



Final Report of the 24th Asia-Pacific International Seminar on Special Education

12-15 October 2004, Yokosuka, Japan

**Japanese National Commission for UNESCO
The National Institute of Special Education**

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Introduction

1. Preface

As a Center for the Asia and the Pacific Program of Educational Innovation for Development (APEID), The National Institute of Special Education (NISE) has been hosting "APEID Seminar on Special Education " since 1981. Since 2002, the name has been changed to "Asia-Pacific International Seminar on Special Education", which has been co-hosted by the NISE and the Japanese National Commission for UNESCO. Last year's Seminar was the Third "Asia-Pacific International Seminar on Special Education" and the 24th Seminar counting from the First APEID Seminar on Special Education held in 1981.

2. The 24th Seminar

The 24th Asia-Pacific International Seminar on Special Education was held from October 12 to 15, 2004. The main agenda was for the participants to report on the states and issues regarding and discuss educational support for children with multiple disabilities with sensory impairments including deafblindness. The Seminar was participated by representatives from 12 countries namely Australia, Bangladesh, China, India, Indonesia, Japan, Malaysia, Nepal, the Philippines, Korea, Sri Lanka and Thailand.

3. Seminar Outline

- 1) Theme
"Educational Supports for Children with Multiple Disabilities with Sensory Impairments including Deafblindness"
- 2) Hosting organizations
The National Institute of Special Education
Japanese National Commission for UNESCO

3) Schedule and venue

Schedule (October 11 – 16, 2004)

Oct. 11 (Mon.): Arrival of participants

Oct. 12 (Tue.): Explanation of outline of and visits to NISE and Kurihama School for Children with Autism, University of Tsukuba, Opening Ceremony, keynote speech

Oct. 13 (Wed.): Country reports

Oct. 14 (Thu.): Country reports, general discussions, Closing Ceremony

Oct. 15 (Fri.): Institutional visit (Yokohama Central Rehabilitation Center for Children)

Oct. 16 (Sat.): Departure of participants

Venue: The National Institute of Special Education

4) Keynote speech

In the afternoon of October 12, the Opening Ceremony was followed by keynote addresses given by Ms. NAKAZAWA Megue, Chief Researcher, NISE, and Dr. Jude Nicholas, Specialist in Clinical Neuropsychology who is conducting researches at Vestlandet Resource Center for the Deafblind/Haukeland University in Norway. Ms. NAKAZAWA spoke on " Development of Deafblind Education in Japan and Its Contribution to Education for Children with Multiple Disabilities " Based on her ample practical experiences in the field of education and guidance for the deafblind children, she specifically talked about the history in Japan of the education for the deafblind children and the contributions that the knowledge gained from such education and guidance have made toward the subsequent education for children with multiple disabilities in Japan. Dr. Jude Nicholas spoke on " Deafblindness and Neuroscience : Educational Implications ". He specifically talked about the outcomes of his researches in the field of neuroscience which included the roles of the brain in the areas of cognition, emotions and physical expressions. He explained the mechanism whereby the brain organizes itself in cases of sensory

deprivation. The participants showed great interests in the development of the guidance methods for the deafblind children that incorporated such findings and knowledge.

5) National reports

The participants from the 12 countries including Japan gave national reports on the 13th and in the a.m. of the 14th. They reported on such matters as statistics on the birth of children with multiple disabilities with sensory impairments including deafblindness, national policies on educational support, the present state and issues of school education, future prospects and case studies. The following persons reported (titles omitted).

Australia:

Dr. Brian Devlin (Associate Professor, Faculty of Education, Health and Science Charles Darwin University)

Bangladesh:

Mr. Md. Golam Yahia (Ministry of Education Bangladesh Secretariat, Dhaka)

China:

Dr. Chen Yunying (Director of Psychology and Special Education Division, China National Institute of Education Research)

India:

Mrs. Neerja Shukla (Professor and Head Department of Education of Groups with Special Needs, National Council of Educational Research and Training)

Indonesia:

Dr. Mochamad Sholeh Y A Ichrom (Professor, the University of Sebelas Maret/Education Manager Directorate of Special Education, Ministry of National Education)

Japan:

Mr. GOKAMI Tetsuo (Research Director, Department for Policy & Planning, the National Institute of Special Education)

Malaysia:

Mrs. Siti Zaharah binti Mat Akib (Deputy Director General of Education, Special Education Department, Ministry of Education)

Nepal:

Mr. Ganesh Prasad Paudel (Section Officer, Department of Education, Sanothimi Bhaktapur)

Philippines:

Ms. Maria Melissa Rossana STA ANA (Guidance Head, Guidance Department Operation Brotherhood Montessori Center INC)

Korea

Ms. Hyun Jin Kim (Senior Education Researcher, Korea Institute for Special Education)

Sri Lanka:

Ms. G L Leela Gunasinghe (Actg. Superintendent, Child Guidance Centre, Department of Social Services, the Ministry of Women Employment and Social Welfare)

Thailand:

Ms. Phonakorn Piratha (Teacher 2, Level 7, Nonthaburi School for the Deaf)

6) General discussions

In the p.m. of the 14th, general discussions were held based on the national reports and concerning the actual state of children with multiple disabilities in the participating countries and the measures taken. The participants generally agreed on the importance of carrying out educational practices backed by theory, and of sharing the outcomes of such practices, in further enriching and improving the educational support for children with multiple disabilities with sensory impairments. To that end, with this Seminar as an opportunity, they agreed to publish a "Journal of Special Education" to promote the information exchange and share the outcomes of educational practices related with special education in the Asia-Pacific region and also to strengthen the networks between the participating countries. They also agreed to follow up on and further develop the discussions carried out in this Seminar.

It was decided for Japan, China, Korea and Malaysia to be in charge of editing this journal, and for Japan to publish its first edition.

A summary of the discussions by the chairperson was followed by the Closing Ceremony.

7) Institutional visit

On the 15th, the participants visited the Yokohama Central Rehabilitation Center for Children (Director: Hara). They inspected the actual scene of individual guidance provided to the area's children with disabilities including those with multiple disabilities with sensory impairments, and facilities such as indoor swimming pool and large play equipment. They heard the Center's operations and the issues that it faced from the person in charge. They showed a great interest in the Center activities, and confirmed that the theories discussed in the keynote addresses were being put to practical application in the actual guidance provided by the Center. In this and other ways, they actively carried out discussions including those with researchers.

The participants left Japan on the 16th.

8) Participants

112 persons participated in the 24th Seminar.

Breakdown:

- a) NISE staff and researchers
- b) Eleven persons from countries other than Japan invited based on recommendation by the respective countries' UNESCO National Committees
- c) Other participants from abroad
- d) Staff of universities and special schools in Japan and parents of children with disabilities

GOKAMI Tetsuo

Research Director, Department for Policy & Planning,
The National Institute of Special Education

Seminar Participants

Delegates of Participating Countries

AUSTRALIA

Dr Brian Devlin

Associate Professor,

Faculty of Education, Health and Science, Charles Darwin University

BANGLADESH

Mr Md Golam Yahia

Senior Assistant Secretary,

Ministry of Education

CHINA

Dr Chen Yunying

Director of Psychology and Special Education Division,

China National Institute of Education Research

INDIA

Mrs Neerja Shukla

Professor & Head,

Department of Education of Groups with Special Needs,

National Council of Educational Research and Training

INDONESIA

Dr Mochamad Sholeh Y A Ichrom

Professor,

The University of Sebelas Maret

JAPAN

Mr GOKAMI Tetsuo

Research Director,

Department for Policy & Planning,

The National Institute of Special Education

MALAYSIA

Mrs Siti Zaharah binti Mat Akib

Deputy Director General of Education,
Special Education Department, Ministry of Education

NEPAL

Mr Ganesh Prasad Paudel

Section Officer,
Special Education Section, Department of Education,
Sanothimi Bhaktapur

PHILIPPINES

Ms Maria Melissa Rossana Sta Ana

Guidance Head,
Guidance Department, Operation Brotherhood Montessori Center INC

REPUBLIC OF KOREA

Ms Hyun Jin Kim

Senior Education Researcher,
Korea Institute for Special Education

SRI LANKA

Ms G L Leela Gunasinghe

Actg. Superintendent,
Child Guidance Centre, Department of Social Services,
The Ministry of Women Employment and Social Welfare

THAILAND

Ms Phonakorn Piratha

Teacher 2, Level 7,
Nonthaburi School for the Deaf

Schedule of the Seminar

11 Oct (Mon) Arrival in Japan

After 14:00 Check in Yokosuka Prince Hotel

12 Oct (Tue) Registration & Orientation, Tour of NISE, Opening Ceremony,

Keynote Speech and Welcome Party

- 8:40 Meeting at hotel lobby and leave for the seminar venue
- 9:30 Arrive at NISE
- 9:30-10:00 Registration & Orientation
1. Orientation
 2. Further information of seminar schedule
 3. Registration
 4. Others
- 10:00-11:00 Meet the President of NISE and outline the NISE
- 11:00-12:00 Tour of NISE & Kurihama School
- 12:00-13:15 ***** Lunch *****
- 13:15-13:30 Group Photograph
- 13:30-14:00 Opening Ceremony
1. Opening Address by Mr Hosomura, President of NISE
 2. Address by Japanese National Commission for UNESCO
- 14:00-14:50 Keynote speech by Ms Nakazawa Megue, Chief Researcher, Department for Educational Support Research, the National Institute of Special Education
- “Development of Deafblind Education in Japan and Its Contribution to Education for Children with Multiple Disabilities”
- 14:50-15:00 ***** Break *****
- 15:00-17:00 Keynote Speech by Mr Jude Nicholas, Specialist in Clinical Neuropsychology, Vestlandet Resource Center for the Deafblind /Haukeland University, Norway
- “Deafblindness and Neuroscience : Educational Implications”

17:15-18:45 Welcome Party at NISE
18:50 Leave NISE by bus
19:30 Arrive at Yokosuka Prince Hotel

13 Oct (Wed) Discussion

8:40 Meeting at the hotel lobby
8:50 Leave hotel by bus
9:30 Arrive at NISE
10:00-12:00 Discussion
10:00-10:25 Australia
10:25-10:50 Bangladesh
10:50-11:10 ***** Break*****
11:10-11:35 China
11:35-12:00 India

12:00-13:30 ***** Lunch *****

13:30-17:00 Discussion
13:30-13:55 Indonesia
13:55-14:20 Japan
14:20-14:40 Malaysia
14:40-15:05 ***** Break*****
15:05-15:30 Nepal
15:30-15:55 Philippines

16:15 Meeting at front entrance of NISE and leave for hotel by bus
16:55 Arrive at hotel

14 Oct (Thu) Discussion, General Discussion, Summary and Closing

Ceremony

8:40 Meeting at hotel lobby
8:50 Leave hotel by bus

9:30 Arrive at NISE
10:00-12:00 Discussion
10:00-10:25 Republic of Korea
10:25-10:50 Sri Lanka
10:50-11:10 ***** Break *****
11:10-11:35 Thailand

12:00-13:30 ***** Lunch *****

13:30-15:30 General Discussion
15:30-16:00 Summary
16:00-16:15 Closing Ceremony
16:30 Leave for hotel by bus
17:10 Arrive at hotel

15 Oct (Fri) Study Visit

8:50 Meeting at hotel lobby (ground floor)
9:00 Leave hotel by bus
10:00 Arrive at the Yokohama Central Rehabilitation Center for Children
10:00-12:00 Tour of YCRCC
12:00 Leave YCRCC
13:00 Arrive at Shinagawa Prince Hotel
Afternoon Free

16 Oct (Sat) Leave Japan

Check out
Move to Narita Airport

Address

Mr. HOSOMURA Michio

President

The National Institute of Special Education

Distinguished representatives of member countries who have participated from overseas and fellow participants who are participating this seminar, good afternoon. On the opening of the 24th Asia-Pacific International Seminar on Special Education, I would like to extend a few words of welcome on behalf of the National Institute of Special Education (NISE).

First of all, I would like to extend my sincere gratitude to those who have participated in this seminar. It is a great pleasure to be able to hold the seminar again this year together with delegates of each country who are working hard for the enhancement and development of special education.

Since 1981, NISE has jointly hosted APEID Seminar on Special Education together with the Japanese National Commission for UNESCO. A total of more than 300 overseas representatives including government administrators, academic researchers and educators from the Asia-Pacific region have so far participated in this seminar. After being held for more than 20 years, in 2002 the name of the seminar was changed to the Asia-Pacific International Seminar on Special Education. This seminar is held annually in order to contribute to the enhancement and development of special education in the Asia-Pacific region covering important themes in special education.

The main theme of the 24th Asia-Pacific International Seminar on Special Education is “Educational Supports for Children with Multiple Disabilities with sensory impairments including deafblindness” which focuses on education for the multiply disabled in area in which progress and efforts are seen in the Asia-Pacific region in recent years.

In this seminar, presentations and discussions on practices and researches on education for children with multiple disabilities with sensory impairment including deafblindness will be made.

I hope that this seminar will create an opportunity for participants to learn from each other and to build cooperative relationship on education for children with disabilities particularly those with multiple disabilities accompanying sensory impairment.

Different countries may face different challenges and issues to overcome. However all those approaches to special education taken by each country may differ. We can still learn the experiences of other countries from each other.

Special Education in Japan is now facing a major reform. An elaborate education approach has been taken in the past by implementing special education in schools for the blind, deaf and other disabilities, special classes in elementary and middle schools as well as in resource rooms in accordance with the types and degree of disabilities of each child so that all disabled preschool, elementary and secondary school children can develop the ability to become independent in the society. However in order to meet the new challenges that we are facing recently in dealing with those with LD, ADHD and High Functional Autism requiring special education assistance in their learning and their living. Japan is making a directional transition in special education to adopt a new system that can provide an appropriate education assistance in accordance with the educational needs of each individual children with disabilities.

NISE conducted a major reorganization this April. In order to deal flexibly and speedy with the challenges we are facing regarding education for children with disabilities in Japan. I sincerely hope that we can collaborate and cooperate with other countries from the Asia-Pacific region through this Asia-Pacific International Seminar on Special Education and contribute to the development of special education in each countries.

The achievements of this seminar should not simply be discussions and information exchanges. We are also hoping that collaboration among member

countries will continue after the seminar and we would like to make a suggestion during this seminar on how exchanges and sharing of information should be made among member countries in the future. I would like to ask for your cooperation in this matter.

Lastly, I would like to end my speech by wishing the discussions and exchanges in this seminar will be meaningful to all the participants from each country.

Thank you very much for your attention.

Address

Mr. AKIYAMA Kazuo

Senior Specialist

Japanese National Commission for UNESCO

Ministry of Education, Culture, Sports, Science and Technology

Mr. Hosomura, the President of NISE, participants, ladies and gentleman, on behalf of the Japanese National Commission for UNESCO and MEXT, I am very pleased to extend my heartfelt welcome to all the participants of the 24th Asia-Pacific International Seminar on Special Education.

NISE and Japanese National Commission for UNESCO cosponsored the seminar on special education with the major aim of development of special education in Asia-Pacific region.

As you may know, “Dakar Framework for Action “ adopted in the World Education Forum in April, 2000 is guiding principle for “Education For All (EFA)” to all the government of the world and international organizations. This guideline set a goal by 2015 to provide the access all children to free and quality compulsory education and completion of education with special consideration given to the children under especially difficult conditions. In order to attain the goal of EFA, of course it is indispensable for the teachers and policy planners to enhance their levels for the leadership as well as the policy planning, therefore, this seminar should definitely facilitate.

The theme of this seminar is “Educational Support for Children with Multiple Disabilities with Sensory Impairment including Deafblindness”. I believe that you would recall a famous story of American women with multiple disabilities, Ms. Helen Keller and her teacher, Ms. Sullivan. I believe all of you have read the story during your childhood and what impressed us was how important trust

relationship was between teachers and students. Even now after several decades of their time, the importance of trust relationship is unfailing true.

I believe, in order to attain the EFA goal, we need a solid foundation of trust relationship between children and teachers as well as policy makers. I believe you share the same view for the education learning as well as overcoming disabilities and in treatments. As for the relationship between relevance of education and treatment on the disabilities, I am quite sure our keynote speaker, Dr. Jude Nicholas will give us an interesting talk.

In this seminar, participated by the experts from 12 countries in Asia-Pacific region, I do hope that this seminar will facilitate active information exchange based upon their own experiences and I do also hope that based upon the result of the seminar, you would be able to deepen your plans as well as implementation of the education in your countries so that we can enhance the educations meeting with the needs of the children with special needs.

Last but not least, I would like to extend my gratitude to NISE holding this seminar and also I do hope that participants would have the most successful seminar. With this, I would like to conclude my remarks.

Thank you very much.

Keynote Address

Development of Deafblind Education in Japan and Its Contribution to Education for the Multiply Disabled

Ms. NAKAZAWA Megue

Chief Researcher, Department for Educational Support Research

National Institute of Special Education (NISE)

Japan

I. Deafblind education - the first education in Japan for the multiply disabled

The education for children with multiply disabilities was legally established 25 years ago in 1979. The first practice of education for children with multiple disabilities was done 55 years ago in 1949. It was begun by a pioneering principal of Yamanashi Prefectural School for the Blind for two children with deafblindness.

A few years after the initiation of the education, teaching method was sought in the literature on Helen Keller and was applied to the two children toward the acquisition of language. However, it led to forcing tasks too difficult for the two deafblind children, resulting in the two children rejecting to touch the teaching materials. The "educability" of the children was suspected and the termination of the first educational trial was voiced.

When the first trial of education for the multiply disabled was about to be abandoned, a psychologist and a friend of the principal happened to join in the educational practice for the two deafblind children. Instead of looking for the causes of the difficulty in education in the disabilities of the children, causes were sought on the teachers' side, the lack of understanding in the behavior of children and the level of the tasks. Learning from the children, the teaching practice was reorganized.

Activities the children were motivated to participate were selected to expand their world with meaning. The foundation of communication was established using pre-lingual signs such as gestures. Tasks set at a level of difficulty that children could challenge were introduced step by step leading to the acquisition of language using braille and manual alphabet. A systematic education continued for about 20 years till 1970. The educational practice was recorded on film and here are some scenes from the film.

II. Institutionalization of education for the multiply disabled and deafblind education

However, when education for all children became compulsory in 1979, deafblindness was included within the category of multiple disability. The distinct needs of deafblindness was not accommodated in the newly established system. The reason most responsible for this result was the low incidence of deafblindness. Unlike Japan, various countries including the United States recognized "deafblindness" as a unique disability. The difference came from the tragic situation that swept these countries in the mid-1960's - the rubella epidemic.

The United States saw the emergence of thousands of deafblind children due to congenital rubella within a short period of time. The government had to take measures to urgently cope with this situation on the federal level before these children would come into school education. Once the educational measures were taken systematically on a national level, the extensive impact of deafblindness and its unique needs were widely recognized and deafblindness established itself as a distinct category and continues to date.

Japan escaped the rubella epidemic. However, the small population of children with deafblindness were buried and obscured in the the far larger population of multiple disabilities.

Nevertheless, the basic concept of education and the teaching methods cultivated in the two decade of deafblind education contributed to the education of children with multiple disabilities by serving as its foundation, orienting its development and inspiring concrete measures. The following are the major five points applied to the education for the multiply disabled.

1) Disabling situation should be viewed as the result of interaction between the person with disability and the environment. The causes for difficulties that arise from such interaction should not be sought only in the person with disability nor should the solution be sought only by trying to change the person with disability.

Because every behavior is a function of:

- (1) the conditions of that particular person (subject)
- (2) the conditions of the persons who are interacting with the subject
- (3) the conditions of the physical environment surrounding the subject, and
- (4) the conditions of the larger society

2) The meaning of behavior.

No matter how "meaningless" or "problematic" the behavior of a person may seem, there

are meaning and reasons for that person in carrying out his/her life. Solution should be sought only after examining the meaning and reasons for such behavior.

3) Communication

Communication is the most essential issue in education.

Verbal language is not the only method of communication and there are communication methods fitted for each and everyone. There are logical steps toward developing different methods of communication.

It is best to start communication using the method and channel that the child can understand and use with greatest ease.

In the early stage of communication, its success depends on the sensitivity of teachers in reading and interpreting the behavior of children.

4) Assessment of children with multiple disabilities

Administering standardized test or a test devised for children with single disability would result in underestimation of the potential of children with multiple disabilities. A most reliable assessment is available through careful observation of children in their familiar settings by experienced practitioners accompanied by persons familiar to the child.

5) Educational program for children with multiple disabilities

Instead of fitting a child into a program, fit the program to each child. An effective program is one which is grounded on what the child can do now, what she/he is motivated and what makes sense to her/him.

When introducing any activity, allow her/him to explore fully, and give enough time to process the information she/he gathers.

It should be noted that it is not only in Japan that the principles and methods established in deafblind education were applied to education for the multiply disabled. We have once had the opportunity to invite a researcher in the field of multiply disability from Norway. Prof. Miriam Skjorten of Oslo University mentioned in her presentation that the same has happened in Norway, the applicability of deafblind education to the multiple disabled.

II. Number of deafblind persons in Japan

Deafblindness is a disability with very low incidence. The population of Japan is approximately 120million, and the deafblind population is estimated to be somewhere

between 13,000 and 24,000; that is, one out of 5,000 to 10,000. The great majority of this population is those who became deafblind adventitiously in adulthood.

In 1991, Japan Deafblind Association (JDBA) was established. It is a social welfare corporation dedicated to promoting independence and social participation of deafblind persons, run by government subsidies and private contributions. There are about 600 deafblind persons currently registered to JDBA. The services for deafblind persons, particularly the training for and provision of interpreter-guides, has been developing since the establishment of JDBA. In addition, the local deafblind clubs which serve as the prefectural center for deafblind persons and supporters were gradually organized, and currently about 80% of 47 prefectures in Japan have such clubs. Annual conventions on national and regional levels are held.

The number of deafblind children is even smaller. In the survey of special schools carried out in 1998 by NISE, about 350 deafblind students were identified. They were scattered in all five types of special schools - for the blind, the deaf, the intellectually disabled, the physically disabled and for the health impaired.

Deafblind population is at the same time a very diverse population. Though sharing major needs of deafblindness, some sub-groups need to be distinguished in order to fully address their specific needs. Examples of such sub-groups are children with congenital rubella syndrome, with CHARGE who have a variety of medical issues, with profound and multiple disabilities, with high cognitive function or with Usher syndrome having progressive visual impairment.

Low incidence, scattered across the country, diversity within the group - it means that the accumulation of expertise, training resources and research is hard to maintain on the prefectural or local level, calling for a support system on a national level.

V. Constructing support system for the deafblind with NISE as its core

The NISE has taken a central role in Japan concerning practical and comprehensive research on special education, advanced in-service training for teachers and consultation to parents of children with disabilities referred to the Clinical Center for Children with Special Needs. The mission of NISE is to tackle issues which cannot be fully coped with on the prefectural level or by universities. One such issue is the research and services for disabilities with very low incidence, and deafblindness is its major example. At NISE, following the research tradition of the first deafblind education, the longitudinal study of a restricted number of congenitally deafblind cases at schools for the blind has been pursued.

However, in order to meet the needs of entire deafblind student population in Japan, I

found it crucial to dedicate to developing a comprehensive support system, with NISE working as a catalyst. Therefore, I adopted a different strategy to develop research and service activities over the past decade. The goal was, and still is, to construct a comprehensive support system to support parents, to have training programs for teachers who are in charge of deafblind student, to have a forum of information exchange among different disciplines involved with deafblindness and to have a clearinghouse of information on deafblindness.

What I would like to share with you now is the aforementioned service and research activities I have developed over the past decade with NISE as its core, and their outcome. It is still an on-going process. I believe that the results of this research may be used as a research model to develop support system for other disabilities with very low incidence which NISE may need to consider in the future.

The three major activities carried out at NISE are research (including survey), in-service training for special education teachers and consultation services for parents and other related persons. All researchers engage in the three activities. Using this system I have collected and analyzed the information on the current needs of deafblind education. In addition, I travelled throughout the country as much as possible to visit deafblind children at schools and at home and participated in the conventions of deafblind people and families to gather information at the grass-root.

The needs were narrowed down to the following:

- 1) Advisory services for parents.
- 2) Keen wish of parents to meet other parents.
- 3) In-service training and advices for teachers who will be in charge of deafblind students.
- 4) Development of teaching material (text and videos) for in-service training
- 5) Information on deafblindness over a wide variety of topics
- 6) Exchange of information and experience among various disciplines and professions.

V. What were done and what were achieved

To approach the goal, the following were undertaken.

1 Responding to the advisory needs of parents and teachers through various media

Until three years ago, the consultation services at NISE were center based. However, since a decade ago, I have resorted to all possible media such as telephone, fax, videos, home

and school visits, and e-mails since late 90's to respond to the needs of parents and teachers. The number of cases summed to about 200, from various parts of Japan on various issues. Of these, about 1/6 of the cases were invited to NISE for a 3 to 4-day lodge-in workshop. In each workshop, a small group of deafblind children sharing similar needs, their parents, siblings, teachers and researchers stayed together in the lodging facility at NISE .

These workshops served to deepen understanding of the needs of different sub-groups of deafblind children. They were also invaluable opportunities for families to meet other families to share experience and encouragement. For teachers, they were hand-on training session as well as a forum to meet other teachers in charge of students with similar needs. The encounter of teachers from different educational culture (schools for the blind and for the deaf) served to broaden the perspective of teachers.

2 Research and service activities to provide information

In order that a wider range of people could access information on deafblindness, "Deafblind Library" and a web site was constructed. There had not been a systematic collection of literature and information on deafblindness by any library in Japan or by any researcher. There were various needs of information from parents, teachers, researchers, welfare and medical professionals, but the needs were not met. Over the past decade, I have collected about 1,000 items of information (literature, manuals, journals, proceedings, papers, videos and others) and the database has been uploaded on the web site, "Deafblind Information Network."

To provide information in print form, I have worked on the editorial board for "Deafblind Education Research", a bi-annual journal published by JDBA. The six issues published so far mainly focused the different sub-groups of deafblindness: congenital rubella syndrome, Usher syndrome, deafblind children with additional severe disabilities, CHARGE syndrome and transition issues of deafblind children. The journals are distributed free of charge to all special schools with deafblind children and to the families.

3 Networking and empowering parents

As the lodge-in workshop could network only a limited number of families, the internet bulletin board was constructed to network families scattered throughout Japan. The bulletin board was introduced in April of 1999 and have enjoyed an average of 2000 accesses a month. Messages are written by parents, teachers, institution staff, interpreter-guides, deafblind persons and others for exchange of information and experience. Many parents contact NISE after they hit upon this bulletin board and web-site.

I have also actively participated in national and regional meetings held annually by

deafblind people and have offered consultation and information to parents attending the meeting.

In August of 2003, the "Association of Deafblind Children and Families" was finally organized in Japan. Parents throughout Japan has now an association to discuss the issues they face and to voice their opinions. Annual meeting, publication of newsletters and an active exchange of opinions though mailing list are the major activities at the moment. Parents of children with CHARGE syndrome have another association, and I serve as an adviser on education.

