



Final Report of the 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs

5-7 December 2006, Yokohama, Japan

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

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***Advancement of Education to Meet the Special Needs of
Individuals~Toward Realization of Principle of Equity and
Social Cohesion~***

***“ Collaboration Based on Partnership among Related Fields (Education,
Healthcare, Medical Care, Welfare etc) for Appropriate Service Provision to
Individuals”***

5-7 December 2006, Yokohama, Japan

***National Institute of Special Education
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Introduction

Report of the 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs

Ken Sasamoto

National Institute of Special Education

For the four-day period from December 4, 2006, the National Institute of Special Education held the "26th Asia-Pacific International Seminar on Education for Individuals with Special Needs" at Yokohama Symposia. Fourteen countries participated including Japan: Australia, Bangladesh, PRC, India, Indonesia, Malaysia, Nepal, New Zealand, Pakistan, the Philippines, South Korea, Sri Lanka and Thailand. The Seminar was participated by around 250 persons. These included the delegates from the participating countries, and from the Japanese side, those involved in the education for disabled children and general participants.

This year (2006) marked the first year of NISE's five-year Second Medium-term Plan. Partly for this reason, NISE strove to innovate the Seminar, both its management and contents, by establishing new basic policies for the further and active promotion of international exchange and contribution activities, by taking into account the recent trends of education in Japan. Below are some examples of such innovations.

1. Change of the Seminar's name

Until the 25th, this Seminar was titled "Asia-Pacific International Seminar on Special Education". This was changed to "Asia-Pacific International Seminar on Education for Individuals with Special Needs". This was designed to actively supply information to the Asia-Pacific countries and regions regarding new trends of education for children with disabilities in Japan.

2. Change of the time of implementation, and collaboration with other organizations

This year's Seminar was held from December 4 to 7. This was designed to position the Seminar as one of the programs related with "Disabled Person's Week" which is from December 3 to 9. This was to spread the concept of "special support education" to the general public. Additionally, from the viewpoint of international exchange, JICA (Japan International Cooperation Agency) Yokohama's facilities were used for the lodging of the participants from overseas. This was to promote efficient collaboration with related organizations.

3. Holding of a pre-conference

Until the 25th, the overseas participants visited facilities related with education for disabled children after the seminar. In this year's Seminar, this visit was held on the first day as a pre-conference, and a pre-conference was helpful in deepening mutual understanding about the contents to be

discussed in the Seminar.

The participating countries' conditions vary. Partly owing to this reason, in the past Seminars, what were discussed tended to vary too much, and not enough discussion was carried out on the individual topics. To solve this problem, the pre-conference was held to promote mutual understanding by providing the participants with clear information on the conditions in Japan and the topics to be discussed in the seminar.

4. Determination of the basic Seminar theme

NISE has set up the following basic theme for the coming five years: "Advancement of Education to Meet the Special Needs of Individuals - Toward Realization of Principle of Equity and Social Cohesion". This was to focus on the concepts of "normalization" and "inclusion" in determining the themes for the respective years. On this basis, this year's theme was determined as "Collaboration Based on Partnership among Related Fields (Education, Healthcare, Medical Care, Welfare etc.)".

In the past Seminars, the themes were determined by type of disability. From the 26th, the themes will be determined every year by taking into account both the commonalities and differences among Japan and other Asian and Pacific countries and regions but by ensuring international applicability, for the enrichment of the contents of the discussions.

5. Establishment of Coordinator

Education is closely related with the respective countries' national policies and measures, culture, customs and practices. For this reason, translating and interpreting what were presented or discussed into other languages could cause misunderstandings and inconsistencies. This might be said as a problem of literal translation. To avoid this problem, NISE had been holding meetings with interpreters, etc. beforehand. To avoid this problem further, the 26th Seminar established the position of Coordinator to make sure that the translation, etc. are appropriate.

As a result of such innovations, we were able to receive good impressions from overseas participants who said for instance that the general discussion was useful in further pursuing the topics and that they were able to understand the trends of special support education in Japan very well. On the other hand however, we spotted new issues, such as the need to refine the framework of the discussions for the further enrichment of the Seminar, to ensure the continuity of the outcomes from one Seminar to the next, and to give considerations to enhance the awareness of the general participants in view of the fact that the Seminar will be held as part of "Disabled Person's Week".

In the future Seminars, NISE would like to explore methods to further enrich the Seminar by solving these issues.

List of Delegates

-Participants from overseas for the 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs- -

AUSTRALIA	Mr. Patrick Cremen Counselor Education, Science and Training Australian Embassy in Tokyo
BANGLADESH	Mr. Khandaker Jahurul Alam President National Forum of Organizations Working with the Disabled (NFOWD)
CHINA	Ms. Yunying Chen Senior Researcher&Chief of Academic Committee China National Institute of Education Research
INDIA	Ms. Anita Julka Reader in Special Education National Council of Educational Research and Training
INDONESIA	Ms. Purna Wardhani Administrator in Directorate of Special Education Directorate of Special Education Ministry of National Education
JAPAN	Mr. Kengo Nishimaki Research Director Department of Educational Support Research National Institute of Special Education
JAPAN	Mr. Shigeki Fujii Chief Researcher Department of Educational Support Research National Institute of Special Education
MALAYSIA	Mr. Mad Kassim Bin Abd. Malek Assistant Director Special Education Department, Ministry of Education
NEPAL	Mr. Mahashram Sharma Director Department of Education
NEW ZEALAND	Ms. Adele Peart-Baillie District Manager, North West Auckland Special Education, Ministry of Education
PAKISTAN	Mr. Mubarik Ahmad Director Planning and Finance Directorate General of Special Education

PHILIPPINES

Ms. Ma. Therese J. Macapagal

Executive Director, Cupertino Center for Special Children

Senior Professor, Miriam College Graduate School

***REPUBLIC OF
KOREA***

Ms. Kyung Sook Kang

Educational Researcher

Korea Institute for Special Education (KISE)

SRI LANKA

Mr. K.M.Sandya Bandara Kulasekara

Assistant Director of Special Education

Zonal Education Office

THAILAND

Ms. Pikul Leosiripong

School Director

The Northern School for the blind under the patronage of Queen

Agenda of the Seminar

The 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs

3-8 December, 2006

date	time	contents	place
3 Dec		Participants arrival	Check in at JICA Yokohama
4 Mon, Dec Pre-conference	8:50	Meet at JICA lobby	JICA Yokohama
	9:00	Leave JICA	
	10:00	Arrive at NISE	NISE
	10:00-10:30	Registration	Meeting room #2
	10:30-12:00	NISE delineation	Meeting room #1
		NISE tour	
	12:00-13:00	Lunch	
	13:00	Leave NISE	
	14:00-16:00	Tour to the organization in Yokohama	Dontokoi-Minami, Yokohama
	16:00	Leave Dontokoi-Minami	
	17:00-18:00	Orientation	JICA Yokohama 4F Seminar room #10 Stay at JICA Yokohama
5 Tue	13:00-13:30	Opening ceremony	Yokohama Symposia
	13:30-15:00	Keynote Speech (Japan)	9F Sangyo-Boeki Building
	15:10-15:40	Basic data presentation	
	15:50-17:10	Country Report (Australia, Bangladesh)	
	17:30-19:00	Welcome Party	Reception Space Stay at JICA Yokohama
6 Wed	9:00-11:50	Country Report (China, India, Indonesia, Japan)	Yokohama Symposia
	11:50-13:00	Lunch	
	13:00-17:00	Country Report (Malaysia, Nepal, New Zealand, Pakistan, Philippine, Korea)	
	17:00-19:00	Meeting	#901 Meeting room Stay at JICA Yokohama

7 Thur	9:00-10:10	Country Report (SriLanka, Thailand)	Yokohama Symposia
	10:10-11:00	Prep for Discussion	
	11:00-12:00	Discussion	
	12:00-12:15	Closing ceremony	Stay at JICA Yokohama
8 Fri		Participants leave	Check out

Seminar: Yokohama Symposia, Sangyo-Boeki Center Building 9F, 2 Yamashita-cho,
Naka-ku, Yokohama Tel: 045-671-7151 Fax: 045-671-7157

Tour to: National Institute of Special Education (NISE), 5-1-1 Nobi, Yokosuka,
Kanagawa, Japan Tel: 046-848-4121 Fax: 046-839-6919
Dontokoi-Minami, Nakamura-cho, Minami-ku, Yokohama
Tel: 045-264-2866 Fax: 045-264-2966

Accmodation: JICA Yokohama, 2-3-1 Shinko, Naka-ku, Yokohama
Tel: 045-663-3251 Fax: 045-663-3265

Address

Yutaka Oda

President

National Institute of Special Education

First of all, the overseas distinguished delegations, I would like to extend my gratitude from bottom of my heart. My name is Oda, I am in charge of this seminar and the president of National Institute of Special Education. Welcome to our country from such distance. I understand some of you came here last year as well. Some of you came here for the first time. And I am very sorry in advance if you feel any inconvenience.

Including this seminar, I like to extend my gratitude for all the participants. This seminar is for fulfillment and development of education for children with disabilities. And in cooperation with all the delegations from each country.

We would like to think about this theme from many different aspects, I really appreciate your participation. In our institute, we engage in the education for the children with disabilities, with that purpose in cooperation with Japan National Commit ion of UNESCO, we started this seminar in 1981, since then we held this seminar every year and this is the 26th seminar. In the past, we have invited administrative officers, researchers, and people in education from Asia-Pacific countries and totally we have invited more than 340 participants. Like this we have continued this seminar more than 20 years.

From this year, we have set the new theme. “Asia-Pacific International Seminar on Education for Individuals with Special Needs” this is the new name for this seminar. And also the long-term theme of the seminar for next 5 years was set as “Advancement of Education to Meet the Special Needs of Individuals-Towards Realization of Principle of Equity and Social Cohesion”. On top of that, under this long-term theme, especially this year we have set the theme “Collaboration based on partnership among related fields for appropriate service provision to individuals-education, health care, medical care and welfare”.

Each country might have probably different issues to overcome depending on the country , the situation might be different, however, the initiatives for the education for the children with disabilities in each country should be for the needs of each individual child, this is for sure. So, even if we have many different the situations, together in cooperation, it is meaningful for us to get together, to talk to each other and learn from each other, this is really remarkable for us.

Right now, depending on the degree of the disabilities we are shifting out the position from special education towards educational needs of individuals and educational support for the needs.

This 26th Asia-Pacific International Seminar is going to be held in this transition period which is really remarkable for our country. Also through the seminar our National Institute is going to be in cooperation and collaboration with Asia-Pacific countries. And I really hope that this seminar can contribute to the education for the children with disabilities, and international cooperation.

Last but not least, I would like to conclude my words wishing for the meaningful seminar for every one of you, I really do hope so. In such a short period of time, please keep your health and I really hope for very good collaboration.

Thank you very much for your attention.

KEYNOTE SPEECH

Collaboration Based on Partnership among Related Fields for Appropriate Service Provision to Individuals

Kengo Nishimaki

National Institute of Special Education

1. Preface

The educational systems in Japan after World War II can be said to have started from the promulgation of the Constitution of Japan and the Fundamental Law of Education proclaimed and enacted in 1947, whose Preface states as follows:

"Having established the Constitution of Japan, we have shown our resolution to contribute to the world and welfare of humanity by building a democratic and cultural state. The realization of this idea shall depend fundamentally on the power of education.

We shall esteem individual dignity and endeavor to bring up the people who love truth and peace, while education aimed at the creation of culture, general and rich in individuality, shall be spread far and wide.

We hereby enact this Law, in accordance with the spirit of the Constitution of Japan, with a view to clarifying the aim of education and establishing the aim of education and establishing the foundation of education for new Japan."

The 25th G8 Economic Summit (Cologne Summit) held in June 1999 addressed the issue of education and learning. This was the first time that the Summit expressly addressed the issue of education in its 25-year history. In overviewing the society and economy in the 21st century that was approaching, perhaps the participating countries saw the issue of education as something that faced all of them.

However, in discussing the issue of education, it is necessary to take account of the global changes in the social background that have taken place during the roughly 60-year period after the end of World War II. The greatest change has been that associated with the industrial structure on a global scale. The establishment of the system of international division of labour or specialization and the advent of the highly-sophisticated information society have generated social divides in any country that cannot be dealt with the welfare state approach in the period of East-West confrontation.

Today after the USSR has collapsed, the global economy is basically moving under the principles of a free economy. After World War II, the liberalist states chose the path to welfare state to compensate for "market failure" and reduce income differences due to unemployment, etc. However, the welfare

state was costly and involved "government failure". "Big government" was justified, because the people saw it as a cost for avoiding "market failure". Today, welfare policies can no longer be maintained for fiscal and financial reasons, so that neoliberalism seeks to shift to "small government".

This neoliberalism basically premises a competitive society, so that it requires the socially vulnerable including the disabled to acquire more personal power. However, such socially vulnerable had been protected by "big government", so that they are at a loss for the gap they face today.

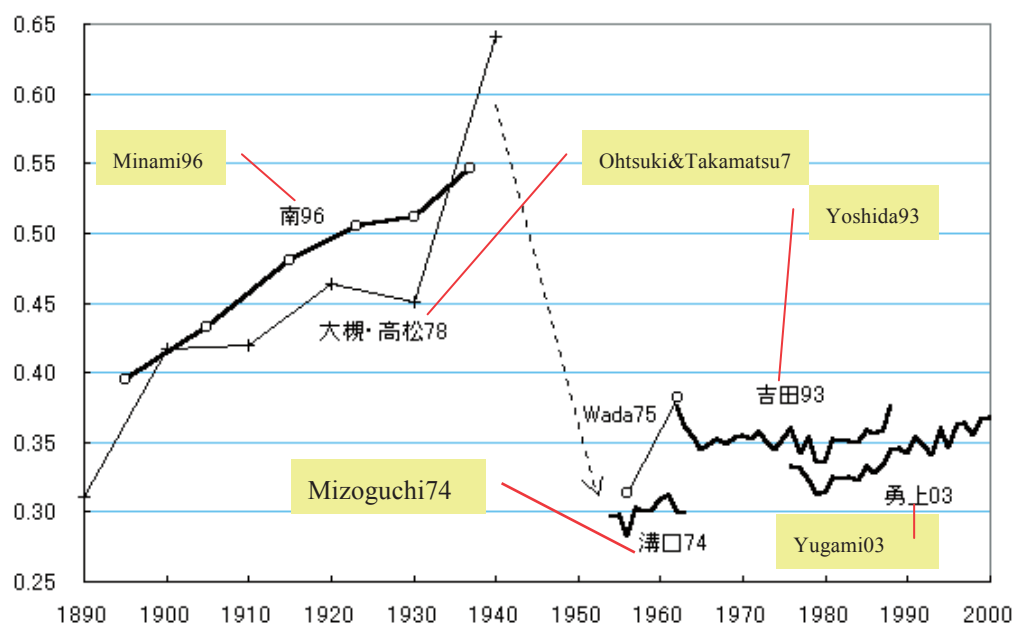
To overcome the gap-widening society as an issue for the contemporary society, we would like to examine what education can do, and what kind of social systems can compensate for the conventional social security systems.

Additionally, we would like you to examine the meanings and possibilities of cohesive society, including the issue of whether or not a social system can be considered to be limited to a given state, or if it is possible to attain a cohesive society that goes beyond national boundaries, in relation to the globalization of the industrial structure.

This Seminar is being held as part of the NISE projects in relation to "Disabled Person's Week" (December 3 to 9, Cabinet Office). The "Week"'s basic theme is "Let Us All Together Create a Cohesive Society".

