
Section 4

Implications at Different Levels of the Education System for Different Participants in the System

20. Head teacher and classroom teacher in a special school.

Regular schools were still seen as appropriate for some, but not all, children with special needs by those working at special schools. The inclusive schools have a higher proportion of pupils to teachers than the special schools, so at times the centres could offer better care and witness children with high-support needs improve. In Pusat Ehsan, they placed high importance on moving children with special needs into inclusive schools.

At the Pusai Centre, children with special needs could continue formal schooling. Some of the children in inclusive schools did not have enough specialized attention in their years of formal schooling, and the enforced promotion did not always address their lack of skills, allowing some to continue through the years of primary schooling without gaining basic educational skills.

Teachers expressed the view that the inclusive educational system was still very new and could not offer support for all children with higher support needs. Teachers expressed the fear they would not be able to manage a classroom with one hyper-active child because of their extra demands placed upon them. The SENA teachers also said that they may not have enough time, or skill to address the needs of high-support children as well.

Teachers in special schools visited other schools in South Korea, Malaysia, Thailand, and Viet Nam to see other examples. They could not access formal SEU courses for the Special Education certificate as many did not have teacher certificates. This was under discussion to see how the MOE courses could address the training needs of the special school teachers. The SEU had heavy “theory-based” courses, according to one teacher and therefore the courses were not as helpful as they could be.

21. A parent of a young disabled child attending an early intervention centre or service

One woman’s child was referred to the clinic at the age of two because of a speech delay. The maternal and child health clinic referred the mother to the CDC. The activities included colouring, singing and speech therapy. Her son had been visiting the centre regularly for less than a year. She expressed the view he would eventually attend a regular school.

Another mother also had a young son with a speech delay, who was also referred to the CDC by the maternal and child health clinic for work with teachers on colour recognition. He was three years old when his disability was diagnosed.

Other children from Kampong Ayer, a village of about 30,000 inhabitants built on the river, were not able to access the clinic as easily as these mothers did and, if so, teachers and nurses in the neighbouring schools and clinics have been known to provide help to children in these circumstances.
Section 5

Teacher Training: Including Training for Teachers to Teach Students with Diverse Abilities in Regular Schools

22. Colleges and university departments responsible for teacher training of special education teachers and regular teachers who will teach in inclusive schools

The Teacher Training Education Programmes at the Sultan Hassanal Bolkiah Institute of Education of the Universiti of Brunei Darussalam offers pre-service training, in-service upgrading and post-graduate specializations.

The first special education courses to be offered were in-service, upgrading certificate courses, initiated at the University of Brunei Darussalam in January 1995. The first graduates completed the three-semester course in May 1996. According to the 2004/2005 Handbook of UBD, the programme equips teachers with: “Knowledge, skills and strategies to recognize and assist students with high incidence handicaps and students who experience learning difficulties in their respective schools.”

The course is part-time, two afternoons per week, for teachers with three years of teaching experience who already have their three-year teaching certificates. A teacher’s certificate represents three years training at the primary and secondary levels. Special education teachers are sent for training by the MOE and become SENA teachers. Most continued teaching while they completed their training. Teachers from the capital city area (Brunei-Muara) were the first to be taught. The second cohort, beginning in August 1995, was from two other districts, Belait and Tutong. The third cohort again had more teachers from Brunei Muara, and in January 1997 the fourth cohort completed this first round of training for all districts, when teachers from Temburong were included, as well as more teachers from the most populous district of the capital. SENA teachers can continue their training with a B.Ed. in special education, which involves four years of part-time training. This was, first offered in 1999/2000 and generally available only for teachers to upgrade their skills.

There were a total of sixteen different courses offered for this degree including “Classroom Organization and Structure”, “Diagnosing Learning Problems”, “Individualized Education Plans”, “Changing Behaviour at Home and in the Classroom”, “Meeting Diverse Needs”, “Curriculum and Instruction for Special Needs Students”, “The Inclusion Process”, and “Counselling Learners with Special Needs.” Some teachers can be exempted from some courses and they complete the programmes in eight semesters.

A special education course named “Inclusive Education” is a compulsory course in the primary education curriculum for the teacher certification. This course includes an overview of the Brunei Darussalam system; consultation models; assessment, screening and diagnosis; characteristics of learning disabled, gifted and talented and students with emotional/behavioural disorders and adaptation methods in inclusive classrooms for each group; data collection and graphing; individualized education plans (IEPs), record keeping and group and individual contingencies. Another course: “Strategies in Educating Children with Special Needs” includes information on learning difficulties for children and parents; adaptive teaching strategies for cognitive domain; adaptive teaching strategies for the affective domain;

identification and screening of special needs students; task analysis for school subjects, social skills and independent learning; challenging the gifted in the inclusive classroom; using adaptive testing and continuous assessment systems; parents and siblings as helping sources and co-teachers and integrating community and government resources for special needs students.9

Special education was first offered as a core course to students in the revised primary teacher education programmes in the 1999/2000 intake in the three-year Diploma of Primary Education and the BA in Primary Education (four years, 124 credits). The BA in Primary Education also includes course methods for teaching children with learning difficulties. Regarding secondary teachers in the BA Education course, the BSc Education course and the Postgraduate Certificate in Education (PGCE) course, an elective on special education was also added, titled “Children with Special Learning Needs”. Entry to the Bachelor’s of Education degree requires having three years of teaching experience.

A Masters of Education (full-time for one-year, or part-time for at least two years) in special education, that began in 1999/2000. This course was set up with aims to further equip local teachers with the skills to assist in the special educational needs of children in Brunei.

While the in-service courses mentioned above are for teachers teaching employed by the Ministry of Education and in the private school system, the SEU has offered some short courses (one afternoon a week for 12 weeks) for teachers/interested professionals.

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Section 6

Access to Tertiary Education for Students with Disabilities

23. Students with a disability attending university or tertiary training

Norali was the first student with a disability to enrol at the Universiti of Brunei Darussalam. He lost his sight after completing high school. He spent three years out of school before returning to take a preparatory “A” Level course for university that lasted two years. He was studying social policy at the university on a four-year course. His greatest difficulty early on was to access assistive technologies and books. The university hired someone to scan books for his use. However, Norali expressed the view that this was only a temporary solution, as it would be too expensive to employ a person as a permanent employee.

Since Norali was the first blind student at the university, initially there was no support available for him. However, the university subsequently established a University-Based Team (UBT) which plans for Norali’s needs. The UBT organized peer support for Norali to help him navigate the campus, as some hazards, such as drainage pipes or other unavoidable obstacles posed a threat. Norali was also given 50 per cent more time to complete examinations than other students and he used a scribe to write his answers. Norali possessed a computer at home installed with Job Access with Speech (JAWS) software that was given to him by the royal family. He recorded his lectures and took notes at home. Although time consuming, this was the best practice for Norali. His courses included social policy, politics and government, public organizations, English for business (a requirement) and foundations of information systems.
24. Consultation with organizations of persons with disabilities

Organizations of, or for people with disabilities in Brunei were just beginning to be formed. SMARTER is a parent’s group for those with autistic children. A parent’s group for down’s syndrome children was also due to be formed. Norali, the blind student previously mentioned, was also one of the six founders of the Brunei National Blind Association, an organization affiliated with the East-Asia Pacific Blind Union and the World Blind Union.
Section 8

What Changes Are Necessary to the Current Situation and How Can They Be Achieved?

25. Views on the current situation, changes perceived as necessary and means of achieving change

Respondents mentioned needs for further education for special education teachers, including the teachers themselves who felt they were unable to meet all the children’s needs. Other professionals said that services were still insufficiently developed, especially for intellectually disabled children and severely disabled children. The geographic coverage of services was still primarily focused in the city centre of Bandar Seri Begawan, though there were clinics in all the districts. Parents could still slip through the cracks if they were not aware of the support systems in place.

Teachers expressed the view that they would like to see further guidance for curricular development and ongoing training. Others recommended more parent groups to provide input on their needs to the government.

The means of achieving change included the advocacy of non-governmental organizations and parents groups, increased international expertise and continued enhancement of Brunei’s services over time. Most respondents mentioned the young age of the system in Brunei and hoped that the coming years would see further enhancements of services and more professional staff, both in the centres as well as throughout the country.

Other recommendations from respondents included the need for a more structured approach to home schooling and admission into government schools, to ensure all children with special needs possess access to services and education. A SEU statement was requested, so that schools with special needs students are given a specific budget provision to provide the necessary resources. Legislation was also needed to mandate the MOCYS to provide a subsistence allowance for all children diagnosed with special needs at birth and throughout the rest of their lives. A recommendation was also made for the government to look into the establishment of a sheltered workshop facility to provide supervised work so that the more able the young adults with special needs could gain employment. Inducements are needed in the work sector, so that opportunities for employment are made available to young adults, with special needs, who have completed their secondary education.
Annex 1

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Annex 2

List of Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>CDC</td>
<td>Child Development Centre</td>
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<td>CWD</td>
<td>Children With Disabilities</td>
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<td>EDP</td>
<td>Early Development Therapist</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>IEPs</td>
<td>Individualized Education Plans</td>
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<td>JAWS</td>
<td>Job Access with Speech</td>
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<td>KACA</td>
<td>Persatuan Kanak-Kanak Cacat or Handicapped Children Association of Brunei Darussalam</td>
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<tr>
<td>MOCYS</td>
<td>Ministry of Culture, Youth and Sports</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCCD</td>
<td>National Coordinating Committee on Disability</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PAPDA</td>
<td>Paraplegic and Physically Disabled Association</td>
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<td>PGCE</td>
<td>Postgraduate Certificate in Education</td>
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<td>SBT</td>
<td>School-Based Team</td>
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<td>SENA</td>
<td>Special Education Needs Assistance Teachers</td>
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<td>SEU</td>
<td>Special Education Unit</td>
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<tr>
<td>SMARTER</td>
<td>The Society for Management of Autism Related in Training Education and Resources</td>
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<tr>
<td>UBD</td>
<td>Universiti Brunei Darussalam</td>
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<tr>
<td>UBT</td>
<td>University-Based Team</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>WHO ICF</td>
<td>World Health Organization – International Classification of Functioning</td>
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Case Studies on the Inclusion of Children with Disabilities

Samoa

This Case Study was prepared as part of the UIS-AIMS Unit, UNESCO Bangkok Project to develop Towards Inclusive Education for Children with Disabilities: A Guideline
Samoa consists of four main inhabited islands: Upolo; Savaii; Manono, and; Apolima, plus several uninhabited islands. It is located in the South Pacific, about half-way between Hawaii and New Zealand. The population is approximately 180,000 with nearly one third of the population under the age of 15. Samoa gained independence from New Zealand in 1962.1

Gathering information for this survey in Samoa took place in early 2005. A programme of meetings, interviews and site visits was organised by the Ministry of Education, Sport and Culture (MESC). The site visits, interviews and meetings were conducted only in Upolo. However, some interviewees were from Savaii and information was able to be obtained about that island as well. A wide range of sources was consulted to obtain the information.

The care of children with disabilities in Samoa was, and still is primarily the responsibility of parents and family members. Education in Samoa for children with disabilities (often referred to in Samoa as children with special needs) had, since the late 1970s, been primarily the domain of two non-government organizations (NGOs). Although the government of Samoa passed the Compulsory Education Act2 in 1992, the NGOs were seen as the most appropriate way of providing support to children with disabilities (CWD). From 1993-1994, the government of Samoa reviewed all aspects of education in Samoa and this resulted in the Western Samoa Education Policies and Education Strategies 1995-2005.3 This document is very important in the evolution of services to CWD as it contains the first plan to begin to provide educational services to CWD.

As a result, there have been many positive developments for CWD in Samoa since 1995. This has included a survey conducted in 2000 to identify all children with special needs,4 the inclusion of a Special Needs Education (SNE) curriculum at the National University of Samoa (NUS),5 teachers graduating as primary school teachers with SNE specialty and the establishment of six SNE units in regular primary schools. A teacher’s manual was developed in 2002 on including children with disabilities into village schools.6 A position termed, special needs coordinator was also established within the MESC to provide support, monitoring and further development of this area of education. This position is currently part of the Curriculum, Materials and Assessment Unit (CMAD). The EFA plan, which acknowledged support from UNESCO Office for the Asia-Pacific, is another aspect of development in which disability advocates continue to monitor, to ensure that children with disabilities and others at risk are truly included in this plan.

However, while there have been significant advances, there have also been major challenges which have either delayed or changed the original impetus. This includes changes in personnel, lack of continuity through use of volunteers (Volunteer Service Abroad [VSA] and Peace Corps), and a chronic teacher shortage. There appears to be a lack of clarity regarding the roles and responsibilities of the SNE Coordinator, SNE teachers and units. This is compounded by a lack of vigilance in advocating and promoting the rights of CWD. At present, the SNE units are currently non-functional, and there are many concerns in the Samoan community about the lack of support for CWD and other children who may be at risk.

5 National University of Samoa, Calendar 2000.
Fortunately, there is a genuine goodwill among most involved to review the current situation in order to determine methods to improve and sustain education for all.

In March 2008, a status report on inclusive education was prepared, outlining a national plan, policy, budgetary implications, methods for the development of inclusive education, definition, statistics collection including an education management information system, teacher training, research, and a commentary on the challenges and strategies for meeting them. The status report was developed in consultations between the MESC, the Ministry of Health (MOH) and NGOs, which are education providers, as well as the Special Needs Education Advisory Committee (SNEAC).
1. Catalysts for transformation of the national education system to include children with disabilities in regular schools

In Samoa, the care of children and adults with disability has been primarily the responsibility of families. Over 25 years ago, two non-government organizations established centres for children with disabilities. In 1992, compulsory education was made mandatory for all children aged five-14 years. As the NGOs continued to develop, awareness and advocacy about the right to education for children with disabilities continued to grow. Awareness campaigns were sporadically held as were teacher training workshops by overseas donors or volunteers. These events and participation in forums, such as the Salamanca Statement and Framework for Action on Special Needs Education, brought new ideas about integration, mainstreaming and inclusion.

The government, in the 1995-2005 Policy and Strategy document, recognized and acknowledged that these NGOs and a few others were providing services that did not currently exist within the present education system. This document also put forward a strategy for the government to take full responsibility, over time, for the education of children with disabilities.7

Anecdotal information gathered for this survey, credits the growing awareness of parents and staff at the NGO schools as one of the key catalysts for inclusion of CWD into policy and strategy documents. The special education NGO schools and Nuanua o le Alofa (NOLA), an organization of People With Disability (PWD), continue to advocate and are consulted in regards to continuing to provide education for all. They have representation at the Special Needs Advisory Committee (SNEAC) as do the parent support groups which were established in 2003.8

There has also been strong support from within the MESC and within the teacher training community. The minister and CEO continue to promote and endorse the right to education for all at public forums, through grants to assist with the funding of NGOs, and through their own personal attendance at many of the events organised by parents, NGOs or others. The Faculty of Education has developed five training modules for primary school teachers who wish to become special needs education teachers. A new module, called inclusive education, has been introduced into the teacher training curriculum and is compulsory for all students.

Samoa is also a signatory to or has responded to:

- The Asian and Pacific Decade of Disabled Persons with Disabilities;
- The Salamanca Statement and Framework for Action;
- The Biwako Millennium Framework for Action: towards an Inclusive, Barrier-free and Rights-based Society for Persons with disabilities in Asia and the Pacific;
- The Basic Education Action Plan (Suva 2002);
- UNESCO Education For all Programme.

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8 Empowerment of Rural People with Disabilities Report - UN Volunteers Programme.
The Samoan culture has always highly valued education. The combination of influences from the local family and community and the global community continue to develop a stronger and more inclusive understanding of the right to education for all children.

2. Policy on education for children with disabilities

Education for all children ages five-14 was made compulsory by the Education Amendment Act 1991-1992. The current policy document, which has been in place for the time frame of 1995-2005, has been under review and revision.

The policy has four “key concepts” which are:

- **Equity** – the system will treat all individuals fairly and justly in provision of education opportunity;
- **Quality** – exemplified by high standards of academic achievement, cultural understanding and social behaviour;
- **Relevancy** – a system that is meaningful, recognized, applicable and useful to one’s life;
- **Efficiency** – demonstrated by management practices that optimally utilize all resources (human, financial and material).

All of these concepts implicitly support the inclusion of all children in the Samoan education system.

The Samoan system provides education in the following areas:

- Early childhood education;
- Primary education;
- Secondary education;
- Special education;
- Teacher education and training;
- Post-secondary education and training;


Key themes of Samoa’s EFA National Plan of Action are:

- Review and amend existing education acts and policies to reflect inclusion of ECE and SNE and with emphasis on free education;
- Inclusion of adult education programmes and continuing education;
- Data collection and research for all goals with an emphasis on curriculum review and teacher training;
- Setting of educational standards for access, quality and management.

The development of the EFA National Plan of Action was a consultative process and is based on information and data from the Education Policies and Strategies 1995-2005, the Corporate Plan (July 2003-June 2006) the Strategy for Development of Samoa (DSDS 2002-2004), the Statistical Digest 2002 and a number of projects run by the MESC.11

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10 Education for All Samoa National Plan.
In regard to the special education component of current education policy, strategies were developed to ensure that a database was established to identify all children with special needs, to provide training and support of SNE teachers, to develop SNE Units and provide grants to SNE NGOs until the role was totally within the Samoa education system. Most of these activities have been achieved although not currently sustained. The options available for students with disabilities include:

- Six special needs units within government primary schools (four in Upolo and two in Savaii);
- Six NGO special schools (four in Apia with the early intervention unit working on a community based model and two in Savaii);
- A small number of private or church schools.

The SNEAC was established in 1999 as part of the strategic plan and has representation from education, health, SNE NGOs, parents, DPO, and other relevant ministries and individuals and groups. The committee meets on a regular basis and is consulted on policies and practices that affect the current SNE activities.

NOLA is the NGO for people with disability. They are represented at SNEAC and at the Disability Action Task Force (DATF) and are now being consulted on a more regular basis for issues to do with disability, including education.

In 2008 the following national plan and policy was developed for Samoa.

1. National plans

The vision for inclusive education is: A national supporting sustainable quality education and sports for all persons with special needs.

The nine year strategic plan July 2006 - June 2015 has a dedicated component to the development of inclusive education. It includes the following strategies:

- Conduct a system analysis within MESC to determine the efficacy of existing support systems;
- Coordinate the development of a comprehensive support programme for effective learning, teaching and participation of children with disabilities and teachers;
- Develop relevant training programmes for teachers and district nurses on Inclusive education;
- Propose scholarship support for inclusive education provides and district nurses;
- Develop and implement a capacity building programme for SNEAC;
- Strengthen partnership between providers, stakeholders, parents, NGOs and media to promote awareness of the needs and issues for people with disabilities;
- Establish a system of identification of, enrolment and participation of eligible students in schools, sports and all other activities where appropriate;
- Establish an early interventions committee to monitor and maintain the implementation of early intervention processes;
- Provide quality resource support to SNE systems and processes.

2. Policy

The following outlines the key components of the policy document on Inclusive education:

- Facilitate the enrolment and participation of children with disabilities. Special attention will be given to girls and women with disabilities;
- Develop sound knowledge of best practice for inclusive education;
- Work in collaboration with NGOs and the MOH to ensure the future sustainability of early intervention for children with disabilities;
Capacity building for SNEAC will be encouraged;

Ongoing support for inclusive education teachers;

MESC will support public awareness programmes on inclusive education and accurate information relating to issues for people with disabilities;

In collaboration with the Ministry of Works, Transport and Infrastructure, national guidelines for appropriate accessible educational and public facilities will be enforced;

Document, record and adopt appropriate models of good practice for educational and sporting provision.

3. Legislation

The Samoan Constitution declares Samoa to be a free and sovereign independent state and guarantees equality of all before the law. Section 15 provides: “(1) All persons are equal before the law and entitled to equal protection under the law.”

There can be no laws to subject disability or restriction on anyone, but a disability as such is not a ground of discrimination. (S 15(2)).

“(3) Nothing shall: -

(b) Prevent the making of any provision for the protection or advancement of women or children or of any socially or educationally retarded class of persons.”

There is still evidence of inappropriate terms and definition of people with disability and in particular the confusion between intellectual disability and mental illness. This is particularly so in the case of offences against “women with disabilities” and defences on the grounds of “insanity”. It is an offence to have sexual intercourse with a woman or a girl who is an “idiot or imbecile if it is known or there is good reason to believe that the victim is an idiot or imbecile”.

The first education legislation was the Education Ordinance 1959. Village authority was required to ensure that children are enrolled unless exempted on grounds that the child is “unable to attend school regularly or is unable to be educated by reason of physical or mental handicap.”

The Education Amendment Act 1991-1992 is the legislation that mandated compulsory education for all children between five to 14 years of age.

The Attorney General’s office is currently reviewing Education Ordinance to include early childhood (including early intervention) and second chance learning into the National EFA plan and reviewing compulsory building codes. At present, there is no monitoring of this except in the building of new schools. However, the building of an accessible toilet and ramps has been implemented in those schools built with funding by ADB. Many of the village schools, which have to raise their own funds, do not include accessibility in their plans as it is usually seen as an added expense to benefit only a few.

The most recent development is the agreement of the prime minister to consider the incorporation of a “disability action task force under the auspice of the prime minister’s department.

It is widely acknowledged that there is very little enforcement of compulsory education in particular. This can be evidenced by the numbers of children with disabilities that were identified in the 2000 survey and are not in any educational setting as well as those children “working” in Apia or care giving in the family home.

12 Constitution of Western Samoa.
13 Ibid.
14 Western Samoa Education Ordinance 1959.
4. Provision of education to children and youth with disabilities

The main providers of education to CWD are still primarily within the NGO sector. The MESC has begun over the past five years to provide grants to the NGOs, and begin the development and establishment of special needs units within the primary sector. Private schools and mission schools are also providers of education to some CWD. There has been sporadic cooperation and coordination between the various schools over the years. The SNEAC is the forum where most of the following are represented. It is understood that information about the participation of CWD in non-formal education is not known.

The main NGO providers in Samoa are:

- **Loto Taumafai Education Centre for the Disabled and Loto Taumafai Early Intervention Programme – established in 1981**

  The education centre, part of this NGO, was established in 1981 and caters primarily to students who are deaf or hearing impaired and students who are physically disabled. It has operated primarily as a “special school” conducting education programmes, life skills programmes and vocational programmes. Over the years, it has undergone many changes which include the use of individual education plans, utilizing the media for advocacy issues and promoting and supporting its students to participate in the community. Loto Taumafai has a school bus which assists with transportation for most students. Loto Taumafai receives a grant from the government (as per current policy) and from New Zealand’s International Aid and Development Agency (NZAID). There are school fees of $50 per term and this covers transportation and a meal which is provided for all students each day. There are five teachers and currently 90-plus students which indicates an increase in roll.

  With the establishment of the SNE Units in government schools, Loto Taumafai had anticipated a drop in enrolment. However, due to the present lack of functioning of these SNE Units, the roll is increasing at this NGO. Loto Taumafai sees its long-term goals as including the closure of the school as students are mainstreamed appropriately into government schools and the development of a specialist resource and support service that can be utilized throughout the country.

  The Early Intervention Programme was established in 2004 with a five-year funding grant from the Christian Blind Mission (CBM). A significant part of the first year was spent on the training and development of field workers. Mulifanua and Apia were selected as the two focus areas in which to work. This was based, both on the 2000 Survey, and on staffing resources. Staffing consists of one coordinator (who is a nurse and physiotherapist), two fieldworker coordinators, seven fieldworkers and two deaf fieldworkers. (The deaf fieldworkers are funded by the International Deaf Children Association). In the first year of operation they helped 64 children between the ages of birth to seven years. Besides providing a community based programme (the fieldworkers go to where the families are living), they also provide public awareness and training to community health nurses and some schools. They run courses for parents and support the local parents groups as possible. They have recently employed two fieldworkers who will be based in Savaii, thus providing initial coverage on the other island. Their long-term goal is for the MESC and the MOH to accept and fund this as a government supported programme.

- **Aoga Fiamalamalama – established in 1978**

  This school has been in existence for over 20 years and was originally started and funded by the IHC (Society for the Intellectually Disabled) in New Zealand. The school caters primarily for those students with an intellectual disability. At present, there is an acting school principal, a peace corps volunteer teacher trainer, five teachers and 27 students. There is a bus for transportation and the programme is based on basic academics, living skills and vocational skills. There is an emphasis on professional development with the teachers, most of whom have not had formal training. The acting principal is very keen to join with a “normal” school to promote inclusion and mainstreaming for their students. She has begun doing this through sports and social activities. Many of the students had been in regular school but were not supported and were teased and bullied. The parents of these students regard the school as a place of safety and learning.
Senese Junior Preparatory School – established 1992

This NGO was established in 1992 by a group of parents whose children had special education needs. It aims to assist children with specific learning disabilities so that they can be mainstreamed into the regular school. This NGO is considered a “private” school and as such has high school fees that enable it to have a trained teacher, teacher aides and excellent resources. This NGO is in the process of negotiating a merge with another private school, Robert Louis Stevenson School, in order to ensure a natural transition for students into the mainstream and to share their resources and skills.

Samoa Society for the Blind – Prevention, Rehabilitation and Education for the Blind (PREB) - established 1991

PREB was established in 1991 and combines advocacy with some service provision for children and adults who are visually impaired or blind. It has run workshops and supports some students who are visually impaired or blind by translating materials into Braille. PREB has supported some 275-plus people over the years.

Special Education Unit for Savaii (SEUS) – established 2001

SEUS was the first NGO centre for CWD established in Savaii. It was supported and funded by the other disability NGOs as well as a small grant from the MESC. The unit has had a troubled time getting established and clarifying its roles and functions. In 2004, a newly elected committee, consisting of many parents, retook control of SEUS. This new committee has worked hard to clarify the purpose and function of SEUS and to work cooperatively with other NGOs and government groups. There is one full-time teacher, volunteers and approximately 15 pre-school CWD and 15 school age CWD. Initially, many of the children were very young, so it operated more as a day-care. It is now developing more educational programmes for those who attend.

Ulimasao Marist Centre for Special Learning (UMCSL) – established 2003

UMCSL is also based in Savaii and is supported by the Marist Brothers and receives a grant from MESC as well as other donors. It provides a “second chance learning” opportunity for those who have failed in the regular education system or those who have never attended. In 2004, there were 109 full time and 30 part time students of whom many were students with disabilities. UMCSL runs a number of programmes in life skills, basic literacy and numeracy and vocational skills.

Government schools

According to the School Census of 2004, there were 206 primary and secondary government schools in Samoa.17 In 2001, the first primary school teachers with special needs education specialty graduated from the National University of Samoa. Added to this, was the establishment of six special needs units – four in Upolo (Magaigi Primary School, Falefitu Primary School, Saliemoa Primary School and Lalomanu Primary School) and two in Savaii (Tutaga Primary School and Sataua Primary School). There is no specific provision or preference to rural areas although the establishment of two SNE in Savaii does address this to a degree. These six SNE Units represent less than three per cent of schools that have a designated programme for SNE, meaning that approximately 97 per cent of the schools have no provision for any type of SNE support.

The aim of the units was to provide a “resource room” approach where specialized teaching and curriculum adaptation could be provided to CWD and where their learning needs might be met in small groups or on a one-to-one basis. As well, the SNE teacher was to assist and support classroom teachers to ensure that the students with special needs could participate as much as possible and ultimately totally, in the regular classroom.

17 MESC Education Statistical Digest 2004.
A special needs adviser position was also established to provide support monitoring and development for all concerned with the SNE Units (e.g. students, SNE teacher, regular class teacher, principals, parents and community).

Unfortunately, due to a teacher shortage problem, supervision and monitoring difficulties, only one of these units is operational although effectiveness is of concern. The SNE coordinator has only visited one of these units since the beginning of this school year and that was in conjunction with this UNESCO mission. The SNE Units and the specialized trained teachers are not being utilized and as a result it is reported that the children with special needs are not coming back to school. Many have gone back to the SNE NGOs which are reporting an increase in enrolments.

More information regarding these schools is provided in Section eight.

Private schools

Robert Louis Stevenson School (RLS)

This is a private school which has both primary and secondary schools. The school fees are high, enabling the school to have a good teacher: student ratio and many resources. It has had a "Learning Support Centre" within the school that acts as a resource room for those children requiring specialized support. RLS has accepted a high school student with cerebral palsy as an integrated student. This student is the first to be integrated into the mainstream. He had a full-time teacher aide paid for by his family. The school put in a ramp and made some adaptations to assist this student. He has been the focus of newspaper and TV news items which have promoted his right to inclusion.

This school is currently negotiating a merge with Senese. This would mean that the seven CWD who are currently enrolled at Senese would become students of RLS. The Senese teacher would become a staff member of RLS but would retain her function as an SNE teacher.

Other schools

There are a number of private and/or church schools which have also included students with a disability from time to time. However, none of these have been as a matter of policy but more related to the type of disability and payment of fees and parental payment of any extra resources such as teacher aides, etc.

Special Needs Education Database

In 2000, UNDP and the Samoan MOE jointly funded the Special Needs Education Survey Project. The aim of this project was to identify all children between ages of birth to 14 with special needs. Individual interviews were done over a six month period by a team trained and coordinated by the project coordinator. Identification of these children included age, gender, location, type and severity of disability and education and support needs. All information was entered into a database to be shared and utilized by all concerned. A total of 1,188 CWD was identified in this survey. This survey was partially up-dated by the Peace Corps volunteers. The current SNE coordinator does not know how to use the database although the maintenance, updating and usage are one of the functions of this position.

5. Budgetary policy and measures

The education budget incorporates the six SNE teachers and SNE Coordinator within the standard personnel allocations.

There is a separate special education budget for materials and expenses of $25,000 (tala) per annum. This is to cover any additional costs that may be incurred by the SNE coordinator for materials, visits to schools, etc.

18 MESC Budget Summary by Output, March 2005.
According to the assistant CEO, CMAD, the ministry has decided not to establish any more SNE Units until the current Units are operating to expectations. Once this has happened the budget for the establishment of more units will be included in the Corporate Services Division budget.

An annual grant is made to each of the SNE NGOs on the basis of numbers of students enrolled.

It is understood that an allocation of budget to make the schools accessible will be in the next 10 year plan. At present, only those new schools built with funding from the Asian Development Bank (ADB) were able to be directed to include accessible toilets and ramps. However, the school fees that are received by the school committees can be used for maintaining school buildings, including the building of ramps, etc. The MESC provides all schools with free stationery and pays all teachers salaries.