4 Information exchange among different organizations and professions

In order to respond to the variegated needs of parents and teachers, I have contacted various organizations and came to know the different works they have been carrying out with deafblind children. Different special schools, day centers for pre-schoolers with disabilities, JDBA, local deafblind clubs, rehabilitation center, medical institute, interpreter-guides, volunteers, researchers, public administrators and others. Deafblind consumers and parents of deafblind children have begun to voice their needs and opinions. The time was ripening to prepare a forum where a variety of people involved with deafblindness come together to share their experience and insights. With a group of comitted teachers and professionals, the National Association of Deafblind Research was established in July of 2003. In August 2004, annual conference was held at NISE where deafblind persons, parents and professionals involved with deafblind services have gathered from across the country for three days to share presentations and to participate in workshops. It was the first research conference in Japan focused solely on deafblindness. This research association created access to works and research being done hitherto in isolation, a forum to share and to inspire each other.

5 International exchange

The population of deafblind people is small in any country, and this rarity has promoted an active international exchange. "Deafblind International" is a world association to promote services for the deafblind. World conference is held every four years. I have reported on the construction of deafblind information network in Japan at the World Conference in Portugal in 1999. At the World Conference held in Canada last year, I have had the opportunity to come to know Dr. Jude Nicholas, the keynote lecturer from Norway. The Asian Conferenced scheduled to be held in Nepal this year was unfortunately cancelled, but I wish to join again with many of the delegates here at the World Conference to be held in Australia in 2007.

Concerning CHARGE syndrome on which Japan lacks both medical and educational information, two experts from the United States were invited in March of 2003 for open lectures for families and for educational and medical professionals. These open lectures gave momentum to many medical institutions to diagnose CHARGE syndrome. The membership of CHARGE families in the Association of CHARGE Families which was 25 last year more than doubled within one year.

6 Discovering practices of excellence, research cooperation, linking to training

Through the many direct visits to special schools and day centers throughout Japan, I have discovered many practices of excellence. Collaborative research on case studies are currently being done with these schools, focusing on the sub-groups of deafblind children mentioned earlier. Manuals and videos are scheduled to be produced next year from these case studies.

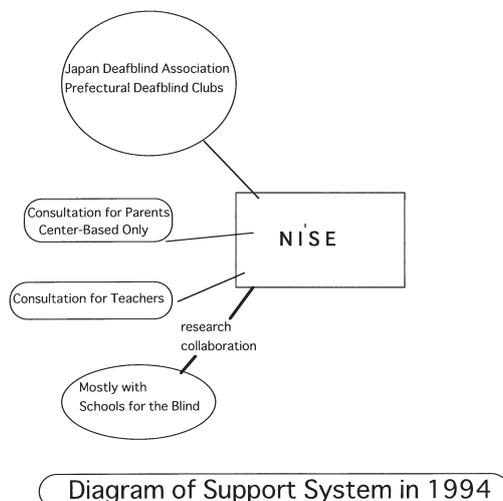
Using the research results accumulated so far, an internet training program combined with hands-on workshop will be carried out on a trial basis this year.

Another new research cooperation has also begun this year with a university to support a deaf student with progressive visual impairment.

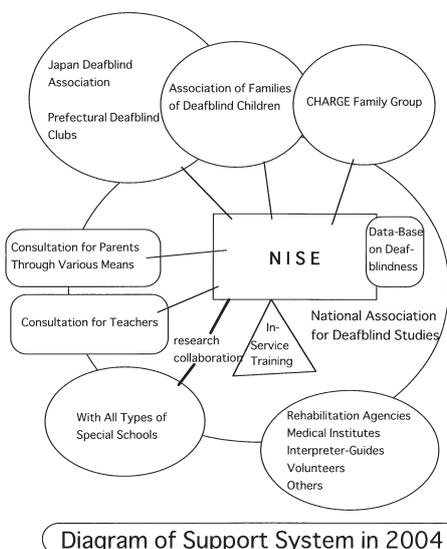
VI. Outlook

Support system for deafblind education in Japan has made a gradual but steady progress over the past decade.

This is a simplified figure of the system 10 years ago.



This is the system we have now.



The high-priority target now is to implement training programs on deafblindness for teachers. The further empowerment of parents is another important target and there is a need to develop programs focused on parents and families.

A new step should be toward the development of key professionals who could provide advisory and consultative services on a regional basis. Finding a way into the regional educational system to place such professionals should also be sought in conjunction.

VII. Encounter with different culture, turning deficits into assets and breaking down the limit

I have had the opportunity to make visits to many sites of education this past decade. There, I have encountered stimulating practices and cultures different from what I had been used to. They helped me break down the limits which I left unquestioned and confined myself in a small world. They provided me with inspiration to think of deafblind education in new lights and the courage to keep working on. I would like to share with you three such examples to conclude this lecture.

1 Learning from deaf education - rich emotional expression

As I have mentioned, the case studies on deafblind children were traditionally carried out at schools for the blind. The visit ten years ago to a day center doing outstanding works for hearing impaired pre-schoolers taught me what was lacking in the culture of schools for the blind. It is the importance placed on clear expression of emotions using

active body movement. This realization motivated me to collaborate with schools for the deaf in my research.

There were 4 deafblind toddlers surrounded by people with different roles. There were staff who took gentle and responsive mother-like role, those who took active father-like role such as introducing daring games and peers who took roles like siblings. In these interactions, both positive and negative emotions were naturally aroused, and bodily movement, gestures, signs were attached to name these emotions. This formed the foundation for sharing emotions, the basis for lively communication. Here, I would like to share in a video clip, a scene I have seen ten years ago.

2 Importance of after-school support and various volunteers

After-school hours are far longer than the time spent at school. Deafblind children cannot enjoy TV or radio. They are readily left alone in a small family and are deprived of the chance to be exposed to verbal language. It can be hours of boredom as well as hours of obstructing language development. Unfortunately, there is no service for after school hours yet. However, here is an example where a deficit was turned into an asset and developed into a unique after-school support for a deafblind boy.

The boy and his mother moved into an apartment house without bath. In order to use a public bath (Sentou), the boy needed a guide of the same sex. To cope with this problem, a coordinator gathered Sentou volunteers. Volunteers who did not know about his communication method were also accepted as long as they were interested in the boy.

Japan has a long tradition of taking bath together for socialization. This boy began to fully enjoy this tradition. Here is the video of the boy and volunteer at Sentou. In addition to the original function, the Sentou support brought along with it two happy hours of conversation at the bathhouse. This natural after-school support greatly expanded the vocabulary and usage of Japanese language. Also, it gave him the chance to cope wisely with people who could not understand his communication method, a situation he would encounter in the future.

3 A day center and group home for adults with profound and multiple disabilities - realizing the ideal

For persons with profound and multiple disabilities in Japan, it is a dream to have one-on-one support during the waking hours. It is a dream shared by deafblind persons. It

is partly available in schools, but not at all available at home after graduation. When they have to live in institution after parents aged, they would have to stay alone in bed for the majority of their day.

Here are pioneering people who turned this dream into reality. Determined to support the dignity and quality of life of persons with profound and multiple disability, they have cultivated close ties with the community with careful planning. One important key was the extensive use of housewives in the community as part-time supporters and the minimum use of permanent staff who would require much higher wages. Much wisdom is poured in to maintaining the quality of support. Housewives' experiences in child rearing and caring the family were most helpful in the work to support persons with profound and multiple disabilities. The part-time employment here is coveted among housewives in the community and the work is regarded with respect in the community.

How the building of the day center is made is itself a proof of how much they respect the needs of persons with multiple disability. Anytime, anywhere, they can roll or crawl on the floor. The floor is flat and carpetted, even up to the rim of the toilet basin! Everybody is asked to walk without slippers in the building to keep awareness on the cleanliness of the floor.

There are four persons now in the group home, including one who needs special health care. Every morning, there is one person who always makes a visit to the person in the next room to give a good morning pat. Support is provided on one-on-one basis during all waking hours.

Encounter with different culture, turning deficits into assets, thoughts and wisdom to break down the limits. These give us new perspective and courage. They inspire us to broaden the possibilities for social participation of persons with multiple disabilities.

The next keynote lecture focuses on neuroscience and deafblind education. For many of us here at the seminar, this must be an innovative subject, a new culture. I am excited to listening to the latest research in this field.

Starting from tomorrow, we will listening to the different systems and practices of the Asia Pacific region. Each report, I am sure, will be an exciting encounter with different culture. Let us share ideas and practices and make this seminar a chance to break down the limits found in any system.

Keynote Address

Deafblindness and Neuroscience: educational implications

Dr. Jude Nicholas
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Introduction

Words are like birds: Suddenly away.
Words are like birds. Some of them will stay

Kari Bremnes, Norwegian artist

First of all, I would like to thank the National Institute of Special Education for the invitation to give this lecture. It is an honor to be able to share with you some aspects of neuroscience and its implication on educational interventions for the deafblind.

Our daily work as scientist-practitioners represents a blend of research, training and clinical practice. However, an approachable question that each practitioner and researcher can contribute to answering is: “What are the ideas, observations, and data that underlie interventions for the deafblind?” By posing this question, the focus of analysis is on clinically relevant research that bears directly on deafblind practices. And, this may lead to an approach to intervention research in the deafblind field.

An approach to intervention research

In the recent years, various approaches to deafblind interventions have been developed most often focusing on communication. In the area of intervention research, Judd (1999) addresses four general theoretical approaches to intervention: the general stimulation approach, the functional approach, the process-specific approach, and the natural functional approach.

The general stimulation approach is often born from an enthusiasm that some social stimulation is better than none. This is likely usually true, but it is rarely an adequate approach for resolving complex emotional, behavioral and communicational problems and it lacks the individual specificity. In contrast, the functional approach is individually adapted and focuses on concrete goals and improving functions. A limitation of this approach is that skills retrained or compensated for in one context often do not easily generalize to other contexts.

The third approach, the process-specific approach depends on accurate theory-based assessment of functional processes to determine the configuration of deficits. Impairment is approached through the therapeutic strategies of compensation, adaptation, and/or restoration. While compensation involves finding a way around a problem or a solution coming from outside the person to do the jobs he or she cannot do, adaptation involves using preserved

abilities to carry out activities usually done using functional processes that are now disturbed. Restoration is the direct regaining of disturbed abilities through practice and relearning.

The natural functional approach, like the functional and process-specific approaches, focuses on functional outcomes, and on identification and analysis of problem areas. But it emphasizes working on those problems in natural contexts as early and as much as possible. The keyword is “natural”, meaning a familiar day-to-day environment. In addition, it emphasizes a social-interaction (co-activity) and communication support approach using the concepts of zone of proximal development (Vygotsky, 1978) and scaffolding (Bruner, 1990). The zone of proximal development is the level of difficulty of an activity just a little harder than the person can manage independently; the kind of learning he or she can accomplish with a little help. It is in this zone, Vygotsky maintained, that the most learning takes place. In the same way, scaffolding enables a person to perform/communicate or learns a skill that could not otherwise be performed as effectively or learned as quickly. Specifically, it is about finding the right activity level and building communication skills or an activity around the person. The focus is on co-activity since it is meant to scaffold the individual’s competencies until they are strong enough for him/her to act independently. The approach to intervention research in the deafblind field may draw on the natural functional approach.

In an approach to intervention research in the deafblind field, the following principles quickly surface: deafblind research principles, deafblind characteristic principles, and deafblind practice principles. These are overlapping principles (figure 1) and they include a variety of methods (table 1).

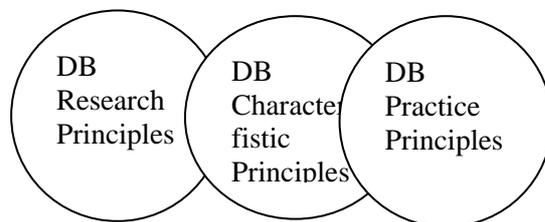


Figure 1. The different principles in the deafblind field.

Table 1. The different principles and a variety of methods.

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- **Deafblind research principles:** etiology/genetics, communication, cognitive neuroscience, developmental psychology, musicology, linguistic, and sociology.
 - **Deafblind characteristic principles:** identification/functional assessment*- strengths and weaknesses [sensory (visual acuity/activity, hearing level/activity) behavioral, communicational, emotional, neuropsychological].
 - **Deafblind practice principles:** communication interventions, educational practice, behavioral management, quality of life, in-service training and staff development, dissemination of information and interdisciplinary teamwork.
-

*Functional assessment for the purpose of intervention planning, for example the comprehensive diagnostic measure of congenital deafblindness, developed by Karen Andersen and Inger Rødbroe (2000).

An attempt to integrate research, characteristics, and practical principles in intervention research may be a suitable approach to link clinical research and practice in the deafblind field. Encounters between the research and practice field may lead to new theoretical contributions, new inspiration, and new visions. In this way, we can develop clinical practice that truly reflects theoretical knowledge. It is important to provide teachers with the opportunity of in-service training in the field of the education for the multi-sensory impaired, including deafblindness, so that they can enhance their knowledge in this field and develop links with other fields in order to accumulate and enhance their experience, knowledge and skills (Sugai & Tsuchiya, 2000). Such an approach makes use of the knowledge of the needs in the deafblind field and supports the belief that the researcher and practitioner, provided with detailed and relevant knowledge is more likely to hit on original and useful solutions. Louis Pasteur told us more than a century ago, “In the fields of observation, chance favors the prepared mind.”

Contributions from cognitive neuroscience research

My focus will be on the deafblind research principles, specifically on cognitive neuroscience issues. Steven Pinker, a Canadian-born psychologist and author of “How the Mind Works” (1997), suggests that understanding the mind is engineering in reverse. In forward engineering, one designs a machine to do something; while in reverse engineering, one figures out what a machine was designed to do. We’ve got the product (the brain), and we want to know how it functions.

Cognitive neuroscience helps us to understand the communication in the nervous system and is the scientific key in understanding how the brain processes information. The brain is a highly modular organ, with each module organized around a particular computational task. According to this view, the processing of information is not confined to a single region of the brain. Instead, different neural modules process (sensory) inputs in different ways.

Cognitive neuroscience research may shine some light on how the brain organizes itself as a result of sensory deprivation, as in the expansion and reorganization of brain cortical maps due to auditory and/or visual deprivations. If this may happen, what are the mechanisms that govern it? To answer this question one must consider the concept of neuroplasticity.

A simple definition of neuroplasticity is the capacity of the nervous system to modify its organization. However, such changes may occur as a consequence of many different events, including normal development, the acquisition of new skills such as learning (in both mature and immature organisms), following damage to the nervous system and as a result of sensory deprivation.

The issue of neuroplasticity is important to the field deafblind since sensory deprivation (with/without organic impairments) is commonly seen within the deafblind population. The evidence for documenting neuroplasticity across sensory modalities has led investigators to focus on the expansion of cortical maps in one modality as a result of deprivation in another. The long-held belief that multi-sensory integration is a required step to achieve full-fledged development has led research to initially focus on the disabilities caused by early vision loss

or deafness. Can cortical areas change their functional specificity depending on the inputs they receive? There are scores of studies of the effects of auditory and visual deprivation on the organization of remaining modalities. Cognitive neuroscience research evidence supporting this view is reviewed below.

With the advent of modern imaging techniques it became possible to map the distribution of neural activity during auditory or tactile stimulation in the blind subjects and during visual/motion stimulation in the deaf subjects. These sophisticated tools include noninvasive imaging techniques such as functional Magnetic Resonance Imaging (fMRI), Positron Emission Tomography (PET), and electrical brain activity recordings such as Event-Related Potentials (ERP).

A study using PET in congenitally blind subjects and sighted subjects during an auditory localization task revealed significantly greater activation in the occipital areas of the blind subjects compared to the sighted subjects (Weeks, et.al., 2000). This suggests that the visual cortex in the blind subjects is recruited for auditory processing. Interest in the question of whether blind individuals develop enhanced capacities in their fingertips has been great since at least the days of Louis Braille. Recent PET studies have begun to shine some light on this problem in neurocognitive terms. Activation of occipital areas by tactile Braille reading was demonstrated, and transcranial magnetic stimulation of the occipital cortex disrupts the ability to recognize Braille characters (Cohen et. al., 1997). This finding demonstrates that somatosensory regions normally participating in this task have expanded into formerly visual territory, and the expanded cortex actually participates in the processing of tactile information.

Processes analogous to the auditory and tactile compensation in the blind have been demonstrated in congenitally deaf subjects. It has been shown with ERP as well as neuroimaging techniques that the brain of deaf subjects is reorganized profoundly. Auditory areas in the superior temporal cortex are activated by sign language (Nishimura et. al., 1999), but are not activated by the presentation of English words, as they normally are in hearing subjects (Neville et. al., 1998). A fMRI study which compared deaf and hearing individuals, on the effects of visual attention on motion processing, found greater recruitment of the motion-selective area MT (visual cortex area 5) in deaf than in the hearing participants, whereas the two groups were comparable when attending to the central visual field (Bavelier et. al., 2000).

The results of these studies taken as a whole, point to the adaptability of the brain following sensory deprivation. Thus, in the absence of competition from visual inputs, the visual cortex may become recruited for auditory or tactile processing and in the absence of competition from auditory input; the auditory cortex may become recruited for visual/motion processing. Perhaps, then, we can ask the question, "Could it be that in the absence of competition from both visual and auditory inputs, the visual and auditory cortex become recruited for tactile and motion processing?"

Neurobiologically speaking, the mechanisms responsible for neuroplasticity across sensory modalities during visual or auditory deprivation must be similar for both auditory and visual deprivations. Furthermore, this assumption may provide support for the importance of tactile aspects in communication interventions (tactual communication) and educational programs for the deafblind.

Neuroplasticity: How does it occur?

In principle, there are three ways that the brain could show plastic changes. First, there could be changes in the organization of the remaining, intact circuits in the brain. The brain could reorganize in some way to do “more with less”. Neuroplasticity is more likely to occur from change in the intrinsic organization of local circuits in regions directly or indirectly disrupted – reorganization of cortical connectivity. This is as likely to be associated with maladaptive plasticity and abnormal functioning, such as in the case of phantom pain following amputation. Second, there could be a generation of new circuitry. Interventions and treatment (pharmacological) could influence reparative processes in the brain or could enhance the production of new circuitry. Third, there could be a generation of neurons and glia (support cells) to replace at least some lost neurons. New neurons could be stimulated after injury or disease, as we can see it in neural stem cells research, where specific stem cells are being located, identified and manipulated for the purpose of developing new cells in the brain. Contrary to dogma, the human brain does produce new nerve cells in adulthood. The mature brain does spawn neurons routinely in the hippocampus: an area important to memory and learning (Eriksson, 1998).

The brain’s role in emotion: theoretical contributions

Neuroscientists have, in modern times, been especially concerned with the neural basis of cognitive processes, and have most part ignored the brain’s role in emotion. There are very few neuroscience studies on noncortical structures, and for this reason we neuroscientists have been referred as cortical chauvinists.

The human cerebral cortex does not ride piggyback on an ancient emotional system (limbic system). The systems work in tandem, integrated by many two-way connections. The amygdala, an almond-shaped organ buried in each temporal lobe, houses the main circuits that color our experience with emotions (Pinker, 1997). This structure has been given emphasis by imaging studies of the emotion of fear (LeDoux, 2002). In views of the relationship between emotions and the limbic system, this system would seem an appropriate place to look for developmental changes with the rise of social behaviors (Anders & Zeanah, 1984)

The debate within psychology on cognition versus emotion over which comes first has existed for more than a century. Yet in recent years, due to the understanding of the neural basis of cognition and emotion, investigators have begun to tackle this problem. What is the relation between cognition and emotion? As Joseph LeDoux (1996) posed the question, “Are emotion and cognition two sides of the same coin or are they different currency?” The journey into the emotional brain has taken different neural paths and different views. Walter Freeman (2000) gives one such view.

According to Freeman (2000), emotion is essential to all intentional behaviors, and he attempts to give an alternative view on the processing of emotions. He refers to the common view of how the brain processes emotional information, as the passivist-materialist-cognitivist view. In this view, the starting point of analysis is assigned to the sensory receptors, at which, information from the world is transduced from energy to action potentials.

Bundles of axons serve as channels to carry the information to the brain stem, where it is processed through nuclear relays and converged into the thalamus, which is a central sensory clearinghouse at the top of the brain stem. The information is already subdivided by the receptors in respect to its features –color, motion, tonal modulation, and so on. The thalamus

sorts the information for transmission to small areas within each of the primary sensory cortices, which are specialized to deal with their designated kind of information. Information is then selected for transmission to the frontal cortex in the process of selective attention. The frontal lobes are the site of selection and organization of motor activity in accordance with the objective perception of sensory input. It is there that the rational information processing selects the appropriate motor commands that are issued through the motor cortex. Emotion is added to color the output commands by side channels that include the amygdala. This serial pathway constitutes a linear causal chain (figure 2). In this view, the brain is seen as an input-dependent processor of information and representations. Freeman suggests that, in this view, the role of the limbic system is underemphasized and misrepresented. Furthermore, the neural mechanisms by which the limbic system performs functions are bundled into “higher functions” that are to be analyzed after the problems of cognition have been solved. Additionally, he argues that olfaction does not fit within these architectures and is widely ignored. Olfaction is given little clinical importance from this point of view.

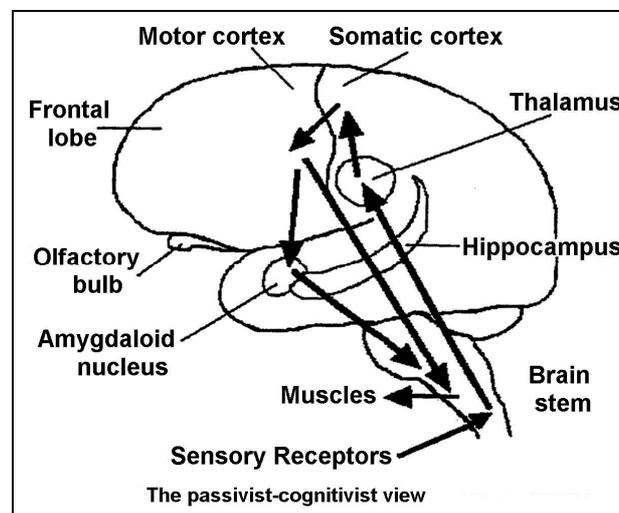


Figure 2. Passivist-materialist-cognitivist view of the brain as an input-dependent processor of information and representations.

Freeman’s alternative view, the activist-existentialist-pragmatist view, approaches the brain as a semiautonomous generator of goal-directed behavior. In this view, the starting point of analysis is assigned to the limbic system, and not the sensory receptors. This is because perception is defined as a form of intentional action, not as a late stage of sensation. Thus, perception begins with the emergence of a goal through self-organizing dynamics in the limbic system. Commands from the limbic system are sent to the brain stem causing change in sensory inflow. At the same time, corollary discharges are sent to the primary sensory cortices to prepare them for anticipated sensory barrage. The loop starting and ending in the limbic system illustrates circular causality (figure 3). The consequences of this change in perspective include reassigning the pivotal roles of the thalamus and the frontal lobes to the limbic system. According to Freeman the organization of brain dynamics is seen as a set of loops of interaction in which the limbic system is embedded. This space-time loop indicates the interaction between the components of the limbic system by which experience is organized for intentional action through time and space.

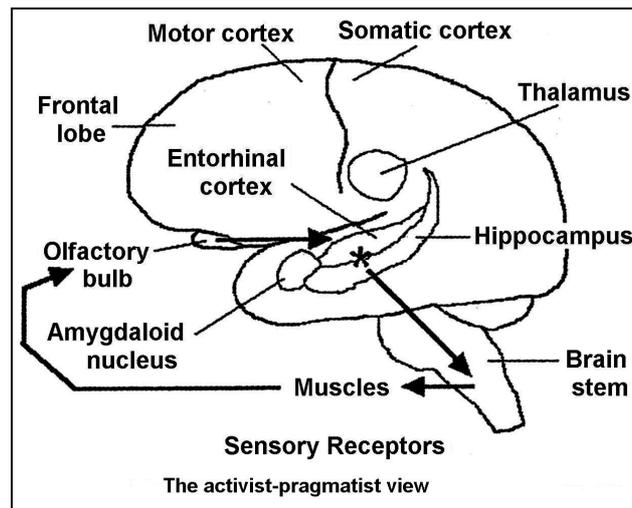


Figure 3. Activist-existentialist-pragmatist view of the brain as a semiautonomous generator of goal directed behavior.

Although these are two opposite views, it is most likely that both processes occur. However, the activist-pragmatist perspective favors a dynamic view of brain organization, suggesting that emotional systems have certain intrinsic dynamics that help establish coherent, emotion-specific forms of action and cognitive readiness. In other words, emotions are the mechanisms that set the brain's highest-level goals. Perhaps, then, in the field of deafblind education, communicative exchanges in interpersonal processes should pay more attention to the emotional aspects of the communication process. The essential thing in communication is communicating which means sharing affects and experiences (Rødbroe, 1997).

In the case of emotion, the body is crucial to emotional experience. It is difficult to imagine emotions in the absence of their bodily expressions. Different emotions are induced in the brain and played out in the theater of the body (Damasio, 1999). The varieties of the emotional responses are responsible for profound changes in both body landscape and the brain landscape. The opportunities for bodily feedback during emotional reactions to influence information processing by the brain and the way we consciously feel are enormous. The neural circuit responsible for the body image or schema is not only limited to somatosensory cortex, but also includes the limbic system (Melzack, 1990). The response of the body is an integral part of the overall emotion process, which can be modified by experience.

On the basis of the cognitive neuroscience research outlined, an approachable question that can be posed is, "Could it be that by providing the deafblind person with bodily and emotional expressions that emphasize tactile and motion perceptual interventions, we enhance the deafblind person's ability to recognize expressions?"

Again, neurobiologically speaking, the answer probably has to do with the type of communication. For the deafblind person, communication processes that emphasize bodily and emotional aspects, including touch and movement, eventually supported by residual vision and/or hearing, are the key.

Educational intervention on the basis of neuroscience research: From bodily and emotional expressions to the development of co-constructed communication

The development of co-constructed communication occurs through conversations between deafblind individuals and their communicative partners. So, how do we develop these conversations? Some suggestions are outlined here. (For a detailed description see: Amaral, 2004, Nafstad & Rødbroe, 1999)

By developing social interactions, including proximity and exploration - such interactions are usually based in movement, rhythm, repetition and emotional involvement. These interactions are referred as resonance, meaning that the teacher mostly provides resonance for children's behaviors (van Dijk, 1986).

By developing social interactive turn-taking - This requires the teacher and child to coordinate attention skills that enable them to jointly attend to objects, and to shift attention between the information provided by those objects, and information provided by partners in conversation

By focusing more on the deaf blind individual bodily and tactile attention during interactional events.

By interpreting appropriately the emotional and gestural expressions of the deafblind individual - Sometimes we could get to which gestural or bodily expression the deafblind individual would be most likely to use to repeat emotionally loaded experiences from the event.

By working in real life situations - as mentioned earlier, the natural functional approach emphasizes the use of real life experiences and familiar day-to-day environment in educational intervention. Educational interventions should happen in normal environments in order to provide for context and meaning.

By developing the use of appropriate communicative forms - This can be achieved by selecting the forms to serve the individual learner, and introducing more than one form whenever possible to enlarge communicative opportunities. Using selected forms consistently when communicating with the learner, and providing for new communicative forms whenever learners show that they can be given more abstract levels of communication.

By developing co-constructed communication -Developing expectations about the deafblind individuals' ability to take turns in conversation, pacing interactions and providing time for the deafblind individual to respond are basic issues that teachers and personals need to incorporate into their practice as effective communicative partners.