Long term Trends of Income Difference

Ohtsuki&Takamatsu78



Notes: The figures on the left are the trends of the Gini coefficients for the household income gaps before tax. The raw data is according to the following authors and works. Ohtsuki&Takamatsu 78: Long-term Economic Statistics-All Households; Minami96: Households in 210 Municipalities; mizonoguchi 74: Household Expenditure Survey-Worker's Households; Yoshida 93: Decile Data, Basic Survey on National Life; Yugami 03: Quartile Data, Basic Survey on National Life.

Sources: Yugami, Kazufumi, "How to see Income Differences in Japan", JILPT Report on Labor Policies, March 2003; Toshiaki, Tachiki, Gaps in the Japanese Economy, Iwanami Shinsho, 1998(Wada 75 only).

2. Processes and Issues of the Historical Evolution of the Relationship Between Man and Society — Keywords and Phrases

The Fundamental Law of Education prescribes what type of people should be fostered through education. However, the type of people the children will actually grow into depends on their abilities and potentialities, the kind of homes that they grow up in, and the kind of society in which they live. This means that the providers of the educational services must always take account of the homes and society in which children grow up. The section to follow divides the contemporary age into "modern" and "post-modern" periods, and lists keywords and phrases that might be useful in understanding the social and personal factors relating to children's growth. From these keywords and phrases, we would like you to develop images about how children are growing in contemporary Japan.

a) Social and personal factors relating to children's growth in the "modern" period

Mechanization and technological innovation (standardization and mass production), productivity development, improvement of the management technology, bloating of the managerial divisions, alienation of man, urbanization and weakening of local communities, loss of solidarity, isolation and anonymization of urban residents, generation of socio-pathological phenomena

[Family]

Increase of nuclear families, diversification of values, weakening of family ties

[Individuals]

Dwindling birthrates, aging of population, women's independence and social advancement, mental problems

[Life and living]

Standardization, size increase, speed increase, laboursaving, material richness, convenience, lack of exercises, mass consumption, wasteful use

[Environment]

Agricultural chemicals, waste, environmental contamination, environmental destruction, environmental pollution

<< Issues relating to public health >>

Chronic diseases, mental health, dental health, pollution-caused diseases

b) Social and personal factors relating to children's growth in the period of transition from "modern" to "post-modern" periods

[Society]

IT innovation, genetic engineering, diffusion of chemical substances, population explosion, globalization (economy, environment and information), localization (culture, decentralization, back

to community), pluralistic network society, society emphasizing expert/specialized knowledge, NPOs
[Family]

Internet, eating out/alone, loss of parent-child ties, family violence, family ties (free will, emphasis on love, healing, respect)

[Individuals]

Freedom, independence, awareness of personal rights, loss of sense of belonging, looming anxieties, isolation, stresses, inability to make it to schools, classroom breakdown, inability to make it to workplaces, locking up oneself in homes

[Life and living]

Making of living with specialized knowledge and skills, lifelong learning and change of jobs, job-hopping part-timers, reduction of working hours, volunteer activities, sports, recreation, recycling, making of lifestyle and society which are friendly to people and environment

[Environment]

Global environmental problems (global warming, destruction of the ozone layer, aridification/desertification, etc.), destruction of ecosystems, environment hormones / endocrine disrupters, sick building syndromes, coexistence/symbiosis with environment, recycling society

<< Issues relating to public health >>

Countermeasures for dwindling birthrates and aging of population, measures to prevent lifestyle-related diseases, health promotion (extension of healthy life expectancy), mental problems (abuse, violence, locking oneself up, behavioral problems and disturbances, etc.), genetic issues, environmental health (chemical substances, etc.), health promotion, crisis management

3. History of Education for Disabled Children (process leading to social acceptance of disabilities)

1) Start of education for persons with disabilities —From "personal disability" to "social disability"

Education for disabled children started from support for their employment

Example 1:

Biwa players (emergence of an occupational group of the blind in Japan)

The view of the disabled as social entities and their treatment had been established in ancient to medieval Japan.

Example 2:

Possibilities of education for hearing-impaired persons (practice at Ponce de León, a monastery in

Spain)

Start of accumulation of methods to teach disabled.

2) The disabled as targets of educational and welfare services

a) Increase of the people's interest in the disabled owing to accumulation of scientific knowledge and reception of the disabled by hospitals and other social institutions (mid 19th century)

- Disabled who could live in their community

They however had to live and make a living on their own.

- Emergence of disabled as poor people (changes in the structure of local communities due to the Industrial Revolution; urbanization)

- Emergence of facilities for the disabled who could not live on their own (poorhouses, etc.).

- These facilities admitted diverse types of people such as children, sick persons, disabled, mentally sick and elderly.

- The concept of child welfare had not been established. "Mental ailments" and "intellectual disability" were not differentiated.

(The determination and differentiation of these concepts had to wait advancement of medical science.)

b) Start of establishment of institutions for the purpose of providing education for disabled children by type of disability

Example: Institution to treat cretin children established by Dr. Guggenbühl of Switzerland

3) Start of state education (end of 19th century to early 20th century)

a) State education covered all children (start of public education)

- Emergence of the problem of academically inept children (emergence and widening of disparity in the academic ability of children)

- Raising of the level of the required academic ability for industrial and military purposes (further widening of the academic gap)

b) Selection of children based on the criterion of whether they could be educated

It became possible to identify intellectually disabled persons and children (owing to development of intelligence tests)

Example: Process of establishment of the system of education for disabled children in the United States

- 4) Improvement and enrichment of the public systems for the education of disabled children
 - a) Inclusion of disabled children in compulsory education (start of schools for the blind and deaf)
 - b) Establishment of the theory and methodology for the education of disabled children

Models that combined medical science (including psychology) and education

Example: Systematization of treatment pedagogy in Germany

- 5) Modern trends of education for disabled children

Education for disabled children under the welfare state concept

Increase of awareness for human rights

Diversity and commonalities between countries
- 6) Trends of education for disabled children in post-welfare state

Japanese concept of "special support education"

Identification and recognition of new types of disabilities (developmental disorders)

4. Contemporary Significance of Collaboration of Medical, Welfare, Health and Educational Services — Japan as a Model

- 1) Emergence of and changes in the welfare state concept

In the 20th century, the inequalities, etc. caused by capitalism became social problems, and social rights (right to live, right to receive education, and right to work) were added as people's rights. Countries addressed the following issues as impediments to national rehabilitation after WWII: poverty, diseases, lack of educational opportunities, unsanitary living environment and unemployment. There also emerged the idea that the national government should ensure the national minimum. The most representative example was *Social Insurance and Allied Services* known as the *Beveridge Report* prepared by the British economist and social reformer William H. Beveridge which served as the basis for the post-WWII Labour government's welfare state policies.¹ This *Report* was also one that set forth a basic model of the welfare state aimed at by the Western European advanced states. From the mid 20th century, the advanced capitalist states chose the path to becoming contemporary welfare states to guarantee basic welfare for their peoples though there may have been differences in the levels of provision of welfare services. In the period of West-East cold war, welfare state was national goal in the socialist states.

The popular democratization and enrichment of welfare state policies that progressed in the 1970's

resulted in big governments. This strengthened the trend to rely on public assistance, which increased financial deficits. These deficits became a serious problem in the 1980's, and came to be considered as "government failure". Thus emerged was neoconservatism that aimed at "small government" and espoused by U.S. President Reagan, U.K. Prime Minister Thatcher and Japanese Prime Minister Nakasone. Emphasis was placed on deregulation and privatization, and as a result, curtailment of welfare policies and measures.

The kind of "neoliberalism" that emerged in the 1990's and emphasized the principles of market fundamentalism was actually akin to neoconservatism. It sought to promote deregulation and privatization and reduce public expenditures on welfare on account of the principle of competition. Neoconservatism is ideological in nature, and seeks to recover social order, and emphasizes recovery of "good old" family and community. To the extent that it seeks to promote deregulation and privatization, "neoliberalism" is no different from neoconservatism. This type of "neoliberalism" also seeks to reduce public expenditures on educational services and welfare services such as health insurance, and for the government to relax regulations that could lead to decrease of corporate profits with examples being environmental protection, pensions, and safety measures in workplaces. It also emphasizes "self-responsibility" in place of "public benefit" and even the concept of "public". It contends that welfare can be achieved only through economic growth driven by the market.

However, "self-responsibility" means to shift the burden of the diverse risks to individuals. This is tantamount to telling the socially vulnerable to do something about their own medical care, education and social security. If this is the case, "neoliberalism" could produce a small number of winners and a larger number of losers on a global scale.

It is for these reasons that we conceptualize a risk management system on a personal level based on the ideas of solidarity and cohesion (i.e., cohesive society). Japan's Country Report will be reporting on a model that combines educational and welfare services based on this system.

2) Health, medical, welfare and educational services as the institutional aspects of the welfare state concept

As an A-student liberalist state, Japan prospered in the 1980's, so much so that it was termed "Japan as Number One". The section below describes the history of the social security systems (including educational) in Japan after WWII.

a) From 1945 to 1954

In this period immediately after WWII, the urgent issue was to secure the minimum life and living for the poor and needy. To this end, the emphasis was placed on protection of children needing protection and delinquent children, protection of the life and living of the poor, protection and fostering of the physically disabled including children and disabled war veterans, improvement of the environment, and measures to prevent infectious diseases.

In the field of education, the Fundamental Law of Education was enacted, and the 6-3-3-4 system of education and a system of compulsory education of nine years were established (School Education Law)². Teachers in this period tried out diverse educational practices (called "2nd Shin kyoiku undo" or 2nd New Education Movement). A system of boards of education based on an election system was established. After this period, the boards of education became independent from the central administrative system, and were operated under the principle of decentralization of power from central to local governments.

At the same time however, decline of the academic ability was pointed out as a problem under the educational system that was not unified on the national scale. Additionally, the economic circles that recovered owing to the special procurement demands arising due to the Korean War demanded an educational reform by seeing teachers' leftist ideological tendencies as a problem. It was to answer these demands that the central government centralized education and strengthened the control of teachers. Laws were also enacted providing for political neutrality of education.

b) From 1955 to 1964

In this period, the Japanese economy recovered to the prewar level. This was the period that the high economic growth that was to continue until the early 1970's started. The emphasis of the social security measures was shifted to those to prevent poverty especially those for low-income earners, and a new emphasis was placed on measures for disabled children and those for maternal and child health.

Politically, the two conservative parties joined, and the period marked the start of a long-term period of political stability after the war (the so-called '55 system). From this period, the Liberal Democratic Party in power had made it its issues revision of the Fundamental Law of Education, strengthening of the binding power of the Education Ministry educational guidelines and of control of universities. It was also in this period that the following measures were promoted which are still continued today: centralization of local educational administration, and free distribution of textbooks and their use over large areas. It was also in this period that nationwide academic aptitude tests were conducted.

c) From 1965 to 1974

In this period, the nation's economy grew rapidly. However, the elderly who could not keep up with the pace of economic growth, the physically and mentally disabled including children, and single female-parent households had a hard time living. In particular, the problems faced by the elderly who lived in ordinary houses³ became a social problem. The rapid urbanization and industrialization gave rise to socio-pathological phenomena. To cope with this situation, the emphasis was placed on activities for sound growth covering all children, and numerous measures for maternal and child health were implemented. The year 1973 is called "the first year of welfare" (*fukushi gannen*) that marked the shift of Japan's priority from economic growth to welfare.

In this period, the rate of students going on to high schools (upper secondary schools)

grew rapidly. In junior high schools (lower secondary schools), the systems for succeeding in the examination for admittance to high schools became established, and the trend to go on to higher schools became heated. As a result, high schools came to be graded based on school grade deviation scores. Preparatory schools flourished, and came to compensate for school education.

d) From 1975 to 1988 (end of the Showa Period)

The economic growth declined in this period. The central government actively promoted measures to stimulate the economy. It increased public investments, and spendings on public services in the areas of social security including social welfare, and education.

Children who could not keep up with lessons increased. This was a period that diverse school problems started to arise, many of which have continued until today. See reference "Short History of School Problems".

e) After 1989 (Heisei Period)

With the advent of the aging society, care for the elderly became one of the most important issues. The birthrates continued to decline. It became unavoidable to review the social security system. The government proposed the need for "Reform of the Basic Structure of the Social Welfare Systems". On this basis, it revised systems and systematically enriched the service infrastructure by field such as elderly, parenting and disabled. It also reviewed the basic structure of the social welfare system as a whole, with examples being social welfare services, the system of social welfare corporations, and *sochi-seido* (a system for municipal governments to judge the type and degree of disability for each disabled person and decide the contents of the services to be provided).


At present, the Cabinet Office is managing the progress of the policies implemented by other government offices, in order to systematically promote the policies for the creation of a cohesive society. To cope with the coming of the aging society with fewer children, these policies cover diverse areas with examples being a) an outline of general and wide-ranging measures for the sound fostering of youth, b) an outline of measures to prevent the decline of birthrates and support the fostering of children and youth including childcare and employment, c) a guideline on measures for the wholesome development of the economy and society and stability and improvement of national life in view of the coming of the aging society, d) a five-year plan for the implementation of the priority measures based on the Basic Program for Persons with Disabilities (Cabinet Office, December 2002), and e) a Cabinet decision for the promotion of barrier-freeing measures. These outlines, guidelines and measures also cover education. The reform relating to the change from "special education" to "special support education" is being promoted through the five-year plan for the implementation of the priority measures based on the Basic Program for Persons with Disabilities.

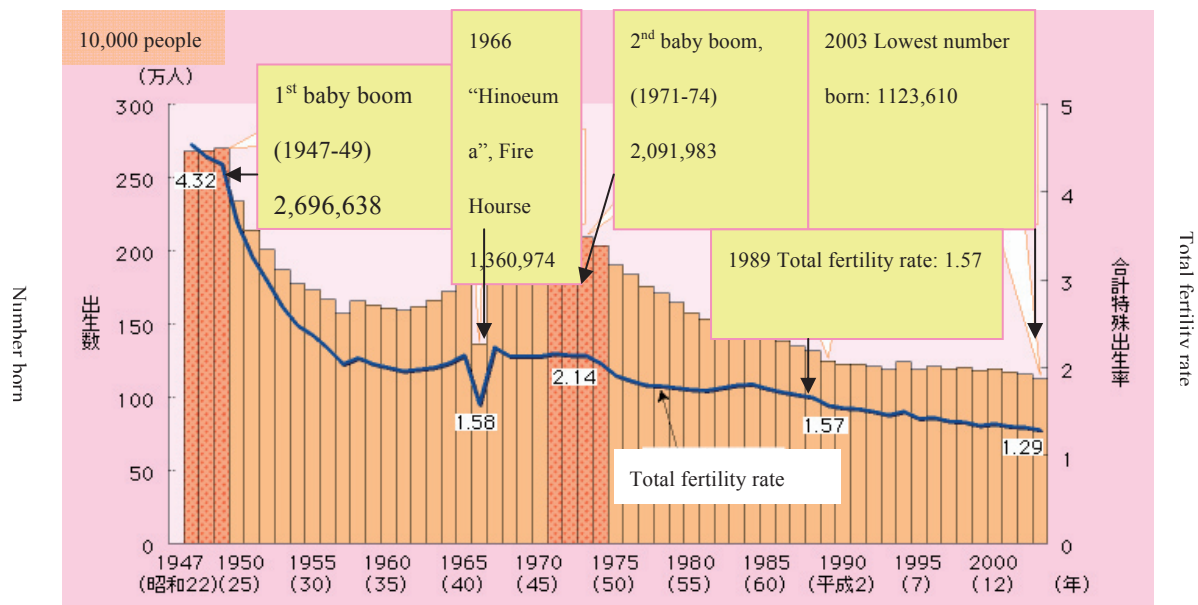
Short History of School Problems

- School education for the creation of a better society by solving diverse social problems(until the 1960' s)
- Identification and solution of problems generated by schools themselves (The 1970' s and on)
- Examination race, discriminatory and selective education(1960' s)
- "Slicing(wagiri)" system of measuring human worth in terms of deviation scores, "cramming" education, dropping out and dropping, naishinsho(confidential school report)issue(1970' s)
- School violence(end of 70' s to early ' 80s)
- Bullying and physical punishment(mid 80' s)
- School regulations issue(latter80' s)
- Inability to come to school (' 90' s)
- Resurgence of the bullying issue(mid ' 90' s)
- Class disintegration or classroom collapse(gakkyu hokai) (latter' 90' s)
- Support for children having developmental disorder(present)
- Expansion of school functions;educational activity means to understand children' s feelings