In 2008, the following budgetary measures and statement was developed as part of the National Plan and Policy for Inclusive Education in Samoa.

**Budget**

The Samoan MESC does provide 10 per cent of the total budget as well as an additional WS$25000.

UNESCO and PRIDE have also provided technical assistance in this area (US$20000, WS$115000 respectively).

The following table summarises the support offered by other organizations to government and non-government inclusive education providers.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Support offered</th>
<th>Samoan organization/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carabez Alliance</td>
<td>Hearing, testing, fitting of hearing aids and training and support for schools</td>
<td>MESC, MOH, rural and urban schools</td>
</tr>
<tr>
<td></td>
<td>families and parents</td>
<td></td>
</tr>
<tr>
<td>Altus</td>
<td>Occupational therapy training and support</td>
<td>NGO early intervention and village schools</td>
</tr>
<tr>
<td>International Deaf Children's Society</td>
<td>Grant to establish deaf early intervention programme</td>
<td>NGO early intervention</td>
</tr>
<tr>
<td>Christian Blind Mission</td>
<td>Five year funding to establish early intervention programme</td>
<td>NGO early intervention</td>
</tr>
<tr>
<td>ADB, AusAID, NZAID</td>
<td>Project funding</td>
<td>MESC</td>
</tr>
<tr>
<td>AusAID</td>
<td>Youth ambassadors</td>
<td>NGOs</td>
</tr>
<tr>
<td>Peace Corps</td>
<td>Volunteer</td>
<td>MESC and NGOs</td>
</tr>
<tr>
<td>UNDP</td>
<td>Project funding Identification Survey of children with disabilities</td>
<td>MESC</td>
</tr>
<tr>
<td></td>
<td>Empowerment of People with disabilities in rural settings</td>
<td>Village communities</td>
</tr>
<tr>
<td></td>
<td>ICT for Including children with disabilities</td>
<td>NGO</td>
</tr>
<tr>
<td></td>
<td>DVD production of Samoan sign language</td>
<td>NGO and MESC</td>
</tr>
<tr>
<td></td>
<td>United Nations National Volunteers</td>
<td>NGO</td>
</tr>
</tbody>
</table>
6. Administrative and implementation steps

Firstly, there is a school census undertaken each year that assists in determining the numbers of children attending school. Unfortunately, this census does not include the identification of those CWD who should be at school or any other non-attending children. The School Review Officer (SRO) is responsible for the collation of this information and the enforcement of policies.

The focal point within the MESC is the special needs coordinator. This person has access to the 2000 survey which was updated in 2004 by Peace Corps volunteers working within this ministry. However, the present SNE coordinator does not use this database. In theory, this database should provide relevant information about those CWD who should be attending school. It is understood that this information has been shared with some SROs and school principals on a very ad hoc basis. It is the responsibility of the SNE coordinator, in conjunction with SROs and principals to identify those CWD not attending and put together a plan for them to do so. Often reasons cited for non-attendance by CWD is lack of transport, lack of trained teachers and lack of knowledge that this is their right to participate in school.

There has been some in-service training in conjunction with the disability surveys for school principals and SROs. In-service training on disability awareness is also part of the SNE coordinator’s responsibility and he states that he has provided some training. There were no specifics to verify this. The manual developed for all teachers outlines the responsibilities for all involved. It seems that this has not been widely distributed and therefore this information will not be available to many principals and teachers.

At present, most of the CWD who are attending are labelled as “slow learners.” The 2000 Survey identified that 37 per cent of the CWD were identified as slow learners. Some of the issues raised from this included a lack of range of type of disabled students currently at school, concern teacher ability and/or skill to identify and assess students, and the concern limited teaching methodologies that may affect a student’s learning.

The current policy defines SNE students as “students who for a variety of reasons are not developing to their full potential or are at risk of not achieving the major achievement objectives of the Samoan curriculum.” A draft SNE policy has been developed and is in the process of consultation and discussion. It promotes an ‘eligibility criteria’ and uses a medical model to introduce a “disability and impairment” programme. This is currently being critiqued by SNEAC and there is much concern about this draft policy.

In 2008 a history of the development of inclusive education was identified, from 1991 to developments taking place in 2008.

<table>
<thead>
<tr>
<th>Year</th>
<th>Description of development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>The Compulsory Education Act was passed by Parliament in 1991/92. This act dictated that all persons between the ages of five – 14 must attend Primary Education at Years one – eight. Naturally all children including those with special needs are within this age group stipulated by the Compulsory Education Act.</td>
</tr>
<tr>
<td>1992</td>
<td>The blind and visually impaired students in Samoa were and are still integrated into regular schools under PREB’s management from 1992 until today. There has never been a school for the blind in Samoa. Every traditional village in Samoa has a primary school. A blind or visually impaired student attends his or her own village primary school, or a choice of his or her parents to be enrolled in mission schools. All blind and visually impaired students who attended primary schools and reach</td>
</tr>
</tbody>
</table>

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### Development of IE (cont’d)

<table>
<thead>
<tr>
<th>Year</th>
<th>Description of development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year eight sat the Year eight national exam. Each traditional district has a secondary school, apart from several colleges in Apia, are run mainly by churches, and few by the government. The blind and visually impaired students would attend their own respective district secondary school, or a college of their parent’s choice. The PREB Society for the Blind does not run a school. Instead, staff provide a specialized service of teaching the blind and visually impaired students with the skills to read and write in Braille. Some government and private schools teachers have attended Braille in-service training and Braille workshops since 1991 under the direction of PREB. As a result, the very first person with disability in Samoa to have obtained a full time overseas scholarship was a totally blind young woman. She obtained a bachelors degree in communication from the Auckland University of Technology.</td>
</tr>
<tr>
<td>Prior to 2000</td>
<td>The education of special needs children, or children with disabilities was the sole task of NGOs from the 1960s until 2000. All these NGOs were based in Apia.</td>
</tr>
</tbody>
</table>
| 2000       | Children with special needs identification survey  
AIGA Project (UNDP) formulated a strategic plan for the development of pilot schools with special needs units attached to each regular schools.  
National University of Samoa developed compulsory papers for special needs education.  
Establishment of Special Needs Advisory Committee with representation from NGOs and government sectors.                                                                 |
Special needs teachers reallocated to regular classes.  
Special needs units experiencing operational difficulties i.e. students being sent to unit and remain there with little cooperation with class teacher.  
Special needs teachers being allocated to regular class duties  
Special needs policy.                                                                 |
| 2002       | Special needs education coordinator appointed to MESC.                                                                                                     |
| 2005       | Loto Taumafai Early intervention community based programme established. The aim of this programme was to support the empowerment of urban and rural children and their families. This programme works closely with MESC and other NGO providers.  
Revision of the status of the pilot special needs units.  
MESC Inclusive Education Strategic Plan.  
PRIDE sub project in Inclusive Education designed through consultation with MESC and NGOs.  
MESC worked through a collaborative, consultative process to include components of inclusive education in their corporate and strategic plans. |
Development of IE (cont’d)

<table>
<thead>
<tr>
<th>Year</th>
<th>Description of development</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>PRIDE SUB PROJECT on inclusive education commenced to help support the development of systems to facilitate inclusive education. This included meetings to discuss concepts and strategies, teacher training on how to support children with specific disabilities e.g. deaf, blind etc., media campaigns to help get accurate information about disability to the general public, accessible guidelines for the design of schools and recording stories of significant change. MESC Curriculum and Materials division commence translation of UNESCO Inclusive Education Toolkits into Samoan language. National Workshops to introduce two of the booklets from UNESCO’s toolkit. Release of Samoan sign language dictionary and DVD. Doctoral research on the barriers to inclusive education undertaken.</td>
</tr>
<tr>
<td>2007</td>
<td>MESC and SENESE agree on a teacher shadowing programme to commence 2008. Samoan children are tested for hearing impairment and fitted with hearing aids. This is done by the Carabez Alliance in collaboration with the MESC, MOH, and non-government providers of inclusive education. Continuation of media campaigns on television. Doctor from the MOH secures scholarship for Ear Nose and Throat Specialization.</td>
</tr>
<tr>
<td>2008</td>
<td>Workshop for 15 teacher aides on how to support children who are deaf in regular classrooms. Three teacher aides employed by the ministry of education in rural schools as a trial. AusAID puts disability on the aid agenda in the Pacific region. Universal guidelines for accessibility drafted with the Ministry of Works, Transport and Infrastructure (MWTI) and the MOH. Partnership begun with the Royal Institute for Deaf and Blind students. This will provided long term support for capacity building and will include a variety of methods including teleconferencing onsite visits and scholarship opportunities. It is also in collaboration with the “Hear and Say Centre”, Brisbane, Australia and the Carabez Alliance, Sydney Australia. Multistakeholder collaboration involved. Continuation of media campaign on television.</td>
</tr>
</tbody>
</table>

7. Special schools

Currently there are four main NGO education centres for children with disability that operate as “special schools” in that they are segregated in both setting and most programmes. Three of these are located in urban Apia and the other two on the same site in Savaii. These NGOs, Loto Taumafai, Fiamalamalama, Senese, SEUS, UMCSL were detailed in Section 1.4 (Providers of education to CWD). These NGOs are given an annual grant by the government but for the most part are donor supported. None of these have education school status. According to the latest figures there are 54,939 students enrolled in all government schools in Samoa. The 2000 Survey identified 1,188 CWD and number of students attending the NGOs is approximately 200 representing that 16 per cent of the identified CWD attend the special schools.

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8. Regular inclusive schools – primary level

The current system within the primary level is called Special Needs Education (SNE). This system developed as a result of the 1995-2005 policy and strategies and is currently under review.

This system has been developed concurrently with training teachers in the area of SNE at the National University of Samoa.

There are no actual regular inclusive schools. The six Special Needs Units were established in 2001 based on identified need from the survey. At present, only the SNE Unit at Lalomanu School is functioning as such. At that school, the SRO, school committee and principal have made a determined effort to include CWD. They have hired a truck and have been transporting CWD to the SNE Unit. On the day we visited, there were 17 children, three who were profoundly deaf and one with severe Cerebral Palsy, and the rest a mixture of “slow learners.” However, the SNE teacher is requesting considerable support to cope with this large number and diverse needs of children. One of the other issues is that it seems the children must remain in the SNE unit all day. When it was suggested that some of the children might join the others for sport or music, so that the SNE teacher could give more individualized time to some of the other students, we were told that was “not allowed.” Clearly, there is a lot of work to do to ensure that this SNE Unit functions appropriately. The other SNE teachers have been moved into regular classrooms due to the teacher shortage. The three other SNE teachers in Upolo are teaching regular classes and have up to 10 SNE students included in their classes. This indicates another area of confusion about the role and function of the SNE teachers and their units.

Some of the parents support groups, along with some people from SNEAC continue to advocate for appropriate utilization of the SNE teachers and units.

Data for the numbers of SNE students within these designated primary schools was unable to be attained but it is estimated that an average of 10 students is attending at least five of the schools. This makes an approximate number of 50 SNE students attending primary school which is approximately 0.09 per cent.

9. Pre-school

The Early Childhood Education (ECE) Curriculum Office is situated within the MESC. However, all preschools and early childhood centres are registered with the National ECE Council. Through the council, these centres put forward requests for funding and grants to the MESC.

There is a short training course for ECE teachers run by the council. The training does not include any training in regards to supporting CWD although they do have guest speakers on this issue from time to time. Data was unavailable on how many CWD attend ECE centres. The new early interventions service from Loto Taumafai is currently working to identify these children.

10. Early detection and early intervention for infants and young children with disabilities

The only Early Intervention Service that operates is based out of the NGO Loto Taumafai as outlined in Section 1.4. There is a hospital birth registration process but it does not identify babies who are born with a disability or who may be considered “at risk.”

The early intervention programme was established in 2004 with a five-year funding grant from CBM. A significant part of the first year was spent on training and development of the field workers.

Staffing consists of one coordinator (who is a nurse and physiotherapist), two fieldworker coordinators, seven fieldworkers and two deaf fieldworkers. The deaf fieldworkers are funded by the International Deaf Children Association. Two newly appointed fieldworkers are based in Savaii extending their service to that island in the next few months.
Mulifanua and Apia were originally selected as the two focus areas in which to work. This was based both on the 2000 Survey and on staffing resources. In the first year of operation they saw 64 children, between the ages of birth to seven years. Besides providing a community based programme in which the fieldworkers go to where the families are living, they also provide public awareness and training to community health nurses and some schools. They run courses for parents and support the local parents groups as much as possible.

The coordinator is a member of SNEAC and is working to develop links with the community nurses, the birth registration process and the MESC.

Their long-term goal is for the MESC and MOH to accept and fund this as a government supported programme.

11. Access to secondary school for children and youth with disabilities

There have been a small number of anecdotal reports about secondary students with disabilities who have been included into secondary school. This includes a small number of students who were visually impaired or blind. Current data and information was not accessible.

There was one student with cerebral palsy who used a wheelchair and was recently accepted to one of the private schools.

The adult survey identified that 15.7 per cent of those identified in this survey attended secondary school.²⁴

There is no reference to secondary students with disability in the curriculum overview document²⁵ dated 1998. This may be changed due to the current review of all policies.

12. Access to tertiary education opportunities for persons with disabilities

The two tertiary institutions (not including theological seminaries) are the National University of Samoa and the Samoa Polytechnic. These two institutions are in the process of merging.

Most PWD who wish to do tertiary level studies have gone overseas to do so. There are three young women with disabilities who have completed university degrees and have returned to Samoa to work. The first two are wheelchair users. One worked for one of the airlines and the other was the principal at one of the SNE NGOs. The third is a blind woman who was a journalist. They are held up as exemplary role models. An analysis of the adult survey completed in 2002 revealed that only 12 women and 25 men had completed polytechnic or university.²⁶

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²⁶ D. Lene, The Status of Women (15years+) with Disabilities in Samoa.
Section 2

Disability Statistics, Database, Collection Methods and Definitions from the National Bureau of Statistics, or National Statistics Office and the Ministry of Education on Educational Statistics and Monitoring

13. Definition

The Samoan Population and Census 2001 was the first census taken in 10 years. This census takes place every five years. The census is conducted from the Department of Statistics within the Ministry of Finance (MOF). The population interview schedule has only one disability related question which is “Please indicate whether this person is disabled or not?” The only responses allowed are “disabled” or “not disabled.” There is a school census taken annually but there is no reference to CWD. There is no standard government definition of disability.

The Adult Survey report used the following definition: “Generally, disability refers to any physical or mental condition that limits a person’s movements, senses or activities in one’s daily life.” The report then identified 12 specific types of disabilities that would be investigated. They were: autistic; behavioural/ emotional problems; blind; deaf; epileptic; hearing impaired; intellectual impaired; mental illness; physical disability; speech/language impaired; specific learning disability, and; visually impaired.

The children’s survey defined eight categories of impairment that were further defined within the survey interview form. These were learning impairment physical impairment, intellectual impairment, hearing impairment, epileptic, visual impairment, multi-impairment and other impairments.

The WHO ICF definition does not appear to be used.

In 2008, the following definition was developed for Inclusive Education in Samoa:

Definition of IE

Inclusive education in Samoa is a developing concept on the national level, however we are providing professional development to promote the following definition;

Inclusive education is a process whereby the school systems, strategic plans, and policies adapt and change to include teaching strategies for a wider more diverse range of children and their families. Inclusive education implicitly means to identify a child’s learning style and adapt the classroom and teaching strategies to ensure high quality learning outcomes for all members of the class. Everyone is important, unique and valued for their contribution to the school.

27  Department of Statistics Population Interview Schedule.
28  Samoa Adult 15+ Disability Identification Report & Key Recommendations. p. 4.
14. Disability statistics

As stated earlier, the Samoan Population and Census 2001 was the first census taken in 10 years. This census now takes place every five years. The census is conducted by the Department of Statistics, within the MOF.

In 1999, Dr. Frank Smith conducted a disability survey commissioned by UNESCO. He identified 578 CWD under 12 years old. In 1995, Ms. Naoko Kuba, Japan Overseas Cooperation Volunteers (JOVC) volunteer conducted a survey where she identified 302 CWD less than 14 years of age.\(^{30}\)

The next disability survey was conducted in 2000 to identify all children with disability from birth to 14 years by age, gender, location, type and severity of disability, and unmet needs.\(^{31}\) This survey was commissioned by the MOE and UNDP. It was upgraded in 2004 but is not able to be used by the SNE Coordinator.

The Adult Disability survey was conducted in 2002. This survey was initiated by Inclusion International with funding support from NZAID. The Department of Statistics provided all data entry of the adult survey. The chief statistician, in conjunction with the Inclusion International in-country representative provided analysis and co-wrote the statistical part of the report. The support from this department was very much appreciated by those involved with the adult survey and was a very positive and strong message of the worth of this survey as the directive for the Department of Statistics to be involved was issued by the prime minister. As a result, the chief statistician informed us that the Adult Disability Census would be updated every year in the year following the national population survey.

The Loto Taumafai Early Intervention Programme was collecting data and looking to link with the MOH, the MESC and other relevant organizations and government departments. The birth registration process did not identify any children born with a disability or “at risk.”

A further analysis of the adult survey has resulted in a report on Women with Disability.\(^{32}\) All three disability reports are attached.

15. Disability statistics and database – Ministry of Education

In 2000, UNDP and the Samoan MOE jointly funded the Special Needs Education Survey Project. The aim of this project was to identify all children between the ages of birth to 14 with special needs. Individual interviews were done over a six month period by a team trained and coordinated by the Project Coordinator. Identification of these children included age, gender, location, type and severity of disability and education and support needs. All information was entered into a database to be shared and utilized by all concerned. A total of 1188 CWD was identified in this survey. This survey was partially updated last year by the Peace Corps volunteers. The current SNE Coordinator did not know how to use the database although the maintenance, updating and usage are one of the functions of this position.

16. Statistics/Education Management Information System (EMIS)

In 2008 the database was still a cause for concern.

The MESC has an established database of all children with disabilities. There have been some difficulties is the use of the database and the maintaining of current information. The Special Needs Coordinator under the MESC coordinates the database.

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\(^{30}\) SNE Survey Project Report and Recommendations. p. 10.

\(^{31}\) Ibid., p. 17.

\(^{32}\) D. Lene. The Status of Women (15 years+) with Disabilities in Samoa.
The only statistics collected on children with disabilities was the survey conducted in 2000. The survey was updated in 2004. The SNE Coordinator reported that he did not know how to use the database and more current information was unable to be accessed.

**Table 3: National summary of types of disabilities by age**

<table>
<thead>
<tr>
<th>Category</th>
<th>Disabilities included</th>
<th>0-4</th>
<th>5-10</th>
<th>11-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Impairment.</td>
<td>Slow learners, Learning disabled, Behaviour problems</td>
<td>10</td>
<td>308</td>
<td>145</td>
<td>463</td>
</tr>
<tr>
<td>Physical Impairment</td>
<td>Cerebral Palsy, Physical disabilities, cleft palate, club foot, speech defects</td>
<td>29</td>
<td>120</td>
<td>58</td>
<td>207</td>
</tr>
<tr>
<td>Intellectual Impairment</td>
<td>Autism, Down’s Syndrome, Intellectual Disability, Hydrocephalus</td>
<td>24</td>
<td>77</td>
<td>43</td>
<td>144</td>
</tr>
<tr>
<td>Hearing Impairment.</td>
<td>Deaf, hard of hearing</td>
<td>11</td>
<td>77</td>
<td>29</td>
<td>117</td>
</tr>
<tr>
<td>Epileptic</td>
<td>Seizures (both controlled and not)</td>
<td>8</td>
<td>76</td>
<td>29</td>
<td>113</td>
</tr>
<tr>
<td>Visual Impairment.</td>
<td>Blind, visually impaired</td>
<td>12</td>
<td>46</td>
<td>15</td>
<td>73</td>
</tr>
<tr>
<td>Multi-Impaired</td>
<td>Both intellectual and physically disabled</td>
<td>7</td>
<td>35</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>Disabling illnesses/sickness</td>
<td>2</td>
<td>22</td>
<td>18</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(number of disabilities per age group)</td>
<td>103</td>
<td>761</td>
<td>355</td>
<td>1219</td>
</tr>
</tbody>
</table>


17. Monitoring procedures – national monitoring and monitoring for the EFA process

CWD are mentioned specifically in the Samoa EFA Action Plan. Specifically it identifies and/or recommends the following:

- Need for standardized curriculum for SNE teachers;
- The lack of awareness and the importance of Early Intervention services for CWD. It recommended that the SNE Coordinator help set up parent to parent support groups for children with disabilities. This was started via the United Nations Volunteer (UNV) project, supporting PWD in rural Samoa and was being monitored and supported by the Loto Taumafai Early Intervention Service;
- Teacher training in specific disability areas;
- The right of children, including those with disabilities, to have access to affordable educational programmes and activities.

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34 EFA Samoa National Report, p. 18.
35 Empowering Rural People with Disabilities. UNV Project.
36 EFA Samoa National Report, p. 20.
37 Ibid., p. 21.
38 Ibid., p. 23.
The Samoa National Action Plan was reviewed in terms of progress of the action plans. The reviewer, contracted by UNESCO, reported that there was a lot of administrative information but very little action to date.

18. Multi-sectoral collaboration

There are two key groups that have a coordination role in the area of disability.

The first is the Special Needs Advisory Committee (SNEAC) which was established in 1999 as per the Samoa National Education Policies and Strategy documents. This committee is chaired by the SNE Coordinator and has representation from the MESC, all of the SNE NGOs, parents, PWD DPO, NUS and can co-opt members as appropriate.

Its primary function is to provide an opportunity for discussion, debate and advice from all of the key stakeholders on all aspects of special needs education. It is understood that meetings were not well attended and on a sporadic basis. However, the meeting held on 11/3/05 was very well attended. Key issues discussed were:

- The draft SNE policy;
- The proposed pilot project utilizing the UNESCO “Toolbox”;
- The role of SNE units.

The second is the DATF which had previously been the Adult Disability Survey Advisory group. Once the survey was completed it was agreed that this advisory group should re-establish as DATF in order to ensure that a multi-sectoral collaboration was maintained and strengthened and to assist with the monitoring and implementation of the recommendations from the survey report.

This group is chaired by the President of NOLA, who is also an Inclusion International in-country representative. Representation on this committee is somewhat broader than SNEAC and includes people from the MESC, the MOH, Department of Statistics, NUS and Samoa Polytechnic, SNE NGOs, UNDP and/or UN Volunteers, Accident Compensation Association and others with an interest or responsibility in disability issues. Issues for discussion for this group included:

- Continued lobbying for the DATF to become part of the Prime Minister’s Office;
- Employment schemes and advocacy for PWD;
- Wheelchair Repair Programme;
- Committee on the Elimination of Discrimination Against Women (CEDAW) Supplementary report.
Section 3

Implications at Levels of Primary School, Teacher, Child (Disabled and Non-Disabled) Family and Community

19. Head teacher or principal of an inclusive regular school

Both schools, Magiagi Primary School and Falefitu Primary School, have SNE Units and teachers. Visits were also made to the SNE units in Upolo, Saliemoa Primary School and Lalomanu Primary School. The units in Savaii, the other island were unable to be visited.

Brief description of the four Primary Schools visited for this survey:

Magiagi Primary School (Apia)

This school had a role of 437 students between the ages of five and 14 years. On the morning of the interview, 10 new entrants were enrolled. Since the visit, the school now has a special needs class with approximately 10 students and one SNE teacher. The principal had asked the special needs coordinator to release the SNE teacher into a regular class as there was a shortage of teachers. The SNE teacher had nine students identified as “special needs” who were added to the 34 year six students she teaches.

Falefitu Primary School (Apia)

This school had a role of over 250 students between the ages of five and 14 years. The school had two SNE Units and two SNE teachers from 2001-2002. In 2002, one of the SNE Units was moved to Saliemoa School. There was one SNE teacher who was placed back into the regular classroom. She taught 28 year five students and also had the SNE students added to her class. There were nine boys and one girl labelled as “slow learners” and one blind student.

Saliemoa Primary School (Sagaga district)

There were 278 students who attended this school. There was a staff of six which included the principal, SNE teacher and four primary teachers. The SNE Unit, established in 2002, was not functioning. The SNE teacher had 70 year three and four students for whom she was responsible.

Lalomanu Primary School (Aliepata district)

This was a new school, built with ADB funding, with ramps and a special needs toilet. Due to a teacher shortage, only half of the classrooms were being used. There were five teachers, the principal and one SNE teacher. The Matai (chief) is on the school committee and in conjunction with the SRO and principal decided to hire a truck and collect the SNE children from the district and bring them to school. On the day we visited, there were 17 children in the SNE Unit. Three of these students were profoundly deaf, one student had cerebral palsy and was in a wheelchair and the rest were called slow learners.
Interview with school principals

Three of the four principals of the schools visited were interviewed for this survey; the acting principal of Magiagi Primary School and the Principals of Lalomanu and Saliemoa schools. A meeting was arranged for the principal of Falefitu School but she was not at the school on that day. An informal meeting was held with the former principal of Sataua Primary School in Savaii.

Two of the principals had been involved in establishing the SNE unit at their schools. One felt that the SNE coordinator at that time was very helpful and supported the teachers well. The principals reported that it was the SNE coordinator’s responsibility to support the teachers and assist with the students. However, the current SNE coordinator had not been to visit any of the schools since the year began and the support given was reported as minimal. The principals could not identify any specific training, or preparation for them to support or administer the SNE units. Teachers were trained at NUS and were seen to be “specialists”. The principals were aware of the policy and understood it to say that schools “must accept” children with disabilities, but they had no other information about implementation, practices or directives.

One of the principals expressed the view children with physical disabilities were okay to include but felt those with intellectual disabilities were too difficult to include in normal schools. She had recently asked a parent to take a child with an intellectual disability out of this school and back to the special school (Fiamalamalama) where he had been the last year. She was worried about this decision but did not think she had any other options. She was not clear who she could ask for assistance with this type of problem but felt that she could approach the school review officer. She said that all children must do five subjects and be able to learn in English. She felt this would be too difficult for most CWD. She said they could be included in activities such as sport, singing, and dancing.

In general, the principals expressed the view that the other children related well to the CWD and that often they had siblings or extended family attending the same school.

None of the principals had any information about inclusion practices or curriculum differentiation and were not clear about the term “inclusive education”.

The former principal of Sataua School who retired was working with the early intervention team. She was very positive about the SNE unit and the teachers at her school. She also valued the support given by the previous SNE coordinator. Due to the teacher shortage and lack of SNE support, the unit at this school closed. She reported that the SNE teacher had been put into a regular class and the parents of the SNE students had stopped sending them to school as the teacher was now unable to work with their children. This issue was brought up and discussed at the workshop but there was no conclusion other than to voice concern.

In summary, a formalized system of introducing principals to the issues of including and supporting CWD, their teachers and parents had not been established in Samoa. This indicates the inclusion of CWD and the support of teachers is very much dependent upon the beliefs and values of individual principals and school communities.

20. Classroom teachers in a class with CWD in an inclusive regular school.

All four SNE teachers were interviewed. Three of them were working as “regular” class teachers with SNE children either added to their classes (in two schools) or the SNE students no longer attending (one school). The fourth teacher had a class with only children with a disability in attendance.

Three of the teachers had completed their qualifications from NUS and one was still unqualified. One teacher was in her first year and the others had been teaching for three to four years. All of them had attended NUS and had done their primary teaching certificate, plus the six papers to give them SNE specialty. This is a three year course. All reported that the training and learning from NUS was excellent and they felt well supported by their tutors at NUS. They had all done practical placements at the SNE NGOs as part of their training and said this was very important.
Once placed in the schools, the first group of teachers said they received very good support from the first SNE coordinator. She visited on a regular basis and assisted them with their assessments, planning and working with the principals and other teachers. The newest SNE teacher was unaware that there was a SNE coordinator and she said she would go to her NUS tutor when she needed assistance. Last year, two Peace Corps volunteers were assigned to the SNE units.

The teachers reported that they were very helpful with ideas and programmes for the SNE students and spent a lot of time in the classroom. They also tried to update the database and share that information.

All of the teachers said that they were trying to figure out ways to help their SNE students do the “same” work as the other students in their classes. They all reported that they were doing their best to observe and assess but were not confident about this. Two of the teachers asked the consultant to give advice and it was clear that they were in need of more support. One of the teachers reported that she hoped some of the children would leave her class someday and go to other classes but she had to make sure the other teachers did not get “mad” at her.

The teachers reported that it was good to have all of the SNE children with the “normal” children as this provided an opportunity for “normal” children to learn about differences in the classroom. They also said that the slow learners could learn from the other children. It was typical for the “normal” children to help the slow learners. One teacher divided her class into two levels (normal and slow learners) and taught them in groups. The blind student got his work transcribed into Braille by a person from PREB.

The teachers reported that most of the SNE students were those labelled as “slow learners. They all felt that the schools should have more CWD including those with physical disabilities.

One teacher said that working with parents was important.

The teachers were unclear about the concept of “inclusive education” but used terms like integration and mainstreaming comfortably. The function and purpose of the SNE classes was discussed. Two of the teachers understood that the SNE units were to be “resource rooms” where children with special learning needs could receive individualized teaching support with the aim of being able to participate in the mainstream as much as possible. The other two thought that the CWD were supposed to stay in the SNE unit full time.

All of the teachers stated that more resources (e.g. appropriate reading materials, toys, manipulative games, etc.) would be useful.

21. A child with a disability in a class in an inclusive regular school

Although there were no actual “inclusive regular schools”, two CWD from different schools were interviewed. Both had been in the SNE unit the previous year and were now in the regular class being taught by the SNE teacher.

Harry was 11 years old and a slow learner.

Harry said he liked coming to school and he liked the teacher. He couldn’t identify any problems or difficulties. He had attended another school before. He liked playing outdoors most of all.

Kiwi was 10 years old and blind.

Kiwi said he liked school and had two best friends. He said the other students helped him get around. He was learning Braille.

From the consultant’s brief observation and the teachers’ reports, both of the students appeared to be well accepted by the other students.
22. A non-disabled peer in the same class as a child with a disability

Florence and Valu were two girls chosen by the teacher for this interview because they were in the class with the SNE students and possessed good English language skills. They said they could tell that the CWD were "different" because they needed more help. They liked them and tried to help them. Some other students sometimes made fun of them and they tried to stop them.