Conclusion

In recent years, various approaches to deafblind interventions have been developed, most often focusing on communication. From a theoretical point of view, the approach to intervention research in the deafblind field may draw on the “natural functional approach”. This approach emphasizes social interaction, co-activity and the use of real life experiences in educational intervention with children and students who are deafblind. However, understanding on how the brain processes information from an educational perspective may encourage staff to understand and develop strategies to increase communication and learning opportunities. Neuroscience research such as the brain’s role in cognition, emotion and bodily expressions may shine some light on how the brain organizes itself as a result of sensory deprivation. These contributions, in turn, may lead to the development of deafblind interventions that reflect theoretical knowledge. More important effective communication is needed between professionals within the deafblind field, as it may lead to cooperation, collaboration and mutual benefits.

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Country Reports

AUSTRALIA

SUPPORTING STUDENTS WITH SPECIAL EDUCATION NEEDS, ESPECIALLY THOSE WITH MULTIPLE DISABILITIES (INCLUDING DEAFBLINDNESS): A REPORT FROM AUSTRALIA

BRIAN & NANCY DEVLIN
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The following short paper has been written as a script to accompany a 25-minute powerpoint presentation to be shown at a UNESCO seminar, the 24th Asia-Pacific International Seminar on Special Education, in Yokosuka City, Japan. As preparation of this paper was assisted by those who shared some useful and timely information, the authors would like to acknowledge with gratitude the assistance given by the following people: Michelle Aniftos, Toowoomba, Queensland; Lyn Armanasco, office admin, Braille transcriber and other roles, Education Western Australia; Kieran Blake, teacher, Yirrkala CEC, Yirrkala, Northern Territory; John Brigg, Manager of Inclusive Education, Education Western Australia; Marlene Browne, Principal, Gladys Newton School, Perth, Western Australia; Chris Dinning; Learne Dunne, Assistant Principal, Henbury School, Wanguri, Northern Territory; Geraldine Gray, State Coordinator; Special Learning Needs, Catholic Education Commission NSW; Sharon Barrey Grassick, Senses Foundation, Maylands, Western Australia; Lisa Hall, Teacher, Utopia Homeland Schools, Utopia, Northern Territory; Lorraine Hodgson, Assistant Principal, Namarluk School, Ludmilla, Northern Territory; Noeline Laurie, Assistant Manager, Student Services, Wulagi, Northern Territory; Rhondda McDougall, Support Teacher Vision, NSW Dept. of Education; Diane Schwartzkoff, Senior Education Advisory Teacher, Student Services, Australian Capital Territory; Dr Michael Steer, Renwick College, NSW; Dennis Yarrington, Principal, Cranleigh School, Holt, ACT; Sian Ziesing-Clarke, A/Deputy Principal, Woden School, ACT.

Slide 1 (Title)

0.1 The focus of this presentation is on current Australian policies and programs regarding the education of children with multiple disabilities and sensory impairment, including deafblindness.

Slide 2 (Outline)

0.2 This presentation comprises three sections, in addition to a brief introduction and conclusion: a short literature review, an overview of teacher education programs and three case studies to illustrate the range of work being undertaken.

Slide 3 (Introduction)

1.1 In the 10 years since the Salamanca Statement (UNESCO, 1994) was produced educational policy in Australia has moved strongly in the direction of making education more *inclusive*.

1.2 The proportion of students with a disability in Australia is said to be 3.9% of the total school population in government schools and 2.2% in the Catholic school sector (Australian Parents Council, 2002). Another recent estimate (van Kraayenoord, Elkins, Palmer & Rickards, 2000) is that "students with vision, hearing, intellectual, physical, social-emotional and multiple disabilities" comprise between three to five per cent of the Australian school population. However, according to the ABS (1998, cited in the Senate Report, 2002, section 7.42), at least 277 400 children aged 5 to 17 were considered to have a disability, representing eight per cent of the total population. In the view of some researchers (van Kraayenoord, Elkins, Palmer & Rickards, 2000), the difference between these figures can be partly explained by the "a lack of uniformity across Australia in the way in which students with disabilities were identified with different criteria being used for operationalising the definitions across the states and territories".

1.3 It is a concern that less than half of the young people with high support needs in Australia are likely to complete secondary education compared to the rest of the population. This is a major equity challenge for Australian educators and governments. It is also of concern that "Women with disabilities are less likely than their male counterparts to receive a senior secondary and/or tertiary education (WWDA, 1992).

1.4 According to the Australian Constitution, education is largely under the control of the States rather than a Commonwealth Government responsibility (Sawer, 1975, p. 94). However, in practice, education is jointly funded by Commonwealth and State governments because of the costs involved, and in view of the fact that since 1942 only the Commonwealth Government can raise revenue through income taxes.

1.5 Educational services for children with disabilities are provided within a Commonwealth and State framework of disability discrimination legislation. The most important law, *The Disability Discrimination Act 1992 (DDA)*, put in place by the Commonwealth Government, has established a rights-based framework for evaluating service provision.

However, since the provisions of this Act are "very general" (Senate Report, 2002, section 7.15) there has been some doubt about the extent to which they can be applied. "Although these Acts effectively guarantee the provision of educational services to all

students, they do not specify the way in which these services should be delivered" as Tracey (2002) has noted. Schools are required to comply with the Act unless this creates 'unjustifiable hardship', a term that has created some "uncertainty about the precise legal obligation this entails" (NCIS, 2002, p. 8).

In 1995 a council of education ministers (MCEETYA) established a task force to help achieve a uniform national approach by developing standards that would provide "greater certainty about equity entitlements for students with disabilities" (Senate Report, 2002, section 7.15). However, nine years later these educational standards are still in draft form.

Slide 4 (Research)

2.1 Pierce (2001) summarised some multiple disabilities survey results obtained from a range of countries, including Australia. The 221 vision professionals who participated in the study agreed that their greatest need was for more books that are specifically designed for the VI/MD population. Of the 48 products or curriculum ideas that were rated in priority order by the respondents, the one that that was identified as the top need was "age-appropriate (10-20 years old), high-interest, low vocabulary books for students with visual impairments and multiple disabilities, in which interactive output is used".

2.2 Through her research Dr Teresa Iacono, at the Centre for Developmental Disability, Health Victoria, has contributed important understandings about the uses of augmentative and alternative communication (see, for example, Iacono, 2003 and Bloomberg, West & Iacono, 2003). One of her recent projects used small groups of carers to trial PICTURE IT, a communication training package designed for carers of adults with severe and multiple disabilities.

2.3 Dennis Yarrington, Principal of Cranleigh School in the ACT has spoken to us about the need for research to evaluate the *effectiveness* of various communication strategies, by determining whether they make a difference by improving educational outcomes. If we don't do this, he says, the risk is that we simply swap one communication system for another, simply because it is new, without necessarily knowing whether it is more effective or not.

Recent research on autistic disorder is relevant (for example, by Couper & Sampson, 2003) because it has highlighted the pervasive problem that there are many competing interventions in Australia, some of which are not supported by adequate scientific research. For example, "sensorimotor integration therapy ... and dietary interventions ... are widely practised in Australia, but data for their efficacy are inadequate", whereas there is "now definite evidence that behavioural intervention improves cognitive, communication, adaptive and social skills in young children with autism". However, this approach is not commonly implemented largely because of its *expense*. Although this situation is beginning to change, especially in Western Australia (Couper & Sampson, 2003), "most young children with autism in Australia do not receive intensive behavioural intervention programs" as a result.

Tony Payne is directing a project to identify strategies for supporting students with vision impairments and to improve access to useful information about teaching practices. Funded by the Australian Universities Teaching Committee (AUTC), this project is being undertaken by a consortium of universities (Melbourne, New England, Sydney and Tasmania). A report is due in December 2004 but updates on

progress should appear on the Web (www.utas.edu.au/services/visproj) as they become available.

2.4 In a study commissioned by the State Minister for Schools in New South Wales, McRae (1996) estimated the costs and benefits of inclusion for students with disabilities. After visiting more than 50 schools in New South Wales and interviewing relevant stakeholders, his conclusion was that current anti-discrimination law and education policy were not being upheld and so the way in which students with disabilities were enrolled and supported in schools should be reviewed.

Stephenson (2003) has also considered the inclusion of students with high support needs in regular classrooms in NSW, but from a staffing perspective. She concludes that it would not be unreasonable to suggest a "case load of up to nine or ten students for a special educator providing services only to students with high support needs".

Despite the efforts made by both regular and special schools Parmenter (2002) points out that

Presently, one of the most disturbing problems is the lack of opportunities for students with high support needs to access special employment supports upon leaving school.

In his analysis one of the factors that limits effective post-school transition for significant numbers of students with disabilities is the type of support they receive at school. For this is usually highly structured. Since the locus of control is usually external, the student is not called upon to make many decisions. However, on exiting school, responsibility shifts to the student, who has not yet gained enough experience in negotiating his or her own support needs. One unfortunate consequence of this lack of preparation is the 'revolving door' situation where students with disabilities may take several TAFE courses in succession in an unplanned and somewhat adhoc manner. In an attempt to offset this Parmenter (2002) has advocated that "the transition planning process should start **early** in the students' secondary school life".

Such planning is essential since "The prospects for many school leavers from special schools and special classes are severely limited and are, in many cases, uncoordinated" (Parmenter, 2002). Similar concerns were expressed by a number of the people interviewed by Nancy Devlin when this paper was being prepared. "

Slide 5 (Teacher education)

3.1 In many pre-service programs (e.g. in Western Australia, New South Wales and the Northern Territory) at least one unit on inclusive education must be taken by students. However, this is not yet the case in the ACT.

3.2 Of the various institutions which offer relevant courses in Australia the Faculty of Education at Newcastle University is noteworthy because it offers a Master of Special Education (Sensory Disability). This accredited program is available in two versions, one with honours, through Renwick College, which is operated by the Royal Institute for Deaf and Blind Children.

3.3 What are the main gaps? We have identified two: Not enough specialist teachers are being produced; also, Australia's teacher education programs do not provide enough high level of training for classroom teachers in the use of technological aids such as Boardmaker and switches.

Slide 6 (Inclusion at work)

4.1 Since the middle 1990s Australian education systems have been producing more inclusive curricula. One of the newer ones is the Northern Territory Curriculum Framework, which is based on an outcomes-based approach that incorporates Essential Learnings. The scope of the curriculum is such that students with special needs are no longer excluded. However, special schools and students with identified special needs can still be exempted from the requirement that each school's performance be reported using Multilevel Assessment Program test data. These tests are administered each year to students in Years 3 and 5. Educators working with these students have begun grappling with ways to map what they are doing against the reporting framework.

Preservice students are no longer primarily taught subject content across specific years of schooling. They are now shown how to gauge students' level of functioning and, ideally, how to create individual education plans for all students across all areas of the curriculum.

In the Northern Territory Curriculum Framework a section called Key Growth Points precedes each subject area. These have been specifically designed to include students whose levels of skill development put them below the normal entry points for schooling. Students at the other end of the spectrum are also catered for by the inclusion of a Band 6 level *beyond* the knowledge, skills and understandings they are reasonably expected to need at the end of mandatory schooling. As a result, the breadth and flexibility of this curriculum framework make it impossible for any Northern Territory teacher to say, "This child is outside the scope of the Curriculum". The Curriculum is also useful for negotiating transition points, whether from pre-school to primary, from primary to secondary, or from a special school to a support unit in a mainstream school.

In this connection it is worth noting that the role of special schools has changed dramatically over the past 10 years. Many now have outreach programs into mainstream schools as well as dual enrolments to meet the needs of some children. Many students with high support needs also attend mainstream school at the request of parents. However, one issue raised by a teacher interviewed in connection with this paper is that students with complex needs are becoming the only ones left in special schools. With the inclusion movement gaining momentum "kids with moderate support needs are now mostly in mainstream schools".

In gathering information regarding best practice in Australian schools many people were consulted about programs that they thought were doing something really superior which should be shared with an international audience. More indepth information was gathered about three programs: one from the east, one from the west and one from the centre.

Slide 7 (Gladys Newton)

Gladys Newton School in Perth has 73 enrolled students aged 4 to 18, including a student who is deafblind. These students enter at various points, from the early years through to high school, with many entering from mainstream schools, support units or support centres. Some have autism with severe global developmental delay. Many have multiple disabilities.

The student who is deafblind has a full-time support assistant and uses a communication system, based on tactile signing, which has been devised by the Visiting Teacher Deafblind in conjunction with school-based staff. She has recently learned to eat from a bowl whereas three years ago she was solely tube-fed. (This program of desensitising has required a 3-1 staff-student support ratio.) Her priority areas, as well as those just mentioned, are learning to walk with a sighted guide and other self-care skills. She participates with her schoolmates in all other non-priority programs including excursions, playground, bike riding (using a modified bike) and the Health Club.

The Principal, Marlene Browne, has described two of the school's most successful programs. The first, from the University of North Carolina, is a structured program based on an approach known as TEACCH (Treatment and Education of Autistic and Communication Handicapped Children). Classes are very carefully set up. Students all have Picture Exchange Communication System (PECS) workstations and predictable routines. They know how to do the set tasks. They are able to access drawers which are coded with pictures and symbols.

On a good day students will work up to half an hour on self-initiated tasks. As PECS is basically a visual augmentative system, predictability makes it work best. All teachers ensure that each day gets off to a good start by going through the schedule with the students.

A lot of time and energy have been devoted to teacher development, with a focus on communication issues; for example, using the PECS approach. The teachers have found that using picture cues has been most effective as a communication system. The students gradually improve as they stay in the school. As they get older they become less dependent on the cards and can be in smaller spaces with a less rigid classroom structure. The parents are thrilled with how PECS is going at home since many of the children are now less violent.

The other program worth mentioning is a Health Club that the school has developed, largely because it faced up to the challenge of getting the students to be active enough and of ensuring that the high-school-aged were getting enough physical therapy. In the beginning the aim was just to support the older students, but the Health Club is now being used more widely. In fact, it is now accessed as well by therapists who bring students from other schools. So the Health Club is a model that other schools are beginning to copy. It is outfitted with treadmills, a mag-rower, a stepper machine, a multi-gym and a wheelchair bike. Students with low vision and the student with deafblindness are able to use the equipment. Even the children with autism, once they get over the anxiety, really enjoy participating.

The school keeps base line data so that individual progress can be gauged. The results have included successful weight loss, steadier walking and improved heart rates. However, this Club has not only helped the students with some of their physical needs; it has also provided a bridge to supporting students by helping them gain better access to the wider community and to a range of post-school options. In our view, given the complexity of the students' needs, the outcomes they have achieved are quite outstanding.

Slide 8 (Cranleigh)

Cranleigh, a school for those with moderate intellectual and/or multiple disabilities, has been at the forefront of developing programs to help students realise their potential and gain greater access to the wider community. It recently won a \$10,000 National Literacy and Numeracy Award which, according to the principal (Dennis Yarrington), is the first one that has been given to a program for students with multiple disabilities.

The school, which has approximately 80 students ranging in age from 3 to 12, is organised into three sections, based on age rather than disability. It has a policy of integrating students into local primary schools; for example, 20 students have recently moved on to mainstream settings.

The school's communication and literacy skills program makes use of PECS, PCS Boardmaker, as well as specialised computer interfaces such as Intellikeys software, Alphas and a range of switches and voice output devices. As well as relying on newer computer-based methods of enhancing communication skills, Dennis Yarrington has said that the school uses gesture and articulation as well to reinforce communication. Cranleigh is firmly committed to the Productive Pedagogies curriculum model, most widely implemented in Queensland.

The literacy program is based on the Four Resources Model: word study, writing, reading and communication. PECS has been found to be effective in working with children with autism, which has also been the experience at Gladys Newton School and at many other schools in Australia. While neither of these programs is for students with deafblindness, they have assisted students with communication needs. As Dennis has said, referring to a student with cerebral palsy in his school, once the communication channel was accessed the student's behaviour really improved.

As at Gladys Newton School, the staff believe in the importance of collaborating with families. This includes training parents to use PECS.

Slide 9 (Utopia)

We will now consider a program offered at a cluster of remote schools in the Northern Territory. The students who access the program do not have high support needs, as these are generally understood, yet some are considered to have mild to moderate disabilities and global delays. Many of the students also have *otitis media* and multiple health problems. Our particular focus is on how one student with foetal alcohol syndrome (FAS) has gained the acceptance of other students and members of her community through the intervention of the class teacher (Lisa Hall). Other support mechanisms have also allowed this student to gain access to a meaningful learning program.

Lisa's program supports students with special needs in many ways. For one thing it is very structured. Students follow the same routine every day. As a result they are familiar with the sequence and so are the teaching assistants. Even though Lisa will regularly put in new content, the structured routine is such that all the students know what to do when they come to class. The students have lunch at the school and begin their days with a tooth brushing and grooming program as many do not have access to this where they live. Lisa's room also has many visual cues to support the students' learning. Her lessons are explicit and are based on the students' needs. Another important element of the Utopia Homeland Schools is that they are one-teacher schools that have been established in the places where the people live rather than

people being forced into a central place around the homestead where the teachers' houses are. This enables families to be more actively involved. Also, the assistants in the class are members of the local community.

Slide 10 (Utopia photo)

The schools only operate for four days out of five and there are specific times allocated to learning how to implement new programs. Time is allocated for planning together.

None of these elements was put in to support a particular student with special needs but all help to create a more inclusive program. Lisa is keen to ensure that all children come to school regularly and she has spent extra one-to-one time to help the child with FAS, who has since gravitated to the teacher and formed a warm relationship with her. Lisa's modelling has encouraged other people in the room to do the same thing.

However, it was through a Drumming program that the child with FAS has found real acceptance from other members of the class. This program forms a part of a wider range of music programs offered by instrumentalists and others from the Northern Territory Department of Education. Guest musicians come out once a term for two weeks, which allows each homeland school to get about four days' worth of instruction. The musician who comes to Lisa's school is a full-of-life person who is well respected by the students. What is of particular interest is that for the student with FAS, who is now an accomplished drummer, the program has given her considerable standing in the eyes of the other kids. Now school is a happy place for her and she is a regularly attending member of the class.

Slide 11 (Exemplary video)

If you are interested in exploring a particular example of working with deafblind children you might like to set aside some time at this seminar to view this exemplary video, *We have contact*, produced by the Senses Foundation in Western Australia in 2004.

Sharon Barrey Grassick, a communication specialist who coordinates the Deafblind Education Service for the Senses Foundation, has explained the need for personal 'connections' between communication partners in this way:

Communication development in children with deafblindness is complex. Methods of communication used vary considerably and may include any combination of techniques, including touch cues, object cues, pictures, symbols, body language, gestures, fingerspelling and signs. Expressively, behaviour as communication may play a major role. Communication systems must, therefore, be highly individualised (Grassick, 2003)

Slide 12 (Discussion)

6.1 All of the three casestudy programs discussed by Nancy give time and attention to professional development. They allow the staff to learn together. They all have predictable routines and all three have been given outside support through grants to develop their programs. All involve the local community and parents in their planning for students.

It is our hope that this short presentation has helped to dispel the notion that the education of students with multiple disabilities can simply be left to specialists, who can then be left to get on with the job. Educating young people with disabilities is a broad, complex and evolving field of activity and research. At all levels of service support it requires cooperation, communication, understanding and adequate resources.

6.2 Education for students with disabilities is now conducted within a statutory environment. However, Australian legislation is less comprehensive than US mandates and the draft educational standards which have been designed to accompany the DDA have not yet been endorsed by State ministers of education, so there is some remaining ambiguity about the eventual cost of compliance by education providers.

6.3 Although Australia's philosophical commitment to inclusion continues to guide the placement of students with disabilities, there are a number of resourcing difficulties that have not yet been resolved, so it is true to say that cost-sharing arrangements in Australia still need to be clarified.

6.4 However, integration is here to stay. The direction of change is clearly away from segregation.

Slide 13 (Guiding question # 1)

Australia is committed to an inclusive ethos as this is considered to be "the most effective way to combat discriminatory attitudes, create welcoming and inclusive communities and achieve education for all" (Salamanca Statement, 1994).

Slide 14 (Guiding question # 2)

This has raised the awareness of teachers, parents and administrators and intensified advocacy efforts. With good will on the part of State and Commonwealth governments the groundswell of change *should* bring more funding, more targeted research and better outcomes for more students. However, such a commitment requires great determination, clarification of the legal issues, strong political support and adequate funding.

Slide 15 (Other focus questions)

National disability discrimination legislation has posed some challenges to educators and governments.

Slide 16 (Framework)

This framework suggested by Australia's Human Rights and Equal Opportunity Commission has been used to evaluate the adequacy of educational provision in remote rural areas.

Slides 17 and 18 (International Standards)

It is partly based on some of the international rights-based frameworks to which Australia is a signatory.

Slide 19 (The promise!)

What of the future? There are many technological solutions that seem very promising, but they need to be carefully evaluated to ensure that they are educationally effective.

Slide 20 (The problems)

It is of continuing concern that much of the IT equipment required is so expensive. While it is undoubtedly convenient to use an enlarged and versatile keyboard such as *Intellikeys*, they cost AUD\$700 each, not to mention the cost of the accompanying software and hardware required.

Many of the interventions advocated on the internet are of variable quality and are often not supported by any scholarly research. This requires educators in the field to be a little wary.

Slide 21 (In conclusion)

Despite the difficulties, we contend that some excellent progress is being made in Australia with respect to the education of children with multiple disabilities and sensory impairment, including deafblindness

Slide 22 (Final)

Given the breadth of information available and the limited time available to present this country paper, our approach has necessarily been quite selective. If you would like further information about any of the programs or projects mentioned in this summary, please e-mail the authors

Thank you for the opportunity to speak to you today. It has been our pleasure to address you on this occasion. We gratefully acknowledge the support of UNESCO and the Australian National Commission.

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BANGLADESH

**Educational Support for Children with
Multiple Disability with Sensory Impairment,
including Deafblindness**

**Presented by
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PART A. BANGLADESH: AN OVERVIEW

Bangladesh, a unitary and sovereign republic, lies in the north-eastern part of South East Asia between 20^o34 and 26^o38 north latitude and between 88^o01 and 92^o41 east longitude. The country is bounded by India on the west, the north and the north-east, Burma on the south-east and the Bay of Bengal on the south. It emerged as an independent nation on 26th March 1971. The capital of the republic is Dhaka. The total population is estimated at 130 million. The citizen of Bangladesh is known as Bangladeshi.



Language

Bangla is the official language but English is widely spoken. Bangla has been given the status of one of the official languages UNESCO

Climate

Bangladesh has a sub-tropical monsoon climate. While there are six distinct but overlapping seasons in a year, the three dominant seasons are summer (April-June), monsoon (July-October) and winter (November-February).

Part: B The Education System of Bangladesh

Structure of Education

Education in Bangladesh has three major stages-, *primary*, *secondary* and *higher education*. Primary education is a 5-year cycle while secondary education is a 7 year one with three sub-stages: 3 years of junior secondary, 2 years of secondary and 2 years of higher secondary. The entry age for primary is 6 years. The junior secondary, secondary and higher secondary stages are designed for age groups 1-13, 14-15 and 16-17 years. Higher secondary is followed by baccalaureate level education in general, technical, technology and medical streams requiring 5-6 years to obtain a Master's degree.

The education system of Bangladesh functions under two separate ministries: Ministry of Primary and Mass Education (MoPME) responsible for Primary and Mass Education, and the Ministry of Education (MoE) responsible for post primary and post secondary levels of education.

Part: C

Children with Multiple Disability

The children unable to fulfil their daily needs because of physical and mental problems need special education, competent remedial measures, special care and nursing. The deaf, blind, physically handicapped, mentally handicapped and the epileptics fall within the purview of special children. They are also termed as children with multiple disability. In accordance with the degree of disability, they are identified as lightly, moderately and seriously handicapped.

The Legal Framework and focus of Government on Education

The Constitution of the People's Republic of Bangladesh mandates the state to adopt effective measures for the purpose of establishing a uniform, mass-oriented and universal system of education and extending free and compulsory education to all children to such stage as may be determined by law (article 17).

National Education Policy on Special Education

Aims and Objectives

The principal aim of special education is to help the children with multiple disability establish themselves in the society through special programmes depending on their degree of disability. In order to achieve this target the National Education Policy 2000 recommends the following strategies.

Strategy :

- Survey is to be made to ascertain the exact number and identify the type and degree of disability of the handicapped in Bangladesh.
- Coordinated education system has to be introduced for the handicapped in selected schools. The handicapped children develop fast if they are allowed to receive education with normal children.
- It is necessary to develop the 64 schools under the Social Welfare Directorate where coordinated education programme for the blind is in operation. This system can be introduced for the deaf and the dumb as well as for the mentally and physically handicapped.
- Coordinated education programme has to be introduced in primary schools at district and *thana(sub-district)* levels for the deaf and the blind and mentally and physically handicapped people.
- It is necessary to develop the existing Government and non-government primary schools for the handicapped immediately.

- At least one teacher of special education has to be appointed in the schools under the purview of-coordinated education programme.

Objective of National Plan of Action(NPA)

Pursuant to National Education Policy and in re-affirming with the vision of EFA the Government of Bangladesh formulated National Plan of Action

(NPA) and revised it in line with Dakar Framework of Action

--NPAII(2003-2015) .The main objective of NPA II is to:

Bring all primary school-age children, particularly girls, the disabled, those in difficult circumstances and belonging to ethnic minorities, and enable them to complete primary education (already free and compulsory) of good quality;

Inclusive education

No comprehensive data base is currently available in the country indicating the number, type, or degree of disability amongst the youth population. However, the World Health Organization (WHO) estimates there are about 1.6 million children with some form of disability. A large majority of them have no access to education. The reasons are several. First, the 64 residential schools established by the Ministry for Social Welfare for visually impaired children can accommodate no more than 1,200 children. Though some 113 NGOs are engaged in activities for the disabled organized under the National Forum of Organizations Working with the Disabled (NFOWD), most of the NGOs have limited programs for hearing-impaired children. Second, virtually all special-needs schools are located in or near urban centers and inaccessible to children from rural areas. Third, there remains a stigma attached to disabilities, particularly in the case of intellectual impairment, especially in the case of girls. Level of family income appears not to influence enrolment significantly as disablement is feared as a cause for social disgrace - often ignored, hidden or denied. Finally, there is a severe shortage of teachers trained in the skills to effectively communicate with disabled children. One recent study under the ESTEEM project of Primary Education Development Project (PEDP-I) has found that about 75 % of disabled children are not enrolled in any form of educational program.

Training Manual

It has been noticed that a good number of handicapped children are dropping out at the very early stage of their education since they cannot keep pace with the existing system of education. The teachers can play a great role if he/she would know the technique to teach these kinds. Tasking into consideration this reality the Directorate of Primary Education (DPE) with the assistance of German government has developed training module and manual for the school management for the specially disabled children at the primary level. The manual is expected to contribute a lot with regard to the development of primary education for the specially disabled children.

Part: D

A Case Study of Dhaka Bodhir High School (Dhaka High School for the Deaf)

Established in 1976 by the Bangladesh National *BodhirSangstha* with only 7 students and 2 teachers for grades 1-2, the school gradually added new grades up to 5 by 1980, when it received recognition from the Directorate of Social Welfare. Later it turned into a junior high school under DSHE in 1984, and became a full-fledged high school (up to grade 10) in 1992. Presently, this is the only high school for the deaf in the country.

Students from the school started appearing at the SSC exam since 1993 achieving reasonably satisfactory results.

About 50% of the students are females. Usually, the admission age is 6-9, although in special cases this is relaxed up to age 15. Grade I is staggered over a number of years to prepare the students for being receptive to lessons. Side by side with general education, the school also imparts technical training in such subjects as sewing, fine art and commercial art, and knitting to make the deaf economically self-reliant. The total student strength is around 200, 50% of whom are at the secondary level.