From "Special Education" to "Special Support Education"

March 1947:	Enactment and promulgation of School Education Law (start of public special education)
April 1948:	Start of system to oblige enrollment in schools for the blind and deaf (system completed in FY1956)
October 1978:	"On Educational Measures for Children Requiring Special Educational Care" (Notification)
April 1979:	Enforcement of the system to oblige enrollment in special schools
January 1993:	"Concerning Children to be Covered by "Resource Room" Education and Guidance" (Notification)
December 1994:	"On Education for Children Who Are Sick and Receiving Medical Treatment" (Notification)
April 2000:	Start of full implementation of visiting education covering students of upper secondary divisions of special schools
January 2001:	"On Special Education in the 21st Century (Final Report)"
April 2002:	Partial revision of the Enforcement Regulations, School Education Law "On Schooling of Children with Disabilities" (Notification)
March 2003:	"On Special Support Education in the Future (Final Report)"
December 2004:	Central Education Council, "On Systems for the Promotion of Special Support Education (Draft Report)"
December 2005:	"On Systems for the Promotion of Special Support Education (Report)"

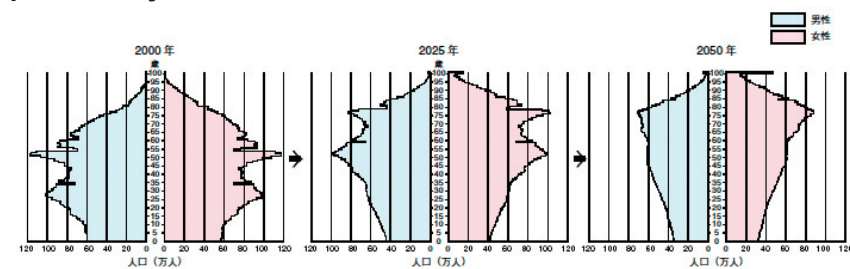
 Number born



Source: Ministry of Health, Labor and welfare, "Vital Statistics of Population"

Note: "Total fertility rate": The average number of children given birth by women aged 15-49; the total number of children given birth per such woman, assuming the given year's birthrate by age.

Population Pyramid



Ration of 20-64 years old population to population aged 65 and older

3.6

1.9

1.4

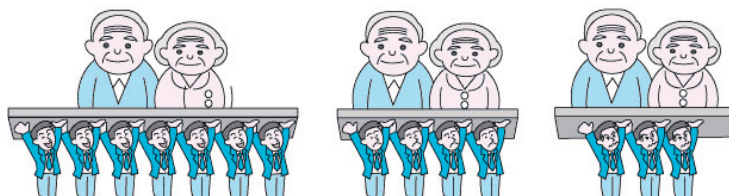
(total population)

(126,930,000)

(121,140,000)

(100,590,000)

Note: the total population peaked at 127,740,000 in 2006



Source: "Estimation of Japan's Future Population", National Institute of Population and Social Security Research, January, 2002.

3) Hints for Promoting Cooperation on Health, Medical Care, Welfare and Education

— A recommendation for an academic approach to public health

a) Health, society and the environment

In Japan, activities referred to as community organization-based activities are used to improve public health. The venue for these activities is the community (local society). All people live in a community, where various health conditions are found as well without regard to age or gender. Many individuals form households, whose members go to the schools and work in the offices that are the functional institutions in the community. In any community, numerous factors injurious to health (such as pathogens, chemicals, ultraviolet light and allergens) exist in the natural environment (air, water, climate, plants and animals, etc.), and people go about their lives while exposed to these substances. At other times, communities are struck by natural disasters such as earthquakes and typhoons.

Moreover, individuals are continuously subject to substantial ill-health effects from the social environments humans themselves have created, including the political, economic, educational, and health and medical care and welfare environments. People live with different personal and social backgrounds and individual lifestyles, surrounded by these influences. In some survey research, it has been reported these lifestyle practices and environmental factors or health and medical care and welfare conditions account for 70%-90% of the influences affecting human health, while individual genetic backgrounds account for 10% to 30%.

Individuals in a community whose health has been affected require medical care. Healthcare begins working actively on individuals and the community and environment, contributing to the prevention of illnesses and promoting greater health. Welfare refers to services for individuals whose disorders are chronic and who require support for their daily lives. Education is services taught systematically at schools, to enable people to acquire the knowledge and skills they need in society. Recently, the knowledge we need in our lives has become more sophisticated and workers have become more mobile, and it is said there is a greater need for lifelong learning.

By comprehensively encompassing healthcare, medical care, welfare, labor and education, public health education helps maintain and improve human health.

b) Basic structure and methodology of public health

The basic structure of public health developed using the community as a base encompasses four steps (Jitsunari, 2001). Step 1 is the process of identifying the factors that constrain and promote a health event, and clarifying the formative mechanisms in a community that is experiencing health problems. This requires multifactor considerations that are rooted in surveys, research and the individuals, the community and the environment.

Step 2 is the stage of contemplating approaches to address each health problem. The key policies are personal measures centered on primary, secondary and tertiary prevention, and physical measures to address factors such as the environment and food. When a cause has become identified in Step

1, measures will become more accurate and more effective. Even when investigation into the cause is impossible or is imperfect, however, measures of some sort to address the human needs must be considered.

Step 3 is assembling the personnel, materials and funds to execute some of the measures considered in Step 2, and involves establishing or revising laws and planning and drafting the administrative measures to set the social groundwork. The foundations of laws and systems are decided at the central government level, and ultimately applied along administrative lines in the municipalities (communities) that are closest to residents' lives.

Step 4 is the stage where measures are implemented after having been revised to suit the legal and systemic framework or the personnel, materials and funding conditions prepared in Step 3, or adjusted in response to community attributes and group characteristics. Ideally these will be developed systematically and deliberately, with community involvement. After-the-fact evaluation and verification of each step also is indispensable.

As indicated above, the basic structure of public health can be explained as a series of scientific processes, from investigation of the cause to implementation and evaluation of the countermeasures, forming a single integrated system. Segmentalized science, technologies and methodologies are necessary at each step, and this requires research. Such research will entail differentiation, integration of a series of systems, and broad areas (insert diagram here).

5. Learning from economic philosophy to achieve an equitable society

To learn from the extensive past experiences of others who've pursued the same path in the past and understand the essence of their learning, and not rely solely on individual experience, from time to time when teaching children with disabilities it is necessary to study philosophical thoughts that are a pure crystallization of experience. In this section, two radical approaches concerning the individual justice necessary for redistributing wealth that have been envisioned in economics to achieve an equitable society are presented.

1) Libertarianism

Libertarianism is a political philosophy that advocates individuals should be able to use their own property freely for themselves, so long as this does not infringe on the identical freedom of other individuals and does not harm others. This is in contrast to "liberal" on the point that it emphasizes economic freedom, and differs from "conservative" on the point that it also values personal freedom.

2) Liberalism and a theory of justice

a) John Rawls and the difference principle

The utilitarian concept of "maximum happiness for the maximum number of people" argues

for broadening the principle of rational selection for a single individual (“maximization of utility”), without any changes, to social decision-making. The concept does not consider differences among individuals, and lacks a principle of distribution as well. To overcome this difficulty of utilitarianism, I believe that returning once again to the tradition of the social contract, and deciding what sense of values (concept of good) we should hold, is the most important issue for formulation of a distribution principle for “social primary goods” (freedom and opportunity, income and wealth, the foundation of something to live for, etc.) that will serve as a versatile means for achieving maximum utility.

Rewriting the “natural state” concept in traditional social contract theory using the concepts of game theory gives us the term “original position.” Consequently, I believe two principles of justice are adopted. First, let us assume as the first principle that each individual has the right to fundamentally enjoy the broadest freedom, so long as the identical freedom of other individuals is not harmed (principle of fair opportunity equality). Even if basic freedom is distributed equally, however, the emergence of differences in income and social position is unavoidable. How we should correct this inequality is discussed as the following topic, and agrees with the second principle. The second principle is the concept that we ought to allow social and economical inequality when these are useful for promotion of the welfare of individuals who find themselves at the greatest disadvantage (difference principle).

From the 1970s, John Rawls provided a philosophical foundation for the welfare state through his concept of “justice as equity.” This concept ensures citizens participate in society with mutual respect originating from equal conditions. This draws a line with the welfare state philosophy, which positions traditional welfare as a passive safety net for relief.

The “moral hazard” and “moral dilemma” that exist as a contradiction of remedial social security are a moralistic contradiction inevitably bound with social security, and cannot be solved even by Rawls’ theory of justice.

b) Modern development theory and Amartya Sen’s concept of “capability”

Hegel used the words “progress and development”⁴ to explain how citizens were liberated from the feudal outlook of the past and began to engage in free activities at the time of the rise of civil society at the end of the 18th century. Hegel considered the social changes occurring throughout Europe at that time to be dazzling, and came to believe that just as animals evolved from more primitive organisms in Darwin’s theory of evolution, societies too evolve along lines similar to those found in the splendid urban civil societies in Europe, which had advanced from earlier primitive origins. In other words, Hegel’s approach saw all societies as passing through various stages, walking along a single road towards civil society that would ultimately bring them to the supreme heights found in European society. Such thinking is linked with modern development theory (modernization theory). Modernization theory, a concept that found wide acceptance in Europe and America in the 1950s, believed all countries could be described by application of one of several developmental stages.

Modernization theory is an explanation attempted from an economic perspective, however,

and emphasized the changes in economic activity as civil society developed and opened up beyond feudal patterns of authority and the material benefits that follow from this transformation – it is an approach that believes other societies will or should follow this process as well. In many regions, such as Africa and Latin America, the development model pursued under this approach failed to deliver the hoped-for results. To the contrary, harmful effects emerged as well, including greater disparity between the haves and have-nots. Consequently, academics and policymakers began to ponder why such developments did not fare well. This questioning did not focus simply on improvements to the methodology, but extended even to the structure and mechanisms of the global economy. As part of this process, thinkers began to see that structural conditions between advanced countries and developing countries differ.

Beginning around 1970, the concept of BHN (Basic Human Needs) was developed as an attempt to correct the distortions produced by economic development. At the World Employment Conference of the International Labour Organization (ILO) in 1976, the fulfillment of BHN was advocated chiefly concerning the issue of income distribution to the poorest segments of the world's population. According to the ILO in 1977, BHN are (1) those factors necessary to achieve a specific minimum amount personal consumption in the home, and includes having a certain quantity of household goods and furniture in addition to food, clothing and shelter. BHN also includes (2) the public services local communities should provide, as well as safe drinking water and the construction of sanitation, public transport and educational facilities infrastructure. Furthermore, fulfilling BHN has an inseparable relationship to participation of community residents themselves, either through employment or operations of their own businesses. Social development has come to be understood as meaning more than merely supplementing economic development, and that economic development alone without social development is not the optimal approach.

Based on this concept of BHN, beginning around 1990 the United Nations Development Programme (UNDP) started promoting “human development.” According to this orientation, the key to success is human-centered development – in other words, the development objective is focused on individuals. The human development indicators are healthcare (average lifespan), education (literacy rate and average years of schooling), and income level (income and employment) based on real purchasing power. These human development indicators are commonly referred to by their initials HDI. The difference between the two approaches is that in contrast to BHN, in which priority is given to welfare grants from above as a public policy, even though community participation is cited as the ideal, HDI puts the emphasis on the aspect of social involvement by each individual through means such as community participation.

Development history has been shifted from economics-centered, top-down macro development primarily at the country level to micro development such as BHN, HDI and human development that emphasizes community participation and individuals. Poverty, and the development and aid to overcome it, have changed from the macro to micro. Efforts are being segmentalized and implemented without limit at each community and social level, rather than national level, or at each household

within a community, and by both the men and women within a household and by roles between men and women. Ultimately, such efforts arrive at the level of the “individual.” The problem of poverty has reached a point that puts the focus on “individuals.”

Amartya Sen is an Indian economist who won the Nobel Prize for Economics in 1998. Starting with his analysis of the Bengal famine that occurred in India in 1943, he charted an approach different from the traditional economics flow. Sen defined the “amount that a certain individual has as a right” and “collection of a series of selective wealth that a certain individual is able to control” as the concept “entitlement.” He then called the fact that people make choices from among various possible alternatives through their own basic activity of selection from among respective entitlement conditions “capability.” In contrast to the word “capacity,” which indicates the power to produce a certain thing, capability is the combination of capacity plus ability, and means the freedom or ability of humans to achieve various actions or states.

Furthermore, Sen assumes that in Rawls’ liberal theory of justice incorporating the re-distribution of wealth, it is impossible to produce common welfare (liberal paradox). The capability approach is an argument advocated in place of the concepts of utility and wealth. Capability indicates the breadth of each individual’s way of living (the set of selection opportunities), and assumes welfare can be evaluated by examining the extent to which this is ensured. In addition, unlike Rawls Sen believes the concept of justice in liberalism should not be derived from an abstract, universal principle, but should be determined by uncovering individual, specific injustices and working to eliminate them. Human welfare cannot be measured solely by the quantity of money and services. The reason is that even if equal income is obtained, individuals with disabilities or injuries cannot move and act in the same way as people who are healthy.

Under Rawls’ difference principle, it is impossible to pay appropriate consideration to individuals with disabilities or injuries, because inequality is measured by the quantity of basic wealth possessed. Because the principle of justice assumes individuals are autonomous and “standardized,” the improvement of their welfare is uniform, and welfare that takes into consideration the position in which an individual has been placed, including differences in gender, age, health and working conditions is disregarded.

Rawls’ theory of justice sacrifices the diversity of human existence. While the theory is highly regarded on the point Rawls has created a universal rule of justice, it is not effective when we consider the welfare of individuals laboring under their own unique circumstances. In contrast to Rawls, Sen has attempted to think about equality in a way that takes the diversity of human existence into account. While Sen relies fundamentally on liberalism, he assumes people motivated by “empathy” and “commitment” in place of the free actions of autonomous, reasonable individuals. Empathy shows a concern for others that exerts an influence on one’s own utility. This includes, for example, the anguish felt when knowing others are being mistreated or are exposed to danger (one’s own utility decreases). Moreover, commitment demonstrates our awareness that others being mistreated or are exposed to

danger and that we are prepared to extend a helping hand.

6. Conclusion

As discussed above, we have attempted to clarify an image of the cohesive society we should strive to achieve in the future, by highlighting the background to the international policy theory surrounding the social security system and explaining the history of Japan's social security system. A cohesive society is not an ideal society. Community structures vary from country to country, and by introducing modernization theory, we showed the creation of societies is progressing globally under that structure. There one can find the modern significance of "Responding to the Needs of Individual Children" as a process for aiming at the creation of societies where even children with disabilities can live easily.

Next we would like to try contemplating what scope is appropriate to achieve a cohesive society. Today, "community building" is a key word in the field of healthcare, welfare and education. Regardless of whether or not an individual has a disability, the scope within which an individual can live a life befitting that individual and enjoy dignity as a person is that individual's "living space." Looking at it from another direction, we might call it the scope within which the local population demonstrates a mentality of mutual assistance, the area reached by dynamic local organization activities based on that area's inhabitants.