Peter, eight-years-old, was also interviewed. He said that Kiwi was his friend and that they liked to play together. He didn't care that he was blind. He said that it did not cause him any problems.

23. A family member of a child with a disability attending a regular inclusive school

Two parents were officially interviewed.

Ana, parent of Harry, reported that when Harry was small she could tell he was slow but that he was very good. He was quiet and didn't get into trouble. Sometimes if he was angry, he would cry but he did not hit out. Her daughter, Luisa, was also labelled as slow but was in the regular class at the same school. Harry had attended another primary school at the age of five but it was very difficult for him. The lessons were very hard and he could not keep up. In 2003, his mother brought him to the new school because there was a SNE teacher. She had her own class and Harry began to improve in some of his studies. She preferred him to be with a SNE teacher. She said that he got along okay with the other students but he didn't have any close friends. She was not aware of any parent groups but thought it would be a good idea.

Faiupu, mother of Kiwi, reported that Kiwi was born without any problems, but he became blind at five months of age. He was not sick and she did not know what caused this condition. The doctor told her to take him overseas when he was older but she wasn't able to afford this trip. Kiwi went to the Marist Brothers school first as they would accept him as a blind student. Then he attended the village school which had a SNE teacher. His mother liked the fact he was with "normal" students so that his learning could improve.

Informal interviews were held with some grandmothers and other parents who all agreed that their children should go to school but they were unsure of how they would be treated. Some of them didn't know if the CWD could learn and some were worried that they would be abused.

24. A community member or local official

Two people were interviewed. One was the secretary of the school committee and the other was the friend of a parent with a CWD.

The school committee secretary felt that their committee was supportive of including CWD. They did projects and fund-raising to help with the school, most recently applying to the SDA for computers and library materials. They had also provided a "special classroom", ramps and handrails for the CWD. She thought there were between 13-18 CWD at the school but she did not think there was a SNE teacher. She felt that parent involvement should be encouraged.

The other person felt that only children with "learning abilities" should go to school. This person felt that CWD would hold back the other students and that would not be fair. According to this person, this was a commonly held view by most people in Samoa.

They were both aware that there was some media and other activities to raise awareness but they had not experienced these directly.
Section 4

Implications at Different Levels of the Education System for Different Participants in the System

25. Head Teacher or a classroom teacher in a special school.

The interviews for this section were conducted at two NGO Special Schools; Loto Taumafai (LT) and Aoga Fiamalamalama (FM). The head teachers and some support staff were interviewed.

FM had five teachers and 27 students attending at the time of the interview (the previous year’s enrolment showed 42, but on average only about half actually attended). They had a bus to provide transport to and from the school. Their key goals were to provide educational, vocational and life skills to the students to prepare them for life. The principal was trained in an unrelated field but had been approached to do the job and was enjoying it. The teacher trainer had a degree in recreational therapy from the USA.

Both the principal and teacher trainer had a clear understanding of inclusive education (albeit primarily focused on CWD) and felt that their students could be included into the mainstream, provided they had appropriate assistance/support, materials and opportunities for specialized teaching or therapy. However, they felt that most CWD get pushed to the segregated NGOs because teachers in the state school system do not feel they can teach them. The principal began a programme to enable the children to attend one of the local schools to take part in sports and social activities. She reported that this was tremendous success.

Long term, the academics envisaged that the FM would merge with other schools and the FM would become a base for itinerant teachers, a resource centre, a one-to-one tutoring facility, etc. Their main resistance to progress centred on the attitudes of other schools and teachers, and from parents and the board of their school.

Current advantages and disadvantages of the special school were cited as follows

Advantages:
- A place to come to – otherwise just sit at and home and be neglected;
- Parents feel that the child is “safe”;
- Teachers are there because they care;
- They can provide options and activities.

Disadvantages:
- Lack of opportunity to learn and socialize with peers in a “normal” setting;
- Misdiagnosis means many students who may have done well with minimal help end up with FM;
- Students can tend to stagnate if not stimulated;
- Teachers lose perspective regarding expectations (usually lower).
The classroom teacher interviewed had been teaching at FM for 14 years. She did a “teaching course” through the Catholic Church in 1982 and completed several locally developed training courses. She passed her Early Childhood Teacher Certificate and was a parent of a CWD. She reiterated what had been said by the principal and teacher trainer. She felt that her students would do well in an inclusive environment with the right support and that she too would like to teach in that kind of setting, but would like to maintain her focus with SNE students.

The principal of LT, a disabled wheelchair user, was also interviewed. She said she was a good role model for students, teachers and parents. She graduated with a university degree in education from an Australian educational institution. She said specialized skills of teaching deaf students meant that a special school had its place. However, she felt that most students should be able to learn in the mainstream environment. The board at the school were reviewing the current strategic plan and saw that in the long term, LT could become a specialized learning and resource centre, teaching short courses and providing community-based support. This was already beginning with the early intervention programmes based out of the school.

26. Parent of a disabled child attending a special school

The parent interviewed for this section was also a teacher at the special school. Her daughter used to go to a regular school but could not keep up with the reading lessons so was sent to FM. (A visiting SNE teacher thought she was dyslexic). She felt she had no options. She would have preferred her daughter to be well supported in the mainstream but this did not happen. Her daughter was labelled as a “slow learner” and the mother accepts that.

27. A child at a special school

Two students, one boy and one girl, were briefly interviewed. They were both 15 years old and labelled as “slow learners, with mild intellectual disability”. They were selected to become part of a “Self Advocacy” programme being established and supported by the local PDO. They both liked school and had both been to regular school but “failed.” The young man felt that he could go to a regular school but he wasn’t allowed.

28. The parent of a young disabled child attending an early intervention centre or service

Two women were interviewed. One was the grandmother of a young child with cerebral palsy. She was one of the main caregivers for this child. The other was a young mother whose five month old baby had been diagnosed with down’s syndrome.

Both children were diagnosed before they were six months old. The mother of the child with down’s syndrome had to take her baby back to the doctor as her mother-in-law suspected something was not right. She was not happy with the advice given to her by the doctor as she felt he only focused on the negatives.

Contact from the early intervention team was from local knowledge. The grandmother was very involved and very positive about the support given to her. She was shown exercises and activities to stimulate the child. They also helped her understand about cerebral palsy. The young mother had only just started with the programme and looked forward to their help. They were due to come visit her at home that same week. She was very keen to meet other mothers with children who had down’s syndrome.

Neither of them could identify what kind of school they would like their child to go to in the future. They were not aware of many options for CWD.
29. A teacher at an inclusive secondary school

The teacher of a young man with cerebral palsy, recently appointed at a regular secondary school, was briefly interviewed. She had completed her teacher training certificate but had not been given much preparation regarding CWD. Because the student had a full-time support teacher (paid for by the parents) the main teacher was able to learn from this teaching aide. This student had his own laptop so he was able to communicate easily with the teacher and the other students. He did not need any curriculum adaptation. The only main challenge was physical access and the school had built a ramp. The teacher was very positive and quite emotional and stated that she had learned a lot from her student. She added that he was just like any other student. She expressed the view that including students with disabilities was good as long as they had the support and resources they needed.

30. The parents of a youth with disabilities attending an inclusive secondary school

The parent of the young man with cerebral palsy attending the private school was interviewed. She had had a lot of difficulty in getting him into school over the years and had even started another SNE NGO (Senese) to try and provide him with appropriate schooling. He had done a correspondence school course from New Zealand for three years and attended Senese NGO for five years. There was only one other secondary school that had access but they only went up to year nine, so he could have only attended for one year. She was very pleased he had finally been accepted into this school.

31. Student attending an inclusive secondary school

The student interviewed was, Jordan, a 15 year-old with cerebral palsy. Jordan stated that he liked going to the regular school because he liked being with the other students, especially the girls! He had a full-time teacher aide and a laptop so he said the school was to his liking. His main issue was mobility access, so the school built a ramp for his wheelchair. His parents made the decision for him to go to the regular school, a decision he was happy with. He was not sure what he wanted to do when he left school.
Section 5

Teacher Training: Including Training for Teachers to Teach Students with Diverse Abilities in Regular Schools

32. Colleges or University departments responsible for teacher training of special education teachers and regular teachers who will teach in inclusive schools

The Dean of the Faculty of Education (FOE) at the NUS and the principal lecturer for special needs education were interviewed.

The Western Samoa Teachers’ College amalgamated with the National University of Samoa in 1997. Before that it had provided teacher training for 59 years. The FOE offers a Diploma of Primary Education which is a three year course in which students must complete 24 courses. Since 2000, students could elect to take the SNE component which gave them a “specialty” area in special needs education. Students must have satisfactorily completed high school before they may enrol at NUS.

Once accepted and enrolled, students choose their own areas of interest. The elective special needs education courses are:

- Introduction and understanding education for special needs;
- The individual education programme;
- Assessment techniques and teaching strategies;
- Special education: Barriers to learning;
- People with special needs in Samoa.

In 2005, a new course was developed called “inclusive education.” This is a compulsory course for all teacher trainees.

The FOE began developing curriculum for special needs education to support the Samoa Ministry of Education Policy and Strategy documents. A VSA volunteer assisted with the development of the initial curriculum of six SNE courses and also worked in a skill sharing capacity with the principal lecturer who had been appointed to do the SNE work.

The teachers attend course work at NUS and have practicum experiences at the SNE NGOs. The principal lecturer organizes and monitors these placements.

In 2000, there were six students who graduated as primary teachers who had done all of the SNE courses. These teachers were placed in the first SNE Units. Since then, there has been a steady increase in the numbers of teachers who elect to do the SNE courses. In 2005, out of the 80 teacher trainees, 14 of them elected to do SNE courses.

There was a teacher shortage and many of the SNE primary teachers were not able to utilize their skills. However, NUS was hopeful that this would change as they witnessed a significant increase in enrolment.

39 National University of Samoa Calendar.
and the graduates would assist in alleviating the teacher shortfall. Employment and placement of all teacher graduates is the responsibility of the Ministry of Education, Sport and Culture (MESC).

All in-service training was the responsibility of the MESC. However, the FOE was sometimes asked to conduct training which they were more than happy to do.

As well, the FOE runs monthly forums to which all teachers, or interested people are invited. While this is not strictly in-service training, it does provide a forum of specific topics for those interested. SNE topics have featured many times.

In 2008 plans for teacher training were developed further.

Teacher Training

Where are your IE teachers trained? In Samoa, the National University of Samoa provides training in inclusive education. Trained lecturers with theoretical and practical experience was an issue. At the time of this report, there were approximately 40 Samoan teachers who had completed the National University course in inclusive education. The training programme provides a basic introduction to IE.

It was apparent the need for ongoing training was essential, and in 2008 the MESC was due to begin a unique shadowing programme with SENESE school. This programme enables a graduate teacher to be placed at SENESE for one year, so that they gain advanced level skills in supporting IE programmes for specific disability groups such as deaf, blind, physically and intellectual disabilities. After the year has been completed, the graduate returns to the government system.
33. Students with a disability attending university or tertiary training

At the time of going to print, there were no students with disabilities enrolled at the NUS and specific policies and special accommodations have been introduced.

Samoa Polytechnic accommodated some students with disabilities to take "short courses". These have mainly been short computer courses.

The Dean of FOE expressed the view that these issues were being considered.

Some students with disabilities have had the opportunity to study at the tertiary level in New Zealand and have then returned to Samoa to pursue professional careers.
34. Consultation with organizations of persons with disabilities

NOLA is the National Council for People with Disabilities in Samoa. The president, treasurer and representative from the Women with Disability group were interviewed. This group was established in 2001 as an NGO. Their main goals are to:

- Advocate for resources and services for PWD;
- Promote the interests of PWD to government, NGOs and the public;
- Work in cooperation with other organizations, both nationally and internationally, to promote the human rights of PWD.

NOLA was the “host” for the Samoa Adult plus-15 Disability Survey. Many of the members of NOLA were trained to be surveyors and to run community awareness training activities.40

The President of NOLA is the chair of the Disability Action Task Force which is the collaborative group monitoring the implementation of the recommendations from the survey. They are also represented on SNEAC. NOLA has developed its capacity by attending training courses to learn how to develop strategic plans and budgets. It now has an office on the main street and employs a coordinator, support person and part-time assistant/cleaner.

NOLA is now regularly consulted about issues of education, access, work and any other issues that affect PWD. If they are not consulted and learn of an issue, meeting, or development that affects PWD, NOLA will now ask to be allowed to participate or contribute.

NOLA has been very active in developing awareness through community workshops, sports days, using the media, family support workshops, public speaking, guest lectures at NUS, etc. At present, only those people with a disability are allowed to be members of NOLA. The latter works in conjunction with the parent support groups but parents are not allowed to be members. NOLA has several sub-groups within its structure which include the Women with Disability group and the new People First group (a support and advocacy group focusing on those with an intellectual disability).

The three people interviewed had all attended school. The two men had disabilities that had resulted from accidents during adulthood. They did not have the experience of being a disabled student. The woman interviewed was born without arms. She had completed school up to Year 12. She had no support from her family, or community but she was determined to do this. All viewed the right to education for CWD as one of the most important factors in promoting inclusion and understanding of PWD in Samoa.

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40 Samoan Adult (+15) Disability Survey.
What Changes Are Necessary to the Current Situation and How Can They Be Achieved?

35. Views on the current situation, changes perceived as necessary and the means of achieving change

Key areas for change include:

- **Review and upgrading of current special needs education policy and strategies.**
  
  While the current policy and strategy document was being reviewed, there was much concern about the process of the review and what might replace the current policy. For many, the opportunity to contribute to consultation had not been offered or the consultation process was one of receiving the latest plans. This was especially so in the case of parents and PWD. The confusion regarding the concept of “special education” and “inclusive education” is another issue that was frequently discussed. This needs to be further clarified and debated so that an all encompassing policy with practical strategies can be developed. It was suggested that the “consultation process” is done in such a way to ensure that representation from all stakeholders is ensured and that an “education/information model” is presented so that stakeholders can understand the various options and their ramifications.

- **SNE teacher training, roles and responsibilities, support and monitoring.**
  
  All seemed to agree that the teacher shortage is a major contribution to the current difficulties in regard to the SNE teachers and units. Pay issues, placement and expectations need to be urgently addressed if this problem is to be resolved.

  The second most frequently raised concern was the roles and responsibilities of the SNE coordinator, the SNE teachers and the SNE units. The teacher training at NUS was seen as keeping “on track” with current developments in the area of education for children with disabilities. However, once teachers graduate, their placement as well as supervision, is the responsibility of the MESC. The roles and responsibilities of the SNE coordinator, the SNE teachers and the SNE units must be specifically analyzed and clarified in order to ensure that they are meeting the needs of CWD. There were approximately 30 teachers who graduated with an SNE specialty, and this expertise has not been used within the school system. A review of the SNE component is required.

- **Advocacy and human rights for children and adults with disability.**
  
  It was raised within government ministries and civil society that there is a view that CWD should be “grateful” for what they get and if parents or PWD are seen as lobbying too vigorously it might be perceived as aggressive and negative. This was a real concern that indicated the need for much more education, information, debate and understanding for all involved in policy and decision making for the education of CWD. The charity model did not promote the abilities, contributions and value of children and people with a disability. If this type of belief system was allowed to remain unchallenged, the real inclusion of children and adults with a disability would be at risk. Many people supported the recommendation that the Disability Action Task Force be upgraded to an acknowledged department within the Ministry of the Prime Minister, in order to strengthen the capacity and skills of the DPOs, NGOs and others to ensure a positive understanding of the rights of those with a disability.

  In the 2008 Status Report on Inclusive Education, challenges and strategies for overcoming them were identified.
Challenges:

- There is a need to develop understanding about inclusive education approaches versus special education approaches;
- There is a need to encourage children, youths and adults with disabilities to access quality education. This includes village educational systems and national institutions;
- Studies have shown that girls and women with disabilities have lower attendance rates at educational settings;
- Rates of mortality for children with disabilities in Samoa are high due to a lack of early detection and intervention;
- Referral links for children with disabilities and their families between health, education and community based non-governmental organizations remain weak;
- Special needs teachers being placed in special needs units have faced many challenges in establishing inclusive best practice without consistent onsite support;
- Many schools are attempting to provide physical access but there are no national guidelines on specifications for ramp gradients, door widths, railings and ablution facilities;
- There is a need for the MESC to work closely with the MOH in the training of district nurses in the identification of special needs students in the rural and urban areas;
- Whilst the government provides a grant for special needs education mainly to NGOs, there is a need to review the allocation of this assistance;
- The MESC needs to build efficient systems to maintain comprehensive data on children with disabilities, which can be used for planning appropriate early intervention and educational provision, resources and support services;
- There is a need for action research on inclusive education to develop a broader range of strategies for implementing inclusive education;
- Low participation of people with disabilities;
- The biggest challenge is the development of a government funded community based system of support for the support of IE that addresses the specific educational needs schools face in including children with disabilities.

Strategies:

- Community-based systems of support for schools implementing IE and delivering early intervention services for families with children with disabilities;
- Dedicated budgets for the development of human resource staff and services;
- Strategically aligning the NGOs providing support for children with disabilities to take advantage of the synergy this would create;
- Accessibility guidelines for the building of schools;
- More accurate information for communities on the causes, effects and prevention of disabilities;
- More media campaigns, collection of significant stories of change and visual images of what inclusive education looks like;
- Development of a district support system;
- Closer coordination with the MOH to ensure improved access to health care services for children with disabilities in rural areas;
- Introduction of MMR (measles, mumps and rubella) immunization throughout the country to prevent disabilities;
Recommendations for input to the guidelines for action to include children and youth with disabilities in school systems

**Public Education**

The awareness and understanding of civil society, those within government ministries and departments, church communities and all other influential groups must be addressed so that “inclusion” is well understood and not seen as a threat or something that only affect a few children. The education and development of a society and culture that appreciates and supports the human rights for all will contribute greatly to the development of inclusive education policies and practices. This must be acknowledged and methods for assisting in attitudinal change should be part of any set of guidelines.

**Coordinated Systems**

A method of ensuring that key stakeholders are well networked and collaborative is crucial. The use of databases, hospital birth registrations, PDOs, parent groups, early intervention programmes, school census, community health workers visits, etc., must be coordinated so that all information is shared, which will aid planning, developing and monitoring of support and services. When these groups are linked and taught how to share information, how to solve problems together and how to plan together, the outcomes will be more realistic, creative, practical and one of the best ways to safeguard the practices of “inclusion.”

Models for networks should be presented to promote the cross-sectoral affects of disability issues and the need for all stakeholders to work cooperatively and collaboratively.

**Inclusive education policy and strategy models**

An understanding of the concepts of “inclusive education” needs to be more fully explored so that the misconceptions are not accidentally promoted. Examples of what inclusive education policies might look like may assist those who are supportive but possibly uninformed. This should include ways that inclusive education can be funded.

**Inclusive education teacher training**

Inclusive education training should incorporate principles and practices that begin with early intervention and proceed through to tertiary level education. Methodologies for assessment, curriculum adaptation, realistic programmes, cooperative teaching and learning techniques are some of the key skills that need to be taught to all teachers. The practical component of teacher training should be a major part of their learning experience. This reinforces the concept of learning as an “active” pursuit that involves a wide range of activities and skills. The “teacher rote” model needs to be replaced with a much broader range of methods and skills that teachers can use to include all children within the school setting. This should include opportunities for teachers to “specialize”. However, specialization does not mean segregation and it must be shown how “specialist” teachers can be utilized to assist the CWD as well as their classmates, teachers and even the wider community.
## Annex 1

### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>CBM</td>
<td>Christian Blind Mission</td>
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<tr>
<td>CEDAW</td>
<td>Committee on the Elimination of Discrimination against Women</td>
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<tr>
<td>CMAD</td>
<td>Curriculum, Materials and Assessment Unit</td>
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<tr>
<td>CWD</td>
<td>Children with Disabilities</td>
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<tr>
<td>DATF</td>
<td>Disability Action Task Force</td>
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<tr>
<td>ECE</td>
<td>Early Children Education</td>
</tr>
<tr>
<td>FM</td>
<td>Aoga Fiamalamalama (NGO Special School)</td>
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<tr>
<td>FOE</td>
<td>Faculty of Education</td>
</tr>
<tr>
<td>IHC</td>
<td>Society for the Intellectually Disabled</td>
</tr>
<tr>
<td>JOCV</td>
<td>Japan Overseas Cooperation Volunteers</td>
</tr>
<tr>
<td>LT</td>
<td>Loto Taumafai (NGO Special School)</td>
</tr>
<tr>
<td>MESC</td>
<td>Ministry of Education, Sport and Culture</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles, mumps and rubella (Immunization)</td>
</tr>
<tr>
<td>MOF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MWTI</td>
<td>Ministry of Works, Transport and Infrastructure</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NOLA</td>
<td>Nuanua o le Alofa</td>
</tr>
<tr>
<td>NUS</td>
<td>National University of Samoa</td>
</tr>
<tr>
<td>NZAID</td>
<td>New Zealand’s International Aid &amp; Development Agency</td>
</tr>
<tr>
<td>PREB</td>
<td>Prevention, Rehabilitation and Education for the Blind</td>
</tr>
<tr>
<td>PWD</td>
<td>People with Disability</td>
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<tr>
<td>RLS</td>
<td>Robert Louis Stevenson (School)</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>SEUS</td>
<td>Special Education Unit for Savaii</td>
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<tr>
<td>SNE</td>
<td>Special Needs Education</td>
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<tr>
<td>SNEAC</td>
<td>Special Needs Education Advisory Committee</td>
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<tr>
<td>SRO</td>
<td>School Review Officer</td>
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<tr>
<td>UMCSL</td>
<td>Ulimasao Marist Centre for Special Learning</td>
</tr>
<tr>
<td>UNV</td>
<td>United Nations Volunteer</td>
</tr>
<tr>
<td>VSA</td>
<td>Volunteer Service Abroad</td>
</tr>
</tbody>
</table>
Case Studies on the Inclusion of Children with Disabilities

Annex 2

Key documents consulted with this report:


National University of Samoa. Special Needs Education Course Outlines: HTE191; Inclusive Education, TED289; The Individual Education Programme, TED290; Assessment Techniques and Teaching Strategies, TED391; Barriers to Learning, TED392; People with Special Needs in Samoan Society.


Other documents included:

Ministry of Education, Sports and Culture Budget Summary by Output – Special Education.

Ministry of Finance, Department of Statistics, Samoan National Population Census form.

McCullough, Rebekah. Comments on the Draft SNE Policy and Options for Consideration.

Websites:

For National University of Samoa [www.nus.edu.ws](http://www.nus.edu.ws)


For Inclusion International [www.inclusion-international.org](http://www.inclusion-international.org)
Case Studies on the Inclusion of Children with Disabilities

Thailand

This Case Study was prepared as part of the UIS-AIMS Unit, UNESCO Bangkok Project to develop Towards Inclusive Education for Children with Disabilities: A Guideline
Information on the education system in Thailand was obtained over an extended period of time from October to December 2004. The report was updated in 2008.

Information was obtained from a wide range of sources. These included people within the Ministry of Education (MOE), disability advocates who are members of the Advisory Committee on Disability to the Prime Minister, representatives of organizations of persons with disabilities, parents organizations, head teachers, teachers, students, (both disabled and non-disabled), at MOE schools, municipal schools, special schools, (both government and non-government), special education centres, university staff, local government administrative officials, education and rehabilitation centre staff and a number of other relevant informants.

Selection of the Khon Kaen and Roi-Et areas for intensive field visits was made with the conscious intent to investigate the situation and opportunities for education for children and youth with disabilities in a relatively poor rural area, and to assess the benefits of community-based disability initiatives and services in promoting educational opportunity. Results of a survey conducted by the Social Statistics Division of the National Statistical Office in 2001 revealed that 37 per cent of disabled persons identified in the survey lived in the North Eastern region of Thailand.¹

Education for all children in Thailand was enshrined as a right in the new Constitution of the Kingdom of Thailand in 1997.² The Constitution states that all Thai citizens have an equal right to obtain basic education. The National Education Act of 1999³ ensured that this right is extended to persons with disabilities, and enables persons with disabilities to have access to 12 years of free, basic education. Extending education for children with disabilities (CWD) to mainstream schools is a complex and costly task. They have previously been widely excluded from the education system.

Many informants agreed that a ten year time frame was necessary to make the required structural changes to the system. But the Government of the Kingdom of Thailand has made a commitment to uphold the rights of persons with disabilities to education, and is in the early stages of developing an “integrated education system, moving towards inclusion”.⁴

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¹ Sathaporn Mongkhonsrisawat, 2004, p. 46.
² Constitution of the Kingdom of Thailand, 1997.
⁴ Dr Benja Chonlatanon, personal communication, 2004.
Section 1

Focal Point for the Education of Children with Disabilities within the Ministry or Directorate of Education

1. Catalysts for transformation of the national education system to include children with disabilities in regular schools.

The two key catalysts for developments in educational policy that address the rights and needs of children and youth with disabilities are sustained advocacy by leaders of the disability organizations and the establishment of Non-governmental Organization (NGO) educational programmes. These have been supported by parents' organizations over a long period of time.

Education for children with disabilities was initiated by the NGO sector with the first School for the Blind established in 1939. In the 1950s there was some limited integration of blind students, but this was mostly into Catholic schools. The first integration started in 2499 BE (1956) when the first three blind people attended St. Gabriel's School. Integration increased from the 1950's to 1980s, with some government initiatives for blind and deaf students but with a focus on single disability integration. The 1980s saw increased pressure for integrated education and an increase in the numbers of children with disabilities receiving an education in integrated settings.

Significant progress was made in the 1990s. A government commitment to persons with disabilities was made with the passage of the Rehabilitation of Disabled Persons Act 1991.5 Drafting of this act was started in 1976. It became law 15 years later and effective in 1992. The act enhances and protects the right of persons with disabilities, establishes identification criteria, institutes a registration process and provides access to rehabilitation. The act also entitled persons with disabilities to receive basic education, occupational education and higher education in accordance with the National Education Plan. This right was confirmed in the new Constitution of 1997 and expanded in the National Education Act of 1999.

Disability leaders, including those who are members of the Advisory Committee on Disability to the Prime Minister, have played a very important role in achieving the policy break through. The committee on Disability to the Prime Minister was appointed for the first time by the Thaksin Shinawatra-led administration in 2000. Before, there was no such committee. The disability advocacy campaign started in 1982, after the International Year of the Disabled, which was declared by the United Nations (UN). In 1999, the disability advocacy campaign demanded that all children with disabilities must be able to attend school and receive an education. Children with disabilities have the right to education and the right to receive necessary accommodation in school to enable them to achieve good educational standards.

Dr Benja6 also cited the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, the Biwako Millennium Framework for Action, policy guideline for the second Asian and Pacific Decade, 2003-2012, and UNESCO guidelines on inclusive education as significant influences on policy development and implementation.

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6 Dr Benja, 2004, op. cit.
2. Policy on education for children with disabilities

The 1997 Constitution of the Kingdom of Thailand, Section 43, states that all Thai citizens shall enjoy their right to receive at least twelve years of a free, quality education provided by the government.

This provided the general framework for Education for All (EFA) in Thailand. The objectives include the full development of Thai people in all aspects, access to lifelong education which is flexible, based upon a learner-centred approach and available in various forms. The provision of EFA must cover all target groups, including the special needs groups in society, such as those with physical, mental, intellectual, emotional, communication and learning disabilities, as well as all other disadvantaged groups.7

The structure of the school system makes provisions for students from birth to 17 years of age.

Early Childhood Care and Education:
- 0-3 years (Nursery);
- 3-5 years (Pre-school).

Compulsory and Basic Education:
- 6-11 years (Grades I-VI) Primary level;
- 12-14 years (Grades VII-IX) Upper Primary Education.

Basic Non-compulsory education.8
- 15-17 years (Grades X-XII) Secondary Education.

The 1999 Education Act, the medium-and-long term education plans and various department plans related to human capacity building during the Ninth Social and Economic Development Plan, are all in accordance with the Dakar Framework for Action. The national EFA Plan was formulated by an EFA technical team comprising government agencies, NGOs, including organizations of persons with disabilities and concerned foundations for the disabled. Thailand has five foundations for the blind, two foundations for the physically handicapped, two foundations for the deaf and two foundations for the mentally retarded. Thailand has five national organizations of persons with disabilities.

These include the Association of the Blind, Association of the Deaf, Association of the Physically Handicapped, Association of the Parents of Persons with Mental Retardation and the Association of Parents of Autistic Children. Thailand also has a lot of small associations, but only five are recognized as national organizations. They are a part of the National Council of the Disabled, the Disabled People's International (DPI) Thailand.

The EFA Plan has two phases and the process includes a series of focused consultative workshops.

- Phase 1: Operational goals for the period 2002-2006
- Phase 2: Operational goals for the period 2007-2016

A key feature of the EFA Plan is the prioritization of marginalized groups, particularly persons with disabilities. In 1994, a Special Development Plan for persons with disabilities was planned by the Ministry of Education, and in 1998 a public forum was organized in order to identify problems, needs, and suggestions of persons with disabilities. The Royal Thai Government proclaimed 1999 the “Year of Education for Persons with Disabilities, and passed the National Education Act, which mandates the policy that all persons with disabilities must have the same educational opportunities as others. It required schools to place public notices stating “Any disabled person who wishes to go to school may do so”.9

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Relevant operational goals for Phase 1 (2002-2006) include:

- Expansion and development of comprehensive early childhood care for children (birth to three);
- Expansion of all-round development programmes to reach all children three to five years prior to their entry to the education system.

Access to early intervention and support is critical for the development of the potential of young children with disabilities, and the prevention of secondary disabling conditions.

*Increase in access to compulsory and basic education for disabled and disadvantaged children and the provision of proper forms of education and educational aid for these groups.*

This acknowledges the exclusion from education that has been widely experienced by children with disabilities, the inadequacy of previously available provision and the need for budgetary measures to support their inclusion in the education system.\(^{10}\)

Thai policy is committed to ensuring that every disabled child receives assistance and education. It supports a system of integrated education moving towards inclusive education, and envisages education from birth for children with disabilities. It is considered a long-term policy and an educational goal for persons with disabilities in Thailand.

The National policy included a strategy for finding out-of-school children. Special education centres have been established in each province to facilitate this process, and to assist families when their children are identified, by providing early intervention and assisted access to school.