The medium of instruction is Bengali and the school follows the NCTB curriculum. Special technique used is the sign language. Total teaching staff is 18, with one female. Besides, there are 6 support staff. The head teacher has M.A., M.Ed. degrees and he also underwent special training in India and U.K. in the area. All other teachers have at least B.Ed degree, and they also have some specialized training to be able to teach the deaf. Currently, 2 teachers have Bachelor of Special Education (B.S.Ed) degree offered by the only B.S.Ed college in the country, which was set up in Dhaka with Norwegian assistance in 1991 and is now under government revenue budget. At present, another such program, however, is run by IER(Institute of Educational Research of Dhaka University)

The school receives 90% salary subvention from the government and also some assistance from the *Bodhir Sangstha*, which has constructed a corrugated tin shed building for the school with 7 class rooms on its own land. The *Sangstha* also runs a few other lower level schools and clubs (for social rehabilitation) for the deaf. The school is managed by the SMC, where there are 4 representatives from the *Bodhir Sangstha*, besides others.

Students usually have to spend up to Tk.2,500 annually to meet admission, examination, and other charges. There is provision for some tuition waiver. There is a proposal for stipend for the disabled. At present, however, there is no stipend program for the students, not even for the females, as the school is located within the metropolitan area.

The school compound is not considered adequate, although the *Bodhir Society* has arranged a few more rooms from its own building. There is no library and no playground. The main problem appears to be the fact that the land on which the school is located is owned by the Society, so that the school has little option to carry out any development work. Moreover, due to severe financial constraint, the school cannot afford to have any special equipment and other necessary learning materials. There is also no audiology department, where hearing aids could be used, even if they were made available.

CHINA

Education to Multiple Disabilities in China

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Educational Supports for Children with Multiple Disability with Sensory Impairment,
Including Deafblindness

Education to Multiple Disabilities in China

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Multiple disabilities is one of the six major disability categories entitled for special attention and protection in the Act of Protection of the Disabilities. By reviewing the current documents and practices of educating the multiple disabilities in China , this paper intended to describe the definition , legal and status of the multiple disabilities, and to share three cases of educating the multiple disabilities reported from different cities of China, i.e. Beijing, Shanghai, Guangzhou, etc..

The definition of Multiple Disabilities

Multiple disabilities is defined as an individual having two types or more than two types of disabilities which required more attention and support in education programming. It is also called double disabilities or complex disability in various occasions. There are four types of special schools in China, namely, center special school (a school for different types of disability); special school for the blind; special school for the deaf; and special school for the mental retardation. Till today, few papers about multiple disabilities reported either from special school for the blind or special school for the deaf. Although multiple disabilities is not seen as one major issue in the center special school and special school for the mental retardation, children with multiple disabilities or have more than one area of special needs is often and also in regular practices of teaching such children in these school.

Legal Protection of the multiple Disabilities

The multiple disabilities is one of the six categories of disabilities mandated for special education in the Act of Protection of Disabilities of China. The first line of the Act of Protection of Disabilities (the APD) explains the importance of such a law “In order to protect the legal right of the disabilities, to develop program for the disabilities, to enable the disabilities in equal participation of mainstream social life, to entitle to the wealth and culture of the society, under the constitution, this law is mandated” In 1990, the APD was issued by the People Congress and since then it has been the major and important legal stand for the people of disabilities in China. The APD in it’s statements, by the nation, regulates

areas of right for the disabilities in rehabilitation, education, employment, culture, welfare, environment and legal pursuit. Back to 1986 when the Compulsory Act put into effect, special education is part of compulsory education. Chinese education belief supports thinking in catering for the individual differences in education, at mean time the major thrust was to be equally treated in all areas of development in concerning the needs of the different type of disabilities. Therefore, all children with special needs received education in regular class, regular school and special school for various curriculum and program. This would be some what similar arrangements to the multiple disabilities. For the purpose of implementing the requirements of the APD, Education Regulation of the Disabilities (the ERD) also made in effect in 1994. In the ERD everyone with a disabilities in China may have education services including preschool education, 9 years compulsory education, vocational education, higher education and adult education. All these educational program should have a place for the multiple disabilities by the official statements. However, because the complex of multiple disabilities is not well studied, let us bare in mind that reading the official document is one thing and putting it into good practices is another.

Status of Multiple Disabilities

According to the national survey of disabilities in China of 1987, It was estimated that among children age 0-18, 2.58% of them had a disability condition that was more than 10 million at that time, and the multiple disabilities was 0.26% of the children population, about 1 million of children had multiple disabilities. This number should have changed for 15 years has passed. However, the estimation of the proportion of children have multiple disabilities may still make sense and because of the improvement of living and health care, children have multiple disabilities survived from medical difficulties and that means the proportion of children have multiple disabilities may be up to 0.3% of the children population. Now a day China has 350million children at the age of 0-17 , the estimation of children have multiple disabilities is approximately 1 million.

Age 0-18	%of total	Age 0-6	Age 7-15	Age 16-18
<u>Total</u> 417,099,200	100	144,282,900	192,985,100	79,831,200
<u>All Dis.</u> 10,747,400	2.58%	2,465,500	6,520,700	1,761,200
<u>Mul. D.</u> 1,080,300	0.26%	320,300	552,200	207,800
<u>Visual D.</u> 256,000	0.06%	64,800	133,100	58,100
<u>H.& Lan. D.</u> 1,685,300	0.4%	442,100	851,600	391,600
<u>MR</u> 6,605,800	1.59%	1,447,900	4,428,200	729,700
<u>Phy. D.</u> 1,055,800	0.25%	187,000	541,000	327,800
<u>Em. D.</u> 64,200	0.015%	3,400	14,600	46,200

Another report showed among the visually impaired children age 0-14, about 35% of them have secondary disability, including mental retardation, hearing impairment, language disorder, and physical disability (Peng, 1997). Other types of disability with secondary disability also regularly discussed in the field of special education. If this is true story then the number of multiple disabilities may be much more than a million children while accurate statistic is difficult to obtain in China.

Cases of educating multiple disabilities

Case I , Beijing First Special School for the Deaf (BFSSF) reported in 1996 (Wu & Zhao, 1996) that a special class for a group of multiple disabilities was studied. In the study children with multiple disabilities were in three groups including deaf with mental retardation, deaf with mental retardation and visual impairment, as well as visual impairment with mental retardation. As the result of 2 years effective teaching , 6 children out of 12 were replaced to regular class in BFSSF. A summery of this study found the characteristics of children with multiple disabilities were learning difficulties in a) slow and narrow in perception, b) passiveness in motivation of learning, c) delayed language development, especially in learning syntax and phrases, d) simple and un differential affective development, e) memory deficit, f) attention deficit, g) low self-concept and h) impulsive behavior, ect. The education program emphasis education as parenting, education as rehabilitating , and education as teaching.

1. Education as parenting, education program involved :

- *Various daily living care, i.e. eating, cleaning, and clothing for whether change, etc.;*

- *behavior modification for disruptive behavior;*
- *loving and caring for children affection.*

2. Education as rehabilitating, education program provided

- *assessment of the child's basic strength and needs in hearing, vision, intelligence, physical wellness;*
- *recoding and filing of general development, i.e. motor and coordination development;*
- *careful observation of illness of the child;*
- *meeting and guidance to parent for giving attention and care in rehabilitation and education.*

3. Education as teaching, education applied teaching principle in

- *individualized teaching approach and content for learning*
- *modeling appropriate behavior by teacher and student*
- *consistence in behavior discipline at home and in school*

Case II, Shanghai Fourth Special School for the Deaf (Zeng & Zhang, 2003) reported a special class for multiple disabilities and a case of seven year's study on a child with hearing disability who was diagnosed 100db hearing lost and as the result of Danvor Development Screening Test at age of 4, the child showed delayed development in motor of age 3, fine motor of age 2.5, language age of 1. In addition, the child also had attention disorder and disruptive behavior.

In education intervention, the child received individualized education which was designed for emotional and behavior intervention, self care and social skills training, and language training. A brief description of the program was as follows:

1. Emotional and behavior intervention.

The education program intended for emotional and behavior change was planed in application of play in learning activities, behavior punishment and behavior regression of disruptive and violent behavior, and medical prescription of behavior control

2. Self care and social skills training.

Repeating and continuing practices on self care skills in four domains including food taking, bowling, changing clothes, and individual hygiene. Social skills training involved self behavior management, money management, etc. in ecological teaching environment.

3. Language training.

Lip reading and speech training was not possible for the child. Word card combining play and life episode was the first language approach for the child and

signing program and written material was found useful in helping the child in language acquisition.

Case III, Shanghai Special School for the Blind (Guo , 2001) reported theme- based curriculum development for multiple disabilities. This study was unique in a way that they paid attention to curriculum design much more than the disabilities issues of multiple disabilities. The author, on one hand, understand the complex condition of multiple disabilities, the diverse needs among children with multiple disabilities, and may be severer than most cases of disabilities; on the other hand the study was focus on the development of curriculum in meeting the diverse needs of children with multiple disabilities.

Based on the concept of the self is closely related to family, school, community and society at different degree. The curriculum development was planed in a way of meeting the child most needed area and theme.

Themes selected for the child education program were in priority order of

1. *The child as the focal point, thus topic such as, my hand, my body, my bath, then extended to the child's family, such as, my mother , my father, my dog, the extension went on to school community and society.*
2. *Time specific topics was a major curriculum issue in the study that in each day timing, day , season, holiday, special knowledge etc. was included for the child to feel and observe when time change and the difference of the change.*

Conclusion

All children entitled to provision of education and their education right of children with special needs including who has multiple disability is protected by the constitution, by the act and several education regulations. Children with special needs received education in regular class, regular school and special school for various curriculum and program. Children with multiple disabilities may require special support in educational services and special arrangements of education placement and curriculum design. It is in common practice of educating children with multiple disabilities in four types of special schools of China. However, sound study in this area were few and deserve further attention and support for research and development in this area.

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INDIA

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Prologue

Civilizationally India has showed concern for educating its entire citizenry, which means it recognized down the history education's role in sustaining and developing both culture and productivity. Surprisingly, the ancients showed neither any biases nor prejudices in dealing with gender or abilities. They were aware that all do not have identical abilities or learn at uniform speed. Historically the most ancient of literary references record their real concern and liberality in this regard. For instance, Rigveda, 7/2/11 (15th century BC) commands, "O learned teacher! Even as the sun illumines those who come under the bright light, you should impart education to them too who are mentally retarded, just as mothers of brilliant children equipped with true knowledge teach their wards with loving care, so you should instruct such children with happiness." Indeed, a few centuries later special methods were developed to instruct the mentally challenged. Both in the Jataka stories and Panchtantra there are examples galore to guide us in our role as useful and focused teachers.

Paper presented by Prof. Neerja Shukla, NCERT, New Delhi at the 24th Asia-Pacific International Seminar on Special Education, Japan on October 11 to 16, 2004 as a nominee of Ministry of Human Resource Development, Government of India.

India is a multi-cultural and multi-lingual society with a sizeable population of about 1029 millions (1,02,87,37,436) comprising of about 532 millions (53,22,23,090) males and about 496 millions (49,65,14,346) females crossing the one billion marks. This vast wealth of human resources is divided into 35 States and Union Territories consisting of 593 districts, 5470 sub-districts, 5161 towns, and 6,38,588 villages (Census of India, 2001). The current literacy rate for the country among the population of 7 years, and above is 64.8 % showing an increase of 14.6 % points since the last census in 1991. The total literacy of the country stands at 65.38%. The gap between the literacy rate of male and female has also come down from 24.84 in 1991 to 21.69% in 2001. The population

with disability has been estimated to be 2,19,06,769, which has further been divided under persons with seeing problems (1,06,34,881), speech problems (16,40,868), hearing problems (12,61,722), problems in movement (31,05,477) and mental problems (22,63,821). However, the Census did not record the population of persons with multiple disabilities. This was done in the third National Sample Survey on the disabled in the 58th round during July-December 2002 which put the number of disabled people in the country as 18.53 million which was 1.8% of the total population. Among different types of disabilities the prevalence of locomotor disability was the highest in the country which was followed by visual disability and hearing disability. After analysis it was found that about 10.63% of the disabled persons suffered from more than one type of disability. It is this group with which we are concerned today.

The overall analysis showed that 84% of the mentally retarded and 82% of those with speech impairment were born with disability. About 55% people with disabilities in India were illiterate and only 9% had completed education of secondary and above level. The current enrolment ratio per 1000 disabled children of age 5-18 years in the ordinary school was higher in the rural area than in the urban area and about 11% of children with disabilities in the age group 5-18 years were enrolled in special schools in the urban area while this figure for rural area was only 1%.

It is very encouraging to note that efforts made by the Government of India during the last decades for the welfare of disabled have become evident through by making provisions for meeting the educational needs of persons with disabilities and also by recognizing their rights and participation in the mainstream. To quote from the Country Report-India (2003) "A multi-pronged strategy which includes, inter-alia, inter-ministerial and intra-ministerial coordination at Central, State and District levels, has resulted in qualitative and quantitative changes in the lives of persons with disabilities. Their participation in policy decisions which directly affects their lives has increased substantially. With the help of the media, strategic showcasing of abilities of persons with disabilities is effecting more positive attitudinal changes in the general public. This and other proactive measures are leading to the gradual breaking down of physical, institutional and informational barriers. In some initiatives, the Government of India is playing a direct implementing role and in others, a facilitative and catalytic one. The underlying effort throughout is to break the intergenerational cycle of poverty, disability, segregation, powerlessness and charity that leads to the denial and prevention of participation, respect and opportunities for persons with disabilities and their families."

While making a statement A. Gopinathan, Deputy Permanent Representative on the second session of the Ad-hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities on June 19, 2003 said that "India is fully committed to the realism of social justice and empowerment of persons with disabilities" and recognizes "the impact of dual disadvantage and multiple discrimination faced by specific groups such as children, women, rural poor, severely and multiply disabled". Article 45 of the Directive Principles of the Indian Constitution urges the States to provide "free and compulsory education for all children until they complete the age of fourteen years". Now India through the 86th Amendment of the Constitution has made education a fundamental right of all children including children with disabilities.

The Policy

India, through policies, programmes and legislation has committed itself to providing equal opportunities to all children by adopting to learner centered teaching provided in mainstream schools. The **National Policy of Education** (1986, 1992) recommended integrated education in general schools for children with locomotor handicaps and with other mild disabilities, orientation and pre-service training of general teachers to meet special educational needs of these children, and also by making provisions of vocational training and establishment of special schools for severely disabled children. The **Programme of Action** (1992) of the National Policy on Education postulated that a child with disability who can be educated in a general school only and not in a special school should be educated in general school only. It also recommends that even those children who go to special schools initially should be transferred to general schools once they have acquired daily living skills, communication skills and basic academic skills.

The Ministry of Human Resource Development and the Ministry of Social Justice & Empowerment are two important Ministries of the Government of India which have evolved many programmes and schemes to meet the educational requirements of children with special needs including children with multiple-disabilities through inclusive education in general schools and a large number of special schools opened in different regions of the country. It is heartening to know that these two types of schools are complementary to each other with a focus on the requirements of the learner with special needs and are contributing towards universalization of elementary education in the country. Non-Government Organizations (NGOs) are an important part of this network.

The following table gives the names of some NGOs actively involved in education and rehab of children with multiple disabilities.

Voluntary Sector Initiatives

Amar Jyoti Research and Rehabilitation Centre

A charitable organisation founded in July 1981 by Dr. (Mrs.) Uma Tuli with the aim of providing a ray of hope to people with special needs. The school provides comprehensive services in integrated education, medical care, speech therapy, physiotherapy and corrective surgery through a number of programmes like camps, counselling, teacher training and education.

Blind People's Association (India) (BRA)

A large multi-faceted agency provides a wide gamut of services from prevention to education, counselling, rehabilitation and employment, to multiple disability and advocacy.

DISHA Centre for Special Education

Provides educational opportunities for children with physical, mental and multiple disabilities.

Indian Institute of Cerebral Palsy

Seeks to bring about positive changes in the lives of all people with cerebral palsy through a range of policies and services provisions designed to enhance their individual skills and knowledge and give them opportunities to exercise their constitutional rights, and fully participate and contribute to the community and country.

Indian Spinal Injuries Centre (ISIC)

A National leader in medical care and rehabilitation of spinal cord injuries. In fact it is the most advanced super specialty hospital cum rehab centre in South Asia.

Manovikas Kendra Rehabilitation and Research Institute for the Handicapped (MRIH)

Over 28 years operation, MRIH provides services in the areas of prevention, education, training, rehabilitation and research in the field of mental, physical and sensory disabilities.

National Centre for Promotion of Employment for Disabled People (NCPEDP)

Registered as a Trust in 1996, NCPEDP stresses the need to move away from traditionally held views of charity and welfare to those of productivity and empowerment of disabled person. NCPEDP's mandates are to encourage the employment of disabled people, increase public awareness on disability issues, empower disabled people through appropriate legislation, equip disabled people with educational opportunities, and ensure easy and convenient access to all public places.

Sense International (India)

An organisation set up in 1997 to support the development of services for deaf blind people throughout the country.

SWEEKAAR Rehabilitation Institute for Handicapped

A non profit, non commercial voluntary organisation having a record of 26 years of relentless service - serving mentally handicapped, physically disabled, deaf, aged, drug, widows and destitute.

Thakur Hari Prasad Institute of Research and Rehabilitation for the Mentally Handicapped (THPI)

Established in 1968 as a rehabilitation centre for children, today it is an institute employing more than 250 professional and paraprofessionals in paediatrics, clinical psychology, special education, speech pathology, psychiatry, occupational therapy, special education, hydrotherapy, music therapy, yoga therapy and other multi-disciplinary programmes at work.

Sense International (India)

An organisation set up in 1997 to support the development of services for deaf blind people throughout the country.

The National Curriculum for Elementary and Secondary Education (1988) prepared as a follow up of the National Policy of Education (1986) recommended child centered approach in transacting competencies and skills identified under Minimum Levels of Learning Programme with a view to make education accessible to all children and also to maintain standard and quality of education imparted through out the country. The **National Curriculum Framework for School Education** (NCFSE) prepared by National Council of Educational Research and Training (NCERT) in 2000 clearly recommended a flexible educational system in desegregated schools as it accommodates wide ranges of learners' background and ability in designing improved learning experiences. It stated that 'Curriculum planning must interrelate the facets of classroom services, special support services and personnel and co-curricular activities in creating a new and vital programme which will facilitate curricular integration in its most specific situation'. This was a significant step towards making educational services flexible as per requirements of a child with special needs. Each school is required to adopt personalized pedagogy and a careful investigation into individual aptitudes. This would help children with even multiple disabilities to learn in an inclusive setting.

Legislations

India is one country, which has passed legislations for promoting education and welfare of children with special needs. It may not be inappropriate to mention some of these Acts/Legislations here, which have been enacted for the welfare of persons with disabilities. Some of these are briefly described here.

Rehabilitation Council of India Act (1992)

Rehabilitation Council of India (RCI) was established as per Rehabilitation Council of India Act, 1992 for standardizing professional courses in rehabilitation and registering qualified professionals. In all 38 such courses are operational at Certificate, Diploma, Degree, Post-Graduate, Degree, Master and M. Phil levels. In addition to these courses, four short-term training programmes are also available. Diploma in Special Education (Deaf Blind) of one year duration, Post-Graduate Diploma in Special Education (Multiple Disabilities: Physical and Neurological), Post-Graduate Diploma in Developmental Therapy (Multiple Disabilities: Physical and Neurological), Diploma in Special Education (Cerebral Palsy), Diploma in Special Education (Autism) of one year duration

each are specific programmes meant for human resource development to teach and deal with children with multiple disabilities. The orientation/ training programme of Primary Health Centre (PHC) Doctors also had a strong component of deaf blindness and other multiple disabilities. A list of institutions offering these courses is appended.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

The landmark legislation of The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 was brought to ensure equal opportunities for persons with disabilities and to prevent all sorts of discrimination and deprivation against them and to promote their participation in education, training and employment. Chapter V of this Act is on education which has directed Government and local authorities to evolve a system so that every child with disability (including multiple disabilities) has access to free education in an appropriate environment till s/he attains the age of eighteen years. The Act provides that the Government will endeavour to promote the integration of students with disabilities in normal schools, set up special schools for children with disabilities who need special education and to equip special schools for children with disabilities with vocational training facilities. Conducting part time classes in respect of children with disabilities who having completed education up to class fifth but could not continue their studies on a full time basis and imparting education through open schools or open universities are useful services for making education accessible to all and specially to children with multiple disabilities. Special books and equipments are to be provided to every child with disability. Teacher training for making requisite trained manpower available for special schools and integrated schools for children with disabilities, development of comprehensive education scheme covering important components like transport facilities/alternative financial incentives, removal of architectural barriers from educational institutions, supply of books, uniforms and other materials, grant of scholarships, setting up of appropriate form for the redressal of grievances of parents regarding their children's placements, suitable modifications in the examination system, restructuring of curriculum and provision of amanuensis to blind students and students with low vision are bound to promote education of children with one or multiple disabilities. Under Section 57(1) of this Act, a Chief Commissioner for the Persons with Disabilities has been appointed by the Government of India with quasi-judicial powers. The main functions of the Chief Commissioner include coordination of the work of commissioners, monitor the utilization of funds disbursed by the Central

Government, take steps to safeguard the rights and facilities made available to persons with disabilities and submit reports to the Central Government on the implementation of the Act.

The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999

The most important Act in the context of meeting the requirements of children with multiple disabilities is The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. This Trust is a statutory body under the Ministry of Social Justice & Empowerment, Government of India with specific objectives to enable and empower persons with disability to live as independently and as fully as possible within and as close to their community and to strengthen facilities to provide support to them. The Trust also extends support to register organizations to provide need-based services to persons with disability in the event of death of their parent/guardian and facilitate realization of equal opportunities, protection of rights and full participation of persons with disabilities. The activities taken up by the Trust include training and monitoring of local level communities, awareness generation through state and district level workshops, advocacy and implementation through registered organizations, preparation of training and awareness material and convergence with other organizations. It has also brought out a booklet for identification of persons with autism, cerebral palsy, mental retardation and multiple disabilities. It is important to identify children with disabilities especially with multiple disabilities including deaf blindness at an early stage so that suitable interventions are planned at proper time to provide support for developing communication skills, learning and living tasks. The Trust through awareness generation programme has already addressed 6000 persons from 16 States and 2 Union Territories. The Trust has schemes for community based caregivers and institutional care which are being implemented by it. Till March 31, 2004, 9% of the beneficiaries covered under SGP scheme were persons with multiple disabilities.

Schemes and programmes

Some of the schemes and programmes of the Government of India aimed at providing education to persons with single or multiple disabilities are as follows:

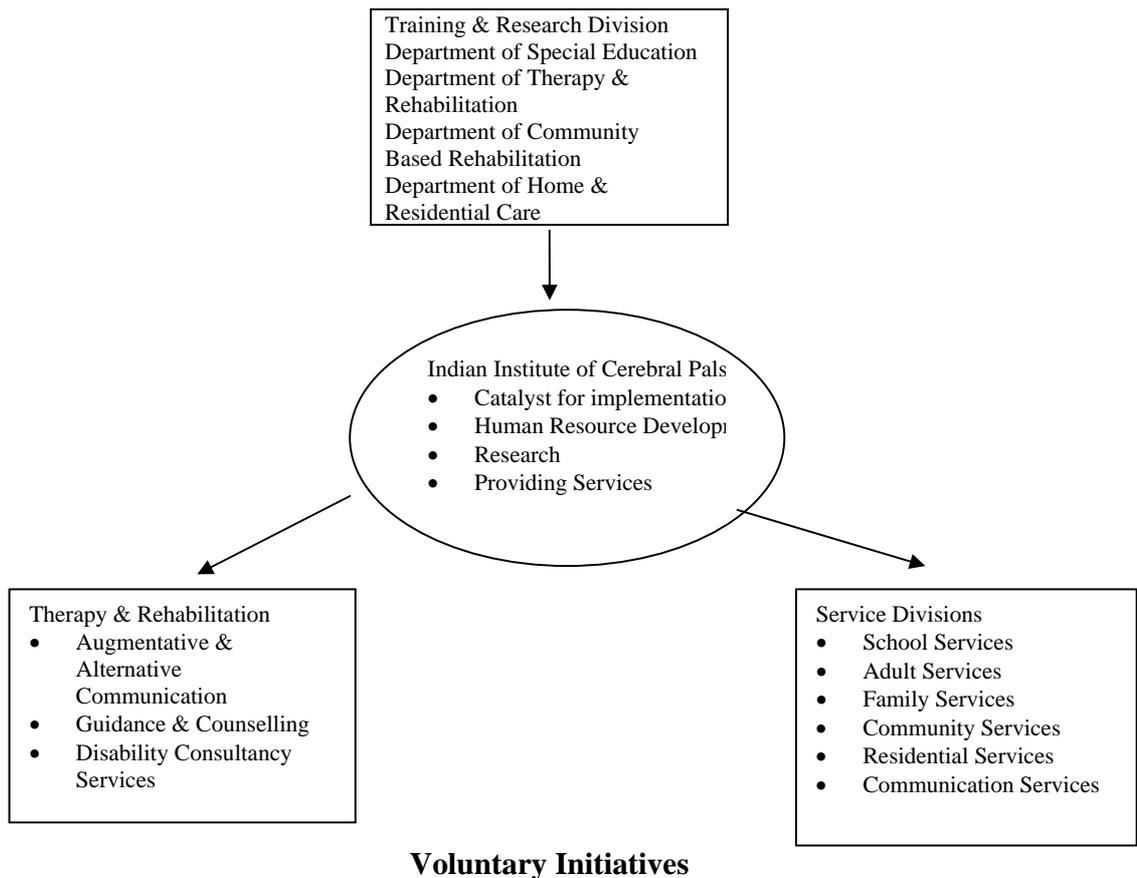
Integrated Education for Disabled Children (IEDC)

This scheme provides educational opportunities to children with disabilities to study in common schools and to facilitate their retention. The scheme provides for actual expenses on books and stationery, uniforms, transport allowance, readers allowance in

case of blind children upto class V, escort allowance for severely disabled children with lower extremity disability and actual cost of equipment. Besides these provisions for teachers' salary, facilities to students in terms of board and lodging allowance, cost of removal of architectural barriers and provision of resource room etc. are also available under this scheme. The Government of India recognizes education as a powerful instrument of empowering persons with disabilities. To quote from the Country Report (2003), "Under the District Primary Education Programme, a World Bank funded programme, which covers 271 districts in 24 states of the country, special attention has been paid to CWDs (Children with Disabilities). This has resulted in 350 thousand additional children enrolling in schools. The Integrated Education Programme for Disabled Children (IEDC) benefits 100 thousand children. The children covered by the programme are provided scholarships, uniforms, books and transport facilities to get to school".

Launching of IEDC has led to a pedagogical movement in teaching children with disabilities along with other children in mainstream schools. However, this scheme is now under revision as per recommendations of National Policy of Education, (1986) Salamanca Statement (1994) and National Curriculum Framework for School Education prepared by NCERT (2000). To ensure that children with disabilities have fair access to higher and technical education, 3% seats in educational institutions have also been reserved for them.

The Ministry of Social Justice and Empowerment(Governmentof India) provides 500 scholarships to students pursuing their studies at post school level, Braille books, talking books and teaching/learning for education of children with special needs.