The American political scientist Robert Putnam employs the concept of "social capital," which emerged through his survey on decentralization in northern Italy spanning a 20-year period. In the early 1970s, he conducted a comparative study of 20 local governments in northern Italy. Despite the fact the administrative formats of the local governments were similar, the social, economic, political and cultural milieus in which they found themselves differed extensively, and the performance of the local governments varied quite markedly as well. In his attempt to explain the difference in the performance of the local governments based on differences in the context in which each government operated, he used the term "social capital" as an explanatory concept. Putnam defined social capital as "those characteristics of social organization embodied in trust, standards and networks, which enable people to improve the efficiency of society by stimulating people's cooperative behavior." Furthermore, when social capital is abundant, people mutually trust one another and cooperate voluntarily, promoting productive social relationships in the region that range from social activities to economic endeavors, and Putnam presented his research results as one key that makes democracy function. To be precise, Putnam believes a cohesive society should be achieved at the local level where social capital functions.


Today we are standing at a major turning point of our era. The parenting and nurturing of children with disabilities is not irrelevant to the issues confronting the parenting and nurturing of children in general. Those of us involved in public education must act to address the unspoken "needs" of the children standing before us who have disabilities or injuries, while adopting a broad perspective, from the standpoint of promoting special needs education in the future.

Basic Data Presentation

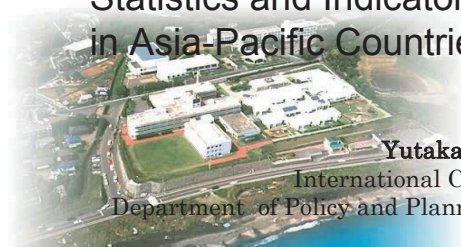
International Activities at NISE and Statistics and Indicators in the Asia Pacific countries


Yutaka Tokunaga

National Institute of Special Education

 The National Institute of Special Education


International Activities at NISE
and
Statistics and Indicators
in Asia-Pacific Countries


 Yutaka Tokunaga
International Comparison
Department of Policy and Planning, NISE

 26th Asia-Pacific International Seminar

**National Institute of Special
Education (NISE)**


1. Department for Policy and Planning
 - International Activities
 - *International Exchange*
 - *International Comparison*
2. Department for Educational Support Research
3. Department for Teacher Training and Information
4. Department for Educational Consultation and Coordination



 26th Asia-Pacific International Seminar

International Exchange Activities

1. International research on special education
2. Research on actual situation of Special Education
3. Organization or participation international conference or seminar
4. International support for innovation and development of special education in the Asia-Pacific countries
5. Publication ;
 - Journal of Special Education in the Asia Pacific
 - Special Education in the World
 - NISE bulletin
 - Newsletter



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International Seminar

Asia-Pacific International Seminar on Special Education

NISE and KISE Seminar on Special Education


OECD, UN Meeting




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International Comparison


1. **Statistics and Indicators in Asia-Pacific Countries; Summaries on Education for Children With Disabilities in Asia-Pacific Countries.**
Journal of Special Education in the Asia Pacific (JSEAP), Vol.1, 43-48 2005.
http://www.nise.go.jp/blog/2005/11/journal_of_spec.html#top
2. **Summaries on Special Education for Children with Intellectual Disabilities in Asia-Pacific Countries.** The 25th Asia-Pacific International Seminar on Special Education, 2005.



 26th Asia-Pacific International Seminar

**International Comparison
(in Japanese)**

1. Educational System and Law in Western Countries.
2. Educational Placement and Assessment, Involvement of Parent in Western Countries.
3. Inclusive Education in Western Countries.
4. New Educational System for Children with LD, ADHD, HFA in Western Countries.



26th Asia-Pacific International Seminar

**26th Asia-Pacific International Seminar
on Special Needs Education**

14 countries

**Australia, Bangladesh, China, India,
Indonesia, Japan, Malaysia, Nepal,
New Zealand, Pakistan, Philippines,
South Korea, Sri Lanka, Thailand**

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14 Countries

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	Area (sq km)	Population	Population Density
Australia	7,692,024	20,674,141	3
Bangladesh	144,000	140,000,000	972
China	9,600,000	1,292,270,000	135
India	3,287,263	1,027,015,247	312
Indonesia	1,890,000	215,000,000	114
Japan	377,899	127,619,000	338
Malaysia	330,000	25,580,000	78
Nepal	147,000	24,740,000	168
New Zealand	275,340	4,038,200	15
Pakistan	796,000	148,720,000	187
Philippines	299,404	81,500,000	272
South Korea	99,274	47,280,000	478
Sri Lanka	65,607	19,300,000	294
Thailand	514,000	63,460,000	123

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**Compulsory Education for Children
with Intellectual Disabilities, 2005**

1. Compulsory education
2. Compulsory education for children with intellectual disabilities
3. Number of percentage covered compulsory education for children with intellectual disabilities

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Special Schools and Special Classes

1. Blind
2. Deaf
3. Intellectual disabilities
4. Physical disabilities
5. Health impairments
6. Autism
7. Emotional disturbance
8. Speech and Language disorders
9. Multiple disabilities
10. Comprehensive
11. Behavioral disabilities
12. Learning disabilities

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Table1. Special Schools in the Asia-Pacific

	1	2	3	4	5	6	7	8	9	10	11	12
Australia	-	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	*	*	*	*								
China	*	*	*	*						*		
India	*	*	*	*					*			
Indonesia	*	*	*	*		*	*		*			
Japan	*	*	*	*	*				*	*		
Malaysia	*	*	*									

- : NA

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Table1. Special Schools in the Asia-Pacific (continued)

	1	2	3	4	5	6	7	8	9	10	11	12
Nepal	*	*	*	*								
New Zealand	*	*					*			*	*	
Pakistan	-	-	-	-	-	-	-	-	-	-	-	-
Philippines	-	-	-	-	-	-	-	-	-	-	-	-
South Korea	*	*	*	*			*					
Sri Lanka	*	*	*	*								
Thailand	*	*	*	*	*							

- : NA

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Table2. Special classes in the Asia-Pacific

	1	2	3	4	5	6	7	8	9	10	11	12
Australia	-	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	*											
China	*	*	*									
India	-	-	-	-	-	-	-	-	-	-	-	-
Indonesia	-	-	-	-	-	-	-	-	-	-	-	-
Japan	*	*	*	*	*		*	*				
Malaysia	*	*	*									

- : NA

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Table2. Special classes in the Asia-Pacific (continued)

	1	2	3	4	5	6	7	8	9	10	11	12
Nepal	*	*	*	*								
New Zealand	-	-	-	-	-	-	-	-	-	-	-	-
Pakistan	-	-	-	-	-	-	-	-	-	-	-	-
Philippines	-	-	-	-	-	-	-	-	-	-	-	-
South Korea	*	*	*	*	*	*	*	*	*			*
Sri Lanka	*	*	*			*						*
Thailand		*	*			*		*				

- : NA

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	Percentage in special schools	Percentage in special classes	Percentage of disabled children with additional resources
Australia	5	-	10
Bangladesh	0.56	0.04	-
China	-	-	-
India	-	-	0.96
Indonesia	-	-	-
Japan	0.5	0.89	1.74
Malaysia	0.05	-	0.43
Nepal	0.04	-	0.237
New Zealand	0.36	-	-
Pakistan	-	-	-
Philippines	-	-	-
South Korea	0.28	0.42	0.75
Sri Lanka	-	-	1.6
Thailand	-	-	-

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Country Reports

AUSTRALIA

Five Year Theme: “Advancement of Education to Meet the Special Needs of Individuals ~ Towards Realization of Principle of Equity and Social Cohesion ~”.

2006 Basic Theme: “Collaboration Based on Partnership among Related Fields for Appropriate Service Provision to Individuals”

The Australian Perspective

Mr Gary Powell, Australian Government Department of Education, Science and Training

A significant feature of the Australian system of education services to students with disability is the wide range of options available that enable flexible responses to students’ various needs. This is a product of the structure of the Australian system. Responsibility for school education in Australia is decentralised. Under the Australian Constitution, the eight States and Territories have primary responsibility for the funding and delivery of school education. In Australia, schooling is delivered by three sectors: government, Catholic and independent across each State and Territory. States and Territories also have primary responsibility for the funding and delivery of vocational education and training. The Australian Government provides the majority of public funding for universities, while the institutions themselves are responsible for ensuring that higher education is accessible to people from all equity groups, including students with disability, and ensuring that these students receive quality higher education.

To support the efforts of the eight States and Territories and educational institutions, the Australian Government provides significant financial assistance, including funding for specific programmes to assist students with disability. Other Australian Government and State and Territory government agencies with responsibility for health and family and community services also have important roles in relation to students with disability.

Education sectors of the States and Territories all have different cultures based upon their own history, legislation, policies and practices. There is variation across the States and Territories in the services provided for students with disability by education authorities and by other relevant government authorities, such as health, community and disability services.

All education authorities – both government and non-government – provide special and integration programmes in primary, secondary or special school settings. Some education authorities provide additional services in collaboration with other government agencies such as early intervention; post-school transitions; speech therapy; occupational therapy and social work. The States and Territories have generally established formal administrative structures to facilitate the links between government agencies.

To assist in service provision across levels of government, collaborative policy making and advisory structures have been established at a national level. The Ministerial Council on Education, Employment, Training and Youth Affairs includes the Australian Government Minister for Education, Science and Training and all State and Territory education and training ministers. This Ministerial Council facilitates national collaboration on education. The National Disability Administrators is a group which includes the Australian Government Minister responsible for disability and all State and Territory ministers with responsibility for disability and the Group facilitates collaboration on disability services.

In Australia, there is also collaboration between the government sector and organisations, such as charities and peak bodies, representing particular stakeholder and provider groups. For example, the Australian Government provides funding to non-government support centres. A non-government centre is a not for profit organisation such as a preschool, early intervention centre, charity or community or religious organisation that provides a variety of services which assist children with disability. The Australian Government funding for non-government centres is targeted to support learning and educational development opportunities for children with disabilities who are below school age to prepare them for integration into regular pre-schools or schools; assist school-aged children with severe disabilities by improving their access to educational programmes; and to assist children with disabilities in residential care.

Wider social supports which assist students with disability to access education are also provided by the Australian Government and States and Territories. The Australian Government provides income support to financially support students, including students with disability, during their studies, while the Australian Government and the States and Territories work together to provide other services such as accommodation support, advocacy and technical support services.

BANGLADESH

COUNTRY REPORT

BANGLADESH

The 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs

The National Institute of Special Education (NISE)

Yokohama City, Japan

December 4 – 7, 2006

Khandaker Jahurul Alam

President

National Forum of Organizations Working with the

Disabled (NFOWD)

Executive Director

Centre for Services and Information on Disability (CSID)

Background:

Access to education is, one of the most fundamental rights of any person, living in any country in the world. The Constitution of the Peoples Republic of Bangladesh (in Article 17) suggests that Bangladesh needs to initiate a need based compulsory and free education with necessary legal basement. The Constitution offers a uniform, mass oriented and universal system of education, extending free and compulsory education to all children. Education is a fundamental human right for all children. It has been more than a decade since the United Nations declared the “Education for All” in 1990; Bangladesh government also made a declaration on “Education For All” and introduced Compulsory Primary Education through constitutional means.

International commitments: The Government of Bangladesh ratified CRC (Child Rights Convention) and a signatory country of the following international and regional declaration on education and disability: (i) Education For All (EFA): Jomtien (1990) declaration; (ii) Salamanca Declaration (1994) World Conference on Special Needs Education; (iii) Dakar Framework for Action (2000); (iii) E-9 Declaration (2000); (iv) UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993); (v) Biwako Millennium Framework for Action (Asia-Pacific Decade of Disabled Persons 2003-2012) etc.

National commitments and programmes: Nationally Bangladesh has it's National Policy on Disability – 1995; National Disability Welfare Act-2001; National Action Plan on Disability-2006; Institutional Programmes by Department of Social Services for Persons with Disabilities relating to education and training; Poverty Reduction Strategy Paper (PRSP); National Education Policy -2000; Primary Education Development Programme (PEDP) -II; Teaching Quality Improvement in Secondary Education Project- under Department of Secondary and Higher Education- Ministry of Education; National Plan of Action (NPA) for Children (2004 – 2009). Education issue of individuals of special needs is some how included in all the above policy, legislation, plan/projects etc.

The Education System in Bangladesh:

The school system in Bangladesh has 3 levels. i) Primary, ii) Lower Secondary, and iii) Secondary. The primary level is compulsory and its length is 5 years. The length of Lower Secondary level is 3 years and Secondary level is 2 years and these two levels of education are not compulsory. In higher education there are 3 stages such as; Higher Secondary (2 years), and University level is 4 years. In all the levels there are Government School, Colleges and Universities as well as Private sector. Government education institutions are less costly than the private ones.

There are specialized technical/engineering schools, colleges and universities in Government and private sector also with different courses with different lengths.

In the primary level there are 2 systems. One is formal and another is Non-formal. All the non-formal schools are operated by Non- Government Organisations (NGOs). The non-formal schools are established for the marginalized, dropped out and children with special needs.

In the non-formal non government organizations are operating about 50,000 (fifty thousands) schools all over the country. Recently few NOGs has changed its policy and started to enroll children with disabilities in to their non-formal schools along with other marginalized children without disabilities.

A Research titled “Situation Analysis and assessment of education for Children with Disabilities in South Asia; East Asia and South Africa” conducted by Centre for Services and Information on Disability (CSID)- Bangladesh, commissioned by the University of East Anglia, UK found that - In Bangladesh for education of children with disabilities Special, Integrated, and Inclusive all 3 systems are being practiced. The Government of Bangladesh established Special and Integrated education system and NGOs are implementing Special and Inclusive education system in non-formal approach.

Measures undertaken:

Department of Social Services (DSS), Government of Bangladesh operating 5 Special Schools for Blind Children, 7 for Deaf Children, 1 for Intellectual disabled children. The DSS also operating a total of 64 Integrated schools (Special Classes in the mainstream schools) for blind children in 64 districts. NGOs are operating many Special and Inclusive Education Centres but there is no reliable data available on the number of schools and enrollment of children.

The Ministry Social Welfare established a National Centre for Special Education (NCSE at Section-14, Mirpur, Dhaka in the year 1992. The following programmes are running under the centre:

(1) Special Schools:

There are 3 primary level special schools in the centre with residential facilities. One for Blind children, one for Hearing & Speech Impaired Children and one for Intellectual Disabled Children. Process is going on to upgrading the schools up to secondary level.

(2) Teachers Training College:

This College is affiliates with the National University. The College offering I year course on “Bachelor in Special Education” (B.S.Ed.) Degree. There are 45 seats with residential facilities. Besides the Government initiatives NGOs are operating teachers training college to train the

special need children.

Primary Education Development Programme (PEDP) -II

On the basis of findings and recommendations of a study carried out by Centre for Services and Information on Disability (CSID) in association with Cambridge Education Consultants Limited, UK, (commissioned by the Department of Primary Education, Government of Bangladesh) in the year 2002; The Ministry of Primary and Mass Education in its Primary Education Development Project (PEDP)-II included a component of inclusive education for children with disabilities from 2004. At the end of the year 2005 Ministry of Primary and Mass Education circulated an order to all Primary Schools for enrolling *Children with Mild Degrees of Disabilities*.

The Department of Secondary and Higher Education has been undertaken a project titled

“Teaching Quality Improvement in Secondary Education”.