The 2002 Ministerial Regulations have been adopted and issued to ensure the provision and quality of educational services for persons with disabilities. Persons with disabilities and organizations of parents of disabled children have participated in the drafting of ministerial regulations concerning the provision of education by the family. Families and community organizations have also been encouraged to take part in educational management.

A Committee for the Educational Reform for Persons with Disabilities, the Underprivileged, and the Gifted has been established to formulate a framework and policies for the educational development of this special group of people.

School options for persons with disabilities include:

- Special schools;
- Mainstream regular schools;
- Non-formal education system;
- Hospital classes for chronically ill children.

The organization and administration of the programme of Special Education and Education for the Disadvantaged is located in the Office of Basic Education Commission (OBEC) within the Ministry of Education.

### 3. Legislation

The main legal instruments for persons with disabilities in Thailand are:

- The Rehabilitation of Disabled Persons Act, 1991;
- The Constitution of the Kingdom of Thailand, 1997;

\(^{10}\) Ibid, p. 2.
A number of additional acts concerning the rights of disabled persons to education, employment and rehabilitation, and a number of ministerial regulations related to implementation of legislation have been passed. (See Perry and Yoder\textsuperscript{11} and APCD\textsuperscript{12} for detail).

The Rehabilitation of Disabled Persons Act, 1991, is the first Thai law specifically targeting the rights of persons with disabilities. It was the result of a cooperative effort involving the government, the private sector, academics, and organizations of persons with disabilities. It served as a starting point for persons with disabilities in their quest for greater participation and equality.\textsuperscript{13}

Provisions of the act include:

- Establishment of the Committee for the Rehabilitation of Disabled Persons under the Department of Public Welfare to advise government on policy and to prepare rehabilitation projects;
- Determination of the duties and programmes of the department, including collection and compilation of information, cooperation and coordination with government and NGO bodies, establishment of rehabilitation programmes and training of personnel, act as a centre for technical dissemination and awareness raising, and promote employment for disabled persons;
- Registration of disabled persons who wish to apply for services related to medical rehabilitation and financial assistance for assistive devices; education provided through special schools or through mainstreamed regular schools; and advice and consultation relating to vocational training;
- Establishment of the Fund for the Rehabilitation of Disabled Persons with the objective of providing loans for persons with disabilities and support to various related agencies. The government allocated a budget of 25 million baht for its establishment and has allocated a budget of 25-30 million baht for the fund every year since 1995.

The Constitution of the Kingdom of Thailand, 1997, expands the rights established under the 1991 Rehabilitation Act. It states:

- That all persons are equal before the law and shall enjoy equal rights and that all discrimination based on physical or health condition is prohibited (Section 30);
- The disabled or handicapped shall have the right to receive public conveniences and other aids from the State (Section 55). This includes education;
- The state shall ensure a good quality of life for persons with disabilities and improve upon their ability to depend upon themselves for health protection and quality of life.\textsuperscript{14}

The new law on the Empowerment of Persons with Disabilities was passed in 2007 and updates the 1991 Rehabilitation of Disabled Persons Law which was the first disability legislation in Thailand. The new law emphasizes a rights-based approach to disability and enhances more participation of persons with disabilities in policy-making bodies at the national, provincial and organizational levels. A new department, the National Office for the Empowerment of Persons with Disabilities has been established under the Law. The chairman of the coordinating body is the prime minister. Representatives of the six national disability organizations are on the board as chairmen, as well as a chairman from the Disabled Council of Thailand. A similar system applies to the new Education Law described below.

The National Education Act (1999) mandates compulsory education for all children, and makes explicit reference to children (persons) with disabilities. This act protects the rights of persons with disabilities to education in accordance with their rights under the constitution and has the following provisions:

\textsuperscript{11}  Perry and Yoder, 2002.
\textsuperscript{12}  APCD, 2003, op. cit.
\textsuperscript{13}  Narong, 2002.
\textsuperscript{14}  APCD, 2003, op. cit.
Disable people have the same rights as non-disabled to 12 years of free, compulsory basic education;

Early intervention services from birth;

Educational materials and facilities and assistive devices;

Flexibility in educational management as well as home schooling supported by the government;

Children must be registered to determine need, and be assessed by teachers at special education centres to develop an Individualised Educational Plan (IEP);

It is illegal for children with disabilities to be out of school.

The 2002 Ministerial Regulation put the 1999 Act into effect. Mandates of the Regulations include:

Allocation of a budget for special education which provides 2,000 baht for each disabled child to purchase services and materials. This means assistive devices and learning materials, including tutor-fee, and to borrow expensive devices such as type-writers, home computers, hearing aids, wheelchairs, etc;

Service providers must be personnel who have undertaken training in one, three and 15-day short training courses, or short-term by professionals such as doctors, occupational therapists (OT) or audiometrists for the deaf;

Early intervention must be provided for each disabled child;

An IEP must be prepared for each disabled child;

Thai teachers cannot refuse to teach a child with a disability;

Assistive devices, technology, Braille and appropriate teaching materials must be provided;

A Centralised Equipment Pool (CEP) has been established in partnership between the MOE and the National Electronics and Computer Technology Centre (NECTEC), by means of Memorandum of Understanding (MOU) for Research and Development under the Ministry of Science to develop prototypes such as electric wheel-chairs; software for teaching, reading and writing. Items produced for distribution can be purchased, made available free, or bought with a loan;

A coupon scheme will be extended throughout the country.

The legislation is enforced but the extent to which this occurs is difficult to judge in the early stages of the implementation of such extreme change to the education system. The fact that it has not been possible to provide sufficient resources to ensure that all disabled children, in all areas of all provinces, have access to all the provisions under the act confounds the issue.

In 2008 a new law for Education of Disabled Persons was passed, giving full rights to education to all persons with disabilities and mandating the requirement of schools to fully meet the needs of all children with disabilities and upholding their rights.

4. Provision of education to children and youth with disabilities

Historically, education for children with disabilities in Thailand was provided by NGOs. The Bangkok School for the Blind was established in 1939, funded by a government subsidy and public donation through the Thai Foundation of the Blind. Every special school for children with disabilities registered as a private school receives government subsidies. The average per head, per year, is about US$500-600, exclusive of equipment assistance, and building renovations. The education of children with disabilities has been developed on a categorical basis. Blind children have been well catered for, with a network of special schools which are NGO funded.
Children with other disabilities, such as physical impairments, intellectual impairments and children who are deaf or hearing impaired, autistic or with communication problems were largely excluded from school. There was some limited integration into private sector and government schools, and the first government funded special school for the deaf was established in the 1950s, with schools for the physically impaired and intellectually disabled after that. A system of government-funded special schools was established over several decades. In 2004 there were 43 government-funded special schools.

The 1990s saw the beginning of a significant change in government commitment to persons with disabilities, with the passing of the 1991 Rehabilitation of Disabled Persons Act, and the 1997 Constitution and the National Education Act of 1999. With these three measures, the government upheld the rights of persons with disabilities to education and accepted full responsibility for educational provision from birth to 17 years, or until they complete high school, regardless of their age. These rights also include non-compulsory provisions at tertiary level, to vocational and university level training. Section 10 of the National Education Act states that:

- All individuals shall have equal rights and opportunities to receive basic education provided by the state for the duration of at least 12 years. Such education, provided on a nationwide basis, shall be of quality and free of charge;
- Persons with physical, mental, intellectual, emotional, social, communication and learning deficiencies as well as those who are disadvantaged shall have the rights and opportunities to receive basic education specially provided.

For the purposes of education, the categories of disabled children were extended from the five groups specified in the Rehabilitation for Disabled Persons Act (1991). This Act nominated persons with the following disabilities, who were required to register to receive services:

- Physical;
- Hearing and communication;
- Intellectual and learning;
- Visual;
- Mental or behaviour.

The National Education Act specifies nine groups of persons with disabilities including the categories above and the following four categories:

- Multiple disabilities;
- Autistic;
- Learning disabilities;
- Speech and communication.

Before 2004, the main provider of education to persons with disabilities was the Ministry of Education, through the Special Education Programme placed within the OBEC. The policy is one of integration, moving towards inclusion, but within a system which offers a range of options. These include:

- Special Education Schools;
- There are 43 Special Schools funded by the MOE, 20 schools for the deaf, 19 for children with intellectual disabilities, two for children with physical handicaps and two schools for blind children;
- Special Education Centres;
- Regular integrated primary (basic education) schools;
- Regular integrated secondary schools.

Schools are also provided in hospitals for chronically ill students.
In 2004 there were 390 integrated schools of a good standard. There were forecast to be 2000 schools in 2005. Every province has two integrated schools in two towns, except in southern provinces, where there is one school. The policy promotes educational access in rural as well as urban areas and is attempting to provide this on a progressive basis. While definitive numbers are not available, estimates by various informants, both MOE and private sector, suggest the numbers of children with disabilities attending integrated schools is growing at an exceptional rate.

Findings in 2007 also suggest that many children with learning difficulties within the school system are now being identified and provided with special assistance. This was not happening before.

Additional providers of education to children with disabilities include:

- Ministry of Social Development and Human Security provides home-based and functional education;
- Private sector, NGO and charity organizations run 12 Special Schools: seven schools for blind children, one for physically handicapped children and four schools for children with intellectual disabilities;
- Municipal system of local government run integrated schools in Bangkok and in the provinces.

Some government funding is provided to these schools.

There is a non-formal education system in Thailand, run mainly by NGOs with funding support by the government, but also by community groups. Non-formal education is provided only to post-school age persons, including persons with disabilities. In the 1980s there was a strong demand for education from adults with disabilities who had been excluded from schools. The government responded to advocacy by, and worked with, organizations of persons with disabilities (Disabled Persons Organizations – DPOs) to meet this need. The government provided teachers, schools for the blind and others provided weekend, night and Sunday classes, including vocational training. All aspects of the system are coordinated and covered by budgetary allocation.\footnote{Dr Benja, 2004, op. cit.}

## 5. Budgetary policy and measures

Educational expenditures for pre-school level, basic level and non-formal education, not including higher education and vocational education, were 13.2 per cent and 14.9 per cent of total government expenditure respectively for the years 2002 and 2003, representing 2.5 per cent and 2.6 per cent of GDP. Increased expenditure was forecast for 2004-2006, indicating the importance attached to educational reform in the national agenda. Strategy 2.1 in the National EFA Plan of Action for Thailand states that promotion and support for the achievement of EFA and life-long education will be attained by allocating a national budget to support and promote basic education as a priority of the country’s sustainable development, especially for children in difficult circumstances and in inaccessible and disadvantaged groups. Strategy 3.2 refers to resource provision to promote and support Education Service Area (ESA) offices, particularly those located in an area with many vulnerable and disadvantaged children, to have capacities in developing EFA planning, management, budgeting and implementing the plan to serve those groups.

At the ESA level strategy 4.7 and 4.8 refer to the equal distribution of resources and facilities to rural schools, with increased efforts to attract more and better teachers to rural schools.\footnote{National EFA Plan of Action for Thailand, 2002, pp. 17-18.}

After the education reform of October 2003 the education system of Thailand was divided into two levels under the Ministry of Education:

- Office of the Basic Education Commission (OBEC);
- Commission for Higher Education.
Within OBEC there is a Special Education Division which is responsible for Special Schools, special education centres and students with disabilities in basic education in regular schools (grades one to nine).

There has been a defined regular budget for the education of children with disabilities since 2000. The budget comes from several sources. The Division of Special Education receives funds from:

- The regular budget;
- Special fund (Government Lotteries Fund).

The Ministry of Education budget supports special schools, special education centres, teachers and children with disabilities in regular schools.

Allocations from the Special Fund supplement the budget allocation from MOE for many aspects of the education for children with disabilities. This includes funding for support teachers stationed at provincial Special Education Centres (SEC) and support needs, devices and materials required by children who have received an IEP through assessment at either a SEC or in the regular school. It was planned to extend this scheme throughout the country.17

The 1999 National Education Act established a coupon system for each child with a disability identified at a Special Education Centre. The assessment procedure conducted at the SEC results in an individualized education plan which specifies services, materials and devices to be requested for use by the child in the regular or special school. This might include hearing aides, Daisy Machines, or Braille writers. The coupon system entitles the child, or the school, to a budgetary allowance of 2,000 baht per child. Children with disabilities receive an allocation five times that of a non-disabled child.

There are 43 special education schools and 63 special education centres in Thailand as Provincial SECs, and 13 Regional Education Centres, representing a total of 76. Personnel may include occupational therapists, physiotherapists, psychologists as well as teachers, and they require a wide range of special equipment including computers.

Budgetary information for 2004 indicates the following allocations for the education of children with disabilities in Special and Basic Education:

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Amount</th>
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<tr>
<td>Regular MOE budget</td>
<td>700,000,000 baht</td>
</tr>
<tr>
<td>Special Fund</td>
<td>400,000,000 baht from the lottery</td>
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</table>

The allocation for 390 integrated schools is 22,000,000 baht for 390 integrated schools. The budget goes to SEC and 40,000 baht is distributed to each integrated school.

There is a budget allocation for special programmes. These include high teacher-child ratio classes for 53 autistic children and a government programme supporting 960 students in a Braille literacy programme.

An MOE official stated that although the regular budget had increased by 20 per cent it was still small and could not meet all the needs of the system required by the 1999 National Education Act.

A special allocation to make schools accessible is awaiting ministerial regulation. Individual SECs do use funds to improve access at particular schools in which they have integrated students. Ministerial regulations on accessibility for people with disabilities were passed in December 1999, related to section 17 of the Rehabilitation for Disabled Persons Act of 1991, which called for the eradication of barriers which deprive disabled people from access to public facilities and services.18

The NGO sector supports schools for the blind, deaf and intellectually impaired. Support for blind places particular emphasis on the provision of media, materials and equipment and has a strong focus on vocational training.

In the period from 2004-2007 the budget increased significantly, particularly in terms of the provision of trained personnel to improve the school capacity to implement inclusive programmes and to provide for the educational needs of children with disabilities in regular classrooms.

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17 Dr Benja, 2004, op. cit.
18 APCD, 2003, op. cit.
6. Administrative and implementation steps

Responsibility for the education of persons with disabilities is vested in the OBEC, within the MOE. OBEC is responsible for education for all children and youth, from birth to 17 years of age, through nursery, pre-school, primary, lower secondary, and upper secondary levels. Compulsory education is from year one in primary schools to year nine in lower secondary schools. The OBEC is responsible for all regular schools. There are 40,000 regular schools in Thailand.

Within the OBEC there is one Office for Special Education and Disadvantaged Children. The Office for Special Education is responsible for 43 special schools.

The provincial centres come under the regional centre, while district centres come under the provinces. Thirteen district special education centres were established in the big provinces and more were anticipated. The programme of registration started two years ago. In fact, there are over 1,000 regular schools, both private and government, which have been receiving children with disabilities to study for many years, but these schools are not counted in the 390 which have been registered more recently. CFBT sends blind children to more than 200 regular schools.

The Division for Disadvantaged children oversees 42 boarding schools. They are called Welfare Schools for Disadvantaged Children.

Educational reform of 2003 resulted in a restructure with 14 departments reduced to five and a focus on decentralization with executive power passed from the divisions in the OBEC to the ESA offices. There are 175 regular school districts. In the National EFA Plan of Action(19) Guideline six for ESA Level Implementation states that one of the responsibilities of the ESA is to raise an awareness of parents, community and local authorities to understand clearly that Thais, all ages and gender, have equal access and opportunity to a quality education service. The 1999 National Education Act clearly mandates that this applies to all persons with disabilities.(20)

Awareness training is conducted all over the country on the right to education and of the obligation of schools to accept children with disabilities. It emphasizes legal obligations and the necessity for consultation and negotiation. This activity is jointly undertaken by personnel of the Office of the Special Education, provincial Special Education Centres and board members of organizations of persons with disabilities.(21)

The 13 District SECs are the mechanism for implementing the special education programme. Their role includes identification of children with disabilities in the community, collaboration with parents, assessment of the child, development of an IEP, which specifies educational programme needs and resources, materials and equipment, monitoring of progress and support to the child, school and family. It is their task to negotiate and facilitate entry into schools or provision of education at the SEC. Schools selected may be special schools, or regular schools willing to integrate children with disabilities. By law, all schools must be willing, but in practice this is not yet the case. Children can be integrated into primary and secondary schools. Families may approach a regular school directly but where this occurs the school must complete an IEP, or request the SEC to do this, and special funding, of 2,000 baht per child, will only be provided when the IEP has been approved.

There is a positive policy to find out-of-school children but the extent to which this is implemented depends on the resources and determination of SEC personnel, the level of community awareness, cooperation with community-based disability field workers, awareness and willingness of parents to send their children to school, and the willingness of schools to accept them. The Ministry of Social Development and Human Security is engaged in the process of trying to find out-of-school children and conducts awareness activities at the village level to encourage the registration of children with disabilities. There is an incentive payment of 50 baht to the SEC for each child registered with a completed IEP. This is paid from the Rehabilitation Fund, or the Education Fund. Community members and the school communities are encouraged to take parents of children with disabilities to the SEC. The SEC runs

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21 Dr Benja, 2004, op. cit.
15 day parent training programmes and provides support to the families. Finding out-of-school children is still a problem in rural areas.

Decentralization of MOE administration has resulted in increased school autonomy. Awareness-raising to administrators at the area level has been conducted with the new policy and implementation strategy explained. The school-based management model has at its centre what is known as the “SEAT” strategy. This identifies the components in the integration process designed to result in the inclusion of children with disabilities in the regular school system. Districts are required to nominate schools willing to use the SEAT strategy. SEAT refers to:

- “S” = Students;
- “E” = Environment, which refers to the physical environment but also to factors such as the attitudinal environment and the “significant others” who influence the success of the child’s integration into the regular school;
- “A” = Activities include all aspects of the process from assessment and development of the IEP to teaching strategies employed in the classroom such as peer-tutoring, small group teaching and the operation of a “buddy” system;
- “T” = Tools include policy for integration, legislation mandating the right to education and the obligation of schools to accept all children with disabilities, the specific budget allocation, provision of assistive devices and materials, appropriately trained teachers and support teachers and sign language interpreters.

Regular schools can apply to become integrated schools. The SEAT management model provides the guidelines for implementation in these schools. Training is provided to staff at integrated schools. The head teacher will meet with teachers and parents of non-disabled children and work on strategies for attitude change to ensure a positive and welcoming environment, emphasizing the benefit of integration to non-disabled children and the whole school community.

In practice the situation is variable, ranging from receptive schools which develop excellent integration practices to schools where no effort is made to comply with the policy, irrespective of its mandated status. Lack of training and resources frustrate some efforts to comply. The deputy director of a large integrated primary school stated that the administration of special education is not unified. The area office often has no contact with the SEC. The budget goes to the SEC and in some cases is not disbursed to support the children with disabilities in regular schools.

The establishment of the new national Office for the Empowerment of Persons with Disabilities in 2007, with a section focusing on education, combined with the fact that prominent disability activists have been appointed to the legislature and the senate suggest that the implementation from policy will receive more focused attention.

7. Special schools

As was stated earlier, the first special school was established in 1939 for children with visual impairment. This was a private NGO funded school. In 1954 the first government special school was established for hearing impaired and deaf children. Following the provision of a budget with the development of the 1994 Plan for Special Education there has been an increase in the number of special schools. In 2004 there were 43 special schools run by the government:

- 20 schools for the deaf;
- 19 schools for children with mental retardation or intellectual impairment;
- Two schools for physically handicapped children;
- Two schools for blind children.
In 2004, NGO or private sector schools were as follows:

- Seven schools for blind and visually impaired children;
- One school for physically handicapped children;
- Four schools for children with mental retardation or intellectual impairment.

Some government support is provided to NGO schools. Many special schools are boarding schools and some cater for boarders and day students. There are special schools in rural areas but not in all provinces. Some schools are categorical and may have two categories attending, such as deaf and intellectually impaired, autistic and multiply handicapped.

In 1999, the percentage of registered disabled children attending special schools was 4.8 per cent.\(^{22}\) Since 1999 the greatest increase in school attendance for children with disabilities has been in regular integrated schools.

### 8. Regular inclusive schools – primary level

The 1999 National Education Act mandated compulsory education for all Thai children and youth, including children and youth with disabilities. Under the legislation all schools are required to accept children with disabilities, and to place a notice stating that all children with disabilities are welcome. The system in Thailand is one of integrated schools as opposed to inclusive schools. An MOE official has described the Thai system as an integrated education system moving towards inclusion. There was some limited integration before the act of 1999, but the national policy and legislation of 1999 have led to a dramatic increase in the number of children and youth with disabilities being educated in regular schools.

Many schools integrate some disabled children and in 2002 the target was the enrolment of 25,000. In 2004 there were 390 designated integrated schools of a good standard. Schools have to apply to be registered as an integrated school.

Every province has integrated schools with two integrated schools in two towns in each province, except in the three southern provinces where there is one school. The national policy has emphasized the importance of educational provision and access in rural areas.

It is difficult to obtain information on the percentage of children with disabilities who attend primary schools. Under the OBEC system, basic education is from grades one to nine, which includes lower secondary schools. Secondary school is from Grades 10-12. The Report of Disabled Persons Survey 2001 provided information on the numbers of disabled persons disaggregated by age for groups from birth to 14 years and from 15-24 years.\(^{23}\) An estimate given by an MOE official suggested that 20 per cent of children and youth with disabilities attend school, whereas the figure for non-disabled is 95 per cent. Estimates from leaders of the disability organizations and representatives on the advisory Committee on Disability to the Prime Minister ranged from 10-23 per cent. At the same time it was suggested that in 2004, as many as 60,000 children were enrolled and that the number was increasing every year.

In 2006, the report by the Office of the Education Council “Education in Thailand 2005-2006”, published by the Ministry of Education, stated that 97.6 per cent of non-disabled children received compulsory education of nine years and the figures for disabled children was 24 per cent. In fact the figure may be higher, as not all children with disabilities in school are registered as having a disability but may be receiving assistance as a learning disabled child. However there is still a large gap between satisfactory access for disabled and non-disabled children. But clear progress is being made to close the gap.

\(^{22}\) Perry and Yoder, 2003, pp. 29-30.

\(^{23}\) Report of Disabled Persons Survey 2001, NSO.
9. Pre-school system

The system of pre-school education is growing in Thailand, but is not part of a fully developed formal national system. Under the national EFA Plan of Action, 2002, pre-basic education has two stages:

- Nursery school (birth to three years);
- Pre-school (three to five years).

Pre-schools are run and funded by the government and NGOs, with an increasing number of community pre-schools established with local district funding. The special education centres are responsible for children with disabilities of pre-school age and make decisions as to placement and support. The number of disabled children attending pre-school is increasing with the availability of early intervention services established under the 1999 Act.

Pre-school teachers are university graduates, some with Masters degrees in pre-school education. Some pre-school teachers will undertake special training to qualify them to teach young children with disabilities. There are one and two year university courses in special education training.

10. Early detection and early intervention for infants and young children with disabilities

One of the most significant features of the 1999 National Education Act for persons with disabilities was the provision of services under the Ministry of Education to children from birth. This was enacted with the full understanding of the critical importance of early identification and intervention to very young children with disabilities, from birth or acquired in early childhood. Early intervention provides support to the family, encourages identification and assessment and the development of a programme promoting the stimulation and growth of the young disabled child in all areas of early development – physical, social, self-help, intellectual, communication and emotional.

This provides the child with the optimal chance of achieving his or her full potential and limits the very real danger of the development of secondary disabling conditions which frequently occur in situations of ignorance or neglect. It also provides support and training to parents at this critical stage of their child’s development. Early intervention lays the foundation from which the child will be able to benefit from formal schooling.

The MOE works in collaboration with the Ministry of Health in providing early intervention services. The Ministry of Health is responsible for identification and early diagnosis leading to registration of the child and the provision of rehabilitation services to children from birth to five years of age. The special education centres provide early intervention services and are engaged in finding infants and young children with disabilities in the villages, as well as working closely with the Ministry of Health and the hospitals. Many early intervention centres are run by NGOs. There is a pilot project in Chiang Mai providing a model of good practice and there are projects working with specialist medical doctors trained in disability to work with parents and teachers. There is a model cross-disability, early intervention centre in Rajapat Suan Dusit, Bangkok that provides early intervention programmes, support to families and assistance with transition to school.

All staff at SECs must have qualifications in early intervention. Chiang Mai University, Faculty of Education and Medicine offers a masters degree programme specializing in early child development with particular emphasis on motor skills, special education and physiotherapy and occupational therapy. Rajapat Dusit University also offers one-year graduate courses and two year masters courses to 30 students in each course in early intervention, early childhood education and special education administration.

Early intervention is a priority area for development and although there is no accurate data the number of very young children with disabilities accessing these services is increasing, which should result in increased numbers of disabled children enrolling in primary education.
11. Access to secondary school for children and youth with disabilities

Under the 1999 National Education Act, secondary school is for students in Grades 10-12, and is part of basic education but post-compulsory education. OBEC is responsible for secondary schools. Students with disabilities are eligible to be integrated into secondary schools on the same basis as they are into primary and lower secondary school but in practice it is much less common. Registration and the preparation of an IEP are required for support and materials and equipment to be provided.

Private sector special schools for the blind have a long tradition of integrating students into secondary schools. Initially this tended to be into NGO Catholic schools but more students are being integrated into regular MOE schools since the changes to the education system and Catholic schools are in the minority. In 2004 the Khon Kaen Blind School integrated 81 students in primary and secondary schools, three into vocational school and six into colleges. The blind school provides very strong support to integrated students. It also ensures that students have received adequate preparation to survive in regular schools before initiating placements, particularly in Braille and mobility skills as well as information and communication technology skills.

The number of students being integrated at the secondary level is very small.

12. Access to tertiary education opportunities for persons with disabilities

Students with disabilities do have access to tertiary and university level study but obtaining access has resulted from long and hard advocacy on the part of disability leaders. From 1970 to 2000, there have been fewer than 1,000 graduates with disabilities and extremely limited support within the universities.

In 1993, Rajasuda College was established under Mahidol University as an institute of higher learning for persons with disabilities. This college is fully accessible and accommodates students with hearing, visual and physical disabilities with full support. It is an integrated campus, offering courses in rehabilitation and counselling to non-disabled students.

In 2005, there were 1,544 students with disabilities studying at 67 universities, but no adequate services were available to them. The famous Thammasat University has a special programme in 11 faculties, giving 49 seats for three kinds of disabilities: the blind, the deaf, and the physically handicapped, to take the entrance examination competing among persons with disabilities. This was the third year of the project, allowing the students with disabilities to take the exam in only three faculties, such as law, media and communication, and social welfare. Seven students dropped out before graduating the four year course but all the blind students completed their studies.

The numbers of students studying at the tertiary level have increased steadily since 2004, with 1,928 students in 74 colleges and universities. There were 1,163 men and 765 women, indicating that there is still a gender gap in access to education at this level. The Report of the Commission for Higher Education in 2007 also reported that there were 16 MA and three PhD students.

The Commission provides financial support to institutions enrolling students with disabilities and many institutions also provide scholarships to students with disabilities. Thammasat University is the leading university in this regard, keeping 50 places annually for students with disabilities, students are enrolled in 15 faculties. Significant work has been done over the past five years to change the attitudes of the academic staff and the fact the programme for disabled students is run by a specific board is very effective and is giving the opportunity to and addressing the rights of students with disabilities who want to study at the tertiary level.

Six scholarships are made available to a limited number of students with vision, hearing and physical impairments.
13. Definition

The official definition of disability in Thailand was determined by the Rehabilitation of Disabled Persons Act, 1991\(^{24}\) and the classification system was defined in detail in the Ministerial Regulation No 2 A.D 1994\(^{25}\).

A person with disabilities means an individual who is limited by function and/or ability to conduct activities in daily living and to participate in society through methods used by persons without disabilities due to visual, hearing, mobility, communication, psychological, emotional, behavioural, intellectual or learning impairment, and has special needs in order to live and participate in society as to others.

Types of disability are classified as follows, with the criteria for registration listed below:

1. Impairment of seeing (visually disabled);
2. Impairment of hearing or communication (hearing impaired);
3. Impairment of physical or locomotion (physically disabled);
4. Impairment of mentality or behaviour (intellectually disabled);
5. Impairment of intellectual or learning ability (psychologically disabled).

1. Visual Impairment

(a) An individual whose better eye, after using regular eye glasses is able to see less than 6/18 or 20/70 downward until unable to see any light, or:

(b) An individual who has a visual field of less than 30.

2. Hearing impairment of communication

(a) An individual with hearing frequency of 500, 1000, or 2000 Hertz in the better ear under the average audibility as follows:

   ▶ Over 40 decibels up to the point of not hearing at all for child of not older than seven years of age;

   ▶ Over 55 decibels up to the point of not hearing at all for the average person, or:


\(^{25}\) Ministerial Regulation No 2, BE 2537. 1994.
(b) An individual with an abnormality or malfunctioning of the hearing system to comprehend or use verbal language to communicate with others.

3. Physical or locomotion impairment (physically disabled)

(a) A person with obvious abnormality or malfunctioning of the physical condition which makes her/him unable to perform daily routine activities, or:

(b) A person who has lost her/his ability to move hands, arms, legs, or body as a result of amputation, paralysis or weakness, rheumatic disease, arthritis or chronic pain including other chronic illnesses caused by body system dysfunction inhibiting her/him to perform daily routine activities or maintain a living like an ordinary person.

4. Mental behavioural impairment (intellectually disabled)

(a) An individual with psychological abnormality or malfunctioning of certain parts of the brain associated with perception, emotion and thought which causes inability for her/him to control behaviour necessary for self-care or living with others.

5. Impairment of intellectual or learning impairment (psychologically disabled)

(a) A person with a psychological abnormality or a malfunctioning of the brain or intelligence level so that person is unable to study in the regular educational system.

The definition above is the national definition used for registration of persons with disabilities and the delivery of rehabilitation and other services provided for in the 1991 Rehabilitation Act. Criteria limit registration to persons with relatively severe disabilities. Identification of blind and low vision persons has been good but not all persons with intellectual impairment, hearing impairment, physical disabilities and learning disabilities are identified. Other ministries, including the Ministry of Labour, have different definitions. The Ministry of Education uses a classification system with nine categories.

The new 2001 World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) are not yet being used in census, household survey or other collection activities. However representatives from the NSO attended a series of workshops that were run by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) from 1993-2005. These investigated the value of the ICF system and its potential usefulness.