Grants to Polytechnics

The Ministry of Human Resource Development has identified three polytechnics, GIET, Hissar Government Polytechnic, Sirsa and B.P.S. Mahila Polytechnic, K.G. Khanpur Kalan to set the example of how to integrate students with disabilities in mainstream technical and vocational education. State Governments will reimburse the costs and uniform allowances and other incidental costs under formal and non-formal training programmes.

National Handicapped Finance and Development Corporation (NHFDC)

It is a scheme of Government of India for enhancing employment of persons with disabilities for any Indian in the age group 18-55 years who has 40% or more disabilities. The Corporation offers a scheme for financial assistance to Parents Associations for Mentally Retarded Persons. The NHFDC has disbursed loans to 3015 beneficiaries during 2001-02.

Scheme of Assistance to Disabled Persons for purchase/fitting of aids and appliances

The objective of the scheme is to assist the needy disabled persons in procuring standard aids and appliances that can promote their physical and social rehabilitation and enhance their economic potential. The scheme is implemented through implementing agencies like voluntary organizations, National Institutes under the Ministry of Social Justice and Empowerment, Artificial Limb Manufacturing Corporation (ALIMCO) and other NGOs. The implementing agencies are provided grant in aid for purchase, fabrication and distribution of aids and appliances. The scheme also includes under its ambit, medical/surgical correction and intervention, which is essential prior to fitment of aids and appliances. The scheme has assisted 173 NGOs during 2001-02. Central Government provides for 100% assistance to the implementing agencies for meeting the expenditure under this scheme.

The Scheme for Promotion of Voluntary Action for Persons with Disabilities

Ministry facilitates delivery of rehabilitation services to persons with disabilities by voluntary organisations through providing financial assistance and technical and administrative support to promote vocational and professional opportunities, income generation and as well as employment and placement opportunities. The voluntary organisations funded by the Ministry are also running rehabilitation centres for leprosy-cured persons, for manpower development in the field of mental retardation and cerebral palsy and the establishment and development of special schools for the major areas of orthopaedic, speech and hearing, visual and mental disability. Under this scheme, the Ministry supports both recurring and non-recurring expenditure. More than 350 special schools and 140 vocational training centres are being supported under this scheme, besides the centres for leprosy cured persons and for early identification of disabilities. During 2001-02, 644 NGOs and Institutions have been assisted under this scheme.

Artificial Limbs Manufacturing Corporation (ALIMCO)

It is a corporation that manufactures quality aids and appliances for the disabled at reasonable price. On going modernization activities as well as expansion of production base is funded by the Central Government.

Composite Regional Centres (CRCs)

Five Composite Regional Centres (CRCs) and four Regional Rehabilitation Centres (RRCs) for Spinal Injured have been set up in different parts of the country. The CRC aim at providing composite rehabilitation services, creating infrastructure for manpower development and will generate awareness. The Regional Spinal Injuries Centres aim at providing comprehensive management and rehabilitation of spinally injured. Government of India provides funds for meeting recurring and non-recurring expenditure of these centres.

Scheme for launching of awareness campaign for prevention of occurrence of disabilities and rehabilitation of persons with disabilities

This scheme has been launched for creating awareness campaign for prevention of occurrence of disabilities and rehabilitation of persons with disabilities in selected districts is being implemented through grant-in-aid assistance from the Ministry of Social Justice & Empowerment. This campaign is planned to be implemented in all districts in the country. Comprehensive rehabilitation services have started through National Programme of Rehabilitation for Persons with Disabilities (NPRPD) and district disability rehabilitation centre.

Scheme of Employment of the Handicapped

This scheme aims to help the persons with disabilities in getting gainful employment either through 41 Special Cells in regular Employment Exchanges or 40 Special Employment Exchanges for the persons with disabilities

Scheme for Home Based Care Givers

This is a programme of the National Trust with a specific objective to build up a pool of trained caregivers who may be hired on temporary/permanent basis by families needing it. It also provides employment opportunities to deserving people. It involves selection, orientation and training of eligible persons for professional care giving, maintaining an agency for registration, placement, replacement of professional caregivers, maintaining close liaison with user families to determine their needs and suggest appropriate technologies and disbursement of financial assistance to the beneficiaries.

National Programme for Rehabilitation of Persons with Disabilities (NPRPD)

This scheme aims at creating infrastructure to provide rehabilitation facilities at State, district, block and Gram Panchayat level with a view to rehabilitate persons with disabilities including multiple disabilities under which centre based as well as community based programmes are encouraged. Under which 11 District Rehabilitation Centres in 10 States viz., Andhra Pradesh, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh, and West Bengal were established and resources provided to State Governments for initiating services at the district level.

Swarnjayanti Gram Swarozgar Yojana (SGSY)

This scheme was launched by the Department of Rural Development on 1.4.1999 with the objective of bringing the assisted families above the poverty line by ensuring sustained levels of income over a period of time. Persons with disabilities account for a minimum of 3% of the total swarozgar's (self-employed) assisted during the year. The Ministry provides 75% of the cost of the project while 25% cost is to be borne by the State.

National Scholarship for Persons with Disabilities

The objective of this scheme is to provide financial assistance to disabled students for perusing higher and technical education. They are also supported for acquiring special aids and appliances for study. This scheme is available to those persons with disability whose family income (monthly) is less than a particular amount. The total number of scholarships is 500 out of which 76 each are to be given to students with low vision, cerebral palsy, mental retardation and multiple disabilities.

Science and Technology Project in Mission Mode on Application of Technology for the Welfare and Rehabilitation of the Handicapped

This project has been launched by Government of India with the objective to coordinate, find and direct application of technology in development and utilization of suitable and cost effective side and appliances, methods of education and skill development leading to enhancement of opportunities for employment, easier living and mobility, communication, recreation and integration in society. Research and developmental proposals in all disability areas including cerebral Palsy fall within the purview of the mission.

"Label us Alike" Manager Programme of Indian Institute for Integrated Learning in Management (IILM)

This programme is offered to physically disabled students to study management courses for managerial positions so that students so that they could also contribute towards efficient growth of economy. There are no fees for the course and classrooms as well as environment are disabled friendly. This course is available after standard XII.

District Primary Education Programme (DPEP)

District Primary Education Programme (DPEP), launched in India in 1994, is one of the largest education projects of its kind in the world. The Programme aimed to achieve the long cherished goal of Universalisation of Elementary Education in the country through district-specific planning with emphasis on decentralized management, participatory processes, empowerment and capacity building at all levels. The major objectives of District Primary Education Programme are to 1) Provide all children with access to primary education (class I to V), 2) Reduce primary dropout rates for all students to less than 10 percent; 3) Reduce differences in enrolment, dropout rates, and learning achievement among gender and social groups to less than 5 percent; 4) Raise the average achievement levels of students by at least 25 per cent in language and mathematics and at least 40 percent achievement levels in other subjects; 5) DPEP also seeks to strengthen the capacity of national, state and district institutions and organisations for planning, management and evaluation of primary education.

Coverage

The Programme was initially launched in 1994 in 42 districts spread over 7 States – Later, it was extended to seven more States of the country. At present, the programme covers 60 per cent of the child population in the country, spread over 176 districts in 15 states. Further expansion to 60-65 districts is in the pipeline and with this the coverage will go upto 230-235 districts. In addition, similar basic education project covers 17 districts in Uttar Pradesh under the Uttar Pradesh Basic Education Project (UPBEP).

Integrating the disabled

Universalisation of primary education cannot be achieved if 10% of the children, who have some physical, intellectual or emotional limitations are excluded from the general

mainstream of education. DPEP, therefore, has chalked out a concrete programme to provide for Integrated Education for the Disabled (IED) children. The Programme will fund interventions for integrated education of primary school going children with integrable and mild moderate disabilities. Five categories of disabilities covered under the Programme are – visual, hearing, orthopaedic, and learning impairment and mental retardation.

Towards the end DPEP supported 1) Setting up of a State Advisory Group for integrated education in DPEP with at least three experts in the field. Similar group team is to be set up at the district level too; 2) Appointment of IED coordinator at the district level; 3) Networking with NGOs, special schools and other organizations; 4) Development of skills and competencies in primary school teachers through in-service training for early detection of disabilities, functional assessment, use of aids and appliances and monitoring progress; 5) Early detection of disabilities through house to-house surveys; 6) Recruitment of three resource teachers at the block level; 7) Construction of a resources room at the block and cluster level; 8) Provision of essential rehabilitation and educational aids and appliances to children with special needs; 9) Removal of architectural barriers and construction of ramps in the school and creation of extra space for disabled children etc.

Sarva Shiksha Abhiyan

Sarva Shiksha Abhiyan (SSA) is an attempt to universalize elementary education through community ownership of the school system and to provide useful and relevant elementary education for all children in the 6-14 age group by 2010. This called for formulation of context specific guidelines within the overall framework by the States and local need based planning. The focus of the programme is on increasing access, enrolment and retention of all children as well as improving the quality of education. Specific allocation of funds for integrating each child with disability as per proposal is a definite step to promote their education. Various interventions envisaged for education of children with special needs under SSA are creating awareness, making necessary infrastructure for planning and management, early detection and identification, functional and formal assessment, educational placement, preparation of individualized educational plan, provision of suitable aids and appliances, teacher training, resource support, strengthening of special schools, removal of architectural barriers and monitoring and evaluation. Provision of resource room at the block and cluster level, provision of special teachers for specialized tasks and capacity building in general teachers to assess the

child's current level of functioning have full knowledge about the aids and appliances used by children and collaborate with resource teacher for making necessary modifications are positive measures to make education relevant and useful to them. However, children with severe and multiple disabilities need special training prior to be integrated into the general system. Physiotherapy, occupational therapy and speech therapy are essential components of house-based programme needed for these children. Convergence of programmes like training of caregivers, and other services available to families and communities of children with special needs with educational programmes is to be established for taking care of requirements of children with severe disabilities and multiple disabilities. As per data bank on inclusive education in SSA a total number of 16,32,228 children with special needs have been identified out of which 11,30,854 have already been enrolled. Teacher training of 3 to 5 days has been provided to 1,91,208 general teachers while the number of teachers covered under mass teacher training is 11,91,856. However 45 days training to resource teachers is yet to be arranged in several States.

National Institutes

The following Institutes are working in the area of disability education:

National Council of Educational Research and Training (NCERT)

The National Curriculum Framework For School Education (NCFSE, 2000) brought out by the NCERT recommended inclusive schools for all without specific reference to pupils with SEN as a way to provide quality education to all learners. Before that the project integrated education of the disabled (1987) conducted by NCERT showed on an average 91 per cent retention rate which was much higher than for the non-disabled children in ten States/Union Territories where this project was conducted. The financial support provided by UNICEF was analyzed to be one of the most effective factor for this besides parental and community awareness and improved school climate. Absenteeism was low for children with disabilities. Achievement figures also indicated parity between the disabled and non-disabled groups. No other indicators of achievement are available for children with special educational needs.

NCERT is also engaged in making video spots on the education of children with disabilities, which are proposed to be telecast on various channels for community awareness regarding the need to send children with disabilities to school. An external evaluation of the scheme of IEDC has also been undertaken by NCERT and presently revamping the scheme from the perspective of inclusive education is in the process of

finalizing. Resource material for teachers in the form of handbooks and source books is being prepared by NCERT to resolve the curriculum access difficulties that children with disabilities may face in general classrooms. Training modules for teacher educators in inclusive education are being prepared by NCERT with the help of SCERTs.

The major activities undertaken in the Department are research, capacity building, drawing linkages and promoting partnerships for providing quality education to all children including children with disabilities. Some of its major for the year 2003-04 include: Emerging shape of Inclusive classrooms at pre-primary and primary levels and upper primary levels: A Research Study, A Study of programmes and practices for education of children with Special Educational Needs in different States, Effectiveness by Innovative Teaching Strategies for promoting inclusive schooling; An evaluation study, Strengthening of teacher education curriculum from the perspective of children with Special Education Needs, Role of Parent Teacher Associations for promoting inclusive education, Orientation programme for teacher educators in inclusive education and Braille display terminals.

National Institute of Educational Planning and Administration (NIEPA)

This institute plans programmes for educational planners and administrators to improve the quality and administration of education in the country for which various in-service teacher training programmes, workshops, meetings, seminars and briefing are organised for senior educational officers of the Central and State Government as well as Union Territories. This organisation is also involved in training of administrators and educational planners for inclusive education and has provided forum for deliberations on various aspects of inclusive education.

National Council for Teacher Education (NCTE)

The National Council for Teacher Education which was earlier a part of NCERT was established a statutory status become National Council for Teacher Education Act 1993 (No. 73 of 1993) on 17th August, 1995. The objective of the NCTE to achieve planned and coordinated development of teacher education system through out the country and regulate and properly maintain norms and standards in the teacher education system and matters connected with it. The Curriculum Framework for Quality Teacher Education

prepared by NCTE as reflected a strong component of education of children with special needs and has focused on all types of development of child so that teachers could perform their role effectively.

National Institute of Open Schooling (NIOS)

This institute offers bridge courses for persons with disabilities who are not able to attend regular classes and want to pursue their education through open schooling. It has also made certain provisions for children with disabilities. The institute had covered 1482 persons with disabilities in secondary and senior secondary level classes during 2001-02.

National Institutes for Disabled

In addition, six National Institutes established in different parts of the country are catering to the requirements of persons with disabilities in the field of visual, hearing, mental and loco motor disabilities and producing 1870 trained human resources every year. By the end of 2002 they had already trained 41,346 professionals. Each of these Institutes is equipped with large libraries, laboratories and updated assessment and intervention facilities. Till date, these centres have trained over 41,346 special educators, produced 4,62,228 rehabilitation services, 4,12,526 extension services, 10,41,123 clinical services making it 19,57,223 trained personnel available for various types of services to be imparted to persons with disabilities. These are: National Institute of Mentally Handicapped, Secunderabad, Ali Yavar Jung National Institute for Hearing Handicapped, Mumbai, National Institute for the Visually Handicapped, Dehradun, National Institute for the Orthopaedically Handicapped, Calcutta, Institute for the physically Handicapped, New Delhi. Besides this, the Government India also supported setting up of the Indian Spinal Injury Centre.

Preparing teachers for Inclusion

Teacher education plays a critical role in effective inclusive education in common schools. India has set up institutions at all levels, which are engaged in the process of teacher preparation. NCERT has prepared a self-learning package of inclusive education which has been finalized through organization of several training programmes organized for key persons from the States (Julka, Anita 2001) Key persons thus trained are in turn train district level personnel and teachers working in common schools. This package includes topics like concept of inclusion, school readiness for inclusion, classroom management, teaching competencies, guidance and counselling, community resources and evaluation. Recent efforts made by the Chief Commissioner for Persons with

Disabilities for preparing teachers include meeting with principals of public schools in Delhi, workshops organized for 334 government school principals for orienting them for inclusion, an orientation workshop organized for 1800 Municipal Corporation of Delhi schools at six different places. When put in an inclusive set up children learn to appreciate each other's unique strengths and abilities and are helped by each other. Children with multiple disabilities when put in such a set up are likely to get more support from their peer group which helps them becoming an integral part of the school. This automatically leads to enhancement of self-esteem and a feeling of achievement. Involvement of parents, mother's associations and a child's community as a whole makes the difficult process of inclusion easier. Children are accepted and not accommodated. Early interventions in small, multi-ability groups are useful when children are still in the formative stage of development. India is going through a transition from integration to inclusion. However, the challenge of preparing general teachers for inclusive classrooms having children with severe disabilities and multiple disabilities is still a challenge. Looking at the magnitude of the problem and the population of these children scattered all over the country makes the problem very serious. India has a chain of District Institutes of Education and Training (DIETs), which are responsible for imparting in-service training to teachers and also prepare contextualized learning materials. They also run a two year Elementary Teacher Education Course which has to be re-looked into from the view point of inclusion and revised. University Departments, National Level Institutions, State Level Institutions, Panchayati Raj Institutions, Schools and Non-Government Organizations (NGOs) have to establish effective partnership for the same.

Major Challenges

Children with multiple disabilities have some very special educational needs that have to be addressed through properly devised planning and pedagogical interventions. This group has neither been included in the educational chapter of the legislation nor is there any specific scheme to support their education. Since this groups is very difficult to integrate there is a need to devise a scheme for these children and also open special schools which could be managed by teachers specially trained in the process and procedures in handling them. However, it does not mean that India is not doing any thing for this particular group. The scheme of IEDC is being revamped to include children with multiple disabilities. Many courses are being run by various Non-Governmental Organisations for human resource development to take care of their requirements - both welfare and educational. Thus, teacher training is an important aspects which has to be handled first. Specialised institutions need to prepare resource materials for these

children to promote their education and to provide support of them in their all spheres of life. So far as inclusion of children with multiple disabilities are concerned there is a need to conduct more researches and make efforts for their inclusion in the existing schools. This calls for more systematic approach vis-a-vis all aspects of education namely planning, material development, research support, teacher trianing, classroom organisation, parental and community support and conversion of various efforts at all levels.

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Annexure

List of Institutions Running Human Resource Development Courses for Multiple Disability in India

<u>S.No.</u>	<u>Name of Institution</u>	<u>Name of Course</u>
1.	Action for Autism T-370 F Chirag Gaon, 3 rd Floor New Delhi-110017 Tel-011-29256468, 29256470 E-mail: autism@vsnl.com	Diploma in Special Education (DSE), Autism, Spectrum Disorder
2.	Mind's College of Education Research Society for the Care, Treatment and Training of Children in Need of Social Care, Sewri Hills, Sewri Road, Mumbai-400033 Tel No. 4704340 Fax No. 4702285 E-Mail: mind @bom3.vsnl.net.in	Diploma in Special Education (DSE), Autism, Spectrum Disorder
3.	The Spastics Society of Karnataka 31, 5 th Cross, Off-5 th Main, Indira Nagar, 1 st Stage Bangalore, Karnataka Ph.080-5281831,5280935 Fax-5286129 E-mail: Spasticssociety@vsnl.net	Diploma in Special Education (DSE), Autism, Spectrum Disorder
4.	Tamana "School for Hope" Special School D-6, Vasant Vihar, New Delhi-110057 Tel-011-26151587, Fax -011-26148269	Diploma in Special Education (DSE) Autism, Spectrum Disorder
5.	DISHA, Centre for Special Education Vocational Training & Rehabilitation, 450 AB, Nirman Nagar, Kings's Road, Jaipur-302019	Diploma in Special Education, Cerebral Palsy

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| 6. | Open Learning System,
Plot No. G-3/A/1, Gadakana Mouza,
P.O. Mancheswar Railway Colony,
Near Press Chhak, Bhubaneswar-751 017
0674-2301806/626
Fax: 0674-2301626
E-mail: Olsbbsr_org@rediffmail.com | Diploma in Special
Education,
Cerebral Palsy |
| 7. | Shishu Sarothi Centre for Rehabilitation &
Training for Multiple Disability,
Off. Ramakrishna Mission Road,
Birubai Guwahati –781016 | Diploma in Special
Education,
Cerebral Palsy |
| 8. | Shiv Kalyan Shikshan Samiti
LIG-26, 2 nd Floor,
Harshwardhan Nagar,
Bhopal-462003
Tel:0755-2556663
Fax: 0755-5221868
Website:www.skssindia.com | Diploma in Special
Education,
Cerebral Palsy |
| 9. | Spastic Society of Tamilnadu,
Opp T.T.T.I, Taramani Road,
Chennai-600113,
Tel No. 2354651
Fax No.2350047
E-mail: spastn@md2.vsnl.net.in | Diploma in Special
Education,
Cerebral Palsy |
| 10. | Raksha Society
“Yasmin Manzil” VII/370,
Darragh-es-Salaam Road,
Kochangadi,
Cochin-682002
Fax: 0484-227707
E-mail: raksha@satyam.net.in
Website:www.rakshasociety.org | Diploma in Special
Education,
Cerebral Palsy |
| 11. | The Spastics Society of Karnataka 31,
5 th Cross, Off-5 th Main, Indira Nagar,
Ist stage, Bangalore,
Karnataka
Ph. 080-5281831,5280935
Fax 5286129
E-mail: spasticssociety@vsnl.net | Diploma in Special
Education,
Cerebral Palsy |

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|-----|---|--|
| 12. | <p>Helen Kellor Institute for the Deaf & Deaf Blind,
 (Aditya Birla Centre), Plot No CC-1,
 TTC Industrial Area, Shil-Mahape Road,
 Off.Thane-Belapur Road,
 Vashi Navi Mumbai-400011
 Ph 022-3087052/3018211
 E-mail: hkidbind@bom5.vsnl.net.n</p> | <p>Diploma in Special Education
 (Deaf –Blind)</p> |
| 13. | <p>The Clarke School for the Deaf,
 “Sadhana”, No.3,
 3rd Street, Dr. Radhakrishna Road,
 Mylapore,
 Chennai-600004.
 Tel.No.8572422/8544910
 Fax No.8585855
 E-mail: clarkskn@md2.vsnl.net.in</p> | <p>Diploma in Special Education
 (Deaf-Blind), DSE (HI),
 DSE (MR)</p> |
| 14. | <p>REACH
 18/2/A/3,
 Uday Sankar Sarani,
 Golf Green,
 Calcutta-700095
 Ph.033-473-7223
 Fax 473-7223</p> | <p>P.G. Diploma in Special Education
 (Cerebral Palsy &
 Neurological Disabilities)</p> |
| 15. | <p>Spastics Society of Northern India,
 Balbir Saxena Marg,
 Hauz Khas,
 New Dehi-110016</p> | <p>P.G. Diploma in Special Education
 (Cerebral Palsy &
 Neurological Disabilities),
 PG Diploma in
 Developmental Therapy
 (Cerebral Palsy &
 Neurological Disabilities).</p> |
| 16. | <p>The Spastics Society of India,
 Upper Colaba Road,
 Opposite Afghan Church Colaba
 Mumbai-400 005
 Tel:022-26443666/ 2632364
 Fax: 022-26436848</p> | <p>P.G. Diploma in Special Education (MD: Phy &
 Neur.)</p> |

INDONESIA

INDONESIA TOWARDS INCLUSION: Main gate to a better education for children with multiple impairments caused by sensory impairment included deaf blind

Moch. Sholeh Y. A. Ichrom
Indonesia

I. Inclusive Education as International Education Treasure

Inclusive education has become international education treasure for the past years and will continually be an asset for future human civilization. One of the most significant bases in developing inclusive education is that in natural tendency human mind shall continually seek to understand the secret of oneself and the universe. Mind has become one of the movement triggers thus human being shall explore endlessly. In special needs education, this movement appears to have cycle from the pole of *name* and the pole of *treatment* towards children with special needs. Dynamically the two poles move and sometimes precede one another. After human being thought about the names for children with special needs the mind one will think about characteristics and subsequently to treatment such as education treatment, research and the making of concept and theory, in which they are accumulated into human civilization. However other times there will be different processes when human is in the middle of something -e.g. research or education then they will think about changing the names.

This dynamic has borne new syntheses which far too often become international agreement and not few of it has reached the so-called historical landmark of human civilization and humanity. Historical landmark of human and humanity in which will also become the basis of special needs education thus yielding inclusive education can actually be withdrawn from the beginning of human life however in this occasion I will only mention a few:

1. Declaration of Human Right in 1948.
2. Education for All.
3. Salamanca Statement.
4. Standard Rules of the Equalization for Persons with Disabilities.
5. Dakar Declaration.

II. The Prospect of Inclusive Education for Children with Multiple Impairments in Indonesia

One of the most important syntheses from the description above is that inclusive education is the main gate to a better education for children with special needs including children with multiple impairments caused sensory impairment include deaf blind

compared to integrated and even segregated system of education. One of the main reasons is that inclusive education has come to realize the elimination of any forms of discrimination inherited from integrated and segregated system of education. These discriminative education systems have been a great wall of barrier for optimum potentials of children with special needs and even all children and human kind.

The advantages of applying inclusive education for the shake of optimum potentials are clearly shown if we compare it to a more or less half of century segregated education and a fifteen-year integrated education for children with multiple impairments. Followings are some important notes from different observations on how optimum children with multiple impairments develop their potentials through discriminative education:

1. Children with multiple impairments limitedly enrolled in regular school. Since it is limited access then all children with multiple impairments have to go to a school far away from their village. Schools are usually situated in the city; villages have either one or none.
2. Placement of children with multiple impairments in special schools – state or private- has encouraged the society to under evaluate them as a group of children with low ability or skills.
3. This usually led to inappropriate attitude towards children with multiple impairments. The society only thinks that these children should only be served with pity. This shall result into limited opportunity for children to be independent.
4. Most of children with multiple impairments live in boarding school thus their interaction with other community members and even with their parents has been neglected.

In Indonesia through inclusive education some children with multiple impairments would be able to attend regular school. In Yogyakarta among 45 children with special needs in regular schools there are some with multiple impairments. There is a possibility that 750 children detected as low vision in this province have additional impairment. In Pematang – a district – the number of children with multiple impairments enrolls in regular school is significantly increasing.

It is almost obvious that inclusive education in Indonesia will develop rapidly so that children with multiple impairments will also have a possibility for optimum development. In addition to good examples of Yogyakarta and Pematang, this optimistic view is supported by long believed values, among other things, that human being is:

1. A perfectly God creation and planning. Discrimination towards those with special needs is solely the act of human being. Human organize evaluation towards children with special needs. When they are given no respect at all they were murdered much like what happen in Ancient Sparta and Athens. However discrimination and underestimation shall no longer be prevailing. History has shown that children with special needs received discriminative treatment, murdered from time to time until they creep into appropriate position as human being to receive others' treatment. Inclusive education shall put them equal among others.
2. Honorable God Creation. According to the values prevail in Indonesia that human being has the equal honorability before God the difference only lays on good deed.
3. Has equal degree before God. What count are their good deed and not their disability.

4. Receive the same message from God to manage the universe. According to Indonesia that every human being has the same responsibility to best manage the universe. No matter how limited the ability the children with special needs have, they have the same responsibility. It should be bear in mind that the limitation of ability shall also happen to anyone in which it results the difference in abilities and different contributions in managing the universe.
5. Receive the same message from God to bring out life from the dark. Every human being has the same responsibility to take one's life from the dark or bad sides into good or clean sides.
6. Has own strength and weaknesses. These values strengthen previously described values.

These basic values gave inspiration for the father of nation to develop this country. Development has started with extraordinary hard work to liberate the nation from colonialism. Thereafter bases and philosophy of the nation- Pancasila- were designed. In addition to accommodating the values Pancasila also accommodates diversity of the nation such as aspects of geography, ethnicity, culture, level of education, economy including the diversity because of special needs. Some basic of the values expressed in the Indonesian motto of Bhineka Tunggal Ika .

III.From Acceptance of Values to Empirical Evidence

For the past five years inclusive education has rapidly developed. This is implemented through four stages, i.e.