In this project proposal it has been mentioned that: This project would contribute achieving the Millennium Development Goal (MDG) and PRSP in the following manner:

(1) Improving quality of education through quality teachers training. (2) Creating equal education opportunities for people living in distance/remote areas and under development areas. (3) *Creating education opportunities for all through providing training to the teachers those are involved with teaching-Disabled, Minority and Refugee children.* (4) Encouraging recruitment of increased number of female teachers in Secondary education. (5) Promoting participation of people in order to bring qualitative change in education through raising social awareness.

Dhaka University:

Dhaka University is offering a Masters Course with honors on Special Education through Department of Special Education under the Institute of Education and Research (IER). The courses have 3 disciples: i) Education of Persons with Visual Impairment; ii) Education of Persons with Hearing & Speech Impairment; and iii) Education of Persons with Intellectual Impairment.

Major Shortfalls in existing education system for Children with Disabilities in Bangladesh:

i) *In Special Education system:*

- Inadequate numbers of Government Special/Integrated Education Institutions operated by the Ministry of Social welfare.
- Non-Government Special Education system is very costly.
- Insufficient government resource allocation for special and integrated education system.
- Low salary and benefits for resource teachers, causing lack of interest in this kind of job.

- Inadequate Early Detection and Intervention programme. Each school has 60- 70 seats but there is no system for the identification of disabled children and mobilizing them to enroll. So, many seats are falling vacant.
- Inadequate teacher training facilities and trained teachers.
- Teachers have an interest in advancing training to enhance capacity and develop skills but the authorities (Government & NGOs) are not interested.
- The Infrastructure of most of the Schools are not Physically Accessible.
- There is no uniformed curriculum in the special education system among NGOs, to accommodate different types of disabled children. Different organisations use different curricula developed by them selves.
- Sign language used in special schools for hearing and speech impaired children is in English so they can not communicate with others (in family & community). Bengali signing has been developed recently but not yet practiced widely.
- Lack of relevant support systems (Extra session & IEP- Individual Education Plan), support system such as; Therapeutical and assistive technology.
- Special education system emphasis on vocational training is not sufficiently aimed at transferring the children into higher education.
- It is also observed that children do not have the option to proceed/apply for inclusive education.
- There is hardly use of computer for the visually impaired students in class room.

ii) In Integrated Education system:

Integrated education system is only being operated by the Government, for blind boys only.

- Supply of Braille books and equipment is inadequate in integrated schools.
- Low remuneration and benefits of resource teachers.
- Resource teachers have no opportunities to develop further skills.
- Insufficient resource allocation to Integrated schools for proper support of the blind children.

iii) Inclusive Education system:

The Inclusive education system has been introduced in very recent years and is being operated by NGOs in non-formal education settings and primarily in rural areas.

- Most of the schools are pre-primary level.
- Teachers are not adequately qualified and trained.
- Only marginalized children with mild degrees of disabilities are enrolled in the inclusive schools.
- Classrooms and premises are not accessible and seating arrangement is not comfortable for disabled children.
- Classroom environment is not suitable for accommodating different types of disabled children.

- Supply of teaching/learning materials/equipment is insufficient.

Conclusion:

It has been found that the Ministry of Social Welfare, Ministry of Primary and Mass Education and Secondary and Higher Education; Ministry of Women and Children Affairs separately prepared their policy and plan and which is not at all harmonized with the International Concept of Inclusive Education and Education for All. So, a close coordination and joint effort among all the concern Government Ministries and Departments is needed to prepare an effective and uniformed action plan to ensure the education rights and opportunity for children with disabilities and individuals with special needs.

The concept of Inclusive Education (IE) system is a shift from the traditional welfare and service oriented practice of special/integrated education that was not appropriate to be a much effective and rights-based system. IE is a new concept and globally recognized but implementing this system is depending upon the values, attitude, and resources. A vast task is needed to be done to introduce effective inclusive education system to ensure education equity among all children. There is no example of successful implementation of IE in front of us as yet. The inclusive education for children with disabilities is no doubt a new dimension and it has valid logic for implementation in different society suited to its local socio-economic and cultural condition.

CHINA

Organizational Partnership for Supporting the Disabled in China

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the 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs-

“Collaboration Based on Partnership among Related Fields for Appropriate

Service Provision to Individuals”

Organizational Partnership for Supporting the Disabled in China

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China National Institute for Education Research

This paper intended to share issues relate to partnership of various stakeholders who not only safeguard the human right of the disabled but also responsible of services provision in meeting individual needs of the disabled. The Constitution of the People's Republic of China protects human right of the people. Hence the national goal of supporting the disabled focuses on equal right of every aspect of human freedom and development as well as optimum social inclusion. Following the principles of the Constitution, the Law on Protection of the Disabled address details of right of the disabled in domains of rehabilitation, education, labor and employment, culture and leisure, social security, free environment, and safety, property and marriage for their optimum social inclusion and community services related to these domains should be available and accessible to them. The content of this paper including the following themes, they are definition of special education, population of disability, structure of organization, shared responsibility and collaboration, equal right and participation, and various program development.

Structure of Organizational Coordination and Collaboration

In China, the People Congress represents the top legislation making organization in the protection of human right and implementation of people's right in legislation are the government major responsibility and governed by the State Council.

The State Council of the People's Republic of China, namely the Central People's Government,

is the top executive organization of the State power and administration. The WCDSC is chaired by Vice premier Mr. Hui Linagyu, the deputy of the committee involve six very important leaders in government, they are the president and vice president of China Disabled Persons' Federation (CDPF), and vice minister of four ministries, Ministry of Education, Ministry of Civil Affairs, Ministry of Labor Protection, and Ministry of Health. Under these Chairing posts a secretary general from a post of vice president of CDPF collaborate 33 governments sectors, including every aspects of human life, such as information, construction, culture, industry and commerce, Tax, poverty control, etc.; as well as non government sectors such as the Disabled Person Federation, the Women federation, the Youth Federation, the Ethnic Federation, etc.

The WCDSC responsibilities are to collaborate broad issues concerning the disabled on decision making of issues for development, policy, legislation and regulation, planning and programming and implementation of the planned program; problem solving of major issues of the disabled, collaborating with United Nations work related to the disabled in China. CDPF play an important role in organization and collaboration in this committee and Office of Secretariat is a daily responsibility in CDPF.

Under coordination and collaboration in WCDSC, Each of five organizations responsible for different needs of the disabled in domains of rehabilitation, education, labor and employment, culture and leisure, social security, free environment, and safety, property and marriage for their optimum social inclusion and community services.

Equal Participation of the disabled

Special Education is defined as education to the disabled. The definition of the disabled is made in the Law on Protection of the disabled and identified in six categories- hearing impairment, visual impairment, mental retardation, emotional disturbance, physical disability, and multiple disabilities. According to the first national survey on the disabled population of 1987, there are 60 million persons with disabilities in China across all ages and categories of conditions, among whom 20.57 million are persons with hearing disabilities, 11.82 million are persons with mental disabilities, 8.77 million are persons with physical disabilities, 8.77 million are persons with visual disabilities, 2.25 million are persons with mental illness and 7.82 million are persons with multi-disabilities. The school age children are about six millions. The second National survey is undertaking and the outcomes will be available by year 2007.

The government has concerned rights of the disabled and provided special assistance and protection to them. The Constitution of China makes statements that the state ensures the disabled enjoy the same civic rights as the able-bodied. The Standing Committee of the National People's Congress adopted the Law of the People's Republic of China on the Protection of Disabled Persons in December 1990. This law, guided by the principles of "equality," "participation" and "co-enjoyment," stipulates that the disabled enjoy equal rights with other citizens and are protected from infringement. It also states that measures of support and help shall be taken to develop undertakings for the disabled,

promote their equal participation in social life and guarantee their share of the social and cultural development of society. Many important laws such as the Criminal Law, the Criminal Procedure Law, the General Principles of the Civil Law, the Civil Procedure Law, the Marriage Law, the Inheritance Law, the Electoral Law, the Military Service Law and the Compulsory Education Law, have special provisions ensuring the rights and interests of the disabled.

In accordance with these laws, every five year, the government initiate specific policies, rules and regulations to protect the rights and interests of the disabled, for example, the China Five-Year Work Program for People with Disability, the Several Viewpoints on Developing the Education for People with Disability, the Program for the Implementation of Three Rehabilitation Projects for People with Disability, the Circular on Tax Exemption for Private Business Run by Disabled People and the Circular on Tax Exemption for Social Welfare Production Units. Guiding by the major principle of the National Law, local laws and regulations, different level of the government has taken concrete measures to provide the disabled with preferential assistance, treatment and care and safeguard the right and interests of the disabled.

Rehabilitation Program

In order to help the disabled recover or remedy their capacities and enhance their participation in social life and ability to enjoy their rights, the State Council in 1988 approved the National Program of Three Projects for the Rehabilitation of the Disabled. Since then, the three rehabilitation project had cured cataracts, rectified sequel of polio, and training of hearing and speech abilities of deaf children. In year of 2004, 569,000 cataract operations have been performed with a success rate of 97.9 percent of visual recovery; 160,000 polio sequel have been rectified with an effectiveness rate of 98.7 percent, enabling many young disabled to improve their limb functions, enter schools or get jobs; and 10,000 hearing impairment children under seven have received speech training, with an effectiveness rate of 80 percent.

A national network of community rehabilitation centers in both urban and rural regions is being set up. About 2,300 grass-roots community rehabilitation centers, 750 handicapped-children' care centers and training classes, and 1,300 work-rehabilitation centers for the mentally and intellectually handicapped have appeared in cities and towns. By year 2004, many pre-school program and care centers, along with a variety of disabled service programs for training, rehabilitation, welfare, match-making with social security funding.

Educational Program

Equal participation in social life and integration in education are well examined and documented in several legislation and regulation, they are:

- Education Law of the People's Republic of China
- Regulations of the People's Republic of China on Academic Degrees
- Compulsory Education Law of the People's Republic of China

- Teachers Law of the People's Republic of China
- Vocational Education Law of the People's Republic of China
- Higher Education Law of the People's Republic of China

China has made great efforts to develop education for the disabled by opening special classes in ordinary schools and setting up special education schools. Twenty-seven provinces, autonomous regions and municipalities directly under the central government, as well as 70 prefectures and cities have set up.

In the past three years various kinds of special education schools have increased annually by 20 percent, and the special classes in ordinary schools have doubled. The number of blind, deaf and mentally retarded pupils attending these special schools and classes increased by 30 percent every year. The number of disabled youth receiving higher education is constantly increasing. In the last two years about 4,700 self-taught disabled persons won college diplomas through special examinations.

The government, attaching great importance to vocational education for the disabled, has established for them 28 vocational education centers. The special education schools also offer professional skill training courses. The Shanghai Technical School for hearing impaired offers woodwork, metalwork and fine arts courses. Its graduates are employed in 16 provinces, autonomous regions and municipalities directly under the central government, and many of them have become engineers or assistant engineers.

The state has a preferential policy in developing education for the disabled. China's financial departments provide subsidies for special education. Apart from tuition-fees exemption and scholarships for the disabled students receiving compulsory education, there are also prizes to encourage and support self-taught disabled youths.

Shelter employment

The government supports many welfare enterprises or shelter workshop in which the disabled are employed. Supports are in various ways and mechanism: production, management, technology, funding, taxation and marketing. With the help of the government's preferential policy, welfare enterprises increased rapidly from 1,022 in 1979 to 42,000 in 1990. In the 1980s the number of the disabled people working in these enterprises increased by 67,000 each year, bringing the total to 750,000. Government organs and other institutions and enterprises also employ some handicapped people. At the same time, the country encourages the handicapped to open individual businesses.

Culture and Recreation

The government's cultural departments at all levels actively organize and support cultural, sport and recreational activities of the disabled, enriching their life and guaranteeing their equal cultural rights. Today, there are in China 1,770 centers for the disabled to carry out activities such as calligraphy, painting, photography, stamp collecting, track and field, ball games, chess, art performances and quizzes. The China Sports Association for the Disabled, established in 1983, has joined seven world

handicapped sports organizations. At international games China's handicapped athletes have won nearly 400 medals, and set many world records.

Welfare Program

By means of welfare measures such as aid, relief, subsidy, provisions, insurance and special care, the government has ensured and improved the livelihood of the disabled. There are 1.4 million disabled who are unable to work and have no legal providers and living resources. In rural areas, these people are protected under the five-guarantee system -- the guarantees of food, clothing, housing, medical treatment and burial expenses -- or live in welfare homes, while in urban areas, they are provided with regular relief or collective living facilities. Throughout China there are almost 40,000 welfare facilities capable of accommodating about 80,000 handicapped people. Governments at all levels offer preferential conditions for the handicapped by reducing or exempting taxes and fees in their work, education, medical care and living, cultural and recreational expenses. Customs duties have been reduced or exempted for special goods and equipment imported for the use of the handicapped. The blind can travel by public bus, trolley, underground and ferry free of charge.

Free environment

China is gradually expanding the building of obstacle-free facilities so that the handicapped can participate in social life more easily. Slope passages and handrails have been built for the convenience of the handicapped on streets and in shops, hotels, theaters, libraries, airports and other public places in Beijing, Shenzhen, Shanghai, Shenyang and Guangzhou.

Advocacy and International Campaign

The government and the Disabled Persons' Federation have paid attention to eliminating discrimination against and prejudice toward the disabled. Great efforts have been made to create a social environment in which the disabled are respected and helped. Tens of thousands of people, under the banner of "society for the disabled and vice versa," participated in activities such as the Day of the Disabled, Helping-the-Disabled Day and Humanitarian Publicity Week. The "Young Pioneers' Helping-the-Handicapped Activities" involving more than 10 million children have been going on for the past five years. Activities such as "building families for the handicapped and being friends to them" have been widely attended. China has set May 19 of each year as the legal "national day for helping the handicapped."

China has actively participated in the international community's efforts to secure the rights and interests of the handicapped. In 1982, when the United Nations General Assembly designated the ten year period from 1983 to 1992 as the "United Nations Decade of Disabled Persons," the Chinese government accepted its World Program of Action Concerning Disabled Persons. The China Organizational Committee of the United Nations Decade of Disabled Persons, with the participation of 22 governmental departments and the China Disabled Persons' Federation, was formed to lead and

co-ordinate the work. In 1987, upon approval by the Standing Committee of the National People's Congress, the Chinese government accepted the Convention Concerning Vocational Rehabilitation and Employment (Disabled Persons) passed by the International Labor Conference in 1983. Both the government and the organizations of the disabled in China have been praised by the United Nations and the international community for their endeavors and achievements in guaranteeing the human rights of the disabled. In 1988 UN Secretary-General Perez de Cuellar awarded the "Peace Messengers Award" and "Special Award" to China's organizations of the disabled.

Conclusion

We are at the awakening stage of social development. Social changes has been undertaken for more than three decades in many ways, such as value and belief, life style, attitude toward people, etc., so as to the disabled . We have worked hard to support the disabled of their entitling right and to the promotion of their quality life. However, as the needs of people unfold along the progress of science and the understanding of human being, we are far from fulfilling the needs of the disabled in enjoying modern China today. Community inclusion, job placement, and information with no barrier are the most difficult areas and have become the national program for the coming five years priorities .

As a quoted Chinese saying “thousands miles of journey started from the first step -千里之行始于足下”. The first step of China in supporting the disabled has gain public support and international recognition while the president of Deng Pufang receive UN Award of Humanism. Our ancestor had long for and educate people for “a harmony world- 世界大同” , the special education field and people of china believe that “we are one family – 特殊教育, 天下一家”. By working toward the shared vision and one goal for equal right we may create a better world and a comfortable home for everybody.

On behalf of our “family” let me welcome all of you to Special Olympic of 2007 in shanghai.

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INDIA

Collaboration Based on Partnership among Related Fields for Appropriate Service Provision to Individuals

INDIA: Executive Summary

Anita Julka

“We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop.”