14. Disability statistics - general

The major sources of disability information in Thailand are:

- Household health and welfare surveys conducted by the National Statistical Office in 1991, 1996 and 2001;
- Household survey of the Thai Public Health Research Institute, National Public Health Foundation, Ministry of Public Health, 1996;
- Japan International Cooperation Agency, (JICA) questionnaire 1999;
Results of the 1991, 1996 and 2001 surveys suggest that the percentage of persons with disabilities as a proportion of the total population of Thailand is 1.8, 1.7 and 1.8 respectively. The 2001 survey found 1,100,761 persons with disabilities. The region with the highest instance of disability was the Northeast (Issan) with 38.6 per cent, followed by the north with 23.5 per cent. These two regions are considered to be the poorest in Thailand pointing to a strong correlation between disability and poverty.26 The 2001 survey also showed an apparently increasing trend in the numbers of persons with disability, and reported that between 1976 and 1991, the prevalence rate increased threefold. However the 1996 Public Health Research Institute survey estimated the disability population at close to six million. Registration data from the Office for the Empowerment of Persons with Disabilities reported 344,526 persons with disabilities, registered as of 31 January 2003.

The discrepancy between the data sources indicated the uncertainty of the accuracy of the data. The survey data suggesting 1.8 per cent of the population has a disability is well below the WHO estimate of 5-10 per cent of the population. Issues of definition, willingness to provide information, and knowledge and motivation to register as a disabled person are all relevant factors. Only 26 per cent of persons with disability identified in the 2001 survey had registered as a disabled person.27

Data is available disaggregated by age, gender, rural/urban location, and by disability category. The following tables are taken from the Asian and Pacific Centre on Disability (APCD) website.28 Further summary information with tables is available in Perry and Yoder (2003),29 in addition to original sources located in the NSO and Ministry of Social Development and Social Security.

It is planned to improve the situation concerning data collection and statistics on persons with disability. The Ministry of Social development and Human Security will collect all information on disability, including data on health, education and labour. At present the data is not coordinated which limits its usefulness for planning and policy development, and allows confusing discrepancies. A budget will be provided to establish a database and the Ministry of Social Development and Human Security will use smart cards to increase accuracy. There will still be a need to address the under-registration of persons with disabilities, particularly among the poor and in rural areas. Ministry registration figures number less than 400,000 whereas the 2001 survey and DPO estimates suggest well in excess of one million persons with disabilities, and possibly much higher.

The NSO is investigating the most appropriate questions to insert into the national census on disability, in the light of training undertaken at UNESCAP on applicability of the concepts inherent in the WHO ICF. The Ministry of the Interior will undertake a national survey at some time in the future.

### Statistical data on disability profile

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number and percentage of persons with disabilities</th>
</tr>
</thead>
</table>

| Total | % | Male | % | Female | % |
| --- |
| Total Population | 62,821,000 | – | 31,328,400 | – | 31,542,600 | – |
| Number of PWDs | – |
| • Bangkok Metropolis | 1,100,761 | 1.8% | 657,769 | 2.1% | 442,922 | 1.4% |
| • Other Areas | 77,444 | 7.0% | 50,144 | 7.6% | 27,300 | 6.2% |
| • Other Areas | 1,023,317 | 93.0% | 607,625 | 92.4% | 415,622 | 93.8% |


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29 Perry and Yoder, 2003, op. cit.
Table 2

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>%</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>512,989</td>
<td>46.6%</td>
<td>320,514</td>
<td>48.7%</td>
<td>192,473</td>
<td>43.5%</td>
</tr>
<tr>
<td>Hearing and Communication</td>
<td>240,904</td>
<td>21.9%</td>
<td>126,759</td>
<td>19.3%</td>
<td>114,146</td>
<td>25.8%</td>
</tr>
<tr>
<td>Intellectual and Learning</td>
<td>222,004</td>
<td>20.2%</td>
<td>134,489</td>
<td>20.4%</td>
<td>75,515</td>
<td>17.0%</td>
</tr>
<tr>
<td>Visual</td>
<td>123,157</td>
<td>11.2%</td>
<td>70,556</td>
<td>10.7%</td>
<td>52,601</td>
<td>11.9%</td>
</tr>
<tr>
<td>Mental or Behaviour</td>
<td>81,262</td>
<td>7.4%</td>
<td>50,589</td>
<td>7.7%</td>
<td>30,673</td>
<td>6.9%</td>
</tr>
</tbody>
</table>


Table 3

<table>
<thead>
<tr>
<th>Age Structure</th>
<th>Number</th>
<th>%</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 0 - 14 years</td>
<td>96,469</td>
<td>8.8%</td>
<td>56,556</td>
<td>8.6%</td>
<td>39,913</td>
<td>9.0%</td>
</tr>
<tr>
<td>• 15 - 24 years</td>
<td>143,628</td>
<td>13.0%</td>
<td>93,704</td>
<td>14.2%</td>
<td>49,935</td>
<td>11.3%</td>
</tr>
<tr>
<td>• 25 - 29 years</td>
<td>520,576</td>
<td>47.3%</td>
<td>336,424</td>
<td>51.1%</td>
<td>184,152</td>
<td>41.6%</td>
</tr>
<tr>
<td>• over 60 years</td>
<td>340,079</td>
<td>30.9%</td>
<td>171,065</td>
<td>26.0%</td>
<td>168,994</td>
<td>38.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,100,752</td>
<td>–</td>
<td>657,765</td>
<td>–</td>
<td>442,994</td>
<td>–</td>
</tr>
</tbody>
</table>


Note: Type of Disabilities: Multiple answers.

Table 4

<table>
<thead>
<tr>
<th>Cause</th>
<th>Classification</th>
<th>Visual</th>
<th>Hearing &amp; Communication</th>
<th>Physical</th>
<th>Mental Behaviour</th>
<th>Intellectual &amp; Learning</th>
<th>Grand Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old age</td>
<td>Male: 16</td>
<td>Female: 22</td>
<td>Total: 38</td>
<td>Male: 250</td>
<td>Female: 151</td>
<td>Total: 401</td>
<td>597</td>
</tr>
<tr>
<td>Sickness</td>
<td>Male: 3,634</td>
<td>Female: 4,095</td>
<td>Total: 7,729</td>
<td>Male: 1,936</td>
<td>Female: 1,246</td>
<td>Total: 3,182</td>
<td>48,793</td>
</tr>
<tr>
<td>Unknown</td>
<td>Male: 7,600</td>
<td>Female: 7,092</td>
<td>Total: 14,692</td>
<td>Male: 17,278</td>
<td>Female: 15,259</td>
<td>Total: 32,537</td>
<td>125,073</td>
</tr>
<tr>
<td>No Information</td>
<td>Male: 2,421</td>
<td>Female: 1,829</td>
<td>Total: 4,250</td>
<td>Male: 3,057</td>
<td>Female: 2,582</td>
<td>Total: 5,639</td>
<td>45,503</td>
</tr>
<tr>
<td>Communicable Diseases</td>
<td>Male: 918</td>
<td>Female: 828</td>
<td>Total: 1,746</td>
<td>Male: 695</td>
<td>Female: 570</td>
<td>Total: 1,265</td>
<td>13,837</td>
</tr>
<tr>
<td>Other</td>
<td>Male: 438</td>
<td>Female: 286</td>
<td>Total: 724</td>
<td>Male: 341</td>
<td>Female: 218</td>
<td>Total: 599</td>
<td>7,491</td>
</tr>
</tbody>
</table>
Number of disabilities registered nationwide by cause, gender and type

<table>
<thead>
<tr>
<th>Cause</th>
<th>Classification</th>
<th>Grand Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visual</td>
<td>Hearing &amp; Communication</td>
</tr>
<tr>
<td>Other Accident</td>
<td>Male: 263</td>
<td>Male: 112</td>
</tr>
<tr>
<td></td>
<td>Female: 128</td>
<td>Female: 88</td>
</tr>
<tr>
<td></td>
<td>Total: 391</td>
<td>Total: 200</td>
</tr>
<tr>
<td>Total</td>
<td>Male: 17,233</td>
<td>Male: 25,045</td>
</tr>
<tr>
<td></td>
<td>Female: 15,305</td>
<td>Female: 21,156</td>
</tr>
<tr>
<td></td>
<td>Total: 32,538</td>
<td>Total: 46,201</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Overlapping disabilities that cannot identify cause of disabilities Grand Total:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Source: Central Registration Database of Disabilities, Disabilities Information Centre, Bureau of Welfare Promotion and Youth, the Disadvantaged Persons with Disabilities and Older Persons, March 2003. (Website of APCD, the Asia-Pacific Centre on Disability.30

15. Disability statistics and database – Ministry of Education

The Ministry of Education does collect separate statistics on children and youth with disabilities at all levels of the education system. The classification system used by MOE has nine categories, four more than the system used for registration of persons with disabilities under the Rehabilitation Act. The nine categories used in the school system are:

- Blind and visually impairment;
- Deaf and hearing impairment;
- Intellectual disability;
- Physical and health impairments;
- Speech and language impairments;
- Multiple disabilities;
- Autism;
- Learning disabilities;
- Speech and communication.

The classification system used by MOE does not have clear criteria for identification of children and youth in the nine categories. Data on children in special schools is collected but for children attending regular schools, classification is undertaken by the special education centres that assess the children and prepare an IEP. These children would then be identified in data on children with disabilities in the education system.

However there are a number of problems which occur in the system. Many families in rural villages and poor urban slum communities do not take their disabled infants and children to be registered. The registration process requires the family or disabled person to go to a hospital to register, and to have identification papers. There is intensive awareness-raising by SEC staff and in areas where there are community-based disability initiatives, such as in the Roi-Et area,31 SEC staff encourage families to register their disabled children and family members.

There are also situations where children with disabilities approach the local school for access. In this case, the school will prepare an IEP which will be forwarded to the SEC for processing and approval. During field visits in the Khon Kaen and Roi-Et areas, there were reports of IEPs being submitted to SECs and no response received. There was also a report from a SEC that stated that out of 900 assessments conducted in schools with IEPs developed, only 225 were approved. Clearly these factors would distort

30  APCD, 2003, op. cit.
any data being collected by MOE statistics section. In addition many schools reported many children in schools who had learning difficulties and disabilities but were not identified for special assistance in any way. A further problem is the tendency of schools to inflate their numbers of disabled students to attract an increased budget allocation.

Data is available on the total number of children with disabilities and the percentage attending school but it suffers from the problems identified earlier. As was stated in an earlier section, estimates of the percentage of children with disabilities attending schools varies from 10-23 per cent. Estimates by leaders of the disability community are made on the basis of surveys of children with disabilities made by organizations of persons with disabilities. The number in special schools may approximate five per cent but the greatest increase is in the numbers of children with disabilities entering regular integrated schools. As the number of registered integrated schools grows, predicted to rise from 390 in 2004 to 2000 in 2005, so will the number of disabled children in school increase dramatically, in light of the committed policy of providing an education to all disabled children in Thailand.

It is planned to develop a database on all children with disabilities of school age, and on children in the birth to five year age range, eligible for early intervention services. Definitions of the nine categories of disability used by MOE are not clearly defined and clearer identification guidelines are currently being developed. It is planned to do a pilot project household survey to perfect the methodology that will give the most accurate data. A computerized data system is being developed in MOE and will be in effect in 2005.32

16. Monitoring procedures – national monitoring and monitoring for the EFA process

Children with disabilities are identified as a separate category in national EFA monitoring. The office on monitoring education in Thailand includes special schools but not special education centres. Guidelines are currently being developed to fit SECs into the monitoring process. Problems mentioned earlier in terms of identifying children with disabilities in regular schools and confirmation of IEPs will create difficulties in monitoring increase in enrolments and improved access and performance of children and youth with disabilities in the education system. Increase in enrolments of children with disabilities is measured by data collected in the Special Education Office of the OBEC, from school data and data from special education centres.

The National EFA Plan (2002-2006) makes many references to the provision of education to children with disabilities. Specific reference is made under the section on model practices to:

- Developing a proper care system for autistic children;
- Establishment of a pre-school education for disadvantaged and disabled children in both special education schools and regular schools;
- Rehabilitating physical and mental abilities, providing early intervention and preparing readiness for disabled children before transferring them to special education schools;
- Providing a guidebook for parents about taking care of disabled children. But in the section on core EFA indicators there is no reference to children with disabilities in any of the 18 indicators. This problem extends beyond the situation in Thailand and is an issue which requires urgent attention from UNESCO and the international community to ensure that children with disabilities are included in the Core EFA Indicators for the EFA Assessment for the remainder of the period from 2002-2016.33

In the Review Report (2004)34 strategies for promoting and supporting efficient EFA included:

- Research on a country’s situation analysis and education to assess barriers in all aspect relating to disadvantaged and out-of-school groups;

32 Dr Benja, 2004, op. cit.
Promoting and supporting ESA offices, particularly those located in an area with many vulnerable and disadvantaged children, to develop capacities in planning, management, budgeting and implementation of the EFA plan;

Adopting and developing suitable UNESCO EFA core indicators in accordance with Thailand’s situation and setting up a data collection system, classified by gender, so that all ESA offices can utilize them to monitor their EFA progress precisely;

Continuous EFA monitoring and progress assessment in both national and local levels to enhance the EFA provisions.

All these strategies need to include specific reference to the situation and progress of children with disabilities.

Within MOE, the monitoring system is seated in the Office of Special Education within OBEC and monitoring visits are made from Bangkok throughout Thailand, with on-site visiting, support and supervision. Provincial teams undertake the monitoring of special schools and integrated schools from the district office. The district special education centres are involved in the monitoring process to evaluate progress in integrated schools. SECs and schools also conduct self-evaluation.

Disability advocates, including those engaged in the provision of education to children with disabilities in both special schools and integrated schools are critical of the apparent lack of formal monitoring procedures of OBEC and MOE. It was stated that there was inadequate knowledge in Bangkok of what is happening in schools in the provinces. The SECs are not supporting the regular schools and are not transferring their skills. The regular schools are not prepared for integration or inclusion. There is a need for comprehensive monitoring and support and advice procedures to strengthen schools and the skills of school personnel.

17. Multi-sectoral collaboration

Thailand does not have a National Coordination Council on Disability (NCCD) but Section 12 of the Rehabilitation of Disabled Persons Act of 1991 established the Office of the Committee for Rehabilitation of Disabled Persons under the Department of Public Welfare, Ministry of the Interior. After the restructuring of 1993, the Office was transferred to be under the direction of the Department of Public Welfare, Ministry of Labour and Social Welfare. Bureaucratic reform of 2002 resulted in the Office of the Committee for Rehabilitation being re-named as the Bureau of Empowerment for Persons with Disabilities under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security. Services provided include:

a. Registration of persons with disabilities who live in Bangkok;

b. Provision of loans from the rehabilitation fund to persons with disabilities, and for projects to support and benefit persons with disabilities;

c. Arrange job placements for persons with disabilities.35

The Bureau is not directly engaged in any activities concerning the education of persons with disabilities. Five other Ministries are engaged in providing services to persons with disabilities:

- Ministry of Public Health;
- Ministry of the Interior;
- Ministry of Labour;
- Ministry of Communications;
- Ministry of Education.

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35 Bureau of Empowerment for Persons with Disabilities.
The Ministry of Health collects birth registration data and identifies children eligible for early intervention services. It is responsible for the rehabilitation of children from birth to five years. Doctors work with teachers and parents.

The Ministry of Education collects data on children with disabilities in the school system. There is a lack of coordination of different sources of data. An Advisory Committee on Disability to the Prime Minister has representatives of persons with disabilities, universities, multi-sectoral ministries and acts as a de facto NCCD.

Since the passage of the law on the Empowerment of Persons with Disabilities in 2007, a National Office for the Empowerment of Persons with Disabilities has been established. This National Office is secretariat to the National Coordinating Commission on Disability in Thailand, and has the Prime Minister as its chairman, with membership representation from all six disability organizations in Thailand.
18. Head teacher or principal of an inclusive regular school

Visits were made to six regular integrated schools in the Khon Kaen, Maha Sarakam and Roi-Et areas. Four were community schools, one was a municipal school and one was a primary, and one was a secondary school. The most significant feature of the visits was in the variability of the attitudes and implementation of the policy to integrate children with disabilities into regular schools.

The percentage of children with disabilities integrated varied from 0.2 to 10 per cent. Head teachers are aware of the national policy and of their obligation to accept children with disabilities, but in one case the head teacher was unaware of the necessity for each disabled child to have an IEP in order to obtain budgetary support for equipment and materials. In the largest school, with the lowest enrolment of children with disabilities, the head teacher reported that when teachers were given the opportunity to attend short courses on special teaching techniques, not one single teacher took the opportunity. The view was that children should be prepared to fit into the school and that the responsibility rested with the resource teacher, who would teach using a withdrawal method. This school had integrated its first child in 1980 from Khon Kaen Blind School. Twenty four years later the school was integrating seven children in a school population of 3,000 students. The blind children were well prepared before they entered the regular school. They were made welcome but children with other disabilities were considered a problem and viewed as slowing down the progress of the other students. The deputy director claimed that there were no negative attitudes and that the children were fully accepted. The school had no links with the community.

The community school with the highest percentage of disabled children had adopted positive strategies once the decision to integrate the disabled children. Teachers and students were informed and they developed more positive attitudes. Teachers were also sent for special training. The children received 30 minutes of extra tutoring each day, and there was close cooperation between teachers, parents and friends and peers of the disabled children. The school submitted IEPs to the SEC but received no response and did not receive any support from the SEC. They obtained less than the 2,000 baht per child. The school considered that it was the task of the SEC to find out-of-school children but they reported that the CBR programme was a valuable link with the community and referred children with disabilities to the school. The school was happy to accept disabled children, considered them part of the community and took the view that including them in school with other children created happiness. The school considered that all teachers should have special training as well as the parents. They felt the role of the SEC was to fully support the school, recruit specially trained teachers, work as a resource centre and provide technical support. The SEC was not performing these functions.

The only municipal school visited started integrating children with disabilities in 2002 and had increased the number of children in both 2003 and 2004. The stimulus for the decision to integrate came from contact with the Roi-Et School for the Blind and the CBR Centre, which had changed the previously held attitude that children with disabilities should be educated separately. The head teacher confessed that he was nervous as he embarked on the integration path. The steps taken were:
- Create awareness for teachers;
- Carry out a survey in the local area to find out-of-school students;
- Encouraged parents of children with disabilities to approach the school;
- Undertake a systematic approach to increasing the competency of his teaching staff. He sent seven teachers to Bangkok for 200 hours of training; organized university input into his training programme; requested Khun Prayat, a blind disability advocate who started the Khon Kaen Blind School in 1974, to conduct in-school training and a simulation experience so that teachers would understand what it is like to have a disability. He sent teachers to gain experience at the school for the blind and teachers who had undergone training then trained other teachers in the school on their return. All teachers were trained to conduct IEPs.

The head teacher worked in close collaboration and consultation with his staff, discussed how to provide the necessary services, acknowledged that it would be more work, and introduced a programme to send teachers for certificate level training. It was his intention to increase the capacity of his school and teachers to find disabled children and enrol them when they are young, and to provide increased services to the community. He stated that they needed a full time resource teacher and specialist input for the SEC and provision of assistive devices.

This school provided a model of how to implement the national policy and they should be commended for the exceptional work carried out.

Several schools reported that Khun Prayat, was the catalyst who inspired them to integrate children with disabilities. However some of the schools only wanted blind children who had been prepared for integration at schools for the blind. Children with other disabilities were considered too hard to teach. This is where the Thai system has not yet addressed the distinction between integration, where the child has to fit into the school, and inclusive education where the school sees it as its responsibility to adjust to the needs of each child. The efficiency with which the Schools for the Blind fulfil their role of preparing students to fit into the regular school and provide support to them, is a factor working against the change of attitude needed to adopt a more inclusive approach.

The integrated primary and secondary school integrates three per cent of children with disabilities but has announced to all the villages in the district that it is ready to accept children with all categories of disabilities. Children who have been rejected at other schools are welcome to attend. One teacher has been sent for full time training and others have undertaken short courses at Roi-Et Blind School. Vacation courses and teachers who have had special education training provide in-service training to others. Close contact is maintained with parents, and support is received on a regular annual basis from the SEC. Full funding of 2,000 baht is received for each child. A problem faced is the resource teacher spends too much time on administration and is not assigned to special children.

These examples indicate that successful integration is underway and it is necessary to analyse the barriers and problems where integration is not taking place. It also became apparent that support and penalties for non-compliance with the legislation which mandates acceptance of children with disabilities in regular schools must be strengthened.

19. Classroom teacher in a class with CWD in an inclusive regular school.

Khon Kaen Primary School – resource teacher

This teacher has a B.A. degree in special education and has held the position for two years. She works with disabled children on a withdrawal system from regular class and at lunch time. She said that the class teachers refused to integrate, but she believes integration gives children a good chance to learn social and daily life skills among friends. At this school when teachers were given the opportunity to volunteer for special training, none wanted to go.
Nong Ping Integrated Community School

Two teachers, out of a staff of nine, had short term training of seven and 15 days respectively. Two other teachers had been trained but had left the school. The school has more than 10 per cent of children with disabilities.

Wat-Pa-Rae-Rai Community Municipal School

A concerted plan of teacher training was introduced and seven teachers were sent to Bangkok for training. University input was made into the training and simulation training carried out to increase awareness of what it means to have a disability. Teachers who have received training then conducted in-school training of other teachers. All teachers have been trained to develop IEPs for individual disabled children. It is planned to send teachers for certificate level training. The school would like to have a full time resource teacher.

Muang Roi-Et Community School

This school has 114 teachers and 12 disabled children, 11 are visually impaired. A seminar of in-service training is conducted every year. The school has a special education resource teacher. Other teachers have been sent to learn Braille. The school only wants to enrol children who have been prepared for integration, as is the case with the blind and visually impaired children. The attitude is prevalent that slower children waste the time of student helpers.

Sopanoprachasan Integrated Primary and Secondary School

The school accepted its first blind child in 1995 and sent a teacher to train in Korat. The school announced to all villages in the Muang district that they were willing to accept children with disabilities. The school had 11 children with disabilities, three per cent of the student population. The range of disabilities included blind, deaf, learning disabilities, mental retardation, multiple handicap and speech and communication difficulties. Teachers do short term training courses at the Roi-Et Blind School. They also do vacation courses and one teacher who has special education training advises other teachers in the school.

20. Child with a disability in a class in an inclusive regular school

A blind child in the fourth grade at Wat-Pa-Rae-Rai Community Municipal School said that his teacher was very good and that he liked to sing and play with his friends. He had attended Roi-Et Education and Rehabilitation Centre for two years in order to prepare him for integration in a regular school. He had also studied at a SEC. There was no school in his village. His parents had wanted him to go to school and he was happy to be at school but he missed his family.

21. Interview a non-disabled peer in the same class as a CWD

In all the schools, the peers or “buddies” were enthusiastic about their role in helping their friends with a disability and were proud of their achievements. In the case above the buddy said his friend sings well and he misses him when he is absent from school.

22. Interview a family member of a CWD attending a regular inclusive school

There was no opportunity to interview a family member of a child attending a regular integrated school.
23. Interview with a community member or local official

A visit was made to the Roi-Et Education and Rehabilitation Centre. The president of this organization had recently completed a doctorate from Khon Kaen University on the development of a Community Initiated Rehabilitation (CIR) model for persons with disabilities in the northeast of Thailand. Under the CIR model self-help organizations of disabled persons had been developed in three communities. The process empowered persons with disabilities and enabled them to articulate their needs and to work with local communities to meet them and overcome the traditional exclusion and dislocation experienced by persons with disabilities. Emphasis was placed on creating awareness, empowerment enhancement and the formation of links and social networks with the community, democratic organizations and the development of unique and traditional methods to sustain the group financially. This involved vocational training and local income producing activities. The end result was that persons with disabilities were viewed as equal members of the community. This has resulted in the realization that children with disabilities have the same right to education as non-disabled children, and children with disabilities who had not previously attended their community and village school were included in these schools.

This research stemmed from the belief by concerned members of the community that persons with disabilities can be empowered and community attitudes can be changed to achieve equal opportunity and participation for disabled children and adults in village communities. This extends beyond the goal of getting children with disabilities into school, to achieving full community acceptance of people with disabilities in all aspects of life, including education.

A visit was made to the Dan Wan sub-district administrative office. This sub-district had been involved with the project to establish Self-Help Groups (SHG) of persons with disabilities, under the model of CIR. It is a poor sub-district with nine villages. The project was started four years ago and the SHG now has 60 members. The administrative office provided a budget for the group. They had formed a committee which made decisions about who would get living allowances and they had undertaken vocational training so that many of the members could now earn a small income. The administrative office was supportive of children with disabilities attending regular schools, but the experience of one of the SHG members, a 20 year old youth with a physical disability, had been that it was extremely difficult for boys like him to attend school. He had attended regular school for grades one and two, but stopped going because of toilet problems. He attended a SEC for three months but dropped out. He went on to grow mushrooms and raise fish but he was illiterate and desperately wanted to learn to read. There were many young and older adults who had not had the opportunity to become literate.

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37 Ibid.
Section 4

Implications at Different Levels of the Education System for Different Participants in the System

24. Special Education Centres (SEC)

There are 13 Regional Special Education Centres, one in each of the educational regions. In addition each province has a smaller special education centre. The main duties of the SEC Centres are listed below in the example from Tawatburi SEC.

Tawatburi Special Education Centre

The head teacher is fully qualified in special education. She has a B.A. degree in special education and an M.A. in Psychology. She had just returned from specialist training in Japan. The SEC has 36 children, but 84 per cent are placed in regular schools.

The functions of the SEC are as follows:

- Classify and assess children with disabilities;
- Arrange education and placement;
- Visit parents in the home – advise;
- Provide individual intervention and observation;
- Find out-of-school children in the villages;
- Hospital placement and support;
- Make local devices;
- Contact organizations and donors to obtain wheel-chairs and other equipment;
- Link with other partner organizations: CFBT, CBR Centre, hospitals;
- Follow-up on children in integrated schools on a monthly basis;
- Provide training to: Parents; School teachers from integrated schools; Volunteers; Awareness training for teachers in normal schools;
- IEPs conducted at SEC and in schools, with decisions made by an IEP committee.

Skill areas for early intervention and for children receiving education at the SEC included early child development, including:

- Self-help/daily living skills;
- Physical – gross and fine motor skills;
- Cognitive/academic skills;
- Communication skills;
- Social and emotional skills.
The SEC is responsible for decisions on placement:

- Early Intervention in the home, or at SEC;
- Education at SEC, or placement in a special school, or an integrated school.

The role of the SEC is crucial to the success of the integration strategy of the 1999 National Education Act. Many problems and challenges are faced by the SEC. There are not enough personnel and it isn't possible to carry out all the tasks required. Attitudes of teachers in normal schools are negative and they don't want disabled children in their classes. Many children in the villages are neglected and live with grandparents who do not understand the importance of education and that they are legally required to send their children to school.

Of more than 900 IEPs conducted in the schools only 225, or 25 per cent, have been approved for funding support. Not enough information is provided from the school and the SEC doesn't have the resources to follow up on all cases. The coupon system is only just beginning to be implemented.

Positive aspects include giving advice to parents, finding more children in the villages and seeing more children come forward for an education.

The task of the SEC would be simplified if all schools were willing to accept children with disabilities but the view was expressed that attitude change would take a long time.

**Representatives of the SEC that supports the Nong Ping Community School**

The SEC has nine staff, two of whom have had two, to 15 days of training. Four will become special education assistants and two will work in centre and home-based early intervention (EI). EI work is one of the main activities of SEC staff. Problems they face are a lack of vehicles and the lack of a budget which makes it difficult for them to go into the community. They would like to see enforcement of the 1999 National Education Act in terms of education being compulsory, and parents being required to send their children to school.

The Nong Ping Community School, supported by this SEC, reported that they had received no support from the SEC and that IEPs had been submitted but no response received.

In 2008 it was considered that the regional SECs were working well, and that they had gained from the years of experience since they were started. Some of the provincial centres were not as strong. They tended to suffer from being under-staffed and from a high staff turnover, with inadequate budgets for transportation and home visits. However they provide a very valuable service and it is hoped and expected that they will overcome these "growing pains". They play a crucial role in identifying and preparing children with disabilities to enter formal education programmes in the regular school system.

**Special education schools**

**Khon Kaen Blind School (KKBS)**

(Special School run by the Christian Foundation for the Blind in Thailand)

The CFBT was founded in 1978 and the centre was built in 1981. The school was registered officially in 1984. A government subsidy was started in 1992, and in 2004, this comprised 20 per cent of the budget. The head teacher is a blind person who is a member of a Disabled People's Organization (DPO). The school is a residential school with 121 students from kindergarten to the secondary level. Seventy per cent of children are integrated into six regular primary schools, 29 students in four integrated secondary schools and one student in a vocational training school. Most children who are integrated stay in their schools but some disabled children may return to the blind school for more training. Children prefer integrated schools because they experience a better social life and a wider variety of friends. Most graduates of KKBS go on to study at the university level.
At the Khon Kaen Centre for the Blind, there is a division called the ETCB, the Educational Technology Centre for the Blind. The school provides scholarships, Braille books and educational materials and resources. It also trains parents in home visits. The Centre for Technology trains staff who work in regular schools and advises integrated schools. It trains student teachers and provides short courses, such as vacation and summer school courses. It runs joint training courses for the Department of Special Education in OBEC, MOE. It also trains specialist teachers in low vision technology and teaching. The library conducts innovative teaching in a variety of areas including life and social skills, budgeting and other aspects.

The teacher of the kindergarten class teaches children, from four to 10 years, daily living skills, mobility and social skills. She trained as a primary teacher in special education and has seven years of experience, but none with sighted children.

The head teacher stated that the foundation had taken responsibility for the education of blind children because the government had not done so. His further comments will be reported under sections seven and eight.

Roi-Et Education and Rehabilitation Centre for the Blind, established and run by the Christian Foundation for the Blind of Thailand (CFBT).

This centre was started in 1987 in Maha Sarakham province and extended services to Roi-Et a few years later. The administration office moved to Roi-Et. The centre was officially opened in 1995. The Roi-Et centre had three main functions which included the CBR programme, the hostel preparing children for integration and the mainstreaming school. The centre buildings were completed in 1997. It works in close cooperation with the KKBS and coordinates with regular schools in supporting integrated education. Additional activities include early intervention for children, from birth to four years, prevention programmes, research and development of more effective models for empowerment of disabled persons and community engagement. It also conducts vocational training in hydroponics and Thai massage, and teacher training. It has trained 107 teachers and a further 63 were undergoing preparation.