1. Introduction to inclusive education. This introductory stage organized in limited scope by means of cooperation between Norwegian government and related organization and Indonesian government. This stage relatively ran well because it has conceptual nature and it involves small population.
2. Awareness program. Awareness program are conducted through various forum such as seminar and workshop and it involves many related sides such as bureaucrats from Ministry of Education at National, provincial and district level as well as teachers, parents, community leader-religious resource persons, member of parliament at provincial and district level, NGOs and etc. With various forums, wide scope from central to village level, various background of community at central to village level, population which has various education, economy, politics background and interest makes this stage into the most challenging one. Many doubts and resistance at this stage with partly-true and logical reasons and the rest is due to lack of understanding of the concept of inclusion. So this period has drain the energy and time to explain and convince that inclusive education is a better quality education for all and that it is the development of thinking and concepts as well as implementation which shall not be stopped.
3. Implementation stage. Surprisingly awareness program has been in rapid and fundamental development. Followings are the essential result yielded in cooperation of all sides in Indonesia:
 - a. Based on new Education Act, Inclusive Education has become one education which must be developed together with other education in Indonesia. Inclusive education evidently stated in the National Education Act which shall mean that children with multiple impairment caused by sensory impairment included in deaf

- blind together with other children with special needs have the right to be enrolled in regular education. It is absolutely necessary to include children with multiple impairment because it will become the important point of measurement:
- i. For the successful implementation of National Education Act.
 - ii. The elimination of educational discrimination caused by segregated and integrated system. If we closely observe the educational discrimination is also related to social discrimination which in fact has negative psychosocial impact towards all sides.
 - iii. For the development of justice in education system which prevails for all children it has been and will continually be the international movement.
 - iv. For the Indonesian Nation and country it is best to optimize six fundamental values, among others, written above.
- b. This act has been followed up in many forms of policies issued by ministry officials. At the same time it has not been triggered by inclusive education hence there was a change in organization structure of Ministry of National Education in particular concerning the shift of status from Sub-Directorate for Special Education into Directorate for Special Education. With this extension of organizational scope Directorate for Special Education has more freedom to develop program including inclusive education.
 - c. Indonesian delegation had a few times been in Norway.
 - d. Awareness programs to all parties have been well implemented and received.
 - e. Coordination meeting, seminar at regional, national as well as international scope.
 - f. Master program for teachers of special school in *University of Oslo*.
 - g. Training for the qualification of *Special Teachers* for special school teachers-lecturers are from Norway.
 - h. Master program in University of Education (UPI) Bandung with the team teaching from *University of Oslo* and UPI.
 - i. Training to improve professionalism of special and regular school teachers.
 - j. Optimum development of resource centre and its function to improve the education for children with visual impairment in nine provinces throughout Indonesia.
 - k. Technical training for operating computer and Braille machines.
 - l. Optimum use of modern tool for Braille printing.
 - m. Indonesia towards Inclusion Declaration
 - n. There have been wishes from many sides that designated resource centre shall be developed in the centre for quality education for “all” children with special needs.
4. Empowerment and *Sustainability* at Provincial level. In connection with district autonomy as well as the consideration of the densely populated Indonesia it is logical for the provinces to receive wider opportunity to develop inclusive education.

IV. Challenges

Inclusive education is not only inclusive school. Inclusive education means that education which relates to all national and international aspects. Therefore challenges occurred are not just within the school and its premises but include all aspects of life – including the future of the nation. Departed from that point of view the challenges in inclusive education are directly connected to the big challenges the nation has to face:

1. Corruption is the most serious challenge which has been formidably occurred for the long past years at all levels of government institutions – legislative and judicative-business world. This has been a startled number of corruptions which cause the country billions of loses.
2. Lack of ability of Indonesian human resources to interpret honorable and universal values in which it is fundamental for the life system and life itself.
3. Lack of ability of Indonesian human to manage the abundant natural resources which actually more than enough to develop high quality of education.
4. World capitalism system when business in Indonesia has the tendency to a parasitological nature than mutual relationship and benefits.
5. Cross nation political dictatorships which always bring about the victim in education world which would lead to its impact for inclusive education and even worse the entire life of nation and citizens.

JAPAN

Country Report On the Current Status of Education for Children with Multiple Disabilities in Japan

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1. The Japanese educational system

The modern school system in Japan has its origins in the promulgation of the Education Order of 1872.

With the enactment of the Fundamental Law of Education and the School Education Law in 1947, the current 6-3-3-4 school system of six-year elementary schools, three-year middle schools, three-year high schools, and four-year universities was inaugurated with the goal of realizing the principle of equal opportunity in education.

Current upper secondary schools started in 1948, offering both full-time and part-time courses, to which a correspondence course was added in 1961.

The new university system was set up in 1949. In the following year, the junior college system was established provisionally, and later permanently following the amendment of the School Education Law in 1964.

Technical colleges were established in 1962 to provide lower secondary school graduates with a five-year system of consistent education. At the outset, these colleges were limited to courses in engineering and mercantile marine studies, but following an amendment to the School Education Law in 1991, they are now able to offer courses in other fields, as well as non-degree courses for graduates.

Students with disabilities are provided with an appropriate education at schools for the blind, schools for the deaf and schools for children with other disabilities, or in special classes

and resource rooms so the children can attend regular elementary and lower secondary schools. These schools and classes provide education that is adapted to the needs of the student in accordance with the type and extent of the disability.

Other educational institutions include kindergartens for pre-school-age children, and higher vocational schools and other miscellaneous schools which provide vocational and technical courses as well as courses that address practical needs.

Amendments to the School Education Law and other legislation in June 1998 have enabled the establishment of unified lower and upper secondary schools since FY1999.

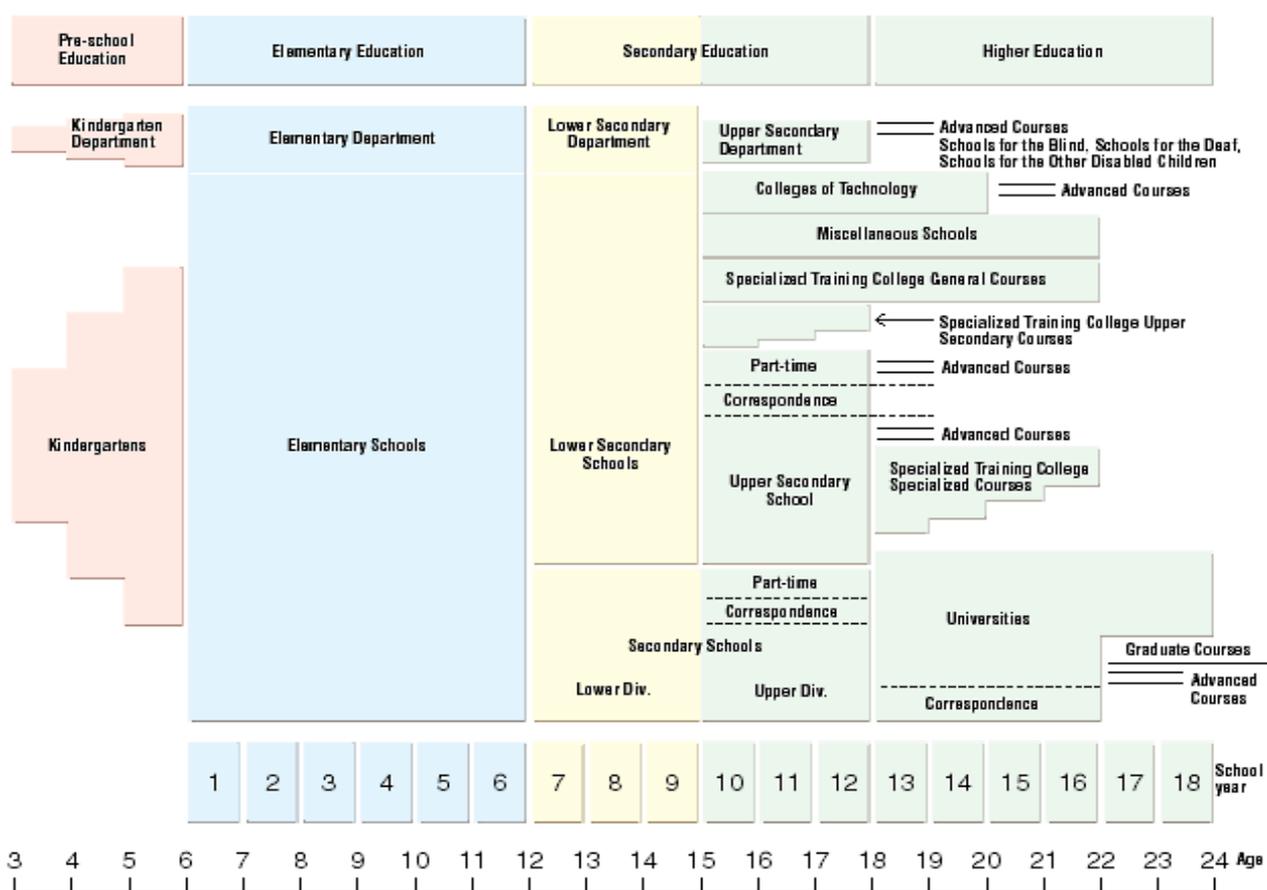


FIGURE 1 Organization of the School System in Japan (Ministry of Ministry of Education, Science, Sports and Culture)

2. The current situation of special education in Japan

Chart 1 gives the number of schools, classes, students and teachers according to the 2003 school basic survey by the Ministry of Education, Culture, Sports, Science and Technology

(MEXT). Charts 2 and 3 show the number of children with disabilities who are enrolled in ordinary elementary schools and lower secondary schools, and the number of classes for the blind, the deaf and those with other disabilities, along with the number of classes for students with multiple disabilities. Recent years have seen growth in the percentage of students who are educated at schools for the blind, for the deaf, for those with other disabilities, and in special classes or resource rooms. These account for 0.965 percent of all students of compulsory education age in FY1993 and 1.477 percent in FY2002. Figure 2 shows the percentage of schools for the blind, schools for the deaf and schools catering to other disabilities that have classes for children with multiple disabilities. The figure suggests that with the steady increase in the number of classes for children with multiple disabilities, schools for the blind, for the deaf and for those with other disabilities have been obliged to respond to the needs of children with a severe disability or multiple disabilities.

Chart 1: Number of Schools, Classes, Students and Teachers (2003)

	Schools	Enrollment	Teachers (Full-time)
Kindergarten	14,174	1,760,494	108,822
Elementary school	23,633	7,226,910	413,890
Lower secondary school	11,134	3,748,319	252,050
Upper secondary school	5,450	3,809,827	258,537
Secondary school	16	4,736	382
School for the blind	71	3,882	3,401
School for the deaf	106	6,705	4,915
Schools for other disabilities	818	85,886	52,778
Technical college	63	57,875	4,474
Junior college	525	250,062	13,534
University	702	2,803,980	156,155
Specialized training college	3,439	786,091	39,764
Miscellaneous schools	1,955	189,583	11,736
Total	62,086	20,734,350	1,320,438

Chart 2: Number of Children with Disabilities Enrolled in Ordinary Schools (Elementary and Lower Secondary Schools)

Year	Total	Intellectual Disabilities	Physically Disabilities	Health Impairments	Low Vision	Hearing Impairments	Speech Handicaps	Emotional Disturbance
2002 (Elementary)	55,963	34,963	2,444	1,194	164	762	1,103	15,333
(Lower Secondary)	25,864	18,212	687	499	52	347	63	6,004
2003 (Elementary)	59,419	36,406	2,594	1,205	183	803	1,151	17,077
(Lower Secondary)	26,514	18,489	747	455	54	342	48	6,379

Chart 3: Number of Children with disabilities who attend resource rooms in elementary and lower secondary schools

Year	Total	Speech disordered	Emotionally disturbed	Low vision	Hearing-Impaired	Physically Disabled	Health impaired
2002 (Elementary)	30,838	26,329	3,016	164	1,325	2	2
(Lower Secondary)	929	124	504	9	285	1	6
2003 (Elementary)	32,722	27,599	3,619	150	1,348	0	6
(Lower Secondary)	930	119	565	12	233	1	0

Chart 4: Number of Classes and Children with Multiple disabilities in Schools for the Blind, the Deaf and for Children with Other Disabilities

Year		Kindergarten Department	Elementary Department	Lower Secondary Department	Upper Secondary Department	Total
2002	Classes	90	5,195	3,262	3,523	12,073
	Children	219	13,855	8,321	9,479	31,874
2003	Classes	88	5,362	3,268	3,645	12,363
	Children	227	14,311	8,297	9,867	32,702

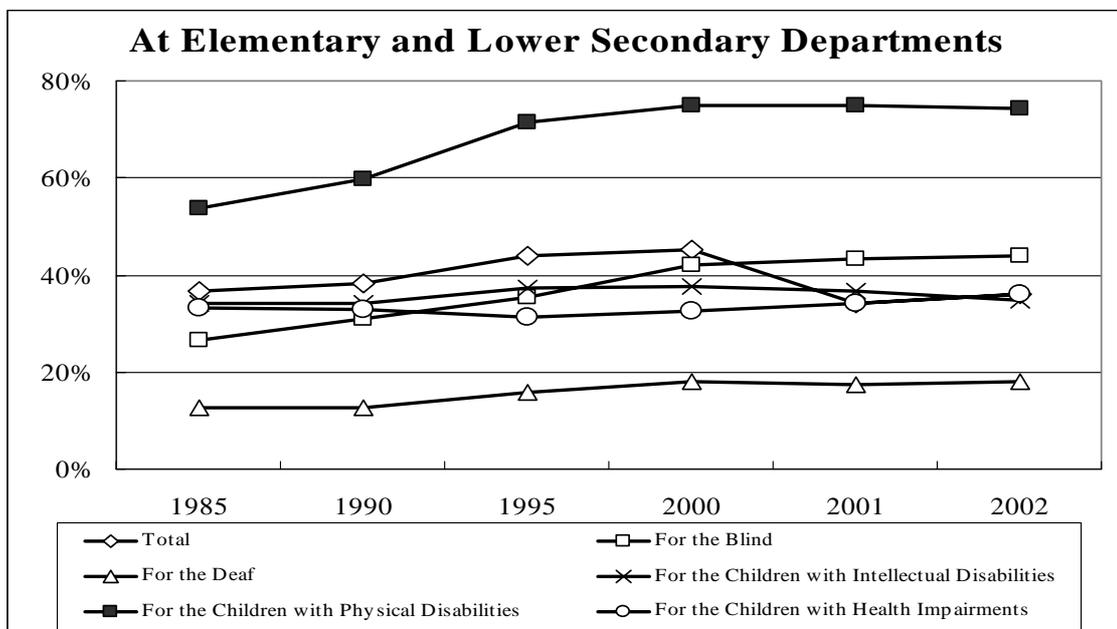


Figure 2-1: Percentage of Classes for Children with Multiple Disabilities at Elementary and Lower Secondary Departments of Schools for the Blind, the Deaf and Children with Other Disabilities (National , Local and Private)

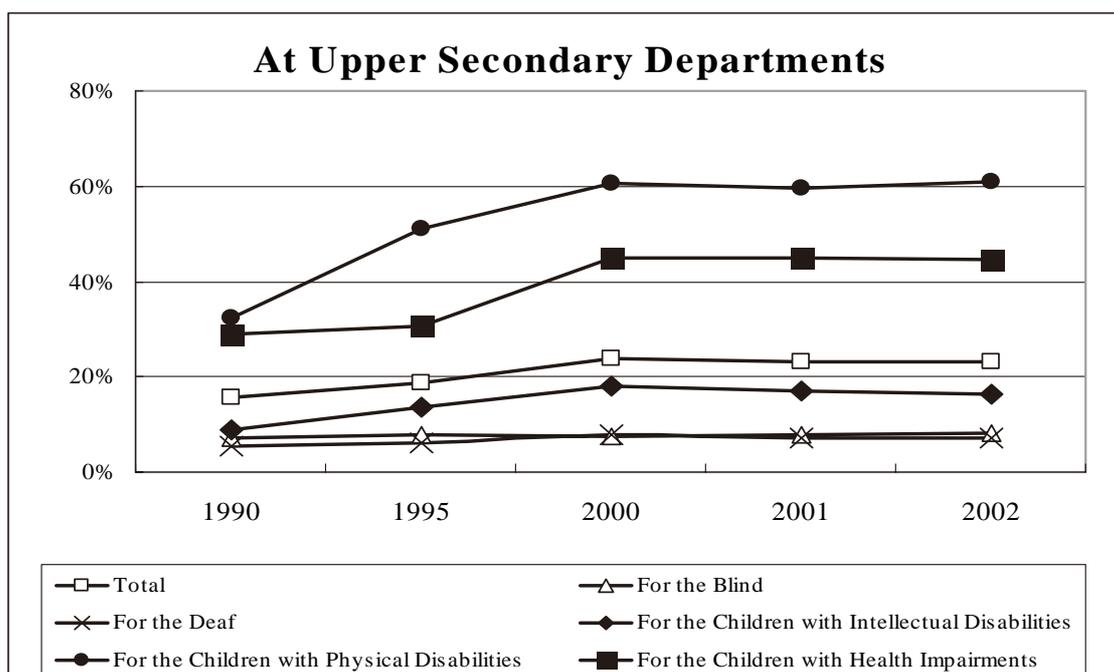


Figure 2-2: Percentage of Classes for Children with Multiple Disabilities at Upper Secondary Departments of Schools for the Blind, the Deaf and Children with Other Disabilities (National, Local and Private)

3. The history of education for children with multiple disabilities in Japan

It was education for the deafblind in the United States in the mid 19th century – the most notably Dr. S.G. Howe's attempts to educate the blind and deaf girl Laura Bridgman – that set the stage for the subsequent development of a system for the education of children with multiple disabilities. Prior to that, J.M.G. Itard, best known for his *The Wild Boy of Aveyron*, and Seguin had tried educational approaches that provide a profound inspiration for today's education for children with multiple disabilities.

Systematic approaches for the education of children with multiple disabilities in Japan, likewise, can be traced back to education for the deafblind. To be exact, it all started when, soon after education for the blind and the deaf became compulsory, Yamanashi Prefectural School for the Blind started to educate the deafblind in 1948 by enrolling two deafblind children who had been alienated from school education. Subsequently, the year 1952 saw the establishment of the Study Group on Education for the Deafblind, which made a considerable contribution to the development of teaching methods for children with multiple disabilities. Meanwhile, "special classes (classes for children with multiple disabilities)" were established at schools for the blind and schools for the deaf to start educating intellectually disabled blind children and intellectually disabled hearing-impaired children.

Only a very limited number of these children, though, received such education.

In 1956, the Special Measures Law on the Development of Public Schools for the Handicapped was enacted, making education for children with other disabilities compulsory. This led to a surge in the number of such schools. In the meantime, practice in education for children with multiple disabilities was carried on at schools for the blind, schools for the deaf and schools for physically disabled children.

From 1961 onward, the then Ministry of Education, Science, Sports and Culture (now MEXT) designated experimental schools to educate children with multiple disabilities, thereby encouraging practical research in that area. As the number of classes for children with multiple disabilities increased at schools for the blind, for the deaf and for those with other disabilities, in an increasing number instances, children with multiple disabilities were enrolling in special classes at elementary and lower secondary schools.

During the ten years leading up to 1974, a working party for the study of education for children with multiple disabilities was established under the National Convention for Study of Education for the Deaf (now the All Japan Convention for Study of Education for the Deaf) and the All Japan Convention for Study of Education for the Blind, advancing research efforts in educational content and methods.

In response to the social need to provide opportunities to receive education to children with severe disabilities, whose school enrollment had been either postponed or exempted, and who didn't simply fall under the concept of "children with multiple disabilities," in 1969 the Tokyo Metropolitan Government and two prefectural governments initiated home/hospital bounded education, whereby they sent teachers to homes or other locations with students whose disabilities made attending school difficult. In 1974, all other prefectural governments followed suit.

It was due to this social momentum that the Council of Collaborators for Special Education Research released a report in March 1969 on the "Shape of Basic Measures for Special Education," in which they discussed the "expansion of education for children with multiple disabilities." In line with this, a new area of "nursing care, training (Yougo/kunren)" was added to the school curricula of the elementary, lower secondary and upper secondary departments of schools for special education, and "studies of living (Seikatsuka)" to the subjects for the elementary department of schools for the intellectually disabled, in an attempt to teach children with multiple disabilities in accord with the realities they face.

In June 1971, the Central Council for Education proposed in its report on “the Basic Measures for the Integrated Expansion and Improvement of School Education in the Future” that “the national government should play a more active role in the expansion and improvement of institutions for special education, e.g., by establishing facilities for children with multiple severe disabilities.” Accordingly, the Department of Research in Education for Children with Multiple Disabilities was established at NISE, which opened in October of the same year.

This was followed by the establishment of the National Kurihama School for Children with Disabilities, which was designed to practice education for children with multiple disabilities in collaboration with NISE. Until it was placed under the University of Tsukuba in March 2004, the school was a major locomotive for the development of education for children with multiple disabilities.

In March 1975, a report on “School Education for Children with a Severe Disability or Multiple Disabilities” was published, which defined the scope of children with a severe disability or multiple disabilities as follows: (1) those who have more than one of the disabilities provided in Article 22-3, Enforcement Ordinance of the School Education Law; (2) those who, due to marked mental retardation, find it extremely difficult to communicate with others and adapt themselves to their environment; and (3) those who exhibit frequent problem behavior such as hyperactive tendencies and who need permanent nursing care.

After school education for children with other disabilities became compulsory in 1979, children with multiple disabilities – whose school attendance had often been postponed or exempted – were systematically afforded opportunities to receive schooling, opportunities that would continue to expand.

Of about 16 million children of compulsory education age in 1979, 3,367 (0.02%) had their school attendance either postponed or exempted. Since then, the Japanese school authorities involved in education for children with a severe disability or multiple disabilities have striven to reduce that ratio to 0.02%. In other words, compulsory education for the handicapped has been promoted in a bid to enroll all students of compulsory education age.

4. The current status of education services for children with multiple disabilities

Since compulsory education was imposed on schools for the handicapped in order to

accomplish the principle of “100% enrollment,” schools for the blind, for the deaf and for the other disabilities were obliged to accept children with serious and/or multiple disabilities. As a consequence, the children at these schools tend to have a more severe disability or multiple disabilities.

Education for children with multiple disabilities may take the following forms:

1. Joining with children with a single disability at schools for the blind, schools for the deaf and schools for children with other disabilities;
2. A special (multiple disabilities) class; and
3. Dispatch of teachers to the home or other location.

School education is guaranteed to children at child welfare and medical institutions (for the intellectually disabled, the deaf and blind, the physically disabled, those with health impairments, the severely retarded), and takes the following forms:

1. An annex school for children with other disabilities exclusively for the children at the institution;
2. A branch school or branch class of a school for children with other disabilities established within the institution; and
3. Teachers dispatched from a school for children with other disabilities to teach at the institution.

Special education takes place at different institutions for children with different types of disabilities. Severely disabled children may avail themselves of schools for the blind, for the deaf, for the intellectually disabled, for the physically disabled and for children with health impairments. Which of these schools children with multiple disabilities should attend is determined by their chief disability. However, such disabilities are often intricately intertwined, so this determination is not necessarily an easy one. Mildly disabled children may be admitted to special classes for the low vision, hearing-impaired, those with speech disorders, emotional disorders, physical handicaps or health impairments. Resource rooms are also available for children to attend regularly. In each case, exchanges and collaborative learning experiences are actively pursued with local elementary and lower secondary schools in ordinary school classes.

There has been discussion in recent years about the care of children whose disabilities are extremely serious (children with ultra-severe disabilities) and about medical care as part of school programs. Currently, there is a proactive study being done on the education of children who need constant medical care, comprising a model school for practical research designated to discuss education for children with ultra-severe disabilities and medical care

that may be provided as part of educational programs, among other themes.

Up to this point, the system has fulfilled the national minimum. There is now an initiative to address the needs of children with mild developmental disorders who are currently in ordinary classes.

5. Content and methodology of education for children with multiple disabilities

Such symptoms as dyskinesia, sensory disturbances, intellectual disabilities and behavior disorders are intricately intertwined in children with multiple disabilities, and not a few also have a disease, epilepsy for instance, which requires attention to mental and physical movement.

No matter how varied their disabilities, children with multiple disabilities share a basic human behavioral pattern in common with ordinary children: continuing to learn as long as they live. Thus, our basic approach should begin with recognizing and accepting the whole self of the children before you as they really are. Educating children with multiple disabilities requires a most detailed understanding of their living environment, educational background and learning progress, development history and the assessment of several functions. The last thing they need is simplistic guidance that focuses on some conspicuous "problem behavior." Nor is it desirable to depend too much on the limited set of teaching theories and skills currently available.

What is important in guiding children with multiple disabilities is to assess the realities of their disabilities and the state of their development from many different angles and apply flexible approaches. It is also necessary to create a system for flexible yet consistent guidance, while closely communicating with their families, medical and welfare service providers, and other institutions.

1) Matters for assessment

To deepen understanding of children with multiple disabilities, it is necessary to gather the following data:

a. Early developmental history: detailed accounts of the health and living environment of the mother during the prenatal period, the circumstances of the child's birth (method, conditions, time required for delivery, birth weight, presence of neonatal jaundice, whether an incubator was used, the first cry, etc.), and the developmental conditions during early infancy.

b-1. Case history and status of disabilities: data that is relevant to the current state of the

disorders, such as when the disease was first manifested and for how long, name of the disease, progress of the disease, degree of the disorder and the presence of epilepsy.

b-2. Treatment and counseling history: institutions consulted, duration and content of treatment and schooling, results of medical examinations and the course of the medical diagnosis.

c. History of guidance and training: hospitals, consultation offices, etc. from which parents sought guidance, advice, etc. for their children's disorders.

d. Daily living conditions: an accurate picture of the rhythm of their lives can be gained by closely observing the rhythms of sleep, diet, excretions, bathing, human relationships, communication, etc.

e. Interviews with caregivers on problems they might have in daily life, such as family background, should be referred to according to the nature of the disorders.

f. Data on inherent sensation, bodily movement, posture, etc.

2) Developments in education for children with multiple disabilities associated with sensory disturbance

According to our "Report on the National Survey-The Educational Situation of Deafblind Students in Japan (2000)," all types of schools for the handicapped – including schools for the blind, for the deaf, for the intellectually disabled, for the physically disabled and for children with poor health – accommodate children with multiple disabilities associated with dual vision and hearing disorders. The number of children fulfilling the survey definition - combination of visual impairment (eyesight of less than 0.3 or not measurable) and hearing impairment (average auditory power of 30 dB or over) - was 338. It is assumed that education for children with multiple disabilities associated with sensory disturbance involves difficulties unique to this type of disorder. Sensory faculties play a pivotal role in many different aspects of human behavior, in particular, grasping the surrounding circumstances, communication, and orientation and mobility in space. Simultaneous impairment of both vision and hearing leads to many restrictions, and, if these restrictions are extreme, an intense solitary state may ensue.

Assessment of the sensory faculties is indispensable for gaining an accurate picture of sensory disturbance, but it is not very easy to examine and assess these when multiple disabilities are present. Many children with multiple disabilities associated with sensory disturbance have difficulty becoming aware of their own disorder and describing their symptoms, so it is hard to assess the condition of the disorder of their faculty function-wise. For instance, children with multiple disabilities typically give unclear responses in a hearing test, and it is often hard to assess their hearing during infancy. It is thus essential to assess

their hearing and make wearing a hearing-aid a habit by positioning assessment as part of daily educational activity in a long-term relationship, as opposed to making instant assessments through sporadic examinations.

In establishing a relationship with and communicating with children with sensory disturbance, it is not always easy to establish a mutually coordinated “interaction.” A practical perspective is needed here, whereby behavior and expressions are carefully read, interpreted, and the child’s involvement invited in the educator’s responses.

As has been mentioned, the scope of education for children with multiple disabilities associated with sensory disturbance is extraordinarily broad – from approaches at the initial developmental level to communication-based course instructions and learning to orientate and move the self in space, all of which are unique to the blind and deaf.