Mother Teresa

India hosting a population of 1,027,015,247 is a multicultural and multilingual society with a continuing undercurrent of essential unity. Large number of beliefs, religions, languages and races accounts for the heterogeneity of this geographically diverse country. The country is broadly divided into States and Union Territories. The States are further divided into Districts, Blocks, Clusters and then Villages. The local governments are municipalities in urban local bodies and village *Panchayats* in the rural setups. Considering the diversity of the country many contextualized local specific approaches have been adopted for the education of children with special needs*. The Constitution of India guides State policy in all sectors including education. The important features bearing on education are:

- Provision of free and compulsory education to all children up to the age of fourteen years (Article 21 A).
- Education, in general, is the concurrent responsibility of the Union and the States (Constitutional amendment of 1976).
- Local authorities (Panchayats and Municipalities) are to be assigned a suitable role in education (especially School, Adult and Non-Formal Education) through individual State legislations.
- State Governments and Local Authorities are expected to provide facilities for instruction in the mother tongue at the primary stage of education

The National Policy on Education (NPE, 1986) stresses on integration of persons with special needs in the community as equal partners and encourages partnerships with voluntary agencies to achieve this goal. Some of the major endeavours for realizing the goals of NPE are the *Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995*, that establishes the responsibility on the society to provide equal opportunities to persons with disabilities and guarantees them right to have free education up to the age of 18 years, the *Rehabilitation Council of India Act, 1992* for manpower development for the rehabilitation of persons with disabilities and the

* The word Special Needs has been used interchangeably for Disability

National Trust for Welfare of Persons with autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 providing total care to persons with mental retardation and cerebral palsy and also managing the properties bequeathed to the Trust.

Also, the National Curriculum Framework (2005) highlights inclusive education as one of the major guiding principle for not only policy reforms but also for the selection of learning tasks and pedagogical skills for all children. It acknowledges partnerships with Teachers' and Parents' associations, Universities, Institutes of Higher Learning, State and District level institutions, and with various Ministries and the Departments within for realizing the envisaged goals.

Out of the approximately 207.76 million children in the 6-14 age group in 2000, the number of children not attending the schools was 40 million. Those outside were mostly girls, children belonging to scheduled castes/schedule tribes, working children, urban deprived children with disabilities and children in difficult circumstances. The Government of India, therefore, raised the public spending in education to at least 6% of the GDP and also introduced a Cess (2004) on all central taxes to finance the commitment to universalize access to quality basic education. The **Sarva Shiksha Abhiyan** (SSA), launched in 2001-02 by the Government of India as an umbrella programme for achieving UEE, is being implemented to support and build upon other primary and elementary education projects. The programme aims to ensure bridging all gender and social category gaps for all children at the primary level (five years of schooling) by the year 2007 and at elementary education level (eight years of schooling) by 2010.

The programme is implemented in partnership with the States and other programmes of the Central Government. In the year 2005-06 (till January 2006) Rupees 73.61 billion had already been released. Out of this an amount of Rupees. 1.87 billion had been allocated for including children with special needs in education.

The issue of education of children with special needs touches the life of more than 18 million people. Out of these, 75 per cent stay in rural areas frequently in poor living conditions with inadequate facilities of health, hygiene, poor means of transport and communication and have an immense need to be empowered. The SSA adopts a holistic and convergent approach and makes efforts to dovetail programmes implemented at the district level with all other programmes including health and welfare programmes. The major components under the programme for the education of children with special needs are: creating awareness, building infrastructure, early identification and detection, assessment, provision of aids and appliances, teacher education, resource support and monitoring. Strengthening the partnership between Central, State and the local Government, it makes an effort to effectively involve the Panchayati Raj Institutions at the local level, School Management Committees, Village and Slum Level Education Committees, Welfare Organizations like District Rehabilitation Centres and Composite Resource Centres, Red Cross Society, Primary Health Centres, Parents' Teachers' grass root structures in the management of elementary schools, different Ministries like Health and Family Welfare, Social Justice and Empowerment and Non Governmental Organizations.

Another major endeavour of the Government of India is the development of **Comprehensive Action Plan** for inclusion in education of children and youth with disabilities in all available general educational settings. The PLAN realizes the need to develop Parents' Associations, Neighbourhood Associations and partnerships with community members like the elderly and disabled is important for supplementing in-school activities. Governmental organizations like the different Ministries, National Institutes for specific disability groups, Teacher Education Institutions, Welfare Departments, Health Departments, Universities and other governmental organizations involved in the education, welfare and rehabilitation of children with disabilities have all come together in this plan as implementing agencies.

The paucity of resources and large teacher pupil ratio has resulted in pooling in of efforts by building partnerships with those working in the area of special needs education to achieve similar and desirable goals. However, as is evident from the National Statistics, only half of the children (5-18 years) with disabilities are in schools.

In spite of the various benefits of collaboration, there are a number of challenges faced. Many of these challenges would be similar to the ones faced in other developing and even developed countries. An analysis of these challenges reveals the following ones to be of great significance in India: overcoming the differences in professional backgrounds, ideologies, values and/or beliefs (for example charity vs. rights); developing the commitment to follow through on the shared goals of the partnership ethos; overcoming competition between collaborating organizations and individuals; doing away with fragmentation of authority (different Ministries involved in achieving parallel targets); overcoming fears of losing control. Till these challenges are met, most of the mandates of Government of India for the empowerment of disabled would not be realized.

INDONESIA

COUNTRY REPORT

DEVELOPMENT OF SPECIAL EDUCATION IN INDONESIA

By: Purna Wardhani

Administrator of Directorate for Management of Special Education

I. Introduction

Indonesia is the largest archipelago in the world and is situated between two continents, Asia and Australia, and inhabited by the population of 220 million. There are 200 different languages and divided into three different times. From the total population there are about 1,48 million people who are categorized as disabled of which

21,42 % are school age children. However, only 25% or 79.061 children are enrolled in special schools. All special schools are established to support completion 9 Year Compulsory Education System.

The first special school was the school for children with visual impairment in Bandung, West Java established in 1901. In 1927, another school was opened for the school with developmental disabilities. Later, since the independence of Indonesia in 1945 other special schools for children with other special need were established. In the year 2000 the government developed special education by expanding the Sub – Division into the Directorate of Special Education, later in 2006 the directorate changed into the Directorate for management of Special Education.

In 1999 the Directorate of Special education, supported by the Director of General Primary and secondary Education decided to start the process towards inclusion to increase the enrolment of children with disabilities and other special needs in regular schools.

There is one Sub Division for Administration and four Sub-Directorates; they are (1) Sub-Directorate of Program, (2) Sub-Directorate of School Management, (3) Sub- Directorate of Curriculum, (4) Sub-Directorate of Student Development.

The Vision the Directorate is to optimize the educational services for all children with special needs so that they can be sustainable in their life and their society.

II. Basic Law of Education

1. Indonesian Constitution article 31

“Any Citizen shall have the right for education and learning.

2. Law Number 20 of 2003 on national Education System:

Article 5 (1) : “Any Citizen has the same right to good education”.

Article 2 : “Citizens with physical, emotional, mental, intellectual, and/or social disability shall have the right to special education”.

Article 3 : “Citizens in remote area shall have education for special services.

- Article 4 : “Citizens who have potential gift and special talent shall have the right for special education.
3. Law Number 23 of 2003 on Children Protection.
 4. Bandung Declaration (2004) “ Toward Inclusive Education” (2004)
 5. Bukit Tinggi Declaration (2005) “ Inclusion and Removal of Barriers to Learning, Participation, and Development”

III. Special Education In Indonesia

1. Structure of School Education

Special education is provided at primary and secondary education level and is part of the national education system. There 4 levels of special school;

1. Kindergarten (2 years)
3. Junior Secondary School (at least 3 years)
2. Primary School (at least 6 years), 4. Senior Secondary School (at least 3 years)

2. School Services:

- a. Segregated
- b Inclusive Education
- c. Acceleration Program

3. Type of Special Schools (SLB)

For Convenient Purposes only, special schools are abbreviated, as:

1. SLB –A Special schools for Visual Impairment
2. SLB – B Special School for Hearing Impairment
3. SLB – C Special School for Mild Intellectual Disability
4. SLB – C1 Special School for Moderate Intellectual Disability
5. SLB – D Special School for Physical Impairment
6. SLB – E Special School for Emotional Social Behavior Difficulties
7. SLB – G Special School for multiple disabilities
8. SLB – M Special School for Autistic Children

II. Curriculum Standard in Education The Curriculum is made by BSNP (Indonesian Board for National Standard of Education)

III. Current Program of the Directorate for Management of Special Education:

1. Accessibility Enhancement :
 - a.. Inclusive Education
 - b. Socialization
2. Quality Improvement and Relevancy:
 - a.. Curriculum Improvement
 - e. Subsidy
 - b.. The Improvement of School management
 - f. Accreditation
 - c. Adaptive physical education development
 - g. Procurement of
 - d. Exhibition and Competition Educational Equipment
3. Expansion :

- | | |
|-----------------------|---|
| a.. MIS | c. Certification |
| b. Sheltered Workshop | d. Development of Programs for education for special services |

V. Funds

Budget for public schools for operational cost

Block Grant, can be used to purchased equipment, renovate school building, etc.

V. Strategic Issue:

- | | |
|-------------------------------|-------------------------------|
| - Data Collection and Mapping | - Inclusive Education |
| - Community Involvement | - Olympiad Class |
| - Compulsory Education | - Acceleration Program |
| - National Examination | - Competency Based Curriculum |

VI. Several Issues and Problems

1. There are not enough special schools to cater for the needs of children with special education needs.
2. Special schools are located in big cities and are not accessible to children living in rural areas.
3. The quality of education provided by special school needs to be improved
4. Many existing special schools do not have adequate facilities
5. For many of the parents, having a handicapped child is an embarrassment and they do not want to send the child to school

VII. International Cooperation

1. Braillo Resource Centers
2. Sheltered Workshop
3. Networking with International organization
4. UNICEF
5. HKI

VIII. Alliance Forum:

1. NGO
2. Universities
3. MORA, MOHA, Ministry of Social Affair
Ministry of Employment and Transmigration
Ministry of Health, Ministry of Youth and Sport
5. Association

JAPAN

The 26th Asia-Pacific International Seminar on Special Education Country Report: Japan

Shigeki Fujii

**Department for Educational Support Research
National Institute of Special Education**

1.

In Japan, efforts have been made to identify and support people with disabilities at each stage of life. During infancy, the healthcare sector works primarily to identify disabilities during (1) medical examinations and to support development that is tied to later habilitation. Where children with disabilities and normal children spend daytime as a group, the welfare sector engages in inclusion in (2) day care centers, while the education sector does so in (3) pre-schools. While the activities of (1), (2), and (3) have been reinforced in each of these sectors, linkage from (1) to (2) and from (1) to (3) ran into the problem of vertically-divided government bureaucracy, and thus such linkage was less than satisfactory. Each of these links was primarily promoted by caregivers.

Moreover, when a person with a disability reached the (4) employment stage, it was difficult for this person to gain employment at a company because their caregivers could not obtain relevant information easily. Thus, both people with disabilities and their caregivers had serious concerns about the future.

2,3,4

Konan City is located in southeast Shiga Prefecture, which is the home of Lake Biwa, Japan's largest lake. It is positioned within 100 kilometers of both Osaka and Nagoya, and has a population of 56,000 people. The city is surrounded by mountains, and has views of the Aboshiyama Mountains to the south and Iwaneyama Mountains to the north. The Yasu River flows through the center of the region, and the open flatlands around the river offer a rich natural environment of water and greenery. Utsukushimatsu pines, a national natural monument whose beautiful shapes are known nationwide, are also found there. The city is the location of Konan Industrial Park, which has attracted some 300 companies as well as people from around the country, and is home to many laborers from Brazil and Peru.

5.

In Konan City and other municipalities, healthcare administration, welfare administration, and education administration were handled individually by separate departments. There were few instances of collaboration among these departments, and in cases where work involved several

departments, the persons in charge had to coordinate this work by moving around among the relevant departments.

It was because of this difficulty in collaboration that groups of children with disabilities (groups made up of people with intellectual disabilities, physical disabilities, and psychiatric disorders as well as groups of parents having children with speech disorders, autism, and learning disorders) in Konan City took the lead in asking the city government to establish a unified system that covered the entire lifetime of people with disabilities.

6.

To resolve this situation, work began toward building a system shaped around specialization and continuity of support for “individual educational programs” (or IEP) and “individual transition plans” (or ITP)—in collaboration among the healthcare, welfare, education, and employment sectors—in order to provide unified support for people with needs.

7.

Thus, in April of 2002, Konan City launched the Konan City Development Support System as a unified approach to support that covers the entire lifetime of people with disabilities.

This system has two goals. The first is to enhance peace of mind and support at “the present time” and to provide support that is matched to individual needs. And the second is to provide support that keeps an eye to the future.

8.

The first goal involves establishment of an environment that gives caregivers and individuals with special needs peace of mind “at the present time,” and building of systems that can handle highly specialized support. Toward this end, work proceeded toward preparing IEPs—which are written plans into which ascertainment of actual conditions and support content are incorporated in order to meet individual needs—for (1) habilitation, (2) day care centers, and (3) pre-schools, elementary schools, and junior schools. Other efforts included dispatch of itinerant consultants to ensure that specialized support can be handled at all locations, and establishment of a system in which schools and pre-schools participate on an organization-wide level. Moreover, (6) “Development Support Centers” in which children with disabilities can receive instruction from specialists were established within elementary schools.

The second goal involves establishment of a (5) “Development Support Office” that oversees the healthcare, welfare, education, and employment sectors and coordinates support that is matched to each life stage. This is in order to establish a unified support framework that covers the entire lifetime.

The Development Support Office is made up of city employees working in the education, healthcare, welfare and employment sectors.

9.

The “Development Support Office” of (5) is set up to have a director who has experience as a teacher, and a health nurse who has experience in mother-and-child healthcare, mental health, and other fields. Both of these people serve as full-time office staff members. Also on staff are people from (7) five divisions concerned with development support. They are: A welfare worker of person with disabilities from the Social Welfare Division who is qualified in psychiatric disorders; a health nurse in charge of mother-and-child health from the Healthcare Policy Division; a School Education Division supervisor from the Board of Education; a childcare supervisor from the Parental Care Support Division; and a labor administration supervisor from the Commerce, Industry, and Tourism Division. These supervisors meet on a regular basis to discuss the roles to be undertaken by each division with regard to support for people with disabilities as well as collaboration among these divisions.

10.

The Konan City Development Support System is a framework that provides 1) services through linkage among related institutions of education, welfare, healthcare, and employment, and 2) IEP- and ITP-based services that cover all areas of an individual child’s case, from pre-enrollment to his or her school years and, further, his or her employment.

11.

This schematizes the Konan City Development Support System to show support projects, support institutions, and concerned institutions. The complete system for providing unified support from early childhood to employment is shown here.

12.

Times when concerned institutions can meet to discuss issues are always limited. It is because of this that Konan City considered venues for discussion that use the Internet. This resulted in development of the “Konan City Development Support IT Network.” Through this network, which can only be used by a limited number of institutions and designated persons, education consultation and information are shared. The institutions on the left-hand side are government institutions and specialized institutions, while those on the right-hand side are educational institutions that children attend. Through the network, people whose duties bring them into contact with children utilize IT to build a collaborative system that supports people with disabilities.

13.