CBR started addressing the needs of the blind and visually impaired and ran six week training courses on teaching blind children. But since 1996 it has been a cross-disability CBR centre.

The CBR centre conducted a survey and located 700 children. It is also engaged in education and awareness for the prevention of blindness. The three year plan for the centre includes:

- Developing knowledge and awareness in the community;
- Formation of disability and family self-help groups;
- Stimulate sub-districts to include disability in action plans;
- Early intervention follow-up from hospitals, support families and persuasion to let their disabled children attend school. There was a tendency for families to be over-protective;
- Preparation for children in the community to be ready for school. Only blind children receive preparation in blind schools but the majority of children with other disabilities receive no preparation in government schools.
Section 5

Teacher Training: Including Training for Teachers to Teach Students with Diverse Abilities in Regular Schools

32. Colleges or university departments responsible for teacher training of special education teachers and regular teachers who will teach in inclusive schools

Teacher training has been an important area of focus of MOE and significant developments in the training of teachers to teach children with disabilities in special and integrated educational settings have taken place during the 1990s, following the enactment of the 1991 Rehabilitation of Disabled Persons Act. Teacher Training is the responsibility of the Commission for Higher Education within the MOE. There are more than 600 universities, approximately 80 of them run by the government.

Basic qualifications for Thai teachers are:

- A primary school teacher in an integrated setting must complete a four year university degree, with entry level set at school completion, or year 12;
- Secondary school teachers in integrated settings must complete a basic three year degree plus one year of additional training;

No untrained teachers are employed in Thai schools. All teacher trainees receive one course on teaching children with special needs within their basic teacher training course.

Regular teachers who wish to become special education trained teachers can undertake:

- Short training courses of one, three and 15 days, which are offered at 19 universities;
- One year special education teaching certificates are offered at seven universities;
- Two year masters degrees, are offered at four universities. Students can specialize in Learning disabilities and emotional problems.

Teachers for special education centres, village child health centres, and hospital teaching services undertake one year additional training for specialist teachers.

Short courses:

- Three hundred and ninety regular school teacher trainees completed in-service teacher training to teach children with disabilities in regular schools;
- Week-end, vacation and summers school courses cater for working teachers;
- Short courses in computer skills for Braille technology and production;
- Short training courses are offered at SECs for regular teachers in their districts and communities.
In 1994 a new curriculum was introduced into the four year special education training degree. It included a curriculum for deaf, blind and mentally retarded students but did not include autism. There was a common curriculum in the first year studies, cross-disability studies in the second year and the opportunity to specialize in the third year. Educational reform of 2003 led to training of teachers who were instructing children with disabilities and this legislation made this a higher priority. Policy on personnel training and learning reform to focus on child-centred learning strategies were developed. This was the result of a finding that teachers with a B.A. degree in education were unable to cope with the problems of teaching children with disabilities and special needs.

Six universities have a bachelor’s degree teacher training programme in special education. Five universities offer a master’s degree and one doctoral programme in special education. Chiang Mai University had no early intervention courses but offered a master’s degree in occupational therapy.

A Ph.D. special education course is offered in Bangkok at Srinakarind Tarawirot Prasanmit University. It is anticipated that the number of universities offering these courses will grow.

Scholarships are provided to 30 students for study at master’s degree level and 30 at graduate level. Scholarships are also provided to university faculty to study overseas in the field of special education. The areas of study for university staff are:

- Learning disabilities;
- Autism;
- Down’s syndrome;
- Blind and visual impairment.

Courses offered in Thai universities include:

- Early Intervention;
- Early childhood Education;
- Special Education Administration;
- General Special Education;
- Community level Special Education;
- Community-based Rehabilitation (CBR) and counselling.

In 1993 Rajasuda College was established under Mahidol University as an institution of higher learning for persons with disabilities. It is an integrated university and the college offers a master’s programme in rehabilitation counselling, open to all students as well as courses specifically offered to deaf, blind and physically disabled students. Thirty scholarships are provided for sign-language interpreters at Rajasuda College.

A member of the advisory committee on disability to the prime minister commented that although there were many programmes offered at the university, teacher training is not well coordinated or organized. A second member saw the recent improvements and expansion of training opportunities as positive and would help lay a progressive foundation for a better quality of education. Both viewpoints have validity.

Since the new Education Act was passed in January 2008, there has been a requirement that teachers with a special education qualification must have a higher degree than B.A. level. This is to ensure that they have the knowledge, necessary skills and competencies to teach children with a particular disability in which special skills are required, such as children who are deaf or blind.
Section 6

Access to Tertiary Education for Students with Disabilities

33. Universities and colleges where people with disabilities are enrolled as students

The right to 12 years of compulsory education does not encompass university or tertiary education. However students with disabilities do have the right to attend university and are doing so in slowly increasing numbers. In 1981 Khon Kaen University rejected five students with disabilities who applied for the entrance exam. From 1983 to 1999, only six students were enrolled. All support, technical and support teachers were provided by CFBT. The government now provides some resource teachers. More than 200 blind students have graduated from university since the first students were admitted. Many disabled students have graduated from Rajasuda College since it was founded in 1993. The first Thai blind student graduated from Chulalongkorn University, Bangkok in 1964. Less than 1,000 students with disabilities have graduated from college and university between 1970 and 2000. There are instances of persons with disabilities teaching at universities. In 2004 the number of students with disabilities in 667 universities, under the Commission for Higher Education, was 1,544. There is no defined budget for these students.

Reports from disability leaders and members of the Advisory Committee on Disability to the Prime Minister, graduates themselves, reported that the support system within universities was almost non-existent, except at Rajasuda College as recently as 2004.

In 2005, there were 1,544 students with disabilities studying at 67 universities, but no adequate services were available to them. Thammasat University has a special programme in 11 faculties, giving 49 seats for three kinds of disabilities: the blind, the deaf, and the physically handicapped, to take the entrance examination competing among persons with disabilities. This is the third year of the project, allowing the students with disabilities to take the exam in only three faculties, such as law, media and communication, and social welfare. Thus is a good programme, but requires more support. Seven students dropped out before graduating the course but all the blind students completed their studies.

The numbers of students studying at the tertiary level has increased steadily since 2004, with 1,928 students in 74 colleges and universities. There were 1,163 men and 765 women indicating that there is still a gender gap in access to education at this level. The Report of the Commission for Higher Education 2007 also reported that there were 16 M.A. and three Ph.D. students.

The commission provides financial support to institutions enrolling students with disabilities and many institutions also provide scholarships to students with disabilities. Thammasat University is the leading university in this regard, keeping 50 places annually for students with disabilities. Significant work has been done over the past five years to change the attitudes of the academic staff and now the programme for disabled students is run by a specific board. This is very effective and gives the opportunity to address the rights of students with disabilities who want to study at the tertiary level.

34. Students with a disability attending university or tertiary training

An interview was conducted with a student who had completed his degree in Thailand and was now studying for a master’s degree at the University of Leeds in England. He reported extreme difficulty accessing materials and references in Thailand with no support provided on account of his inability to see. Much more support was provided at the University of Leeds.
35. Consultation with organizations of persons with disabilities

Although Thailand does not have a National Coordinating Committee on Disability (NCCD), it has two mechanisms on which persons with disabilities and their organizations are represented and have consultative status with the government ministries responsible for disability concerns. The first is the Bureau of Empowerment for Persons with Disabilities within the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security. The second is the Advisory Committee on Disability to the Prime Minister of Thailand.

Thailand has strong and well developed organizations of people with disabilities (DPOs). These have been developed on a categorical basis and single category organizations operate for persons who are blind and visually impaired, deaf and hearing impaired, physically impaired, and also for parents of mentally retarded and autistic children. There are also cross-disability organizations, the strongest of which is the Council of Disabled People of Thailand (DPI Thailand) which is made up of four self-help organizations representing the categorical groups listed above. These are: the Thailand Association of the Blind; Association of Parents for Persons with Autism; Association of the Physically Handicapped of Thailand; National Association of the Deaf of Thailand, and; Association for the Retarded of Thailand. A full listing of DPOs can be found in section 5.2, Profile of Non-governmental Organizations of/for Persons with Disabilities on the website of APCD, under Country Profile on Thailand. There are also associations for parents of disabled persons with mental retardation and autism, Down’s syndrome and many other conditions.

The Parents Association for Mental Retardation expressed extreme concern about the conditions for the education of children with mental retardation. They claimed that teachers in regular schools have negative attitudes and do not have the training and expertise necessary to teach these children. The preferred option is sometimes to place them in special schools, even though the parents would prefer the regular school option.

Members of the Blind Association of Thailand have expressed strong views about the lack of support provided to blind and visually impaired children from the early intervention level to university. Regular schools welcome blind children, mainly because they come to the regular school with skills developed at the special blind schools, and support and resource teachers are provided from this source. The strength of the support provided to blind children has tended to affect the expectations of teachers with regard to children with other disabilities. Some schools do not want to accept children with other disabilities because they are more difficult to teach, or the teachers do not have appropriate training and receive no, or limited support from SECs.

Leaders of the disability organizations and represented on the two government committees claim that government policy has been driven by DPOs. This has been acknowledged to a large extent by MOE officials. Policy has in fact been formed in partnership with DPOs, and before the 1999 National Education Policy was formulated extensive public forums were held to give the government an opportunity to listen to the problems faced by persons with disabilities in acquiring an education, and to receive advice on
strategies that would lead to vastly improved outcomes in the future. A view expressed by one leading disability activist and advocate who has been extensively engaged in providing educational services and supporting others to do the same, is that having launched the campaign to push for the right to education to become national law and policy, it is now the duty of DPOs to continue their action to push the policy into practice and ensure that the government is improving the effective implementation of the policy. The DPO role is critical to ensure successful implementation.

Reports of personal experience all have the common theme of struggle to achieve in a system which does not provide well trained teachers or adequate support systems. Reaction from peers and teachers to their presence was mixed. These reports come from exceptional students who have obtained high academic qualifications and respected positions in public institutions. They have been the architects of the educational reform which has recognized and upheld the right to education for all persons with disabilities, and that it is the responsibility of the government and the schools to accept children with disabilities and provide them with a quality education. Some of these leaders acknowledge that the system is in the early stages of implementation and that explosive change is in the process of taking place. However, they point to particular problems that need to be addressed.

DPOs play a very important role in promoting education and persuading families of disabled children that they must take advantage of the now compulsory education that the government is committed to providing. In Khon Kaen and Roi-Et they provide a link, and have worked closely with special schools, CBR and community-based centres, SECs and regular schools. They have also advocated strongly for access to tertiary education. There is still work to be done, particularly in poorer urban communities and in the rural provinces, to persuade parents of disabled children that they must view education as a right for their children and take advantage of the opportunities offered by the government’s new mandatory system of free and compulsory education for 12 years.

More than one disability leader acknowledged that development of the education system to include persons with disabilities is an evolutionary process, with movement from segregated to mainstream settings. Choice needs to be retained until quality education is fully available in regular schools. Thailand has some distance to go before it moves towards an inclusive education system. Extensive attitude change is still needed, combined with real change within the teacher training system to provide the skills and attitudes which enable schools to adapt flexibly and willingly to the needs of any student seeking admission.
36. Views on the current situation, changes perceived as necessary and the means of achieving change

Respondents overall approved of the policy and legislation but felt there were many aspects of implementation which needed to be improved.

Areas requiring attention included:

- **Commission for Higher Education and Teacher Training.**
  
  Khun Prayat reported that universities offering courses in special education do not always follow the recommendations for curriculum change necessary to provide teachers with the skills required in an integrated, let alone inclusive, education system. University lecturers do not have a good concept of inclusive education and continue to teach categorical methods of teaching. The categories are not comprehensive and the teaching strategies do not take account of the successful methodologies that enhance responsiveness to diverse learning needs. These include active small group teaching, setting objectives at different levels for individual students, peer support and the capacity and willingness to adapt the curriculum to individual needs. Resource teachers are trained on a withdrawal model and do not learn to work with classroom teachers in the regular class where it is possible for them to transfer their skills to regular class teachers, thus upgrading their capacity. Teacher training courses for all teachers in regular schools should provide teachers with the skills and techniques to teach children with diverse characteristics and ability levels in their integrated classes. This would move the system towards an inclusive education model.

- **Budget and funding system**

  There needs to be adequate funding to cater for the increasing number of children with disabilities entering the school system. The administration procedures need to be unified and streamlined. There are too many reports from schools of cases where IEP procedures are completed but no response is received from SECs, and no funding made available for materials and equipment and support needs. The budget goes to the SEC but is not disbursed to support children in schools. Several respondents stated that the regular budget for the education of children with disabilities must be increased, and the costs of providing the necessary services must be moved into the regular budget.

- **Role of the SEC**

  The effective functioning of the SEC is critical to the success of the integrated model of education in the current Thai system. Reports from SECs indicate that they are under-resourced in terms of personnel, vehicles, and funding. They complain of the unwillingness of families to send their children to school, but do not appear to have the expertise or resources to conduct the necessary awareness-raising in the villages which is needed to change this situation. It is also their role to stimulate and encourage the regular schools to accept more children with disabilities and yet they report that the schools won’t accept the children, in spite of legislation which requires them to do so. The schools also report that they do not get the support they need from the SECs. Some reported contact only once a year and others reported no contact.
Attitude change must be a high priority

Measures to achieve serious attitude change must be carried out at all levels of the system. At present there are no sanctions or penalties for non-compliance with legal obligations to educate all children, including those with disabilities. Professor Wiriy, the first blind Thai professor in Thailand, at Thammasat University, Faculty of Law, said that one of the most effective means of achieving attitude change in the community is to demonstrate the capabilities of children and youth with disabilities. This can be achieved by introducing work training into special and regular schools, or in the community to demonstrate their capacity. Products made or grown can be sold in the community, demonstrating the hard work and worth of these young people. Khun Prayat expressed the need for participatory training to change attitudes, by allowing school personnel at all levels to experience what it is like to have a disability. Passive training and lecturing does not achieve this emotional engagement with the issue. Training should be carried out in the school setting.

DPO action

DPOs have a critical role to play in advising government on policy and on implementation strategy. Their network of organizations and contact at grassroots level with the disability community puts them in a powerful position to influence families and the community and persuade families to send their children to school. They can act as the link between all the stakeholders. Special schools, particularly for the blind, have traditionally been provided by DPO/NGO linked organizations. The strength of the model developed for blind students has influenced the attitudes of regular schools to the integration of students with disabilities. The quality of preparation and the level of support to the students has prevented the regular school from adopting an attitude and role which would see them adapting to the needs of any child, irrespective of the level of preparation or external support. As was stated earlier, the role of teacher training in changing this is critical.

Develop a flexible system

Ajarn Monthian, a former lecturer at Rajasuda College, the president of the Thailand Association of the Blind (TAB), said there was a need for a system which allowed students to move back and forth between special and regular schools. In practice this seldom occurs, other than for disabled blind children who may return to the blind school for further consolidation of Braille and other necessary skills for survival in the regular class. The point was made that there are not always qualified teachers at the secondary level to teach all the curriculum subjects using Braille and if this is the case, a student should not be limited by lack of access to subjects of choice. The special schools will never have the capacity to serve large numbers of children, and students will develop better social skills in integrated settings.

37. Recommendations for input to the Guidelines for Action to Include Children and Youth with Disabilities in School Systems

1. More Early Intervention (EI).

More EI programmes should be provided so that all infants and young children with disabilities can have this opportunity. EI is critical to promote the maximum development of each child's potential and to provide support to the family in their task of raising a child with a disability.

2. Education policy and strategy must be developed in consultation with the disability community and strong partnerships formed between DPOs and the government and the community.

3. Educational policy should be based in legislation, well implemented and enforced with strong commitment from government and adequate budgetary provision to allow an effective and comprehensive implementation.

4. Creation of awareness about the rights to education of persons with disabilities must be undertaken at all levels of the system, including within high ranking bureaucrats, district officials, schools, communities and villages.
5. Planning must be long term, with a systematic action-oriented implementation plan. It is necessary to have a ten-year time frame to make structural changes to the system, and to achieve adequate levels of teacher training to service the system. The system should strive to achieve quality and choice. A statement was made that rights are a reality and this includes the right to fail.

6. Establish work training programmes as part of the special and regular school curriculum to demonstrate the capacity of children and youth with disabilities.

7. Utilize affordable technology to enable persons with disabilities to access information and education and create barrier-free settings in schools and colleges.

8. Education should not be limited to the three ‘R’s’. Functional skills should be promoted and implemented at all levels of education, depending on the potential of the individual.

**Additional recommendations for national level actions to improve access to quality education**

1. Policy and legislation provide a good framework for the development of an integrated education system but the legislation needs to be enforced, with incentives for compliance and penalties for non-compliance, for both schools who refuse to accept children with disabilities and for families who do not send their children to school.

2. The implementation of policy needs to be clearly articulated and comprehensive, with roles and responsibilities understood by all parties. There needs to be extensive support and advice to area offices and particularly to SECs, in the early stages of implementation. It is necessary to identify problems and to generate solutions before disillusionment with the failure of the system to deliver what was promised becomes widespread.

3. Clearly an adequate budget to deliver the support per child and the materials and equipment is essential. If this needs to be phased in over a period of time, then a progressive plan should be developed that is clearly understood.

4. The most critical factor in the long-term success of the policy to include all children with disabilities in the education system is the provision of comprehensive and systematic teacher training to all teachers in the system so that they develop the skills and expertise to teach all children with disabilities who may enter the regular school. It is necessary to provide training in all regular teacher training programmes as well as specialized training. The SECs should be strengthened so that they can increase their capacity to carry out short-term training for teachers and schools in their districts.

5. The provision of early intervention to children with disabilities from birth is one of the most progressive elements of the national policy. It has the capacity to significantly enhance the chance of success of disabled children on school entry. It is important to ensure that EI services are available on a comprehensive basis and not just to a fortunate few. The role of the SEC is critical in this regard and must have the resource capacity to provide home-based EI in the villages. This will increase the likelihood of families registering their children and sending them to school.

6. Simplification of the registration procedure would assist in more accurate data collection on the population of persons with disabilities, particularly for children and students of school age.

**Recommendations for regional guidelines**

1. National policy enshrined in legislation, with a comprehensive and progressive implementation policy, and an incentives and penalty scheme to ensure and encourage compliance. Adequate resources must be made available to implement the critical components.

2. Clear definitions of categories of persons with disabilities, and consistency across ministries tasked with disability issues. Simple registration procedures must be in force at local district or village level, with coordination between education and health, and other, service providers.
3. The teacher training system needs to be developed so that it can provide all teachers in regular schools with the basic skills and attitudes to teach children with diverse abilities in the regular class. Specialist training must be available at many levels, including short-term training that can be carried out in the school, or in the special education centres supporting the schools. There needs to be an adequate support system to regular classroom teachers. Where some teachers in a school have received training, opportunities should be provided for in-school training of other teachers. Team teaching practices can achieve the same result with transmission of skills.

4. The monitoring and evaluation system should be transparent and should provide support and advice to all levels of the system in the early phase of transitional implementation of an integrated or inclusive education programme. Good models of implementation should be identified and mechanisms for sharing this information among a group of schools within a district or sub-district should be developed.

5. Development of CBR programmes is one of the most effective strategies for supporting and empowering persons with disabilities in their communities, and encouraging their full inclusion in all aspects of community life. This strategy will result in the increased willingness of the community to accept children with disabilities on the same basis as other children are accepted and will lead to increased willingness of parents to enrol their children in local community schools.

6. The underlying philosophy should move the school system towards an inclusive education system from an integrated or even a segregated system. The goal should be the development of a school where the focus is on training teachers to be competent to adapt their teaching to cater for diverse disabilities and abilities of students. A flexible school adapts to the needs of the child rather than insisting that the child must fit into the existing school structure with minimum modification.

7. Develop the existing special schools for children with disabilities as resource centres for materials, teacher training, parents’ consultation seminars, short-course training classes for children with severe disabilities, and supply with materials, including repair and maintenance of equipment with technical support.
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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>APCD</td>
<td>Asia-Pacific Development Centre on Disability</td>
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<td>CEP</td>
<td>Centralised Equipment Pool</td>
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<td>CFBT</td>
<td>Christian Foundation for the Blind of Thailand</td>
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<td>CIR</td>
<td>Community Initiated Rehabilitation</td>
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<td>CWD</td>
<td>Children With Disabilities</td>
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<td>DPO</td>
<td>Disabled People’s Organizations</td>
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<td>DPI-Thailand</td>
<td>The Council of Disabled People Thailand</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>EI</td>
<td>Early Intervention</td>
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<td>ETCB</td>
<td>Educational Technology Centre for the Blind</td>
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<td>ESA</td>
<td>Education Service Area (Offices)</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>IEP</td>
<td>Individualised Educational Plan</td>
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<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>KKBS</td>
<td>Khon Kaen Blind School</td>
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<td>NCCD</td>
<td>National Coordination Council on Disability</td>
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<td>NECTEC</td>
<td>National Electronics and Computer Technology Center</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NSO</td>
<td>National Statistics Office</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>OBEC</td>
<td>Office of the Basic Education Commission</td>
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<tr>
<td>SEAT</td>
<td>The School-based Management Model which stands for:</td>
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<td></td>
<td>S = Students</td>
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<td></td>
<td>E = Environment</td>
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<td>A = Activities</td>
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<td>T = Tool</td>
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<td>SEC</td>
<td>Special Education Centre</td>
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<td>SHG</td>
<td>Self-Help Groups</td>
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<td>TAB</td>
<td>Thailand Association of the Blind</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNESCAP</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Annex 2

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Case Studies on the Inclusion of Children with Disabilities

Viet Nam

This Case Study was prepared as part of the UIS-AIMS Unit, UNESCO Bangkok Project to develop Towards Inclusive Education for Children with Disabilities: A Guideline
Introduction

The mission to Hanoi to obtain information for this case study was carried out in late 2004.

The major challenge to conducting research in Viet Nam was acquiring a reasonably accurate depiction of the current status of developments, as information remains highly compartmentalized, leaving many individuals with only a small piece of the puzzle to share. An added difficulty was the need for formal approval to make a school visit, or visit a government office. Only one visit to an inclusive school, an hour away from Hanoi, was possible. No other schools of any level were visited. Visits to the Ministry of Education were limited to just a few contacts. However, as always, several key informant interviews with NGO staff, often particularly well informed, with a strong global understanding of certain issues, were crucial to some updates. A desk review of several recent reports also added more depth to the interviews undertaken.

The key point to highlight the current status of inclusive education in Viet Nam is a readiness and preparedness to approach the subject at the heart of the country’s Ministry of Education and Training (hereafter, MOET). Through a significant budget from the World Bank, the Primary Education for Disadvantaged Children (PEDC) project, which is housed at MOET, will attempt to include more children with disabilities, as well as other excluded groups, in primary schools over the coming years. Development of national guidelines on the part of the government may be finalized as soon as late 2004, or early 2005.

The EFA process in Viet Nam is strongly supported by UNESCO Bangkok and provincial level plans have been developed in many provinces. Though there has not been any specific mention of action activities for children with disabilities in the plan, some of the broader guidelines mentioned here, such as early intervention programmes, could still help to reach out to children with disabilities.
Section 1

Focal Point for the Education of Children with Disabilities within the Ministry or Directorate of Education

1. Catalysts for transformation of the national education system to include children with disabilities in regular schools

The first time the concept of “integrated education” was formally discussed in Viet Nam was in 1985 at a UNESCO workshop. Since 1987, Viet Nam has had pilot projects on inclusive education, partly because so few children with disabilities could be served with the system of special schools. According to a Save the Children (Sweden) (Rädda Barnen) evaluation in 1995, only about one per cent of children with disabilities were in special schools in 1991, and three per cent in 1995.

According to interviews with Mr. Le Van Tac of the Ministry of Education and Training, National Institute of Educational Strategies and Curriculum (NIESAC), it took another six years to understand the “implications and implementation needs” of IE after the beginning of pilot projects in 1990. Two policies were decided in 1996, to adjust the curriculum, and to increase collaborative learning and sharing. Changing attitudes and behaviour took many years, but the pay-off has been implementation of IE at the national policy level, if not yet in all regions in practice. Greater support in policy and legislation was given to inclusive education after the World Conference on Special Needs Education: Access and Quality, held in Salamanca, Spain, in June 1994. The policies were based upon the Salamanca Statement and Framework for Action on Special Needs Education. Mr. Tac’s research institute under NIESAC is now called the Centre for Education of Children with Exceptionalities (CECE). Before 1986, it was known as the Centre on Special Education and Special Schools.

2. Policy on education for children with disabilities

The national education system is run by the Ministry of Education and Training. Viet Nam published a National Education for All Action Plan for 2003-2015 in June 2003. This document was approved by the prime minister in Government Document No. 872/CP-KG Date: 02/07/2003 (July 2, 2003). There are also implementation plans at the provincial level that have recently been completed. The government has developed Strategies for Educational Development 2001-2010 to provide access to 50-70 per cent of disabled children by 2005-2010 respectively. As mentioned below, provincial plans of action have also been put into place. Policy is being developed for inclusion of children with disabilities, but as no precise law on inclusion exists, policies are being slowly and delicately considered. The government is still very much a “top-down, central-level to provinces”, organization.

School is compulsory, according to the law, for the five years of primary education from the ages of six to 10 or 11. However, it is unclear to what extent this policy is enforced. Drop-out rates remain very high already at the primary level, and wealthier children are far more likely than poorer children to complete primary school. In 1996-1997, the Early Childhood Department of MOET introduced a guideline that the intellectually disabled children should be enrolled in integrated classrooms.4

The government has one formal mechanism for consultation, the National Coordinating Committee on Disability (NCCD). Apparently the NCCD, chaired by Mr. Tue of MOLISA, has been involved in planning with MOET on inclusive education.

3. Legislation

Article 35 of the 1992 Constitution of the Socialist Republic of Viet Nam states that education is the first priority in national policy. Viet Nam was also among the first countries in Asia to ratify the UN Convention on the Rights of the Child in 1990. The Law on Universal Primary Education, passed in 1998, makes school compulsory for all children, between the ages of six and 10 years and from first to fifth grade. This general legislation contains no specific reference to children with disabilities. The Education Law of 1998 supports the education of disabled children. Children with disabilities whose families are in financial difficulty are exempted from fees, either totally or partially, with this law through the regulation Decision 70/Ttg about School Tuition Reduction. Provisions are also made to increase the pay of teachers of children with disabilities.5 Other relevant laws include the Ordinance on Disabled Persons and the Law on Protection and Care of Children.

In the Ordinance on Disabled Persons No.28 (10-10-1998) (Official Title of this legislation is: Order No. 06-L/Ctn of August 8, 1998, Promulgating The Ordinance On Disabled Persons) under Article 16, point 1 of chapter III, entitled “Cultural Education for Disabled Persons” the following direction on education for children with disabilities is given: “Education for disabled children shall be organized and carried out in the forms of integration schooling at general schools or specialized schools for the disabled, nursing homes for the disabled and at the family.”

The Law on Protection, Care and Education of Children (1991) places the impetus for the care of children on all of society including families, schools, communities, state agencies and social organizations, and affirms the principle of non-discrimination to the child regardless of his or her physical endowment, gender or racial origin.

Other legislation includes Decree 26 on Special Education (14/4/1995), which declared that the Ministry of Education and Training should take the forefront in providing education for children with disabilities, replacing MOLISA in this role. MOET issued directive No.12/GD-DT on 17/7/1995 urging enrolment of 100 per cent of children in primary school and urging the establishment of special schools and classes for children with disabilities.6 Finally Circular No.5276/TH was issued on 5/8/1995 to speed up the process of transferring schools from under MOLISA to MOET. This also urged greater teacher training for inclusive education, “especially in areas where special schools are unavailable”7

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4 Ibid., p. 19.
6 Cao, Manh Thang, op. cit. p. 12.
7 Ibid., p. 13.
4. Provision of education to children and youth with disabilities

Children with disabilities can be included in mainstream schools, but Viet Nam is still developing means to assure that children with disabilities can, and will be accepted into classrooms and have access to trained teachers and to the materials that they will need. International NGOs have led the way in developing pilot projects in Viet Nam, always in partnership with the government of Viet Nam, primarily with MOET. The support has often been in the form of developing teacher training programmes as well as in overcoming community a lack of awareness on this issue. Rädda Barnen, Catholic Relief Services (CRS) and Komitee Twee have been active in this arena since the early 1990s. Save the Children (UK) works with early intervention programmes and with the Centre for Research and Evaluation of Disabled Children in Ho Chi Minh City. AIFO and MCNV have also been active in developing community-based rehabilitation programmes.

The Ministry of Education has had the legislative mandate for education of children with disabilities since 1995, however the Ministry of Labour, Invalids and Social Affairs (MOLISA) has not conceded all of the special schools to the Ministry of Education. No one is sure when, or if this will occur. MOLISA considers the comprehensive treatment of people with disabilities to fall under its scope. While this could make the challenge of coordination greater, there does seem to be an increased willingness to share information as seen during a NCCD meeting sponsored by MOLISA, which did include representatives from a variety of ministries, including MOET.

According to Hang from Rädda Barnen, some provincial-level authorities and people’s committees at the local level also establish and run schools. The Ministry of Education had “technical” or formal input. The physical building is also the responsibility of the district level community.

Viet Nam does have formal and non-formal schools. However, the non-formal schools are not specifically run by NGOs. Civil society organizations are still in their infancy in Viet Nam, with a recent decree, Decree No. 88/2003/Nd-Cp of July 30, 2003, providing for the “organization, operation and management of associations”, one of the first instruments allowing their official establishment. There is of course a “home-care system” too, which provides “alternative basic education” for children outside of the mainstream system.

The government does not provide financial support to any NGOs in the Western definition. Rather, international NGOs and international donors are, in most cases, providing financial underwriting to the Viet Nam government in many pilot projects and special schools for children with disabilities. Some government employees also receive financial allowances for their work for NGOs to augment their salaries which can be as low as US$40 a month (approximately one tenth of some NGO salaries and even less than other international organizations). The government also supports the SSHVO (the Society for the Support of Viet Namese Handicapped and Orphans), however this is a “welfare” organization in the old sense, which gives gifts at Têt (Viet Namese New Year), and other donations, rather than a systemic aid organization developing programme or policies.