6. Support for the education of children with multiple disabilities and their parents

1) Guidance for school attendance

Each municipal government provides school attendance guidance through a School Attendance Guidance Committee comprised of specialists in the subject. Although different municipalities take different approaches to the development of manpower and the material conditions for school attendance, all try to put themselves in the shoes of the parents in their school attendance guidance. For children with a severe disability or multiple disabilities, however, complex and diverse symptoms can make it difficult to make the right determination.

2) After graduation

The percentage of students who go on to the upper secondary department is on the increase, reaching 88.7% in 2000, around the time visiting education started for the upper secondary department.

Not many statistics are available on what children with severe or multiple disabilities do after they graduate. Chart 5 shows the paths taken by graduates from the upper secondary department of schools for the blind, the deaf and other disabilities (regular course), according to a survey in 2002 by the then Ministry of Education, Science, Sports and Culture. Of graduates from schools for children with other disabilities, 55.9% were admitted

to a social welfare facility or medical institution and 15% were placed in the “other” category. Supposedly, many have severe or multiple disabilities, and the remainder are home-bound.

Chart 5 Paths of Graduates from Upper Secondary Department (Regular Course), Schools for the Blind, the Deaf, and Children with Other Disabilities (National, Local and Private)

(Graduates in March 1999)

Schools	Graduates (A)	To Higher Education		To Education/Training Institutions, etc.		Finding Jobs		To Social Welfare Facilities and Medical Institutions*		Other	
		n (B)	B/A %	n (C)	C/A %	n (D)	D/A %	n (E)	E/A %	n (F)	F/A %
Schools for the Blind	388	164	48.5	13	3.8	45	13.3	68	20.1	48	14.2
Schools for the Deaf	519	235	45.3	69	13.3	152	29.3	46	8.9	17	3.3
Schools for Children with Other Disabilities	10,860	138	1.3	384	3.5	2,205	20.3	6,438	59.3	1,695	14.1
Total**	11,717	537	4.6	466	4.0	2,402	20.5	6,552	55.9	1,760	15.0

*Social welfare facilities and medical institutions: social welfare facilities, homes for the physically disabled, hospitals, clinics, etc.

**Figures are rounded. Percentages may not total 100%

(Ministry of Ministry of Education, Science, Sports and Culture)

Although the burden for parents has eased somewhat thanks to admission to these facilities, post-school life for students with multiple disabilities continues to be a major challenge we must resolve. Normalization is making progress in Japan, and various programs are being tried. However, response to students with a severe disability or multiple disabilities still lags. Furthermore, although support for life in the community has begun for these people, it is only in its infancy. After the ICF (International Classification of Functioning, Disability and Health), etc. raised the issue of what to do for the independence of those with a serious disability, the question has captured a growing amount of public attention, but it still needs a serious look.

7. Cooperation with relevant organizations

Mutual cooperation with other concerned organizations is key to education for children with multiple disabilities. While seeking cooperation from those in specialist fields outside of

education, such as public health, welfare, healthcare, etc., in the area where the children reside, it is necessary to form a framework for mutual cooperation.

In response to growing interest in the actual circumstances in each district, medical science, etc., organizational efforts have been mounted for the prevention of disorders, their early discovery and early diagnosis. It is also necessary to further improve healthcare, welfare and educational services throughout a child's entire life by focusing on: 1. treatment of disease; 2. school attendance and career; and 3. delivery of the physical disability certificate, assistive devices, etc.

To meet the diverse needs of children with multiple disabilities, well-thought-out, concrete cooperation is necessary in all the areas where children with multiple disabilities have a stake. This is all the more important as the severity of the disability increases.

MALAYSIA

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BACKGROUND

Four different ministries that provide services for children with special educational needs (SEN) in Malaysia, namely Ministry of Education (MOE), Ministry of Health (MOH), Ministry of Women, Family and Community Development {(MWFC, particularly Social Welfare Department (SWP))}, and the Ministry of Higher Learning (MHL). In addition to these, Non-governmental Agencies (NGOs) also play an important role in providing services for children with SEN. The MOH has the task of early identification and screening of children at risk of SEN. The ministry's personnels are responsible for the curative and preventive aspects such as providing early intervention programmes for children identified as having disability/ies due to impairments. Educational services for children/persons with SEN are mainly provided by MOE, SWP (MWFC), MHL as well as NGOs.

The MOE caters for the educational needs of children with hearing impairments; visual impairments; and learning disabilities (acknowledged as being mild or moderate mentally challenge). Categories of students with learning disabilities whose educational services are being provided by the MOE including those with, Down Syndrome; Autistic tendency (mild); Attention deficit hyperactivity disorder (ADHD); mild and moderate mental disabilities; and Specific learning difficulties (such as dyslexia).

Three departments are responsible for providing educational services for students with SEN under MOE, the Special Education Department (SED), State Education Department (StED), and Technical Education Department (TED). SED is responsible for coordinating all special education programmes within this ministry as well as administrating all special education schools (SpES). SpES are available for students with hearing and visual impairments. Even though MOE are responsible for providing educational services for children with mono disability there are children with multiple disabilities present within the formal education system MOE. Legislatively, these children should be under the responsibly of MOH, and MWFC.

Table 1 describes the type of schools/programmes for children with SEN in Malaysia under the MOE jurisdiction.

Table 1: Type of schools/programmes for children with SEN in Malaysia

Levels	Basic Categories of Children with SEN	Type of schools/programmes under the MOE	Types of sporadic MD cases in the programmes	Other Agencies involved in educational services for severe MD
Preschool	Visual impairments	-Special schools	-Double sensory disabilities;	MOH,
	Hearing impairments	-Special schools	-sensory + learning disabilities	MWFCD (SWD)
	Learning disabilities	-Special schools -Inclusive settings	--sensory + other disorders	NGOs
Primary schools	Visual impairments	-Integrated programmes -Special schools	-Double sensory disabilities; -sensory + learning disabilities	MOH,
	Hearing impairments	-Integrated programmes -Special schools	- sensory + learning disabilities + physical disability	MWFCD (SWD)
	Learning disabilities	-Integrated programmes		NGOs
Secondary schools	Visual impairments	-Integrated programmes -Special schools	-Dual-sensory disabilities; -sensory + learning disabilities	MOH,
	Hearing impairments	-Integrated programmes -Special schools	- sensory + learning disabilities	MWFCD (SWD)
	Learning disabilities	-Integrated programmes	+ physical disability	NGOs

The medical professionals are usually reluctant to certify a child with hearing or visual impairment, that suffer from cognitive disabilities as a child with multiple disabilities due to MOE mono disability policy. Thus the majority children with additional disabilities are officially being diagnosed as children with mono sensory disability. Based on teachers' perceptions the students with MD that are currently within MOE schooling system are as in table 2.

Table 2: The type of combination of disabilities in Children with MD in special schools

	Type of sensory disability	Additional impairments
1	Visual impairment	Hearing impairment
		Learning disabilities (including mental disabilities)
		Physical disability
		Other disabilities/disorders
2	Hearing impairment	Visual impairment
		Learning disabilities (including mental disabilities)
		Physical disability
		Other disabilities/disorders

It is estimated that the number of children with sensory disability and learning disabilities are greater compared to the number of students with other type of MD. As they are unable to access the national curriculum due to their MD (more than one impairment); as the result of their behavioural problems which contributed to their different learning patterns, most teachers modify the national curriculum to accommodate these learning diversity. Consequently they become an intangible responsibility to teachers and schools as these teachers are not trained to manage children with MD.

CHALLENGES

Legally providing appropriate educational provisions for those with MD is not the responsibility of MOE. As a result, MOE has yet to prepare teachers for this endeavors as well as providing educational facilities for children with MD. MOE is currently in the process of amending the 1997 education regulation (special education) to include children with dual disabilities in the definition of MOE children with SEN.

Contrary to the present policy, children perceived as having MD are being placed within MOE education system, thus the need to provide appropriate educational services for these group of children has to be considered. There are many challenges in providing for the educational needs of children with MD.

1. Teachers skills and knowledge on MD: the majority of special education teachers are educated to teach mono disability (deaf or blind or learning disability) and are not equipped to handle the students with MD. For example in deafblindness, sensory losses vary in severity from child to child, and there is a possibility that the child will retain some useful vision and hearing. However, in combination, these impairments of the senses cause serious developmental delay in the child. The delay will effect cognitive and social development, orientation and mobility, as well as the acquisition of communication and language. There is only limited number of teachers with knowledge and skills to teach these children with MD. In depth knowledge on the complexities of children with MD are required because the needs of these children vary greatly in terms of physical, learning, social and emotional development. For children with hearing and visual impairment plus learning disabilities, the bulk of training activities concentrated on imparting daily living skills, gross motor skills as well as basic academic skills. The area of communication, problem solving and developing leisure skills are equally important but due to MD condition, these areas are given less priority. MOE realized the importance of teachers' education and staff development as the prime issue towards providing quality services for children with MD and are moving into this direction.

2. Infrastructure: In terms of the infrastructures of the school, most schools are not disable friendly. Only new schools specially build for special children are equipped for specific type of disabilities. MOE is planning to upgrade all schools with special

education programme to ensure that it is disability friendly to accommodate children with MD (dual disability)

3. Policy: Special education programmes under the MOE are designed to manage children with mono disability and not those with dual disabilities. However, during the screening or diagnostic procedures, in many cases, only one type of disability was recorded. Consequently, the educational needs of individual child with more than one disability are not being provided accordingly.

4. Parents' involvement: Parents with child/children with disabilities are varied in terms of their involvement and attitude towards education activities for their children. Lack of information is one of the reasons that limit the parents' involvement in dealing with the education of MD in Malaysia. MOE Malaysia is currently initiating a smart partnership with other agencies involving in educating children with SEN to gain broader outreach effect.

5. Children with dual-sensory impairment: As children with Deafblindness have a combination of sight and hearing loss, only a few of them are getting educational accommodation under the MOE (Table 2). There are 7 children with visual impairment perceived as having hearing impairment by teachers in special schools for visual impairment; whereas there are about 20 children with hearing impairments perceived as having low vision in special schools for hearing impairment throughout Malaysia. Nevertheless, due to constraints, MOE are not able to provide educational provision for children with severe dual-sensory impairment, in particular deafblindness. These children with MD are normally educated in agencies such as Community based rehabilitation center and NGOs. St Nicholas Home (**SNH**) is currently the leading center for children with Deafblindness. There are 14 students with deafblindness in St Nicholas Home (NGO), which specialized in dealing with deafblindness. Some students with deafblindness in this center are also having other disabilities (such as physical disabilities) or disorders (such as autism).

Given the right services and support, the children with deafblindness could maximize their talents and learning potentials to enable them to carry on with their life after they graduated from the educational system. Two students with deafblindness have graduated from SNH and now working in a factory and a fast-food outlet.

NEPAL

Country Report

On

Educational supports for children with multiple disability with sensory impairment including deaf blindness in Nepal.

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1. Background

Nepal, one of the Hindu countries of the world and birthplace of the Lord Buddha, is situated in the lap of Himalayas. It is located between China and India. Nepal is a landlocked country with 147,181 square Kilometers in area. The northern range (Himalaya) is covered with snow over the year where highest peak of the world, the Mount Everest, stands. In the geographic diversity and varied climatic conditions, 23.2 million people of more than 60 caste/ethnic groups are accommodated in the country.

Administratively, Nepal is divided into five development regions and 75 districts. Districts are further divided into smaller units such as village development committees(VDC)and municipalities. Currently there are 3915 VDCs and 58 municipalities along with metropolitans as well. Kathmandu is the capital city of the country.

2 The present Scenario of multiple Disability in Nepal

From 1971 various surveys have been conducted in Nepal to find out the prevalence disability. 1971 census of Nepal estimated 1.5 percent of the total population over 10 years of age having disabilities. The disability sample survey 1980 shows that there were 30.03 disabled people per thousand populations. Among the disabled people more than 10 percent people have multiple disabilities. Likewise Disability Survey in Kanchanpur Districts 1995 reported there were 10 percent multiple disabled. Similarly Situation analysis of disability in Nepal (2001) study was done by National planning commission in collaboration with UNICEF. It was found that 1.63% as the national prevalence rate of disability. Among the disabled population, seems that there were 31 percent of people with multiple disabilities. We have no detail household survey, which can say how many population with sensory impairment including deaf blindness in all over the country. It is believed that there are huge number of people with multiple disability with sensory impairment are suffering from different kind of problems and barriers.

3. Provision for services to deaf blind persons in Nepal

The government has developed a new Guideline for running Special Education. The guideline has given priority and encouraged the non-governmental sectors and related organization to run the programmes for children with multiple disabled. Ministry of Education and Sport has developed different kind of awareness package for Parents, Management related personnel, Teachers training manual for all level teachers, community mobilization Guideline for NGOs, VDCs and social workers. Some of printed and visual documents contain information and support mechanisms for children with

sensory impairment. To find the situation and needs of the children Department of Education has already established assessment and support center in 47 districts having technical team in each district. The technical team is responsible for screening and assessment of the child, co-ordination with NGOs and other related organizations with in the district. Some NGOs have also started to support the children with sensory impairment including deaf blindness. They are:

i) Ankur Foundation for Inclusive Education (AFINED)

The association was established in 1997 to work for children with deaf blind and other multiple disabilities. This was the first organization in the country, which started services for the persons with deaf blindness. This organization is providing basic and primary services at homes through community based rehabilitation (CBR) approach. The service area of the organization is currently limited within Kathmandu valley and it has a plan to expand in the future .

ii) Nepal Association of the Blind (NAB)

The Association was established in 1993 with the initiation of the blind people themselves. In the beginning, it was limited only for the support of blind. Now the association has started working for people with other types of disability and multiple disability as well. NAB conducted a household survey in Chitawan and Dang district where CBR programme was launched. This study reported some of the deafblind have already cross seventy years. But most of the deafblind seems youth, child and even infant. According to survey report deafblind children are kept at home without proper care,

personal growth, mobility healthcare, physical fitness and communication. The field workers have found that the Association has started to support and Rehabilitation.

4. Conclusion

The government of Nepal is committed to provide Education for all. For achieving this goal it is needed to find out the baseline status of children with sensory impairment. Due to the lack of skilled manpower, necessary equipments and supporting technology, it has been difficult to meet the desired achievement in this particular field. For respecting their right to education, right to health, right to communication and so on of the persons with multiple disabilities, we should collaborate at least among the members countries of this seminar. I think our good co-operation can help sharing the problems, formulation of policy, program and implementation strategy in this fields that could be a milestone for Nepal. Therefore, I would like to request for making a common vision in Asia-pacific region for addressing this particular issue.

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PHILIPPINES

EDUCATION OF CHILDREN WITH MULTIPLE DISABILITIES IN THE PHILIPPINES

by

Maria Melissa Rossana C. Sta. Ana

Introduction

The term “multiple disability” is used in different ways in different contexts, but is commonly connected with the basic concept of disability. Multiple disability is often referred to as having “two or more disabilities in the same person.” From an educational point of view, multiple disability can be regarded as a closely interwoven network of conditions. It is not simply the sum of various disabilities, but a structure that is complicated by the fact that its elements affect each other in ways that are frequently obscure. Children with multiple disabilities is a rather complicated group as it includes various combinations with respect to the number, kind ! and profoundness of their disabilities. Although, there is always one leading disability in every case. In the Philippines, the general classification of this category of children is usually based on the leading disability.

Educational Supports for Children with Special Needs

The fundamental principle of inclusive schools is that all children should learn together, whenever possible, regardless of any difficulties or differences they may have. The Department of Education in the Philippines has responded to this by institutionalizing Special Education as early as the 1960’s. The Special Education Division is tasked primarily to formulate policies, plans and programs for the preparation of instructional materials, and the evaluation of programs in special education; conduct researches and develop standards of programs and services for special learners; plan prototype in-service education programs to upgrade the competencies of all support staff directly or indirectly involved with the implementation of the programs; and establish linkages with agencies concerned with the education and welfare of children with special needs.

However, due to the country's economic situation - among others, such programs and services are still limited and are not readily available to children with special needs. Children with disabilities are one major group for whom the right to education, equal opportunities and right to participate in society has yet to be won in the Philippines.

Based on the latest Department of Education 2000 report, out of 80 million Filipinos, 50% are children and youth (0-24 yrs.) The SPED Division of the Department of Education estimates that 12% of the children population in the country have special needs; 2% are gifted while 10% are those with disabilities. On the projected population of 43,303,145 children and youth (0-24 years old) for the year 2000, there were 5,196,377 children with special needs.

However, of the 5,196,377 CSNs only 2.6% or 136,523 were provided with appropriate educational service while 97.4% or 5,059,854 did not receive appropriate educational services for school year 2002-2003. Furthermore, of the 136,523 children with special needs enrolled in schools: 69,888 (51.19%) were mentally gifted/ fast learners and 66,635 (48.81%) had disabilities. (*Note: National statistical data on SY; 2003-2004 has yet to be consolidated.*)

In the Philippines, there are a total of 2105 schools offering SPED programs:

- 4 National Special Schools
- 450 private special schools
- 147 recognized Special Education Centers
- 1504 Regular schools with SPED programs

Special Education in the Government Schools

Originally established to address the educational needs of deaf students, the Philippine School for the Deaf (one of the four National Special Schools in the country) now accepts children who are deaf with multi-disability (such as deaf-blind; deaf –autistic; deaf –mentally retarded, etc.). According to Dr. Yolanda Capulong, Principal of the Special Education unit of the school, there are a total of 760 students enrolled from pre-school to high school levels this school year 2004-2005. Of these, 25-30 children (between 4-12 years old) have been diagnosed to have multiple disabilities.

While the school has established curricula for its regular deaf students, major concerns for the preparation of educational programs and support for the multi-disabled children are (1) the lack of available culture-based assessment tools in evaluating students with multiple disabilities; (2) the fast turn-over of qualified staff, (3) identification of specific direction in programs. Hence, more than the lack of available

technical equipments and funding, Dr. Capulong stresses the need to prioritize these concerns.

On the otherhand, she points out that many Filipino parents of children with special needs, especially those coming from the grassroots level, do not feel the need and importance to send their children to school due to obvious reasons. . . poverty or the fear of the negative stereotypes. This may explain why there is a great number (97.4%) of CSNs who do not receive or seek appropriate educational services. She notes that most of these parents feel that no matter what they do to help their children, they still feel that they would only end up being beggars when they grow up. Obviously, majority of these parents need education themselves, especially those who come from remote places. Thus, Dr. Capulong underscored the need for parents to be oriented to the programs or be given the opportunity to understand how the SPED program can be of benefit to their disabled children. Aside from the academic programs, the children need therapy to relieve fear from negative stereotypes and prevent them from being emotionally and socially displaced.

Foundations and Private Special Schools

Among the private special schools and foundations advocating special education, the Cupertino Center for Special Children is the country's oldest private special school. Through a clinical team approach, special education teachers, occupation and speech therapists, and psychologists help moderately retarded children to cope with life through enriching educational activities. This school year, Cupertino's enrollment of 60 students is predominantly made up of those who are mentally retarded with Down's Syndrome.

Dr. Ma. Therese Macapagal, Executive Director of Cupertino, explains that children with severe or profound multiple-sensorial disabilities can hardly cope with any educational program and are thus usually confined to home care. These children are trained primarily for self-care. Parents are likewise oriented on how to care for these children. Most students on the otherhand, who benefit from therapy, are somehow able to become productive members of the society.

Since Cupertino Center focuses mainly on the education of the disabled and mentally retarded, interaction of these students to their environment is limited among themselves, development of social skills is therefore not readily addressed. Because of this, its graduates had a difficult time finding employment in the real world. Cupertino Center then launched in 1982 its "sheltered workshop" which primarily produces hand-made paper. The Cupertino Paper Center now has a work force of 15, most of whom are graduates of the 39-year old Center.

Special children whose parents belong to the upper and middle-income bracket seek to enroll their children in private special schools such as the Cupertino Center. However, admission to these private special schools is still restricted due to the high tuition fees, limited slots and qualified staff. Thus, accessibility to educational supports and services are still limited even for those who can very well afford it.

Special Education in Regular Private Schools in the Philippines

Despite with the offering of Special Education courses in the different colleges and universities in the Philippines since 1964, it has only been of late that regular private schools have opened their doors to special students. In most cases, however, they are admitted only to their special programs/classes. Mainstreaming, integration or inclusion of special children in the regular programs, much more for those with multiple disabilities, is not usually adapted in these schools.

Hence, Filipino parents have very little choice with regard to the education of their special children. They either send them to public schools that offer special education or enroll them in private special schools. The major factors that influence their decision would often be their financial and educational status, as well as their level of awareness of the programs accessible to their children. Sadly, special children who have the potential to be mainstreamed or integrated in regular schools are usually denied access not only to quality education, but also to develop emotionally and acquire social skills in regular schools.

Mainstreaming Special Students in a Montessori School

The O.B. Montessori Center Inc. (OBMCI), for the past 37 years has been accepting children with special needs be it physiological, psychological or emotional. They are fielded in regular classes to enable them to normalize within the environment. This is made possible because of the Montessori Prepared Environment, which is a non-traditional set-up and allows room for interaction between the trained teacher and the child, its standardized materials and curriculum and the training of its teachers.

Children with special needs are admitted to OBMCI thru its Guidance Support Program (GSP) where the children are classified accordingly.

The school requires parents of special children (with disabilities; specific learning difficulties; etc.) to submit evaluations from their professional consultants (including neurologist psychiatrist; psychologist, SPED teachers; speech/ language therapist) before they are admitted. It is very important that professional diagnostic

assessment be made prior to the acceptance of these students in order to (1) identify the child's sensory potential (determine the level of development of the senses that can be used); (2) identify the individual needs of the child; (3) development of the individual educational program. A thorough assessment of the child's cognitive, sensory, motor skills and emotional profile will help determine the strengths and limitations of the child which in turn influences the design of his/her educational program.

New students may be required to undergo 2-3 weeks trial period to closely observe the behavior of the student in an actual classroom set-up prior to final acceptance. All special students accepted in OBMCI are integrated or mainstreamed to its regular classes. There are no special classes exclusive to special students in the school.

However, it is important to note that while the school accepts students with multiple disabilities, the school may ask a parent to transfer their child if the behavior (aggression, physically hurting others, etc.) of the child affects the over-all well being of the class/ school or if the school ascertains that it will be unable to provide the necessary intervention that the child needs.

Under the GSP, OBMCI provides the following programs to special students:

A. Regular Academic Program

- In this program students are enrolled in the regular academic program despite their disabilities, or learning difficulties. Special students who are placed in the regular academic program are required to meet all the academic and behavioral expectations/ standards of the school like any other regular student.
- However, they are closely monitored and guided with regard to their behavior and how they may respond to everyday situations taking into consideration their learning/ psychological difficulties.
- Special students in this program are considered fully integrated.

B. Modified Program

- When the special students are unable to cope with the regular academic program they are mainstreamed thru a modified program. These students are required to meet the minimum academic expectations/ standards of the school.
- Modifications in the program may include (a) content and scope (quota of work output) (b) implementation – pace of work; giving of quizzes;

seatwork, exams, projects, other written work, etc. (c) special schedules for tests and tutorial sessions.

C. Non-Graded Program:

- Students who have minimal potential to cope with either the regular or modified program are placed in a non-graded program.
- Their program is usually prepared in consultation with psychologists/ educational specialist. Teachers implement the individualized learning program in the classroom in lieu of the regular academic program.
- Usually, the students in this program do not receive a quantitative progress report card. Instead, a descriptive report card is prepared to evaluate and record the progress of the student based from his/ her individual program.
- At times, a “shadow teacher” or SPED teacher may be allowed to stay in the classroom to assist the student.
- The major consideration for children under this program is to provide opportunities for the child to interact and develop socially within a normal environment and identify possible vocational options that would allow the child to eventually become a productive member of the society.

This school year 2004-2005, OBMCI has 73 special students enrolled in the Guidance Support Program from its 4 schools/ branches:

Difficulty	Number of Students Enrolled	Percent
ADHD	32	43.8%
Autism	8	10.9%–
Cerebral Palsy	2	2.7%
Dyslexia	7	9.5%
Hearing Impaired	2	2.7%
Learning Disabilities	11	15.0%
Language Delay	7	9.5%
Asperger’s Syndrome	2	2.7%
Visually Impaired	1	1.3%
PDD	1	1.3%
Total	73	100%

Normalization of Children with Multiple Disability in a Montessori Prepared Environment : (Case Studies)

CASE STUDY #1:

Emmanuel's Case: Hearing Impaired (Moderate to Severe) with Mild Cerebral Palsy, Attention Deficit Disorder and Learning and Speech Disabilities

When Emmanuel was 5 years old he was brought to OBMCI by his parents. They were very anxious that he may not be admitted because he was a child with multiple disabilities. His medical records and evaluations from psychologists and other consultants revealed that he had moderate to severe hearing impairments with mild cerebral palsy and was at risk for attention deficit disorder as well as learning and speech disabilities.

During his first school year, Emmanuel's pre-school teachers observed that he particularly liked the Practical Life exercises like mopping and washing activities. He persisted in doing the cutting exercises (despite his very unstable grip) and can work with most of the Montessori materials with guidance.

The materials also provided exercises in movement, which instilled concentration, order and discipline. They provided training for purposive behavior, which led to his well-disciplined and orderly personal development.

Sensorial Arts materials for the refinement of senses helped him to distinguish dimension, sound, basic shapes, textures, etc.; Language Arts provided exercises in grammar and reading, while oral exercises are activities that helped satisfy Emmanuel's needs for self-expression which facilitated the development of his communication skills. The Math materials and exercises helped Emmanuel develop his "mathematical mind" which led to order, precision, and logical thinking. And the materials in Cultural Arts, which includes History, Geography, Botany and Zoology introduced him not only to his immediate environment but also to the vastness of the world.

Although he often had a blank look during collective activities and he could not readily verbalize his thoughts and needs, Emmanuel was able to gain friends and they readily assisted him whenever he needed help.

By the end of the same school year, Emmanuel was provided with a hearing aid and was attending speech, physical and occupational therapy. These along with regular consultations and case conferences with his therapists and doctors help specialists to align the interventions given to Emmanuel with his lessons in school. By the time Emmanuel entered Grade 1 (at 7 years old), he was able to read simple sentences and was able to articulate his ideas so much so that his teacher would remind him to finish

his work as he loved talking to his seatmates. We also discovered that he has great talent for drawing .

Emanuel is now in 3rd grade. He is fully integrated in his class. His teachers note that he is able to complete his notes, his calligraphy writing is good although pace in work needs improvement. He participates in class discussions and can readily articulate his ideas and feelings. He is able to perform the 4 basic mathematical operations therefore his math skills are fair. Although his attention still needs to be called every now and then in order to stay focused on his work, Emmanuel manifests a happy and well-adjusted personality.

CASE STUDY #2:

Joshua's Case: Visual Impairment with Developmental Delays , Attention Deficits and Mobility

Joshua has visual impairments resulting from congenital corneal anomaly. He can only see a degree of light, shadows and color when the object is placed at a close distance from his right eye. He wears eye glasses only for protection. Evaluation reports from his psychologist then indicated developmental delays, attention deficits and mobility.

He started schooling at OBMCI when he was 5 years old. In December 1997, he started undergoing occupational therapy side by side with his studies at OBMCI. After a year, his therapist observed significant achievement in all areas of intervention: work behavior; fine and gross motor skills; tactile discrimination; visual discrimination (residual vision was facilitated by having him sort objects according to high-contrast colors- he could do this with minimal difficulty); self-care and pre-Braille skills.

The pre-school (Casa) Montessori materials in Practical Life intended for independence in movement (such as the button and ribbon frames, pouring exercises, etc). provided Joshua with training for self-care and care for of the environment. Socially, Joshua is able to deal with most daily situations in his class and in the campus. He has established good relations with his peers.