Here, I would like to give a specific example of support for a child with a disability. In this

example, an elementary school boy who is being treated for high-functioning autism lives together with his mother. His mother, too, visits a hospital because of a psychiatric disorder. She is also receiving welfare benefits to support their daily living. Support for the autistic boy comes in the form of a language classroom and treatment from a pediatrician; support for the mother's condition is supplied by a psychiatrist and a public health nurse from the city; economic support comes in the form of livelihood protection provided by a caseworker from the city's Social Welfare Division; and daily life support is provided by a designated welfare supporter in community. In this way, specific roles are determined. These workers provide support to the family by meeting once a month in a "case meeting." This approach is allowing the child and his mother to live their lives with peace of mind.

14.

As I explained when giving examples of consultation, a system for consultation support has been established in Konan City. If a need for consultation with regard to a day care center or pre-school, an elementary or junior high school, or an in-home child is communicated to relevant organizations. Then Consultation Support Team is set up as needs require. This team holds regular meetings on individual service coordination and provides relevant support.

15.

In this way, fine-tuned support that addresses the needs of the individual can be provided once a disability is discovered. This support is based on an IEP that covers healthcare, habilitation, day care center and pre-school, elementary school, junior high school, high school, special schools, and employment as well as all life stages. Such support requires collaboration and cooperation between specialists and the local government.

MALAYSIA

**MINISTRY OF EDUCATION
MALAYSIA**



**COLLABORATION BASED ON PARTNERSHIP
TOWARDS REALIZATION OF PRINCIPLE, EQUITY
& SOCIAL COHESION**

MALAYSIAN PERSPECTIVE

FOR

**THE 26TH ASIA –PACIFIC INTERNATIONAL
SEMINAR ON SPECIAL EDUCATION
THE NATIONAL INSTITUTE OF SPECIAL EDUCATION JAPAN**

DECEMBER 4th TO DECEMBER 7th 2006

**SPECIAL EDUCATION DEPARTMENT
MINISTRY OF EDUCATION
MALAYSIA**

DECEMBER 2006

1. BACKGROUND

The fundamental principle in Malaysia's National Philosophy of Education (NPE) is to develop the potential of individuals in a holistic and integrated manner, so as to produce citizens who are intellectually, spiritually, emotionally and physically balanced and harmonious based on a firm belief in and devotion to God. The NPE is regarded as a statement of vision for the Ministry of Education (MOE) in the pursuit of educational excellence.

The 70th Educational Research Committee Meeting in Jun 1981 has agreed that an Inter-Governmental Committee would be responsible in defining specific roles among government bodies in caring for children with special needs. The Ministry of Health, The Ministry of Women, Family and Community, The Ministry of Human Resources and The Non-Governmental Bodies fully participated with the national agenda in providing services for children with special needs in the collaboration with the Ministry of Education Malaysia.

The Education Act 1996 (Part 11) 3.2 states that

“A pupils with special needs is educable if he is able to manage himself without help and is confirmed by a panel consisting of a medical practitioner, an officer from the Ministry of Education and officer from the Department of Welfare, as capable of undergoing the national educational programme”

There has been a significant role of each partners in providing services for children with special needs in relation to their educational needs. Services for children with special needs has being provided as early as after birth right to vocational and higher education in preparation towards independent and successful living, thus contributing to the society and county.

2. The Role Of Inter Ministerial /Agency Collaboration in the Education For Special Needs Malaysia

Educational Provision for children with special needs in Malaysia caters for children at all levels from the age of preschool to post secondary education. Implementation of the programme is through 2 settings. i) Special Schools and ii) Integration programme. The role of each ministry and agency at each levels of education is mentioned below:

i Ministry Of Education (MOE)

MOE provides education for special needs from the age of 4 to post secondary education. Trained and qualified teachers as well as other educational resources in the form of audio-visual aids, educational television and books are being provided, along with financial assistance, supplementary milk and meal. Teachers and professional teaching the special needs preschool will be sent to attend courses from time to time as to upgrade and enhance teachers' professionalism and to improve

teaching quality.

ii Ministry of Health (MOH)

Ministry of Health assists Ministry of Education in identifying the child as having special needs. The Ministry of Education would be advised on the appropriate service for the child according to the impairment and level of disabilities. Ministry of Health provides further advice through its role as a part of interdisciplinary team in special needs programmes. The Ministry has worked with MOE in the developing Screening Instrument for Dyslexic children. Placement of special needs child in a preschool or at any level of education depends on the certification by a medical personnel before any placement can be made.

iii Ministry of Women, Family and Community

The Ministry of Women, Family and Community played a very active role in providing services for the special needs child through the Welfare Department.

There is an inter ministerial collaboration in the formulation of the country's Children Action Plan. MWFC provides education for Special needs preschoolers who are not being recommended by the medical practitioner to be in government preschools. The Welfare Department has set up Community Based Centre for the purpose. The centers cater for children with serious disabilities and those who are classified as not being able to manage themselves. There are a total of 313 throughout the country. A child who is identified as special needs is required to register with the Welfare Department in order to received a monthly allowance of RM 50, and other benefits.

iiii The Ministry of Human Resource

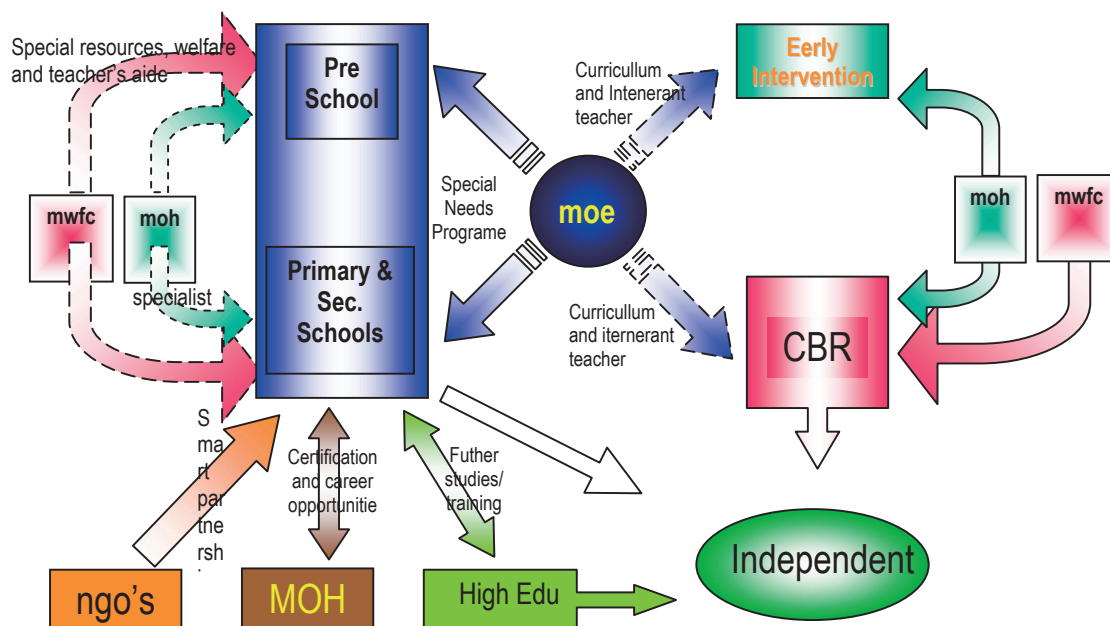
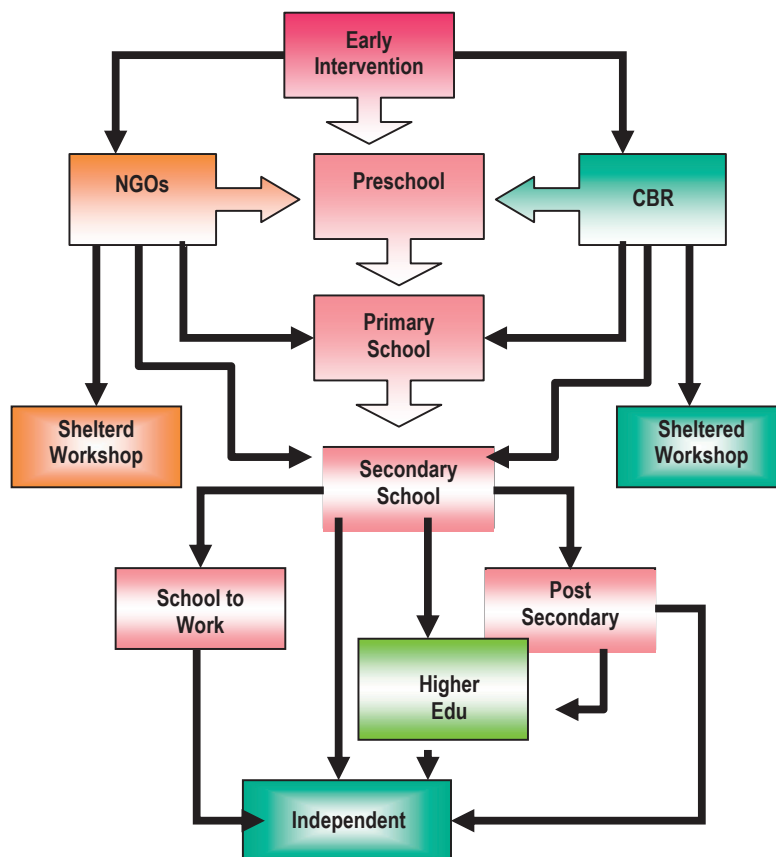
The Ministry of Human Resource assists in the certification of skills and vocational training received by special needs students at post secondary education. New programmes are being proposed form time to time in order to widen the career opportunities among students with special needs.

iiiii Other Ministry/ Agency

i. Ministry of Rural Development is also responsible for the preschool education, mainly for children under 4 years to 6 years old, KEMAS schools provides preschool education for the 'normal' children as well as for the special needs. MOE assists with training of teachers and the pre school curriculum

ii NGOs – The Malaysian Autistic Society through smart partnership with MOE has successfully implemented a pilot programme for autistic children in inclusive settings. This partnership marked a beginning for other possible inclusive programme among other disabilities. e.g ADHD.

Special Needs in the Education System



Inter Ministerel Colloboration In Special Education

NEPAL

**A Country Report
On
The 26th Asia-Pacific International Seminars on Education for Individuals with
Special Needs**

**Submitted to:
The National Institutes of Special Education (NISE)
(Yokohama City, Japan; December 4-7, 2006)**

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October 26, 2006

Collaboration based on Partnership among related fields (Education, Healthcare, Medical care, Welfare etc.) for appropriate service provision to Individuals"

1.0 Country context

Nepal is a landlocked country, which borders by China on the North and India on the East, South and West. Approximately, it has an area of 147,181 sq. km. The country is located between 26°22' to 30°27' latitude north and between 80° 4' and 88°12' longitude East. Geographically, it consists of four layers of distinct zones: 1) the Himalayas, the high mountain range with snow-covered peaks 2) the Mahabharat range, lush high hills and valleys 3) Siwalik, low conglomerate hills and shifting valleys, and 3) the Terai, a strip of fertile plains. All these geographic belts of Nepal run from east to west.

Administratively, the country is divided into 5 Development Regions (Eastern, Central, Western, Mid-western & Far-western). It is also further divided into 14 Zones and 75 Districts as administrative units. It has a total of 205 Electoral Constituencies, 58 Municipalities and 3915 Village Development Committees (VDCs) at present. Nepal is predominantly an agricultural country and about 81% of the population directly depends upon agriculture.

According to the Census of 2001, Nepal has a population of 23.1 million with a growth rate of 2.2 percent annually. The literacy rate (6+ years) is 54 percent. Likewise, there are 102 social groups, 92 languages out of which more than a dozen are in active use among a significant size of the population section.

Nepal has undergone several major political changes through several political unrests over the years. Especially, the political change in 1990 has created a pressure and environment for moving towards achieving Education for All by 2015. The popular movement II of 2006 has also created a ground to raise people's voices from dependency to autonomy in management and from exclusion to inclusion in education for ensuring equity and quality education for all.

2.0 Status of special needs education in Nepal

According to WHO there is about 10% of the world's population disabled, of these 80% are living in developing countries. In the context of Nepal, there has not been any census, which may indicate the exact number of the persons with disabilities (PWDs), but it is estimated that more than 10 out of 100 people in Nepal are suffering from one or the other form of disability, which means nearly 2.4-2.7 million people in the country are disabled. If their family members and relatives are included, nearly half of the total population seems to be influenced by disability.

Nepal is a signatory to the Declaration of the Rights of PWDs under the United Nations Charter and 'The Constitution of the Kingdom of Nepal 1990 clearly states that special provisions will be made to protect the interests of the PWDs, with special emphasis on education, health, and social security. Several measures were introduced for providing education to PWDs. These are not sufficient for addressing the sheer discrimination faced by PWDs in every sphere of their lives.

Special Needs Education in Nepal primarily focuses on providing primary education to four groups of children (blind and low vision, deaf and low-hearing, intellectually disabled and physically disabled). At present, the concept of inclusive education is being implemented, which includes educational support arrangement for different groups of children including disabled.

3.0 Provisions for services to individuals with special needs

The Government has ratified most declarations related to children with special needs and promotion of their rights and development. Since the early 1980s government agencies and various associations' federations and NGOs have been working for children with special needs mainly in education, skills training, community-based rehabilitation and against social stigma, discrimination and exclusion. Such organizations are spread throughout the country raising a voice for the rights and development of children with special needs.

Different line ministries of the Government of Nepal have played important roles in the prevention of avoidable disabilities and also in providing various services to the disabled persons for their rehabilitation. The Ministry of health with the help of the UN agencies has also been playing a significant role particularly in the field of avoidable disabilities. Ministry of Women, Children and Social Welfare is responsible for social welfare activities.

Different sectoral ministries and social organizations are working for providing services to the persons with disabilities. The Ministry of Education and Sports has made the following provisions to provide appropriate services to the children with special needs.

- i) A Special Education Council (SEC) headed by the Minister for Ministry of Education and Sports has made policy decision with respect to the special needs education. It comprises members from different organizations, namely National Planning Commission, Parliamentary Committee, Ministry of Finance, Ministry of Women, Children and Social Welfare, NGOs, Experts, and Teachers. Basically, the SEC has to liaise and co-ordinate with national and international NGOs and government agencies in the field of special education and initiate and participate in national special education programs and develop and extend the network system for mobilizing different resources.
- ii) National Disability Policy 2006 has made a provision of national level coordination team to

ensure rehabilitation on health, education and welfare.

- iii) Child Act 1991, The Disabled Protection and Welfare Act 1982 and the Disabled Protection and Welfare Regulation 1994 are also in favour of the disabled people.
- iv) The National Plan of Action (NPA) for Education for All has envisaged that all children should have their right to basic and primary education and that children should have equitable access to quality education in schools through formal and non-formal modes.
- v) In order to reflect the inclusiveness in the school curriculum, the government has introduced a policy of designing 20% local contexts in the curriculum.

3.0 Major initiatives towards inclusive education

Several initiatives have been carried out both by the government as well as public over the years. The first important step taken in Nepal for the services of the disabled was a Civil Code (Muluki Ain) promulgated in 1853 (B.S. 1910) by the government. The note-worthy change in this regard took place only in 1977 after the formation of the Social Service National Co-ordination Council (SSNCC). Establishment of the Ministry for Social Welfare, the enactment of legislations for the Rights and Welfare of the Disabled, the formation of several non-governmental organizations for /and of disabled persons, the founding of Federation of Disabled persons, expansion of special education, the establishment of Social Welfare Council are some of the important changes.

The Government of Nepal initiated special education program for blind children in Kathmandu in 1964. Since the early 1980s the governmental agencies and various organizations and NGOs have been working in education, skill training, community-based rehabilitation, movement against social stigma, discrimination and exclusion. In the same way, National Special Education Program was started in 1993 in co-ordination with Denmark and the Government of Nepal. The implementation strategies comprised establishment of integration structure, teacher training, human resource development, involvement of community and provision of residential facility.