There is not a common policy framework or any known coordination mechanism at this time for implementation of inclusive education nationwide. There is no common data base of student information. It is highly doubtful that other electronic forms of networking currently exist. The quote of a MOET expert in a UNICEF-survey illustrates this: “At this moment, nobody manages and coordinates the range of activities that are carried out to provide education for children with disabilities.”

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8 Huff et al., op. cit., p. 20.
5. Budgetary policy and measures

According to the Ministry of Education, there is no separate budget for education of children with disabilities. As written in 1997, but still true today: “IE has not enjoyed an official status within the educational structure. Therefore regular budget allocation is hard to obtain, while IE requires essential funds for regular activities, for example in training and retraining of teachers, provision of low-cost teaching aids.” In a report on educational budgeting for Rädda Barnen at the district level, the author also wrote: “Among expenditure items of budget, there is not any separate item for CWD or directly related to CWD.”

The People’s Committee and the District Department of Education and Training (DOET) include an education budget in their general budgets, 80 per cent of which goes to salaries for teachers. While teachers of special schools are paid 70 per cent more than other teachers, teachers in inclusive education classes do not yet have any legislated financial incentives. Most of the education budget, approximately 70 per cent, is administered by the provinces that then delegate responsibilities to lower levels of administration in districts and communes. The government has just recently issued bonds in order to mobilize resources for education and continues to work on budget modernization with MOET, the World Bank and the Ministry of Finance.

Government expenditure has increased for education, but private expenditure is now implicated at a high level as well. School fees were introduced in the early 1990s and have been a heavy burden on poorer households. Currently, for every 1,000VND (Viet Nam dong) of government subsidy, a family will spend 800VND. These charges can be for books and even for school construction, so that, even if tuition is not paid, the costs are prohibitive for some. The exceptions to paying school fees can indeed include poor families and families with disabled children. These fee reductions are considered the biggest added expense of educating children with disabilities as well as providing additional support for other supplies. Usually, a 100 per cent fee reduction is applied to severely disabled children or children from families in difficult circumstances, while a 50 per cent reduction is applied to other children with disabilities. There is also some community support for assisting children with disabilities in getting to school, but this is not by any means standardized across the country. Financial implications of schooling are particularly important when considering how to encourage more children with disabilities to go to school, as many children with disabilities are from poor families. In Vinc Tuong district near Hanoi, for example, it is estimated that 38 per cent of children with disabilities are from poor families, a significant number seeing that only 2.7 per cent of all children are from poor families.

Apparently there is provision in the central government’s budget to allow 800,000 dong/pupil expenditure for children with disabilities. However, this amount was only available for 4,000 children with disabilities in the year 2000, therefore budgeting for the education of children with disabilities will still fall to the local authorities. Other funds that could assist children with disabilities come from some charities such as the Committee for Protection and Care of Children, now the (Committee for Family, Population and Children), the Fund for Children’s Protection at the Commune Level, the Fund for Study Encouragement of the commune People’s Committee and the Fund for Supporting Children Allegedly Affected by Agent Orange.
In rural and mountainous areas, school lasts only a half-a-day, and this applies in the big cities as well, as the numbers of children are far greater than present school buildings can accommodate. Furthermore, in poor, rural and mountainous areas, the children are likely to go home for lunch and the poorer children may not come back afterwards, as they are likely to have other responsibilities to help their families.

According to Anat Prag of CRS, budgeting and planning, or otherwise responding to needs at the provincial level are part of the planning and implementation process with the Ministry of Planning and Investment and Ministry of Finance. At the time of publication, there were no clear national policies on increasing teacher’s pay for those involved in these processes. In one school in the north of Viet Nam, teachers were paid just an additional 10,000VND per month.18 This budget study interviewed principals who recommended that teachers be paid closer to 50,000VND a month.19 However, as another interviewee stated, there is some danger in setting up a system wherein teachers are paid extra according to the severity of disability.

Budgets for pre-schools, as mentioned elsewhere, are community financed. Even in very poor communities, teachers are paid from contributions from local parents and families. At times these schools just provide childcare and are not staffed by trained teachers. On an educational trip, the Steering Committee on Inclusive Education saw one example in Italy where teachers were compensated financially for their efforts. In the US, there were other examples of alternative rewards such as professional development opportunities. CRS has also undertaken “Best Teacher Contests” that annually present awards for teachers at the school level. These awards are on teaching quality and developing teacher resources. Awardees receive small financial incentives. There is some positive awareness generated in the media and the outcomes of the materials competition will be compiled and shared in the form of a publication funded by USAID. This could be completed by the end of 2004.

Though there was no specific funding to make schools accessible, as of July 2004, there is a law on construction that includes barrier-free access codes. The law “stipulates the need for accessible design for the use of people with disabilities in any of the newly built facilities”.20

6. Administrative and implementation steps

The focal point for special education development has been NIESAC, and the research centre headed by Mr. Tac, as mentioned earlier, the Centre for Education of Children with Exceptionalities (CECE) the main focal point for special education development at MOET.21 Mr. Tac, the head of this department, highlighted the fact that the focal point is not responsible for implementation of policies, but only for their development. A Steering Committee on Education for Children with Disabilities has been established formally by MOET (in Decision 4431/QD-BGD&D-TCCB) which will be responsible for “awareness building, surveying and planning human resource development, and making proposals for policies on education for children with disabilities”.22

However, it seems that the steering committee is still not finalized in operational terms.23 Steering committees are also under development at the provincial level in the Departments of Education and Training that are the implementing arms of the Ministry of Education and Training. The main central-level steering committee will be presided over by the department of Primary Education, and the leaders and experts in this department and in Mr. Tac’s department are responsible for executing the tasks associated with special education, as well as their other tasks. Schools in Viet Nam are relegated to different levels of government, depending on the level of schooling. Therefore: pre-schools are run by

18 Ibid., p. 83.
19 Ibid., p. 85.
21 There are a total of 10 different research centres at MOET including centres on non-formal education, learning materials and teaching aids, statistics and projection, per-school education and professional, secondary, higher and postgraduate education.
22 Huff et al., op. cit., p. 20.
23 According to H. Olsen, the funder of this process in email 27 November 2004.
communes and districts; primary schools and lower secondary are run by the district; upper secondary schools are run by the province, and; vocational training/colleges are run by provinces and central government. Tertiary and post-graduate schools are run solely by the central government.²⁴

An important element of Viet Nam’s policy structure was highlighted several times by different interviewees. At the commune level, there is one chairman and two vice-chairmen. One of these vice-chairmen is in charge of education and culture. This person is one of the key possible implementers for change in the educational administration system. Furthermore, this model also holds at the district and provincial level, and this person is chosen as the representative on the Steering Committee on Inclusive Education from the Provincial Level.

There were no specific guidelines to define which children can and cannot go to school. Some doctors have been known to discourage parents from sending a child to school. Some NGO projects have therefore recognized the importance of community education, convincing the parents of the value of sending their children to school, in spite of the high costs and difficulties they could encounter.

In terms of community involvement on the issue of education for children with disabilities, Mr. Tac mentioned the role of the Women’s Union, Youth Union and People’s Committee in community education and including children with disabilities, alongside MOLISA and MOET. Community Support Teams which include parents, health and education staff and members of mass organizations, support efforts of getting children to school. In general, there are also loudspeaker announcements when these teams arrive in villages. Parents are encouraged to bring their children to school for assessment. In one training effort by Rädda Barnen, these teams worked together to create support plans that would provide an analysis of the family’s situation and immediate needs and existing barriers for the child’s participation.²⁵

This process does not seem formalized and will therefore depend largely on what kinds of training these teachers and team leaders have had. The commune-level health workers can conduct surveys to attempt to identify the children with disabilities in the community, however, these results are not systematically tallied. According to NIESAC, the village head will lead the workers in the task of identifying these children. Skills in working with evaluation teams are also taught in teacher-training courses and most teachers will then know who to contact in case of need.

Since 1998, CRS has undertaken a pilot project in three northern provinces, Quang Ninh, Ninh Binh and Hoa Binh, in community awareness training. This training has reached out to teachers, educators, and local and national government leaders. The aim has been to strengthen capacity of these different stakeholders and to promote changes in attitude and behaviour towards children with disabilities.²⁶ A total of 435 education managers, from all 61 provinces of Viet Nam, have attended training on basic principles in inclusive education. Six MOET staff also attended training on international leadership in inclusive education at St. Marcos University in California.²⁷

The six priority areas of the Education Plan for Children with Disabilities from 2003-2015²⁸ are:

- To promote information-education-communication activities related to education for children with disabilities;
- To have statistics and formulate folio of children with disabilities;
- To train teachers regarding inclusive education;
- To renovate infrastructure and build resources for education of children with disabilities;
- Regulation on education for children with disabilities;
- Legal documents regulating objectives, content, methods and evaluation of education for children with disabilities;

²⁴ Ngo Huy Duc, op. cit. p. 35.
Training programme and plans for teachers;

Inter-ministry circulars providing guidance of schemes, policies, infrastructure, equipment for education for children with disabilities;

To increase the percentage of children with disabilities enrolment in primary schools to 70 per cent.

It can be clearly seen that “structural implementation is lacking and in practice only provinces/districts that receive technical and financial support from INGOs and/or other donor organizations are actually implementing Inclusive Education”.29 Furthermore, without guidelines on implementation and some budget support, it will be difficult for those under-served areas to make up for their current shortfalls in providing services for children with disabilities.

7. Special schools

Historically, Viet Nam, like most countries, had developed a system of special education schools, one per province in most cases with more in urban areas. Mr. Tac of NIESAC estimated that there are roughly 97 special schools of all sizes, locations and sponsors and that 7,000 children are enrolled in these schools.

In a MOET document on special education, it was mentioned that these institutions are primarily in urban areas. Special schools in Viet Nam are said to include one in each province, therefore, these could be in more or less urban, or rural areas depending on the province itself. However, most schools are in urban areas, which means that children with disabilities in rural areas would have to travel to be able to access the services of special schools.30

8. Regular inclusive schools – primary level

According to a recent article from NIESAC, over 75,000 children with disabilities have been able to pursue courses in inclusive schools from kindergarten to lower secondary level, with some going on to university.31 Inclusive education was started in the 1990s in Viet Nam. As can be seen from other sections of this report, the system is still being developed and no studies are yet complete to assess the level of reach of the inclusive school system geographically, or in terms of percentage of children with disabilities educated. However, it is clear that the model is well considered by the Vietnamese government and stakeholders, especially for its high effectiveness, low cost, feasibility and applicability even in difficult areas.32 Children with disabilities may, or may not be able to go to school, either in rural or urban areas, depending on the level of training of local teachers, the awareness of the community and local officials about inclusive education and the readiness of parents to send their children to these schools.

The numbers of children with disabilities in school at all is still miniscule compared to the need. IE has mainly included children with physical or mobility disabilities or slight learning difficulties to date, while those children with more severe difficulties are not well served. No one seems to have specific numbers on the regional coverage of IE schools, nor on numbers of children integrated, though IE is said to be implemented in 50 out of 61 provinces.33

29 Huff et al., op.cit., p. 21.
30 Cao, Manh Thang, op. cit., p. 1.
32 Ibid.
33 Huff et al. op. cit., p. 20.
9. Pre-school system

There is a system of pre-school in Viet Nam, but it is not yet a fully developed, formal system. The structure consists of three years of nursery school, from three months to three years old, then three additional years of kindergarten from the ages of three to six years. However, as many as 87 per cent of children under three years old are still cared for at home.34 Children aged three to four years do start attending child-care programmes, (just 45 per cent of children of these ages are cared for at home). Greater numbers of children in urban areas attend pre-school than in rural areas but classes tend to be much larger than the recommended norm. Just 30-35 per cent of total Early Childhood Care and Education (ECCE) programmes are fully state-run – subsidized centre and community-run centres account for the majority of other care centres.35

As of 2000, teachers in day-care centres numbered over 48,000. teachers have diverse levels of training: 31 per cent have received some form of basic training, another 31 per cent have participated in short courses, and; 21 per cent have been enrolled in six-month professional training programmes. Just 15 per cent had a two to three year teacher training programme in ECCE and only 225 day-care teachers had university or college degrees.

Among kindergarten staff, three per cent attended a three to four year ECCE programme, 51 per cent attended two-year pre-service education courses, 25 per cent attended nine-month training programmes and eight per cent had three to six months training. Another 12 per cent had no training at all. It was also estimated that half of teachers still farm at home.36 Training for pre-school teachers in inclusive education was only recently introduced at two central junior colleges of pre-school teacher training: No.1 in Ha Noi, and; No.3 in Ho Chi Minh City.37

Pre-schools can also be run by the village and taught by young village women (or adolescents). At any rate, pre-schools are primarily the responsibility of communes and districts. The official rate of pre-school enrolment is 60 per cent but, for example, in the regions where Save the Children UK (SCUK) works, the enrolment rate was estimated at being closer to 43 per cent.

10. Early detection and early intervention for infants and young children with disabilities

Early initiatives in developing early intervention programme for hearing-impaired and intellectually-impaired children were undertaken by Kommitee Twee. SCUK has developed an holistic early intervention programme that address early symptoms, but also tries to address root causes such as malnutrition and common diseases. Families and communities are included for early intervention education. The People’s Committee at the Commune Level is the implementing partner. The vice-chairman of the People’s Committee for social issues has the power to implement these programmes. Focus needs to be as early as possible and should include nutritional development. Emotional support also needs to be addressed. SCUK has developed “parenting education materials” used by children in grades three and four (many parents themselves in the rural and mountainous areas served by SCUK cannot read). These materials also address injury prevention and the curriculum on education in preschool includes a section on inclusive education.

The early intervention programme of SCUK relies on the Early Childhood Development officer (ECD) who is chosen from among village health workers and the Committee for Protection and Care of Children (recently renamed the Committee for Family, Population and Children). The ECD will promote the development and follow the progress of children aged five to see how many are enrolled in school. However, this role can occasionally be made more difficult in some areas when people do not remember the age, or date of birth of their child. Still, awareness remains the most important factor, as there are many attitudinal obstacles to be overcome.

34 de Los Angeles-Bantista, Feny. Early Childhood Care and Education in South-East Asia: Working for Access, Quality and Inclusion in Thailand, the Philippines and Viet Nam. UNESCO Bangkok, 2004, p. v.
35 Ibid.
36 Ibid., pp. v-vi.
37 NIESAC, op. cit., p. 2.
At present, these services are slowly being put into place by village health workers, indirectly under the Ministry of Health, but more directly under the local authorities. This service will reach most families in a given commune, and training has taken place in 53 out of 61 provinces. However, it remains the case, that “there is often a lack of coherence and coordination between all these projects [which are] often not embedded in the national, departmental or local educational policies.” Estimates of extent of coverage show that only a small fraction of children with disabilities are being included in any early intervention programme. For instance, in Ho Chi Minh City, of approximately 22,000 children with visual intellectual disabilities, 54 are in the Early Intervention Programme at the Research and Education for Children with Disabilities Centre, 113 are integrated into kindergartens and primary schools and 900 are attending 15 special schools. That would indicate that almost 21,000 are not included in any system of special care.

Plans are definitely in place to reach out to more parts of Viet Nam with early childhood care. A meeting was held that was jointly chaired by Save the Children France and Save the Children UK and the ECD department called Pathway on ECD. Those present at the meeting discussed how inclusive education can be implemented at the early levels. The Save the Children Alliance (SC Japan, SCUK and SCUS) continue to support these efforts.

The community-based rehabilitation programme has also been well developed in Viet Nam and deserves mention. This network was started in 1987 and includes a provincial steering committee, district steering committees and communal CBR units. The CBR unit mobilizes cooperation from disabled persons and their families and provides counseling and supervision of rehabilitation exercises. CBR is mainly aimed at those with physical disabilities and mild learning disabilities. There should be some role of the CBR representatives in recommending educational opportunities for children with disabilities. Coordination between IE representatives and CBR programme still needs to be increased.

A report from 1995 mentioned several reasons why this still was not widely successful: (1) absence of information on what the other partners in health or education are doing for rehabilitation; (2) the steering committees on CBR at district and commune level had not developed clear plans for integrated medical, social and educational rehabilitation, or structures for follow-up with individual children; (3) there existed an absence of record-sharing between schools and health centres; (4) the available records only address disabilities and not the support needed, and; (5) CBR and IE programmes are not always present in the same communities.

11. Access to secondary school for children and youth with disabilities

Anecdotal evidence from the interviews of children with disabilities showed that children with disabilities who successfully manoeuvre through primary school are not given any additional services for secondary school.

12. Access to tertiary education opportunities for persons with disabilities

Persons with disabilities do attend tertiary studies in small numbers and support has been provided by a self-help group of persons with disabilities, “Bright Future”, who have grown into a significant organization of persons with disabilities, engaged in advocacy, training and programme development.

39 Ibid., p. 16.
13. Definition

The official state definition of the Government of Viet Nam is found in the Ordinance on Disabled Persons, Article One:

Disabled persons by definition of this ordinance, irrespective of the causes of the disability, are defective of one, or many parts of the body, or functions which are shown in different forms of disability, and which reduce the capability of activity and cause many difficulties to work, life and studies.

Mr. Dang Tu An, deputy head, Management Section on Educating Children with Disabilities referred to the WHO definition from 2001 in a recent speech:

“According to WHO’s definition (April 2001), Children with disabilities are those who have a disorder in body structure or functions which may manifest itself in imperfect ability to take care of themselves or have difficulties in learning primary education curriculums if they are not provided with special assistance in terms of educational methods and necessary equipment”.

Mr. An said that 90 per cent of children with disabilities in Viet Nam fall under five categories:

1. Hearing-impaired children (including deaf children and those with hearing problems at different levels);
2. Visually-impaired children (including blind children and those with vision problems);
3. Mentally-retarded children (including children with specific learning difficulties or with limited abilities in intellectual activities);
4. Children having difficulties in language and communication (including idoglossia, stutterers or those having problems in pronunciation at different levels, or totally unable to read or write);
5. Motor disabled children (including hand, leg, totally or half-body paralyzed, dysfunctions or malfunctions of mobile body parts);
6. Children with multiple disabilities;
7. Children with strange behaviour;
8. Children with autism or auto-suggestion.

There is some familiarity among experts with the WHO classification, but this is not used throughout the schools for data collection. Anecdotal evidence suggests that the Ministry of Education, MOLISA and the Ministry of Health also have differing views on what the official definition of disability should be.

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9. The new 2001 WHO International Classification of Functioning, Disability and Health is not yet used for census, household surveys or other data collection activities. However, the previous 1980 definitions have been used at least at the central level. Furthermore, there is a perception that the WHO definition is “medically inclined, complicated for those working outside the medical field, like educators and social workers”.42

10. In the 1997 UNICEF study: “definition and criteria for classification of children with disabilities are not consistent at the grassroots level, leading to discrepancies in figures in some school surveys on disabled children”.43 This leads to such cases as children with myopia being listed as disabled and this would then lead to a higher percentage of children with disabilities said to be attending school than is actually the case.44 Types of disability listed in the 2003 UNICEF-Viet Nam study include variations on the above and in greater detail.45

11. Mobility impairments, which include amputees and those with polio, spinal lesion, cerebral palsy, scoliosis, club feet and joint problems.

12. Visual impairments including those who are blind or cannot see things less than three metres, or cannot count fingers at a distance of less than three metres and those who cannot see fingers at a distance of less than one metre.

13. Hearing impairments include those who are deaf, or have a hearing difficulty in one or both ears.

14. Language disorder including those who cannot speak or only pronounce inarticulate sounds and have to use hands or writing to express ideas.

15. Intellectual disability, including those with cognitive or intellectual limitations.

16. Mental disorder/strange behaviour resulting from psychotic/mental illness, e.g. schizophrenia and depression.

17. Epilepsy, including those with epileptic seizures, ranging from a brief lapse of attention to a prolonged loss of consciousness with abnormal motor activity (chronic or recurrent).

18. Loss of sensation (leprosy), including those with a chronic infection that attacks superficial tissue, especially the skin and nerves, predominating on appendages like fingers, toes, ears and nose.

14. Disability statistics

There have been some attempts to collect data on people with disabilities, however at present there is no institutionalized census of people with disabilities, neither for the population at large, nor for children with disabilities in school. The statistics that do exist vary widely, based on differences in methodology and sample size.

No information exists on disabilities at birth. There is no birth registration process that includes information on disability. The right to registration at birth exists in Article seven of the Convention on the Rights of the Child. No disability data is collected through this process. Birth registration does exist in Viet Nam, however until 2003, the need to pay a fee for birth registration prevented many of the poorest families from fulfilling this right. Furthermore, a requirement to register births of children not in the place of current residence or even in the place of birth, but in the place of “permanent residency” also hampers further birth registrations. Birth registration is decreed under Decree 83/1998/ND-CP of 10 October 1998 on Civil Status Registration. The policy guideline for implementing this decree is Circular 12/1999/TP-BTP from the Ministry of Justice. This decree includes the provision to allow parents to register the child in the place of birth and extends the length of time for registration from 30 to 60 days. However, according to a January 2000 report by Craig Thomas for Save the Children (France and

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43 Ibid., p. 40.
44 Ibid.
45 Huff et al., op. cit., p. 15.
Sweden), 14 per cent of children from a sample in Ho Chi Minh City were not registered and 21 per cent of those registered were registered late. In Khanh Hoa province, where many ethnic minorities live, approximately half of the children remain unregistered.

According to the most recent UNICEF-Viet Nam study on children with disabilities, the prevalence of children with disabilities, between the ages of birth to 18 years, is 2.4 per cent or 662,000 children. However, these numbers are low if compared to data from surrounding countries or earlier studies.46 The UNICEF-Viet Nam study included three different methods, the National Statistical Data Collection (NSDC), household surveys and Knowledge, Attitude and Practice (KAP) surveys.

The NSDC was undertaken by MOLISA between May and September 2003, based on a pilot study in 1995 and adjusted for population growth to provide data from all 61 provinces of Viet Nam. These results are estimates and should be used only for reference purposes only. According to the UNICEF-Viet Nam report, the major sources of statistics in Viet Nam on children are the USAID survey conducted by Thomas Kane in October 1999 and the MOLISA/UNICEF Child Disability Survey (CDS) of 1998.

Also important is the “Review of Child Labour, Street Children Child Prostitution and Trafficking, Disability and the Family of 1998” by Tim Bond and David Hayter. The authors state that “no other major statistical and situation reports on the overall numbers and status of CWD in Viet Nam” have been published since the issuance of these reports.47

The 1998 CDS stated that almost half of school-aged children with disabilities were illiterate, or 45.5 per cent, one third of children with disabilities had never attended school, and one sixth had attended but dropped out.48 In the part of the survey conducted in institutions, results were somewhat different. Just five per cent had never attended school, but 85 per cent had not finished primary school. Reasons that children did not attend school included family poverty, lack of education for children with disabilities, inaccessible schools and embarrassment, or lack of confidence because of the disability.

According to the UNICEF-Viet Nam survey of 2003, again, only an estimation of overall rates, the amount of children in school is roughly 35-38 per cent in total for rural and urban areas. Those children not in school account for between 51-52 per cent for the same categories. This result seems to contradict the overall conclusion of most experts that those children in rural areas will have a harder time accessing school. Rates of school attendance according to this same survey vary widely according to type of disability, with the highest percentage of children out of school being those with strange behaviour (84 per cent), followed by those children with intellectual impairments (76 per cent), then hearing impairments (68 per cent) followed by those with epilepsy (64 per cent) and then by those children with mobility impairments (60 per cent). Children with visual impairments had the highest rate of schooling, with 38 per cent out of school.49 The household survey also revealed that in general, boys had received more of an education than girls.50

The 2003 UNICEF-Viet Nam survey did include some information on age, gender and the urban/rural divide for children with disabilities. Disability prevalence rises continuously with age, from 1.39 per cent from birth, to six years to 11.82 per cent for older than 60 years. Rates are always higher at each age level for men than for women.51 Prevalence was 2.37 per cent in the total population, but 2.42 per cent for males and 2.31 per cent for females. In urban areas the prevalence was lower both overall (1.42 per cent), for males (1.75 per cent) and females (1.12 per cent). Rural areas therefore have a higher prevalence, (2.57 per cent overall), (2.56 per cent) for males and (2.58 per) cent for females.52 In addition, a Save the Children Sweden report states that “less than 10 per cent of children with disabilities in Viet Nam are going to school, most of them in inclusive classes. The number of boys is higher than that of girls”53

47 Ibid., p. 10.
48 Ibid., p. 11.
49 Huff et al., op. cit., p. 29 (Percentage calculations by the author).
50 Ibid., p. 30.
51 Ibid., p. 24.
52 Ibid., p. 25.
15. Disability statistics and database – Ministry of Education figures

Mr. Anh Tuan of the Ministry of Education, Statistics Office explained that very limited data on children with disabilities is collected each year. The process used to collect this data is to send a request form to schools which is then handed to teachers who will fill out the form with the number of students with disabilities in their classroom. No definitions are provided and no training is given to the teachers on how to identify children with disabilities. This leads to some wide dispersions in the identification of “disabilities” and often can include disadvantaged children such as children from extremely poor families.

There is no information on the type of disability, only the numbers. The process is also only undertaken in regular schools and not in special schools, and the results are not tallied to come to a total number of children with disabilities in school. Other survey requests are also sent out during the year. The second request contains further questions, including how the students are learning, questions on teaching quality, age of the students and school level. The statistics exist for schools, districts, provinces and grade level. It is important to note that the individuals are not identified and therefore it would be difficult to deduce any information on drop-out rates, or other in-depth analysis based on individual characteristics. Also, there were no other follow up studies on this data from this office. Their sole position is to collect and disseminate the data within MOET. Also, the DOET level is the level that collects the data from schools, MOET is only directly responsible for universities and indirectly responsible for schooling at all other levels.

School registration forms do exist, but do not identify children with disabilities. The information included on this form is name, age, birth registration card, parents’ names, address and IS card. These forms are also filled out at the school level. Apparently, private nursery schools are also included in statistics. It seems that any schools which fall under another ministry will not be tallied, but private schools could be counted. MOET did not have statistics on children with disabilities who are not in school.

Any changes to information collection would have to be undertaken at the MOET central level. For example, recent curriculum changes have led to some new information requests. The European Commission has funded the development of information systems at MOET (Management Information Systems or MIS).

There is supposed to be a working group on statistics for children with disabilities which would include Mr. Tac. The latter estimates that 33 per cent of children have learning difficulties, 20 per cent have hearing impairments and 15 per cent visual impairments. The remainder have mobility impairment.

16. Monitoring procedures – national monitoring and monitoring for the EFA process

Children with disabilities are not identified as a separate category for EFA monitoring. In a meeting with Nguyen Quoc Chi, National EFA Coordinator, we discussed the current status of EFA monitoring in Viet Nam. It is not clear when the EFA process in Viet Nam will explicitly include children with disabilities. This has been discussed already with the Director of Special Education of MOET. NIESAC may coordinate many different kinds of solutions for children with disabilities. At the time of publication, the EFA action plan was focused on 85-89 per cent of “normal” students. According to Chi, inclusive education is still in its infancy in Viet Nam with various pilot projects and no clear aim or systematization. People still often think that special schools are more appropriate for children with disabilities.

Dr. Chi coordinates efforts in MOET in general, and also with DOET in the provinces and occasionally with the Bureau of Education and Training (BOET) (at the commune level). He re-iterated the plan to create a National Steering Committee on inclusive education under the Prime Minister’s Office which would help to resolve some of the inter-ministerial issues. There are already National Committees on school “concretization” (physical buildings) undertaking such projects as replacing schools with three shifts per day and another steering committee on the universalization of lower secondary school. The EFA Steering Committee includes the Ministry of Finance, Ministry of Planning and Investment, MOLISA, Ministry of Personnel, as well as many of the mass organizations such as the Women's Union, the Youth Union and the Fatherland Front.
In a document from the EFA coordination office entitled “TBS for EFA Plan Implementation” dated October 18 2004, it was stated that there is a “special subsidiary focus on disabled/excluded children based on government policy of equity of educational opportunity for all children.” The TBS should be used in order to identify and reach out to excluded and under-served groups throughout the country in the educational process. The two main goals currently are provincial level planning and implementing the TBS (targeted budget support) initiative from international donors. This TBS process is related to the Primary Education for Disadvantaged Children (PEDC) project.

The EFA process is attempting to link to the PEDC project in terms of overlapping goals. The PEDC project is operating in 215 districts of 40 provinces. The PEDC project should soon develop specific policy for excluded children. The PEDC office, as discussed elsewhere, will include disadvantaged children, minorities, disabled children and street children and is now only in the first step of implementation. Another report mentioned the importance of data, then budgeting in planning for future action in educational policy. For example, the district Division of Finance is responsible for collecting educational data (number of schools, classes, teachers etc.) to advise the province on the draft budget for the year.54

CRS is working with MOET to develop guidelines on inclusive education using a bottom-up approach. The chief contact is Mr. An, of the Steering Committee on Inclusive Education and Mr. Tac of NIESAC. CRS is looking at management tools for IE environments, including considering who the stakeholders are, such as teachers, parents, and formal and informal health sector representatives. If the guidelines are too much based on the wishes of the central government, they are likely to remain unenforced. Richard Villa, the well-known inclusive education specialist, has made several trips to Viet Nam to assist in developing guidelines. An example of guidelines that are not enforced includes the declaration that 50 per cent of children with disabilities will be included. Schools are unaware of such a guideline and have no specific directions or responsibilities for carrying out this new legislation. They have no data to know if they are covering sufficient numbers, lack trained teachers and don’t yet have familiarity with inclusive education practices. The project aimed to translate guidelines from several other countries for comparison of goals and objectives in other systems. They also took trips to Italy, Australia and the United States to see good practices but also “challenging school environments”. They saw that teachers are often the key and managers and finances were not.

A recent paper from the Ministry of Finance underlined the importance of statistics for the planning and implementation of improved opportunities for people with disabilities in Viet Nam:

The state should carry out a project on disability survey to come up with specific analysis on the actual situation of disabled persons in Viet Nam, including indicators on ages, gender, qualification, types of disability, jobs, capability, aspiration, income (if available), etc. Only by having these data, can NCCD make recommendations with measures appropriate to the socio-economic development programme of the country and plan on finance requirement proposed to local authorities at all levels for budget allocation.