Joshua is now 11 years old, this school year he is in Grade 5. The Montessori cosmic curriculum and its standardized materials continue to help him cope with the lessons in his level and allow him to be fully integrated in the regular class. The Barn House which is a Language material help Joshua master the different parts of speech. Concrete materials in Math and Geometry reinforce concepts for higher lessons.

The cooperation and support of the team members working with him (occupational therapists, special education teachers, psychologists, teachers the guidance counselor and the parents) have helped him to normalize in school.

The effectiveness of the OBMCI Guidance Support Program, depends on: (1) the correct and proper identification of the child's disabilities- periodic case conferences with consultants allows for regular evaluation on the child's progress and help identify interventions needed to maximize learning potentials; (2) flexibility of the programs – allows room for the child to progress in his own pace and utilize instructional materials suited to address his needs; (3) the standardized Montessori materials and its non-traditional classroom set-up which aid the learning process of the child; ; (4) and the realistic perspectives about the child's future. Through these children with multiple disabilities are able! to achieve results relative to their condition.

With the admission of children with special needs to its regular classes at OBMCI, parents are given new hope.

REPUBLIC OF KOREA

Educational supports for children with multiple disability in Korea

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Special education in Korea, in educating disabled children including with multiple disability, is aiming for inclusive education in nearby regular schools. The society is responsible for making sure all the members of the society get proper education regardless of the conditions any member of the society could possibly be in. The worse the conditions are, the harder the society has to try to actively educate them and provide with opportunities. Disabled children surely are the ones in less opportunity. Therefore thoughtful considerations and support by the society is necessary. However, the society has been insisting on the logic of majority-centered system based on the average and standard, the government has rather been neglecting the education of disabled children and made it a norm to place them in separate institutions other than in the regular schools with other non-disabled children. Therefore, in order to make it possible for the disabled children to go to a regular school near home and get inclusive education, as it is stated in Act for elementary, middle high school. For the disabled children, the country and a district self-governing body are to provide with the adequate ways to admit and educate them from grade K to 12 or in regular schools or an institute equivalent to those.

In this paper I'll overview general situation of special education in Korea and to explain about educational supports for children with multiple disability.

I . General overview of special education in Korea

According to the results of the 2001' Korea study on the Occurrence of special education children, the disability occurrence ration among school age children between 6-11years of age was 2.71% disabled, among which 61.25% or 150,712 students are able to receive general education. As of April 2004, 51,060 students receive education at 141 special school and 4,300 special education classrooms, 13,632 students are currently delaying their education and reside at homes, hospitals, and welfare.

1. Purpose of special education

Basic directions for special education policies are maximize educational efficiency among all students by sharing a sense of responsibility between general and special education. First, the purpose of special education is guaranteeing equal opportunity for education for those in need of special education by the central and local governments, improving education methods and circumstances to cultivate ability to lead independent lives,

accomplishing the goal of providing special education for all students in need as part of compulsory education free of charge. In order to accomplish the purpose, we should establish a diagnostic system for special education, build new special education schools, increase special education classrooms, cut the number of students per classrooms at special education schools and improve facilities for the disabled

Second, the purpose is creating a school culture that respects the needs in other words it is improving education environment of general schools to build the basis for integrated education. We should improve school education curriculum management, expand the development of curriculum, teach materials and tools, strengthen the sense of responsibility for special education among general education teachers and raise the sense of professionalism among special education teachers.

Third is establishing an education support system that can expand the establishment and support for special education support system centered the around local community. We should expand the establishment and operation of special education support centers, increase the number of personnel for special education administration and support institutions, expand budget and investment for special education and strengthen ties among government ministries related to special education. Through these, we will pursue high quality education that respects

II. How to support for children with multiple disabilities

1. Guarantee Free Compulsory Education for multiple disabled students

Even though students have multiple disabilities, from kindergarten to high school they have to be guaranteed balanced right to special education across the national and education level. For them, we establish and increase the number of special education institutions to provide free education. We provide and expand opportunities for special education adequate to the level and type of disability and guarantee a balanced opportunity for special education among all levels of education. Sometimes their severe and multiple disabilities prevent them to come to school. In that case, we provide education opportunity for disabled students through visitation services. We distribute the guidelines for visitation programs and conduct investigation of the current. In 2003, the number of students receiving visitation education services is 2,599. Visitation education is that special education provided to disabled students by special education teachers by making visits to homes and/or medical facilities. Compulsory education for special education includes primary and middle school curriculum, while kindergarten and high school education is provided free of charge.

To Guarantee Free Compulsory Education for multiple disabled students, we increase the number of special education classes. In Korea, the special education classes are the practical unit that supports inclusion. In special education promotion Act, Article 2, Paragraph 4 characterizes special education class as the full time, part time classes run by schools according to their capability. Therefore the government is making classes for the disabled to be part time rather than full time in the inclusive education. They are planning to increase the special education classes in number.

2. Change of system in Special education schools

Students with multiple disabilities get inclusive education in nearby regular school, the government of Korean is demanding the following three things to be done. First, to make the schools smaller, dispersion of schools and de-categorization of disability categories, making the schools smaller in size and dispersing means that for students who want to choose a school, small size schools should be available in every region. Although in the future when inclusion becomes more common, there will always be students who are in need of special education schools for the disabled only. Therefore special education schools need to be dispersed evenly throughout the region and be increased in number. De-categorization of the categories means that special education schools which are now separated by the categories of disabilities should be changed into one school for all range of disabilities instead of categorizing the disabilities and running separate schools for each. Category of the impairment is the first thing to consider in educating the disabled student because special quality and educational needs differ from one kind to another. However, when majority of disabled students move to regular schools, in special education school, the only ones left will be students with severe and multiple disabilities. Those are students with severe cerebral palsy, severe mental retardation, severe emotional, behavioral disorders and the ones with two or more disabled perceptive functions. However, even students with two or more disabled perceptive functions can perform adequately in regular schools while receiving support services. Therefore in order to reinforce inclusion, Korea is encouraging students with mild disabilities to be moved to regular schools if possible and schools for the disabled to be run without separating students by categories of impairment for the students with severe, multiple disorders.

3. Build a foundation for integrated education for them

Recently regular classroom teachers and parents of non-disabled children agree with the fact that schools and organizations they are concerned about their children having disabled friends or their classes having disabled students. Unless this kind of prejudice against disabled students is lessened, both inclusive and regular educations could not be carried out properly. Therefore the members of schools and societies need to accept the fact that schools and societies with disabled children are normal and are healthy school, classes, and societies. In order to make this kind of social and psychological environment, the government is reinforcing the following politics. Students from grade K to 12 are to have some kind of education to understand disability once or more a semester such as volunteering at an organization for disabled people, having to experience disability, or campaigning to change the prejudice against the disabled people. Teachers need to take 60 hours of special education at least once and those who did, take charge of the inclusive class.

It is important to abolish prejudice of non-disabled students and teachers at general schools against disabled students. We build a foundation for integrated education through improvements on the physical environment of general schools. We strengthen education for awareness towards the disabled for teachers and students at general schools. Kindergarten, primary, middle, and high schools are encouraged to provide education on the disabled at least once a semester. Teachers at general schools (kindergarten, primary, middle, and high

schools) are encouraged to receive training on special education. Standards for assigning teachers at integrated classrooms and management/operation guidelines have been delivered. Priority shall be given to special education majors and those who have completed training. We appoint and operate pilot school for integrated education. At least one school has recommended to be established as an integrated education pilot school for each metropolitan/provincial education office for the widespread implementation of integrated education. The metropolitan/provincial education offices have held a conference on success cases of integrated education at pilot schools.

It is important to establish special education responsibility of regular classroom teachers. Some regular teachers consider special education as the duty of special education teachers, but it is also duty of regular teachers. In order to establish special education responsibility, Korea is reinforcing these policies to make it mandatory to take special education in the curriculum for kindergarten, elementary, middle school teachers, and in the practical training of teaching and thereby take special education curriculum and the teachers in charge of inclusive classroom from grade k to 12, to take the test of the ability to operate inclusive education. Special education is reinforcing policies that extend to provide special programs for the disabled putting into the evaluation category.

4. Facilitating the regular schools with special equipments for the disabled.

In a society that considers disability as a pathological condition, unless we get rid of the physical barriers, it is impossible to educate both the disabled and non-disabled students. There are two physical barriers that keep the disabled students from learning in regular schools. The first one is the facilities and equipments that schools have that are not at all suitable for the disabled students and therefore limiting the right to move around. The other one is the lack of special learning materials and aide who ends up limiting the right to learn. Schools need to have various facilities, equipments and learning materials and aides nor only for the regular students but also for the disabled students. We build a basis for integrated education through improvements on general classroom environment. We improve education environment at special education classrooms and provide support for disabled students to facilitate learning. We establish the 「Comprehensive plans for improving facilities for disable students at general schools」. Plans are underway to complete the installment of facilities for the disable at schools with special education classrooms within three years beginning 2004. Schools without special education classes shall undergo establishment starting with primary schools.

5. Stronger Special Education Support System and Increase in Support

In current special education system in Korea, the local community institutes for supporting the disabled students are special education schools, special education classes and inclusive classes, however, the students in special education classes or in inclusive classes are not getting the proper education or the related services compared to the ones in special education schools. And for the multiple disabled children under school ages or for the ones not selected to receive special education, there are no counseling services or support available. Therefore in order to provide with appropriate special education services and related services for the multiple

disabled students in special education classes and inclusive classes and also for those students who are neglecting their obligation to attend school, Korea has established and run special education support center in the district education hall unit. However now the areas with personnel from special education center are very limited and the financial support has not been well received therefore resulting in difficulties. Therefore Korea is reinforcing policies to establish special education center in all 180 district education hall in the country and place worker in charge, financially support these and therefore make the system more effective and substantial. We establish a decentralized special education support system around local communities and enhance education welfare for special education students through expansion of support for special education. We build a special education support system centered the around local communities. Special education support centers are established and operated at each metropolitan/provincial office of education. In “Special Education Support Center” treatment and counseling services are provided to special education students attending general kindergartens and schools. We enhance professional capabilities of special education teachers. We expand the assignment of special education teachers and enhance their level of professional capacity. Educational efficiency has been improved through the consolidation of occupational education for special education students. We expand education welfare for special education students.

Due to multiple disable students, the importance of therapeutic education has increased along with the professional capability of teaching staff multiple. The excessive numbers of student assigned to therapeutic education teachers and the multiple nature of the disability have made it difficult to provide professional therapeutic services. We provide a basis for assigning therapeutic education teachers by disability type and education environment.

We operate the special education assistant system. In 2004, we hire 2,000 special education assistants. The government has set aside about 55 billion won for this purpose.

To help multiple disable students with visual impairment, we supply “Large-print books” for the visually disabled students. It is first trial among OECD nations. The entire set of primary school textbooks has been produced in large-print in 2002. National textbooks in the middle school and high school curriculum have been produced in large print in 2003. Large-print textbook means 150% enlargement of the textbook for students with vision lower than 0.4. In addition to that we improve teaching materials and tools for special education curriculum for multiple disable students. For physically disabled students we improved transportation. It has been provided for the purchase of school buses for the disabled, electrical wheelchairs at special schools.

III. Conclusion

Recently special education in Korea has made tremendous progress. However it is also true that special education in Korea needs to be developed quantity and quality. In order to reach the quantitative and qualitative progress of special education, the first thing to do is creating the atmosphere that classes, schools and society. Based on this improvement, we have to provide vast range of support for multiple disabled students to study with regular student. Therefore carrying out the policies now being reinforced will be the way to improve not

only the special education but also education itself. To do special education, we have to consider proper education for students with multiple disabilities.

SRI LANKA

Country Report

"Educational Supports for children with multiple disability with sensory impairment, including deafblindness" in Sri Lanka

**By Mrs. G.L. Leela Gunasinghe,
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1. Key Indicators for Sri Lanka (2003)

Population	19.1 million (26% 0_14 years)
Annual population growth	1.3%
Life expectancy	73.1 years
Infant mortality rate	13.3%
Under 5 Mortality rate	19% per 1000 live birth
Literacy rate	92%
Primary school net enrolment	8.4%(2001)
Secondary ,, ,,	70% male, 74% female
Un employment	8.4% (G D P)
Gross Domestic Product per Capita	\$ 825
GDP growth	5.6%(2001)
Government Expenditure on education	2% of GDP (2001)

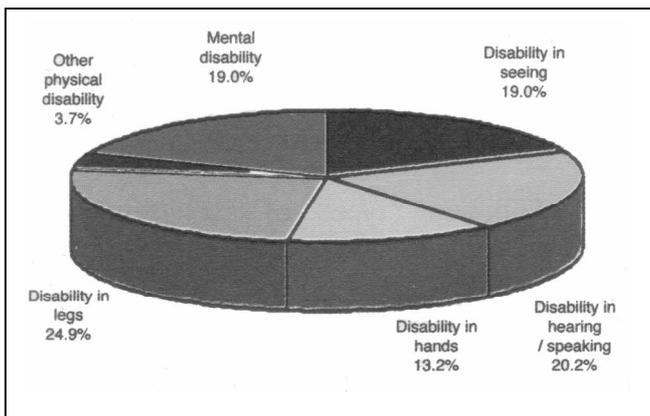
(S C F - Sri Lanka)

The distribution of ethnic groups, Sinhalese 81.9%, Sri Lanka Tamil 4.3, Indian Tamil 5.1%, Sri Lanka Moor 8.0%, Other 0.7%. (Censuses - 2001)

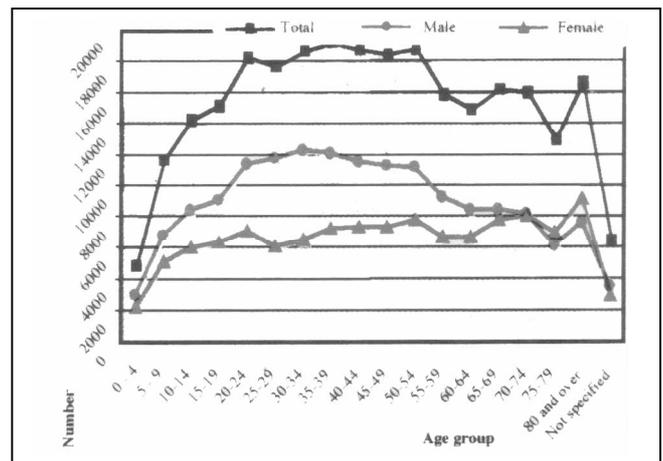
2. Present Status

The general Census conducted by the Department of Censuses & Statistics in 2001 reveals the statistics of the person with disabilities. The survey was completed only in 18 districts out of 24. In the North Eastern province, the survey was not successful due to the ethnic conflict. 158,446 males and 116,265 females were there out of 274,711 disabled persons.

Percentage of distribution of the disabled in Sri Lanka - 2001



Disabled population in Sri Lanka by age group - 2001



3. Services for the children with disabilities

The Ministries of Social welfare, Health and Education and NGOs of Sri Lanka provide various services for persons with disabilities.

- Health
- Education
- Social Welfare

3.1 Health Services

An island wide health service is conducted by the Ministry of Health through Provincial Councils. Family Health Nurses are given a major role in this sector and they are attached to health centers. They visit expecting mothers, children up to year 5 and provide various services. Medical treatment and test, PT, OT, ST, and counseling services are available in government and private hospitals for the children with disabilities. They are directed for other services according to their necessities.

3.2 Educational Services

The education service is administrated by the Ministry of Education and Higher Education of Central Government and Provincial Councils. Every child of Sri Lanka is entitled to free education up to the graduation. There is a separate section for special education in Central Ministry and Provincial Councils. NGOs also have taken a prominent place in giving education for children with disabilities.

3.2.1 No. of students by type of Disabilities 2003

	Hearing Impairment	Visual Impairment	Speech language Difficulties	Dyslexia	Intellectual Impairment	Physical Disability	Group Label	Behavior Difficulties	Multiple Disabilities	Others	Total
M	2174	5118	4829	8071	5952	1730	570	2509	2663	1259	35485
F	1841	4949	2246	5205	3806	1173	443	965	1657	855	23141
Total	4015	10067	7075	13276	9758	2903	1013	3474	4320	2114	58626

The above chart shows the statistics of the disabled children study in schools. But the data of the disabled children living in their own houses and institutions are not included. Figures can be increased accordingly.

3.2.2 Types of Educational Services for children with special needs

- Inclusive Education / Special Education units / Special Schools/ Non-formal Education/ Children’s Homes

The Government accepts the policy of United Nations “Education for all”. Accordingly more steps have been taken to widen the system of inclusive education and give equal opportunities to the

children with special needs. However, there are many practical difficulties in the implementation of such programmes

3.2.3 Educational support for children with multiple disability and sensory impairment with deafblindness

It is accepted, the children that cannot be integrated with inclusive education or integrated education must be educated in a special education unit, special school or in a residential institution. A large number of children with multiple disability are unable to enter the prevailing educational system due to the difficulty of accessibility, lack of staff and other various matters. Therefore social welfare sector has a lot of responsibilities on children with multiple disabilities.

3.3. Social Welfare Services

A wide range of services are conducted by Social welfare sector for the benefit of children with special needs. Children with multiple disability give more priority to gain welfare services and less importance to education due to economical status of their families, less facilities of their living environment, lack of educational centres, attitudes etc. Parents are more likely to send the children with multiple disability to residential institutions for the easiness of the family. Under these circumstances, children with multiple disabilities are kept and looked after in their own houses or residential institutions.

3.3.1 Some services provided by Social Welfare Sector

1. Child Guidance Center
2. Staff / Pre school Teacher Training
3. Community based Rehabilitation Programme for disabled
4. Financial and other supporting services
5. Services connected with NGOs

There is no any residential institution for children with multiple disability under Government. A very limited number of institutions are conducted by NGOs. In these institutions mostly the basic daily

activities; bathing, feeding, cleaning are practiced. The society has a very little awareness and education on the possibility of training and educating the children with multiple disability. To overcome this matter, the correct ways of working with children with disabilities and proper stimuli are taught through the ministry of social services, preschool teacher training for intellectual disability children and awareness programmes of parents.

The CBR programme highlights the fact that it is the responsibility of the family and the community to rehabilitate the children with disabilities while allowing them to be in the community. Volunteers are involved in visiting the houses of the persons with disabilities, work together with parents and providing various services.

There are some institutions in Sri Lanka, carrying out educational services to assist children with multiple disability

1. Class for the Children With Multiple Disability in Child Guidance Center
2. Prithipura Infant home
3. Swarnadama Foundation
4. Mark Sri Sarana Children home
5. Special class at Ratmalana Blind school

In present, providing services for the children with multiple disability has become one of the major responsibilities of the social welfare sector.



Child Guidance Centre



Prithipura Infant Home

THAILAND

Summary of Provision of Special Education in Case of Recurrent Disability for Children Having Sight, Hearing and Learning Problems in Thailand

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Introduction

Thailand is governed by democracy and ruled by the King with location on the Indo-Chinese peninsula in the south-east of Asia, with an entire area of 513,142 square kilometers, with a population of 63,000,000 and with Buddhism as the national religion. The Thai government has paid attention to the provision of education for all citizens in accordance with the Constitution specifying in the Act of National Primary Education, B.E. 2523 that all children reaching the age of 7 must be compulsory educated. Disabled children are exempt if their parents have continually applied to the schools for permission. Afterwards, the Constitution, B.E. 2540 and the Act of National Education, B.E. 2542 specify that all citizens have equal rights and opportunities to be basically and well educated free of charge for at least twelve years. Those having physical, mental, intellectual, emotional, communication and learning problems or those being deformed or disabled those being unable to rely on themselves, being in nobody's care or being inferior must have special rights and opportunities to be basically educated free of charge from birth or from discovery of disability and to be entitled to educational facilities, media, services and other aids according to such criteria and methods as specified in the ministerial regulations.

To develop students having special demands in the educational year 1997-2002

The Office of National Primary Education Board has provided special education for the students having special demands to be educated together with normal students in primary schools since 1986 and has continually developed it until now as follows:

1. Laws and policies related to the provision of special education
2. Provision of special education and results
3. Problems and obstacles

1. Laws and policies related to the provision of special education

1.1 Constitution, B.E. 2540

Section 43 specifies that “all citizens have equal rights and opportunities to be basically and well educated free of charge for at least twelve years”.

Section 55 specifies that “the deformed or disabled citizens are entitled to public facilities and aids”.

Section 80 specifies that “the Government must protect and develop children and youth, promote equally of women and men, and help the old, the poor, the deformed or disabled and the inferior for good quality of life and self-reliance”.

1.2 Act of National Education, B.E. 2542

Section 9(3) specifies the standards of education and provides the system of quality guarantee for all levels and types of education.

Section 10 specifies that all citizens have equal rights and opportunities to be basically and well educated free of charge for at least twelve years. Those having special abilities must be suitably educated according to their abilities.

Section 12 specifies that the Government, private sections and local administration units as well as individuals, families, communities, professional units, religious institutes, business places and other social institutes may provide basic education according to the ministerial regulations.

Section 13 specifies that fathers, mothers or parents are entitled to these incentives.

- (1) To be supported by the Government to look after and educate their children or dependants.
- (2) To be financially supported by the Government to lawfully provide basic education for their children or dependants.
- (3) To be lawfully granted tax and reduction or exemption for educational expenses.

Section 22 specifies that all students must be deemed able to learn and develop themselves.

1.3 Ministerial regulations

By virtue of the provision in the third paragraph of Section 10 and Section 74 of the Act

of National Education, B.E. 2542, the Minister of Education issued the ministerial regulations specifying criteria and methods for the disabled to be entitled educational facilities, media, services and other aids.

1.4 Policies of the Ministry of Education

The Cabinet passed a resolutions on February 16, 1999 by announcing “the year 1999 as the year of the disabled’s education” and adopting a policy that “all of the disabled needing education must be educated”.

In 2000, the Ministry of Education adopted a policy that “all of the disabled must be educated and their quality of life must be developed for developing themselves and the society”.

Development of education for the disabled in the next 5 years (2002-2006) must be emphasized to

1. Make all of the disabled be basically educated for at least twelve years.
2. Develop teachers and personnel related to the provision of education for the disabled.
3. Develop educational courses, innovations, media and technologies suitably and accordingly to the need of each type of the disabled for them to learn continually and to the utmost extent.
4. Persuade families, communities, private sections and local administration units to jointly provide education for the disabled.
5. Make schools or administrative units guarantee quality of the disabled’s education.
6. Enable the disabled to earn their living and rely on themselves
7. Provide a complete system of management.

From such policies, the Ministry of Education then set up these 3 operational strategies.

1st Strategy: To increase efficiency and thoroughness of the provision of educational services for disabled

In summary, it is to make schools admit all of the disabled children, set up school networks, provide various educational services according to the levels and types of disability and the disabled’s environment, persuade other provincial schools to join the networks of 42 special schools in 35 province, provide a system of transfer services so that the disabled can get educational services thoroughly and conveniently, provide a centre pf itinerating teachers, support home schools and publicize activities and jobs of the disabled through various media.

2nd Strategy: To elevate quality of the disabled's education

In summary, it is to set up minimum rules and standards of schools by sufficiently providing personnel, budget and equipment, provide supplementary education for all of the disabled, develop rules, standards and indications of the education quality according to the system of quality guarantee, do workshop research on the provision of education for the disabled, produce, develop and publicize various media, facilities and services, arrange the system of services and thoroughly spread media to schools, communities and the disabled.

3rd Strategy: To increase efficiency of the management system

In summary, it is to survey, find and arrange the system of the disabled's database, arrange the system of educational service provision for the disabled, provide structures supporting roles and duties in the provision of education for the disabled, adjust regulations to creation and development of the information-technology centre about the disabled, mobilize both public and private sections to jointly provide education for the disabled and use the special education centres as technical centres.

1.5 Policies of the Office of National Primary Education Board

The Office of National Primary Education Board has provided special education for the students having special demands to be educated together with normal students since 1986, and has set up policies of education-quality guarantee as well as important activities of the educational year 2003 for the students having special demands that "one of special schools in each group must be improved".

In summary, the Office of National Primary Education Board has set up obvious policies in the educational year 1997-2002 to develop the human resources systematically and variously with the Government's support for spreading quality of the management and provision of special education which supports co-learning.

2. Provision of special education and results

The provision of special education for the students having special demands in the educational year 1997-2002 has 3 forms which are to create educational opportunities, to promote and develop quality of special education, and to research and assess quality of special education.

To develop students having special demands in the educational year 2003-2012

The trend of future development was set in these 2 forms.

1st Form: To study the essence about trends of special education provision which can be found from both Thai and foreign sources.

2nd Form: To interview high executives in the Ministry of Education, experts, parents and local personnel about former success of the special education provision, problems, obstacles and trends of future policies and practice.

Concepts from study of foreign data about trends of special education provision are as follows:

1. Future provision of special education for the students having special demands: They must be educated according to their differences and the inclusion of learning can then well support their rights.

2. Purpose of the special education provision for the students having special demands: They must be developed physically, intellectually, emotionally, socially and humanly with holistic education so that they can learn what they want and can study variously and actually in the natural environment.

3. Teachers as key factors of the special education provision: Teachers must have positive attitudes towards the students having special demands because their attitudes affect the students' learning in classes and their own teaching skills.

4. Future provision of educational activities: The holistic education as well as new teaching methods or styles which are consistent with the nature and safety the students' demands can be suitably applied. For example, co-teaching can develop the students technically and socially.

Description of special education provision in the future

1. The Government should provide special education so that the students having special demands can be educated together with normal students at all levels.
2. The Government should support the provision of special education so that more

- students having special demands can be educated together with normal students.
3. The government should support the provision of special education so that the students having special demands can be educated together with normal students and they can jointly use resources.
 4. Special education should be provided on the basis of “education for the populace” concept.

Required qualities of students having special demands

- Physical development: those having good health, physical development, eagerness, self-confidence and ability to do their daily tasks
- Social development: those having responsibility for themselves and the society, disciplines, self-adjustment to the environment, respect for freedom of themselves and others and leadership.
- Intellectual development: those being able to develop their potential for living in the society

To set up rules and standards of educational courses

Teachers can variously choose educational activities and courses according to the students' problems.

To develop related teachers and personnel

Special education personnel will be deemed more important in the future as key factors.

Roles of communities in the provision of special education

Communities will jointly and increasingly provide special education by using their resources according to the social and living conditions and by promoting the children's learning from their environment.

Roles of fathers, mothers and parents

Fathers, mothers and parents will help the schools develop the special education by continually studying and following the behavior of their children and by properly looking after them.

The children having recurrent disability being learning, hearing and sight problems have been provided with such education as mentioned in the policies above so that they can develop, help and adjust themselves to the environment.

There were 8,659 students having recurrent disability in co-learning schools in the educational year 2002.

How to standardize the students' quality

Good students having recurrent disability should be suitably developed according to the individual education plan (IEP). These 3 basic skills must be developed according to the essence of educational courses during such period as fixed in the individual education plan (IEP).

1. Self-help
2. Society and living
3. Occupation

3 basic skills being use of big muscles, use of small muscles, learning & imagination, communication, society self-help, behavior & emotions and problems solving should be also promoted.

Help is not enough although the disabled have been widely provided with education and knowledge. These are unsolved problems of the disabled in Thailand.

1. They still need knowledge, understanding and proper treatment.
2. They lack perfect communication and social skills.
3. Public facilities are not enough.
4. They need suitable occupations.

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