17. Multi-sectoral collaboration

The National Coordinating Committee on Disability is one of the main bodies for coordinating efforts on disability issues for people with disabilities. While NCCD is primarily under the auspices of MOLISA, a conference had evidence of input from other ministries as well, including the Ministry of Education, Ministry of Finance, and the Ministries of Transportation and Construction. The National Assembly is also a member, as are several representatives from Disabled Persons’ Organizations. In a recent assessment document, most interviewees saw the goal of the NCCD as the assistance to the Government of Viet Nam in achieving the UNSCAP goals.55 Coordination was seen as a means of monitoring progress on disability issues, increased effectiveness and efficiency of the different activities done by various ministries, and coordination as an advocacy and awareness raising tool.

54 Ngo Huy Duc, p. 52.
The NCCD should play a “monitoring role” for inclusion of disability at the policy level, and not at the implementation level. NCCD is likely to serve more as an information-sharing mechanism in the form of newsletters and strategic plans as well as through workshops and seminars, rather than as in-depth technical advisors. This role is still very necessary and yet well developed. Sharing information across ministries on statistics, experts, progress indicators and also give feedback to and advice. The NCCD should reach out to ministries and departments, NGOs, associations, mass-organizations and other non-government actors, and of course to people with disabilities and their families.

The Steering Committee on Inclusive Education was only made up of members of MOET. However, inter-ministerial cooperation is one of the six objectives of the Primary Education for Disadvantaged Children Project. Mr. An described what he saw as the role of the NCCD in education for children with disabilities:

- Education must reflect closely the society and the community, so inclusive education needs to stay in touch with the society and the community;
- Education for children with disabilities should take into consideration those experiences, and scientific conclusions of developed countries which are appropriate for the practical situation of Viet Nam;
- Education for children with disabilities requires more resources than that for normal children. It is necessary to acquire domestic preferential resources and international assistance;
- The coordination of line ministries, branches, domestic and international organizations is a prime condition to achieve objectives in education for children with disabilities.

Mr. An stated his expectations for NCCD roles as the following:

- To coordinate among domestic and international organizations;
- To coordinate activities in communities, society, and families of children with disabilities;
- To incorporate education for children with disabilities in the general disability development strategy;
- To provide information on education for children with disability at the local and international levels;
- To be the focal point to record the achievements in education for children with disabilities in Viet Nam.

It is important to note this last expectation, as several other offices could conceivably be covering the same role, including the PEDC and the EFA office.

Finally, the Education Sector Working Group (ESWG) has recently been formed to support government priorities on education. The consultative working groups include donors, NGOs and government in an attempt to “improve aid effectiveness and to reduce transaction costs.” The Education Working Group follows in the steps of several other such groups on other topics over the last decade of international aid involvement in Viet Nam. Regular meetings are planned quarterly to review education for all achievements, education management and information systems and primary pupil achievement.

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56 An, Dang Tu, op. cit.
18. Head teacher or principal of an inclusive regular school.

At the inclusive school that we visited in Vinh Phuc province, Yên Lac town and Trung Nguyên commune, the head teacher, who is simply a teacher chosen from the school by other teachers for the period of one year, told us that no particular training is given specifically for the head of the school. Teachers are given training at this school in both in-service and longer formal training programmes.

The head teacher informed us that a criteria for being an excellent school set by the People’s Committee is that 85 per cent of children with disabilities in their area should be in school. However, it was unclear how these statistics were measured, only that the teachers were content to be able to be considered an “excellent school” through their efforts in this regard.

The head teacher expressed a desire to have more specific legislation which could then be implemented by the school. However, regular visits by officials from the Department of Education and Training and the Ministry of Education and Training were common for this pilot school. Staff from Save the Children (Sweden) also visited regularly.

Some training was provided for the other students and for parents, about the inclusion of children with disabilities in the school.

19. Interview a classroom teacher in a class with CWD in an inclusive regular school.

One teacher acknowledged that the evaluation demands on children with disabilities were different than for other children. Children with disabilities could still pass into a higher grade even if they had not achieved the same level as other students in their classes.

All of the teachers we interviewed had attended courses on inclusive education at the College of Vinh Phuc province. Their courses were one-year long and the teachers lived on campus in a hostel. All teachers in Vinh Phuc province were said to follow this class. Students need to take an entrance exam in order to attend the class. Teachers can also take in-service courses. Teacher-training courses are also given at the school for all teachers. According to the teachers, all schools have a policy of inclusive education in the province.

Teachers recognized that there may be several more disabled boys than girls in classes, but no official numbers exist. They added that some other classes could have more girls than boys. Most of the children with disabilities, according to the teachers, are children with learning disabilities. Ha, the student we interviewed was considered an exception to this rule. However, Ha clearly had both learning disabilities and physical disabilities. She cannot write as her hands are not coordinated enough.

The teachers said they had realized that the movement toward inclusive education would be easier on the teaching staff - as a classroom full of disabled children would be too difficult for one teacher to handle. Furthermore, the teachers pointed out that it is useful for the disabled children to have a
student helper. Each class had no more than three disabled children. The teacher directs the class and has other child helpers. They said school fees for these student helpers were waived as an incentive for other children to become involved. There was a special class for deaf children, where there were six students.

One of the greatest advantages of inclusive education was the possibility of having students able to assist teachers instruct those with disabilities. Another advantage is that the school is closer to home and therefore the costs associated with education are lower. Furthermore, the environment is friendlier with no discrimination towards children with disabilities, so these children can develop in a normal way and live with their parents at home. If children with disabilities were not welcome in their school, the teachers commented, most would stay at home and not go to special schools. Finances remain the main problem. Some of the children with disabilities may live with relatives nearby, so that even an inclusive school acts as a magnet for attracting more children with disabilities.

The teachers also acknowledged that the advantage of special schools is the disadvantage of inclusive schools, that is to say, in special schools the teachers should have more in-depth training and have greater expertise and skills in teaching children with disabilities. Special schools also have more equipment to help children with special needs. One other possible advantage of special schools is that the children are in a certain system that could allow them to gain access to secondary schools or to vocational training which could then help them to get jobs upon graduation. Another comment by the teachers was that the students are not likely to continue after primary school since the focus thus far in teacher training has been solely on disabled children in primary school. They said that after finishing the first through the fifth grades, these children would likely stay at home as secondary schools are not yet developed and ready to accept children with disabilities.

Tuyêt was very proud of the fact that she had trained a blind child for many years who moved on to secondary school. She now has a deaf child in her class. She still meets occasionally with the blind student to check on her progress since she lives nearby. However, she is faced with some difficulties as she does not have enough supplies for her studies.

The teachers also said that encouragement for them would be vastly appreciated, in the form of regular awards for teaching children with disabilities. They also support each other in these efforts informally, but made it clear that more institutional support would be welcome. They pointed out that even in teaching other children, preparation is demanding, but for children with disabilities they need extra time and materials and do not receive any special support for these extra efforts. While higher salaries would be one way of compensating the teachers, they said that special thanks, or awards would also be welcome forms of compensation. They recommend that MOET consult with teachers on how to reward and support good teaching. Awards at provincial and country levels would also be welcome, they said.

20. Child with a disability in an inclusive class in a regular school

Ha is a 14-year old student at Vinh Phuc School, about an hour from Hanoi. She had never attended school before entry into the inclusive primary school. She is several years older than her classmates but performs very well. She enjoys coming to school with the other students and her family said that she has become physically healthier and more open and happy at home. She eats better and interacts more regularly with her family. She enjoys learning all subjects and imparting ideas to the class. She reported no particular difficulties in attending school. She only attends the morning session however, which could be due to difficulties in transportation. Most students arrive on bicycles and she is in a wheelchair and must be taken the two kilometres to her home, where she lives with her grandparents and siblings. Ha said that she has a very good memory and is third in her class in spite of the fact that she has not yet learned to write. The teacher will ask her questions and test her orally. She is best at mathematics.
21. A non-disabled peer in the same class as a child with a disability

The student helper of Ha (also named Ha), said that she enjoyed going to school with children with disabilities because she enjoyed helping them. She added that she can learn from them as well and helps Ha to play and to write her lessons. The two girls come from the same village and at times Ha will help her come to school, though her brother or other community members can also help to bring Ha to school. Ha said that there wasn’t anything she didn’t like about helping Ha, but that it was sometimes difficult to understand her voice. She was unable to write for herself, so needed assistance.

22. A family member of a child with a disability attending a regular inclusive school

Ha did not have the opportunity to attend any other school before she attended this inclusive school. This school is only about two kilometres away from her grandparents’ home, thus allowing them to send her there without additional costs. Ha has three other brothers and sisters, her parents live and work in Ho Chi Minh City. The family seemed relatively affluent for the village and the province in which they live. Ha went to school in the beginning because the teachers came to tell her grandparents that she would be welcome. The family was reticent at first and feared a negative reaction towards Ha, including other children making fun of her.

Visits to the doctor early on were also not encouraging, the doctor recommended rehabilitation but not study for Ha. Before Ha attended school she visited a famous hospital in Hanoi where rehabilitation is performed. Nguyen Dait Tu is a famous therapist, however the family found the therapy very expensive with few results and Ha’s condition did not greatly improve.

After Ha attended school, she no longer experienced seizures, her physical condition improved greatly and she became much happier. Before, she stayed in her room alone, but began to communicate more freely and play more regularly with her siblings. Overall, the family was very happy with her treatment from other students at the school. However, they were less impressed with the assistance provided by medical experts and have since ceased regular treatment.

The best outcome of inclusive education is providing Ha with greater experience in the community with other non-disabled students. If all students in her school were disabled, she would not have been able to advance so clearly in her skills in interacting with others.

Ha’s family is rightly very proud of her. They had several stories to illustrate her impressive memory, including the fact that she remembers the names of the foreign experts who have visited the school (including our own) after hearing them only once. She can now also read thanks to attending school.

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23. Interview with a community member or local official

No interviews were undertaken with community members who were knowledgeable about CWD in schools. However, in many of the IE programme, attention has been paid to the community component of inclusive education. The teachers at the inclusive school in Vinh Phuc mentioned that Rädda Barnen had undertaken a programme to educate parents, along with other community members and that this education had played a role in encouraging parents of non-disabled children to understand and accept having children with disabilities in the same classroom as their children.
No interviews were undertaken at special schools, pre-schools or early intervention centres on this visit. Information about these systems is available in the earlier overview section 1.
Teacher Training Including Training for Teachers to Teach Students with Diverse Abilities in Regular Schools

24. Colleges and university departments responsible for teacher training for special education teachers and regular teachers who will teach in inclusive schools

Teacher training has been one of the most active areas of the IE implementation process in Viet Nam in the past few years. There are now short-courses as well as one-year, two-year and three-year courses. NIESAC estimates that 30,000 pre-school, primary school and lecturers for 81 teacher training colleges nationwide have had short courses on inclusive education. Entrance exams for teacher training in this field do not have any additional requirements for special education teachers.

Central to efforts of teacher training for inclusive education has been the upgrade of courses, which are two years long for teachers with some teaching experience. These teachers must have had 12 years of formal schooling plus two years of teacher training (12+2). The upgraded courses can either confer the university-level degree to teachers with a teaching certificate of three years of pre-service training, or award the 12+2 teachers with the third year in order to be awarded a teaching certificate. All new teachers for primary schools, as of recent government policies, will be required to have the 12+3 years of schooling which awards the teaching certificate. In other faculties of teacher training, there will be some courses on special education, which will allow all teachers – even those not specialized in this subject – to have some contact with special education. Several teachers of inclusive education have also been supported by CRS to pursue a master's programme in special education, held in the United Kingdom in 2003 and 2004.

Presently, primary school teachers are not university qualified. The teacher-training colleges in the provinces award certificates for three years of training. This is “formal” pre-service training that takes place before the trainee begins to teach. Primary school teachers who go through formal training for three years can add one extra year on special education. The three major specialties are for hearing-impaired children, visually-impaired children and intellectually-impaired children. A fourth will be added for children with various disabilities. Some teachers are employed after only one-year’s training.

According to NIESAC, there are two main thrusts of the teacher-training platform. The first is to educate teachers about the principles of inclusive education, including about individual education plans, how to modify their lesson plans and to effectively instruct the students in a child-centred manner. The second is the specific training on certain kinds of impairments. In the regular curriculum, for hearing impairment, this training lasts six weeks and includes some sign language. For children with learning difficulties, this includes how to learn concepts, task analysis and for visual-impairments this is three weeks long with Braille and task analysis components. The process is to train key resources persons in the district who can then train the others. Every year there is upgrade training. There is also in-service training in the classroom.

58 Ibid.
In-service training has been available since 1997. This is two years long, as mentioned above, and includes three kinds of specialities on children with: 1) hearing impairments 2) intellectual-impairments, and; 3) visual-impairments. Two thirds of trainees will take just one specialization, while the other third will take all three skills. The classes are for two years and are full-time, every day. The courses are still more or less on an ad hoc basis and are held in conjunction with funding from NGOs etc.

The main sponsors have been CRS, Komittee Twee and the Japan International Cooperation Agency (JICA). These three organizations help with refreshment courses. There are also formal courses for which recruitment is held every year. Students who finish high school can take entrance exams for these courses. They can follow these studies in parallel with other courses for four years. Afterwards, they can teach primary or pre-school in inclusive or special schools. Primary teachers teach every subject, while secondary teachers can be more specialized.

Komittee Twee, working in Viet Nam since 1977, has been focused on teacher training programme since 1992. Several distinct projects included Education for Hearing-Impaired Children supported by the Institute of Deaf in Holland from 1992-1996 which instituted long and short-term training curricula for teachers of hearing-impaired children. From 1993-2003, Komittee Twee supported the development of the Hanoi Pedagogic University, from a department of special education to the establishment of the first separate special education faculty in 2001. Ho Chi Minh and Da Nang Pedagogic University added a special education faculty in 2003. Faculties of special education were also added to Early Childhood Education Colleges No. 1 in Hanoi and No. 3 in Ho Chi Minh City in 2003. Two-year in-service training courses include training for teaching for hearing-impaired, intellectually-impaired and visually-impaired children. At the provincial level, there is some of these courses as well. Courses for teachers have been introduced in the five teacher-training universities nationwide: Hanoi; Da Nang; Quy Nhon; Ho Chi Minh City, and; Dong Thap.

At Teacher Training College No. 3 in Ho Chi Minh City, there was a programme for training teachers for early intervention for children of kindergarten age that included teaching for hearing-impaired, intellectually-impaired and visually-impaired children. This training was primarily for teacher trainers. From 1999-2003, there was also a training course for early intervention for hearing-impaired children. There were 33 early-intervention centres for hearing impaired children throughout the country.

There are interventions at school about which people are informed through the media, brochures and television. Children are provided with hearing aids if they need them. Early intervention for intellectually disabled children was taught to teachers of 30 regular kindergartens. This training included information on Individual Education Plans (IEP). Longer-term plans for teacher-training include expanding training on early intervention. Pre-service training takes three years and includes all subjects. In-service training includes the three subjects mentioned above, and lasts 24 months. There are also occasional short training programmes, held over weekends and during breaks.

According to Ta Thuy Hanh of Rädda Barnen, support was given in 1997 to MOET in training teachers and parents about children's rights. Support of a child-friendly environment is essential to understanding how to assist children with disabilities. However, some teachers still do not respect children and submit some to punishment. Therefore one positive early contribution of Rädda Barnen activities is the broader understanding of all facets of children's lives and appreciation for a new way of teaching, breaking out of old-fashioned moulds and changing teaching methodology towards a more modern child-centred approach. Since 2000, Rädda Barnen has been trying to include inclusive education approaches in pre-service training at teacher training colleges. Children's rights are becoming a part of general teacher training programmes, including at the Department of Primary Teacher Education and in the World Bank teacher-training project. After the first evaluation in 1995, the focus was narrowed in 1996-2001 to include the following subjects: 1) community support; 2) MOET and NIES support on curriculum development, and; 3) pre-service training, testing and revision should eventually be adopted on a nationwide scale. Rädda Barnen served as a catalyst with the government to spur on innovative ideas. The Evaluation of 2000 showed positive feedback for the child-rights component of education. Previously child rights months were only in October and November, but now this component is included all year long. Teachers use games, and other kinds of play-learning to try to instil respect for children’s rights. MOET includes children rights in the curriculum, along with moral education, country family, politeness and respect

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for the founding father, Ho Chi Minh. In a new textbook that covers up to grade three and the teacher's guidebook, these lessons are included.

No plan existed to teach secondary-level teachers. One option is for primary school teachers to instruct secondary school teachers in certain required skills. University authorities were due to bring training courses to the secondary level in the coming years, but no specific plans were in place at the time of publication of this report.

A March 18, 2004 Decision by the Ministry of Education (No. 75/2004/QD-TCCB) outlines the following functionalities, responsibilities and structure for the CECE, who has the chief responsibility for teacher training:

Functions:

- Doing research on special education in the fields of people with disabilities, disadvantaged children, minority children and gifted children;
- Building human resources for the special education field;
- Counselling to MOET on scientific bases to develop the strategy and curriculum of the special education field.

Responsibilities:

- Doing research on scientific bases to develop strategy and curriculum of special education;
- Develop models and curriculum of special education;
- Training and cooperative training in the special education field;
- Doing scientific research on schools' needs, teaching materials, pilot production of textbooks, teaching materials, etc;
- Counselling and supervising in special education;
- Gathering, processing and communicating information in special education;
- Cooperating with organizations, individuals nationwide and the world on special education.

The following sections make up the body of NIESAC:

- Section of Strategic Planning, Policy on Special Education Development;
- Section on Intellectual Education Development;
- Section on Education for People with Hearing Difficulty;
- Section on Education for People with Seeing Difficulty;
- Section on Education for Disadvantaged Children;
- Section on Minority Education.
Section 6

Access to Tertiary Education for Students with Disabilities

25. Students with disabilities attending university or tertiary training

No interviews were undertaken at the tertiary level during this visit, but some students with disabilities do succeed in attending university courses. There is no formal support or awareness training for lecturers at tertiary level but at some private institutions there are courses which ensure that non-disabled students interact with disabled students, and informal support systems develop in this way.
26. Consultation with organizations of persons with disabilities

At present, the NCCD is the sole consultative body for policy-making at the national level. However, as stated earlier, this body is limited in scope, as it is resident within the MOLISA and has limited capacity for implementation of policy within the Ministry of Education. However, other efforts are underway for the Ministry of Education.

Through a meeting at the Disability Forum of International and local NGOs, we were able to have the input of a variety of organizations, such as from members of the National Blind Association, Bright Futures, and the Hanoi Disabled Students’ Club.

A significant frustration was evident in an interview with a member of the National Blind Association on the lack of technological support for the education of people with disabilities. Particularly, more software and other technical support should be available for people with visual impairments. The government should create more opportunities that are not based on the individual’s ability to pay, as seems to be the case at present for many programmes. Support had come from overseas organizations for Braille materials but not for more sophisticated tools. Furthermore, very few blind individuals were able to attend regular schools, only “excellent” students were able to attend and there seemed to be a great disparity between the North and the South in opportunities, with greater possibilities in the South. Students who were are able to attend schools at the secondary level often studied in special schools before they transferred to regular inclusive schools, at higher grade levels. In computer science, there was a significant difference in support available for mainstream students than for special students. Technological advances were not readily available in Viet Nam. Chances for tertiary schooling were slim for all students, not just for students with disabilities, who can experience added difficulties sitting entrance exams. However, some universities were “directed” by the government to accept blind students.

In addition, Van, a student, said some administrators do not want to create inclusive schools, but sought to emphasize the charity aspect of all-disabled special schools in order to increase funds from abroad.

Van, said he felt immense discrimination in his personal life and great barriers between himself and the outside world. He said he felt “weak” and “empty”. Fortunately, he was able to meet many volunteers in his years at school and was able to be involved in a movement towards greater possibilities for people with disabilities. He was also refused entry to many high schools, whose officials stated that no law exists that requires them to accept blind people. He since opted for a distance learning programme, however he claimed that it was not entirely appropriate for him as it was not difficult enough. He said the most important issue is to amend laws so that people with disabilities can more easily access secondary and university education. Van suggested that all “excellent” students should unite to present their demands to the government and have a common voice to authorities in overcoming obstacles. He recommended a meeting between the country’s Ministry of Education and people with disabilities to discuss numerous plans of action.

Several members of Bright Futures also shared their experiences. Kim Oanh was enrolled in courses through the Distance Education Channel of the Hanoi University of Foreign Students (sic). Her mother was a teacher and so she was able to attend a regular school and was, in fact, the only disabled child in her school. Ms Oanh wished to become a teacher herself. She talked about the obstacles and said
people without disabilities are not sufficiently aware about people with disabilities and their needs. She was able to work as a consultant for World Vision in 2003, as an assistant to children and adults in Quang Tri province. She was also involved in other projects, including the possibility of establishing a women's club and making a newsletter for information sharing. She said teachers are the most important link to encourage more children to go to school, and that social and cultural development in urban and rural areas is essential in order to improve the possibilities for children with disabilities in the future.

A student from the Hanoi Disabled Students' Club stated that she was in her fourth year of school at the Hanoi University of Business Management. She started school at the age of seven in Nam Dinh, 100-km from Hanoi. She was encouraged to go to school by family and friends but also because school is considered compulsory. She was helped by her parents to go to school at the primary level, but at the secondary level just her friends assisted her. She received no particular support from the community, only from her family and friends. She was the only child with a disability in her school when she was younger. She now knows about 10 other friends, all of whom have gone to school solely with the support of their families. She said the family provides the most support and added that government could do more to help. She had to pay school fees when she was young in Nam Dinh (in spite of laws that forbid fees being levied on children with disabilities). She mentioned the case of a friend who stopped going to school after she encountered negative comments from her teacher, who asked her why she attended school.

The girl was quite disappointed and dropped out afterwards. Her family had encouraged her to attend, but she stayed at home and has had no communication with outsiders. Lastly, she mentioned that inclusive education was very beneficial for her, as she developed greater self-confidence. She mentioned that there could be more support in urban areas than rural areas to help children with disabilities integrate into school. She said the most important action to help children with disabilities attend school, is for parents to understand the benefits of education. This is crucial, she said, as it enables other people with disabilities help parents understand that their child can be educated and lead a normal life. In rural areas, parents also need financial support. School should be free in practice, not just in law, she said. Encouragement can also come from relatives and from the community. The community can implement laws for a barrier-free environment. Children should also have an individualized syllabus, she added.

Van of Bright Futures said there has been some consultation with their organization from MOET's Centre for Special Education, including helping teachers with the programme for visually-impaired and hearing-impaired persons.

Van went to a mainstream public school at the age of five in Hanoi. She left Hanoi during the war years (between 1965 to 1973). She completed school and university in Hanoi and graduated in 1975. Van said current policies were sufficient, but she highlighted the “significant gap between policy and practice”. She mentioned the need for greater support at secondary and tertiary levels of education. She said blind people sometimes have to rely on others to help them by reading books out loud if they are not available in Braille. She also cited the problem of older disabled children in the classroom holding back integration between students.

Teachers are usually welcoming and helpful, Van said. She said the family is the key component to helping children cope with their disabilities in rural areas. However, she said the greatest difficulty is often having enough money to feed everyone in the family, therefore, some children with disabilities also need to do some work at home to help the family get by. Bright Futures teaches English and computer skills to disabled persons in the community, as well as showing them small income-producing techniques.

On the question of parental involvement in the disability education process, the Viet Nam Veterans of America Foundation (VVAF) and CRS have both undertaken advocacy programmes for parents. Parents associations are also part of the PEDC project on community awareness for disadvantaged groups under Carlton Aslett. According to Anat Prag of CRS, some groups do volunteer work with schools such as cleaning.
Teachers said additional policies should be put into place to support instructors of children with disabilities. They highlighted a lack of funding for teaching aids, or other rewards for good performance in the classroom. The teachers said they were not well informed of government policy on free tuition for children with disabilities. They were proud of the fact that children with disabilities in their school were not charged fees, but explicitly stated that this was a local policy and that they were not aware of national legislation regarding this policy.

Ms. Thao of SCUK pointed out that one very important key to improving educational achievement for children with disabilities was to implement measurable guidelines. She said that before, malnutrition was not measured in Viet Nam, but now that these measures are taken, support has been put into place to improve these rates. The allusion is of course to the need for statistical measurement of the achievement, or lack thereof in schools for children with disabilities. Once indicators are put into place, more attention will be paid to this issue and resources found to improve the rates of schooling. Therefore, one recommendation is to ask MOET to report these statistics to the government.

However, as Anat Prag mentioned, measurable guidelines without concrete information and support on how to successfully reach these goals will leave the real end result, quality education for children with disabilities, out of reach.

Recommendations from the UNICEF-Viet Nam report from 2003 include a major survey on disability prevalence, causes and types, services and needs (also suggested in the Kane survey 1999, p.63). Other recommendations for the government are to develop a comprehensive five-year plan which should be a joint-plan for MOET, MOH and MOLISA and include the input of the Ministry of Finance, the Committee on Population, Families and Children (CPFC) and Ministry of Planning and Investment.

The government should also develop a monitoring mechanism to follow progress of implementation and develop policy frameworks for target areas of early identification and intervention, inclusive education, community-based rehabilitation (CBR) and vocational training. Finally the government communicate the contents of efforts through awareness campaigns.

Other recommendations for the international community include coordinating inclusive education efforts in areas where CBR is in place, have regular coordinating meetings on CBR and IE, and involve disabled persons’ organizations in planning, implementation and monitoring and evaluation. All parties should continue to share information.

NIESAC recommended the prioritization of the following issues in order to attain the goals of the National Action Plan on Education for All:

- Raising awareness of disabled children’s ability, need and right to learn, as well as the community’s responsibility to ensure the equality in opportunity to access education of children with difficult circumstances, so as to realize equity in education for this target group;
- Enhancing resources for inclusive education at both national and local level, especially for the teaching staff and educational administrators;
- Developing inclusive education and early intervention settings in various regions, particularly in remote and mountainous regions;
- Capacity-building for special schools and converting these institutions’ function into “resource centres” to support inclusive education;

- Developing specific policies and guidelines in terms of inclusive education;

- Conducting research on technical and instrumental solutions for disabled children’s education, such as sign language for the deaf, touch-handwriting for the blind, teaching aids and techniques etc;

Another recommendation that is essential to the development of guidelines is mentioned in reference to ECCE in a recent publication cited in this report. According to the author, it would be helpful to develop tools that can be used to “define specific indicators of family poverty, and at the same time define risk factors for child development”.

This advice could not be truer for identifying one of the key factors that prevents some children with disabilities from going to school. Besides all of the other challenges that face children with disabilities - structural difficulties in the form of transportation, the payment of fees and the purchase of supplies could be the most challenging for external organizations to overcome;

Recommendations on IE teacher training include: scaling up inclusive-education teacher training within the four provinces where most work has been done to date; developing IE in other provinces after “consolidation” of the process in these four provinces; developing resource units or small-scale resource centres to support IE work in the teacher training colleges; developing IE for pre-school and upper primary schools, and; including IE in other donor initiatives to improve primary education.

61 de Los Angeles Batista, p. vii.

Additional Recommendations for Input to the Guidelines for Action to Include Children with Disabilities in School Systems

27. Recommendations for actions at the national level to improve access to quality education for children with disabilities

1. Be aware of the differences between policy and practice, particularly due to the absence of solid statistics to more accurately assess the reality of the situation on the ground. Take into account the reasons children and parents state for not attending school, the seriousness of the disability and weak health are the most common, while negative attitudes, financial considerations and embarrassment are also important.63

2. Attempt to consolidate and systematize efforts on inclusive education to gain greater advantage from training and experience already gained by some teachers and administrators. This could include more funding for on-going training efforts outside of the formal teacher-training system.

3. Develop a guidebook to services in provinces, districts and communes that can be used to understand the extent of coverage and the regional actors for all levels of services that aid children with disabilities in accessing schools. This could build on the 2003 study by UNICEF-Viet Nam.

4. Use hospitals as another outreach point to find and aid parents of children with disabilities as parents will often contact medical authorities to address their children’s problems. The Ministry of Health is still primarily absent from these discussions, while they could play an important role.

5. Develop guidelines to aid parents with costs associated with sending children with disabilities to school. Funds should be available to families in difficulty to help with fees, uniforms, books, transportation and any other associated costs.

6. Make more low-cost, high distribution documents to share how and why children with disabilities should go to school. An essential point to consider is the slow extension of IE guidelines to groups of more severely disabled children and higher and higher levels of education and vocational training.

28. Recommendations for regional guidelines:

1. Consider the causes and effects of having a disabled child in the family, including poverty, limited ability for the caregiver to travel to work and leave the child at home, other socio-economic variables depending on the country and level of development. Develop a system to analyze the reasons that children do not go to school, to help overcome these specific obstacles.

2. Assessment of the child in the home setting to assist the school to develop an appropriate educational plan for the child which takes into account the home context.

3. Identify guidelines for all schools to include more children with disabilities, but take into account the level of development of the school and the country.

63 Huff et al., op. cit., p. 30.
4. Define inclusive education and make clear distinctions on desired outcome, not simply to include children with disabilities but to have quality outcomes. Inclusive education may be better for the emotional and social development of the child, but if it comes at the price of individual teaching and learning assistance, that is unacceptable. Inclusive education is preferable to leaving children out of the system.

5. Governments should partner with NGOs, people with disabilities themselves and parents in order to keep a realistic tone to guidelines. What do parents and children need the most?

6. Share examples of research and policy papers in local languages with local policy and decision-makers.
Annex 1

List of Acronyms

AIFO Associazione Italiana Amici di Raoul Follereau
BOET Bureau of Education and Training
CBR Community-Based Rehabilitation
CECE Centre for Education of Children with Exceptionalities
CDS Child Disability Survey
CPFC Committee on Population, Families and Children
CRS Catholic Relief Services
DOET District Department of Education and Training
ECCE Early Childhood Care and Education
ECD Early Childhood Development
ESWG Education Sector Working Group
IEP Individual Education Plans
JICA Japan International Cooperation Agency
KAP Knowledge, Attitude and Practice (surveys)
MIS Management Information Systems
MOET Ministry of Education and Training
MOLISA Ministry of Labour, Invalids and Social Affairs
NCCD National Coordinating Committee on Disability
NIESAC National Institute of Educational Strategies and Curriculum
NSDC National Statistical Data Collection
PEDC Primary Education for Disadvantaged Children
SCUK Save the Children United Kingdom
SSHVO Society for the Support of Viet Namese Handicapped and Orphans
VND Viet Nam dong
VVAF Viet Nam Veterans of America Foundation
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