Nepal, one of the South Asian developing countries in the world, has committed itself on several international forums to ensure Education for All (EFA) by 2015. The Dakar Framework of Action (DFA) and the UN Declaration on Millennium Development Goals (MDGs) represent the most important international political commitments towards promoting education for all. In line with this, the Government of Nepal has implemented Education for All (2004-2009) Program. The main objectives of EFA (2004-09) are to achieve universal primary education, ensure relevance and quality in learning and efficiency through an enhanced capacity of institutions. It has adopted the six policy goals of EFA and made an implementation arrangement in the national context building on the experiences and lessons drawn from previous educational initiatives. In addition, Government of Nepal has also implemented Secondary Education Support Program (SESP) for improving access to quality secondary

education in harmony with developmental needs of the country. Its objectives are to enhance the quality and relevance of secondary education, improve access to secondary education with focus on girls, children with special learning needs, poor and marginalized groups, and develop the institutional capacity and management of educational institutions at all levels.

Several initiatives have been introduced and implemented from EFA and SESP for the betterment of primary as well as lower secondary and secondary children respectively. These initiatives are in line with the intention of the Education for All National Plan of Action, a visionary document of the government for 15 years, which envisaged that all children should have their right to quality basic and primary education with equitable access through formal and non-formal channels. Now, Inclusive Education in Nepal is conceived to secure right of all the children to relevant education in their own community. It must promote an educational system that celebrates the rich cultural differences of the country upholding non-discriminatory environments. Inclusive approach assumes that all children have capacity to learn if a favourable environment is ensured aligned with child centred approach. It emphasises on identifying children excluded, for whatever reasons, or at risk of dropping out in a particular context and facilitating processes corresponding to the social, cultural and academic needs.

5.0 Strategies for special needs education

The major strategies taken for the development of the special needs education/inclusion are decentralization, collaboration and partnership with NGOs/CBOs, capacity building at all levels, conduction of resource classes, establishment of Assessment Centres/Support Centres and development of home schools, management of Braille books, sign language, support materials, equipment, etc.

6.0 Major issues and challenges

There are various issues and challenges in the field of Special Education sector in Nepal. Some of the major ones are:

- i) Human resources** - It is difficult to find out the individual capacities and possibilities to cater to the needs of children with disabilities due to inadequate human resources.
- ii) Disaggregated data** - The disaggregated data with respect to the special needs education is unavailable at the present moment. As a result of the unavailability, it is almost impossible to manage holistic development programs for the children from the families below the poverty line.
- iii) Co-ordination** - Normally there is insufficient coordination mechanism among the organizations working in the field of special needs education, which often results duplication and unavailability of the programs for the target groups.
- iv) Monitoring and supervision** - The existing monitoring and supervision system has not been

effective. In order to monitor and supervise the implemented activities smoothly, the system should be strengthened.

- v) **Parental attitude** - Parents have not fulfilled the responsibilities of enrolling children into the classes as expected. In addition, they do not prefer to cater to the needs of their children once they enrol in the school. These sorts of behaviours affect the psychological aspects of the children.
- vi) **Environment** - The existing school's internal and external environment is not disabled friendly. It is very difficult to develop positive attitudes of the communities and planners for securing such friendly environment in every aspects of life.
- vii) **Vocational and skill based education** - The children with special needs are also treated as normal children and mostly provided with academic education, which is not effective for them as expected. The government needs to give high priority to vocational and skill-oriented education to the children with special needs.

7.0 Future direction for special needs education

Resource classes will be further strengthened and expanded focused on the number of deaf and intellectually disabled children. However, an integrated approach will be adopted to blind and children with physical disabilities. The effect of initiatives implementing Inclusive Education (IE) program will be assessed and successful experiences replicated to wider coverage. Assessment centres will be equipped and strengthened so that the level of disability is assessed adequately and counselled appropriately as regards the education of children.

Teacher development program will emphasize IE approaches in teacher training programs and develop advance level training programs in this area. Special pedagogy emphasis on life skills will be endeavoured to innovate to respond to the learning needs of intellectually disabled children.

Networking of NGOs working in this area will be strengthened and activated for innovating instructional methods suitable to the learners as per their difficulties. Provision of scholarship to children with disability on their categories will be continued.

8.0 Conclusion

For a country like Nepal where the population of disabled persons is relatively high, Special Needs Education is really crucial to improve their educational status in the country. Recently, the concept of inclusive education has come into practice in Nepal, too. But the inclusive education program has not been effective enough to bring all the children with special needs into its mainstream as per its real intention. Therefore, more efforts and resources need to be geared up towards maintaining the

inclusiveness as per the aim of the Education for All for improving the status of the disabled children in Nepal.

Different government and non-government organizations working in the field of special needs education, should work hand in hand with a view to provide quality education with better services keeping in mind that the children with special needs are an integral part of the society. Without bringing them into the mainstream of education, the goal for ensuring education for all by 2015 cannot be achieved.

**"Advancement of Education to Meet the Special Needs of Individuals
~Toward Realization of Principle of Equity and Social Cohesion ~"**

**"Collaboration Based on Partnership among Related Fields for Appropriate
Service Provision to Individuals"**

**Country Report Summary
for
The 26th Asia-Pacific International Seminar on Education
for Individuals with Special Needs**

The National Institute of Special Education (NISE)

(Yokohama City, Japan: December 4 to 7, 2006)

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Introduction

New Zealand has a population of around four million people; twenty percent of whom are indigenous Maori. There is also a significant proportion of the population from the Pacific Islands who have made New Zealand their home.

In addition, over the past 20 years, there have been large numbers of migrants arriving from all parts of the world to settle in New Zealand, with many being from our Asian neighbours.

This report will describe how, within the context of the New Zealand Education system, support for children and young people who have special needs can be met through collaborative practices and partnerships between the Ministry of Education and other Ministries and Agencies. Special education needs are defined as needs that cannot be met within a regular early childhood setting, home or family, without extra support. The need may be a physical disability, a sensory impairment, learning or communication delay, a social, emotional or behavioural difficulty, or a combination of these.

Early childhood provision (under 5 years) will also be incorporated into this report as early intervention in early childhood has, as its foundation, holistic and collaborative practices (Odom & Wolery, 2003) .

The report will highlight how whole of government thinking incorporates managing for outcomes which assists with collaboration both within the Ministry of Education and across other government ministries and agencies. “Managing for outcomes and results is about State agencies working to maximise results for New Zealanders” (New Zealand State Services Commission, 2004)

“Toward Realization of Principle of Equity and Social Cohesion”

Collaboration based on partnership to achieve the desired outcomes

Underpinning the government vision and direction for New Zealand is the implementation of the New Zealand Disability Strategy: Making a World of Difference (Ministry of Health, 2001). The Disability Strategy is explicitly aimed at achieving a more inclusive society and is informed by an understanding of disability as a socially constructed phenomenon, rather than something that exists inside a disabled person. As a consequence, disability is viewed not as something that people have, but as something that happens to people; a process that happens when one group of people create barriers for others in terms of access to places, activities and opportunities usually taken for granted.

This strategy holds the vision of a non-disabling society which is:

‘A society that highly values our lives and continually enhances our full participation.’

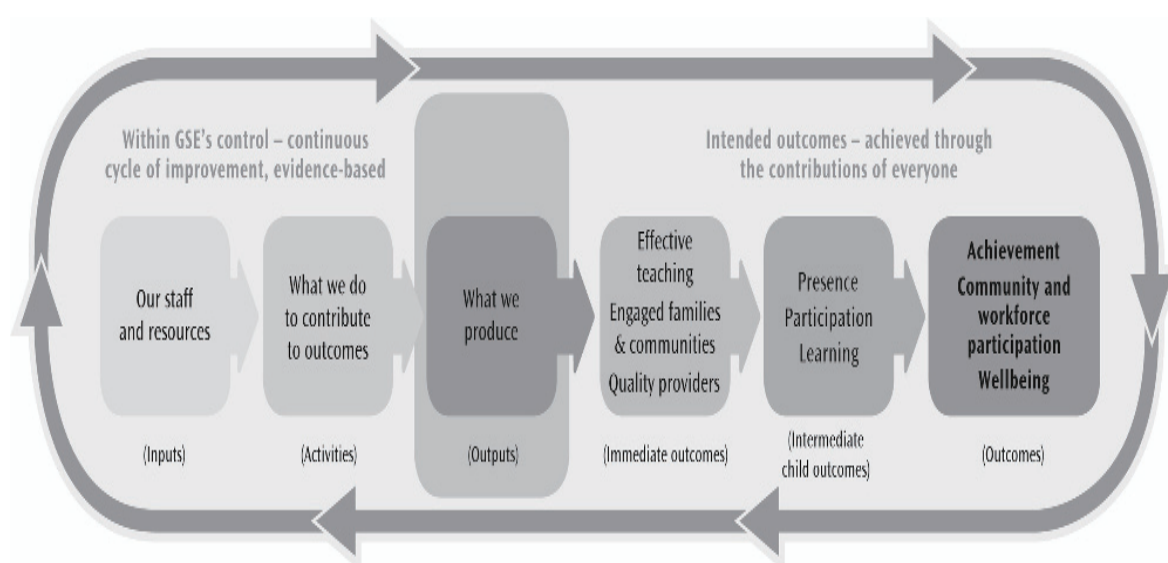
Principles in Practice

The Ministry states that *“The Government’s Special Education Policy is to improve learning*

outcomes for all children and young people with special education needs at their local school, early childhood centre, or wherever they are educated” (2004)

In line with this direction, the Ministry of Education, Special Education has developed a five year action plan seeking “Better outcomes for children.”

This five year plan describes how, as a provider of specialist services, services will be continually improved to achieve better outcomes for children. Through working with an outcome focus, greater integration of planning and service provision across the Ministry and other agencies is being sought. The model used has been based on a ‘managing for results’ model, which is a model developed by the Canadian Treasury Board (2003).



Better Outcomes for Children (Ministry of Education, August 2006)

Working in an outcomes focused model raises the need for recognising the contribution that all parties make to the final outcome. The Ministry of Education (through its Special Education division), identifies that immediate outcomes ensure that all activities and outputs contribute to ‘*effective teaching, engaged families and communities, and quality providers*’, being the wider outcome goals for the Education Sector

‘*Presence, participation and quality learning*’ have been identified as Intermediate outcomes, leading to achievement, community participation and, significantly, workforce participation for young people with special needs.

Early Childhood

Collaboration between services for those with special needs begins in the early childhood sector, where Health and Education Ministries have a close relationship, providing integrated services for

young children to facilitate their wellbeing and learning. The Early Intervention focus has as its centre, the family.

School Sector

Students with special education needs have had the same rights to enrol and receive education at state schools since 1989. Placement in a special school is through a statutory process and requires the agreement of the Secretary of Education. Intervention programmes are developed in collaboration with the school educators, specialists and families, and where, required other agencies such as health and social services. An Individual Plan identifies the services and resources that are to be allocated to the student's programme and how the progress will be reviewed.

The Development of Networks of Learning Support

The development of Networks of Learning Support is a response to reducing fragmentation and isolation, and increasing responsiveness and inclusiveness through groups who agree to work together to provide a more collaborative approach to special education provision. Networks may include schools and early childhood education centres, families, providers, and other government agencies with a shared commitment and focus on enhancing outcomes for children and young people with special needs.

National Joint Initiatives looking for shared outcomes

The New Zealand Government encourages ministries to work together to find effective ways of establishing collaborative practices. Examples of these which can support students with special needs and their families to access multiple agencies when required are: Strengthening Families, High and Complex Needs Initiative (HCN), and Youth Justice Teams (YOTS) .

Issues and Challenges

A key challenge in working collaboratively is the ability each agency has to prioritise their work in a way that meets the needs of partnering organisations. This can affect the alignment and timeliness of services.

The cost of working collaboratively is also raised. It can mean multiple resources are expended at the outset. However with a clear sense of purpose and well negotiated roles and responsibilities, the overall services can be less fragmented. This better coordination which is more supportive to families, aims at being not only more effective, but also more efficient in meeting the long term outcomes being sought.

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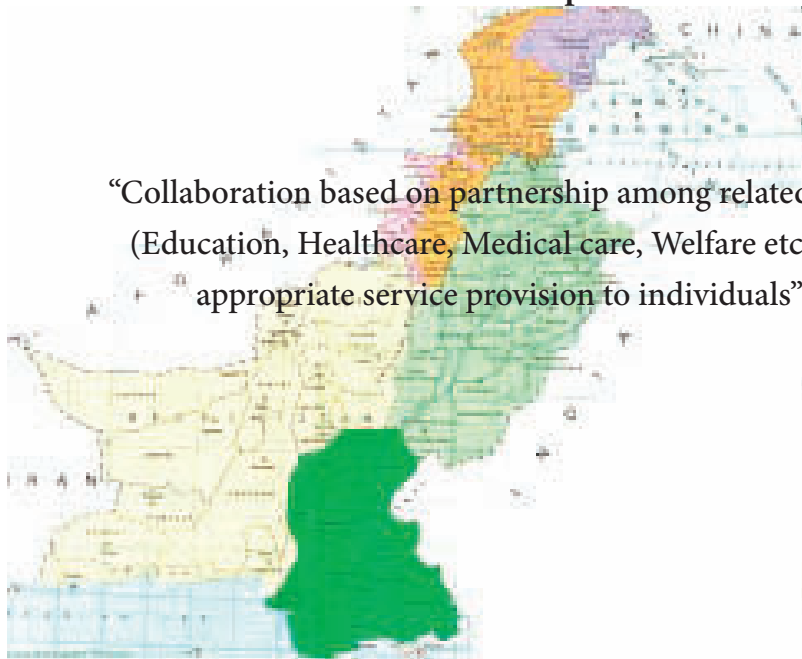
PAKISTAN

Country Report



PAKISTAN

The 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs



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Government of Pakistan

Introduction

The Islamic republic of Pakistan emerged on the map of the world as an independent sovereign state on 14th August 1947, as a result of the division of former British India. It is bounded by Iran in the west, Afghanistan in the north-west, India in the east and south east and Arabian Sea in the south. Pakistan covers 796,095 sq.km with a population of 160 million. It is divided into four provinces: Sindh, Punjab, North West Frontier Province and Balochistan.

The country has an agricultural economy with 75% of the population living in small towns and villages. Urdu is the national language and is used as a medium of understanding throughout the country but the official language of the country is English. The country comprises of a vast area that was the great center of ancient civilizations of the world. Ancient sites excavated in Taxila, Harappa, and Moenjodaro speak volumes for Pakistan rich cultural background dating back to 3,000 B.C. Northern part of the country had been home of the Ghandara civilization, whose remains are scattered all over the area.

Disability population analysis National

		MALE	FEMALE	TOTAL	%AGE
1.	TOTAL POPULATION (in million)	68.874	63.479	132.352	
2.	POPULATION OF PERSONS WITH DISABILITIES	1.919	1.374	3.293	2.49

(Census 1998)

Disabled Population

Disability	Male	Female	Total	%age
Visually Handicapped	146,029	119,369	265,398	8.06
Hearing Impaired	138,235	105,448	243,683	7.40
Physically Handicapped	382,262	243,523	625,785	19.00
Insane	119,645	91,209	210,854	6.40
Mentally Handicapped	134,887	115,297	250,184	7.60
Having more than one Disability	140,285	130,166	270,451	8.21
Others	857,362	569,438	1,426,800	43.33

Disability % age with respect to Age

Age / Years	0-4	5-15	15-29	30-59	60(+)
Visually Handicapped	10.93	19.86	18.76	24.67	25.79
Hearing Impaired	8.97	28.8	26.81	24.96	10.47
Physically Handicapped	5.09	16.33	17.85	26.57	34.26
Mentally Handicapped	9.92	23.2	28.75	28.73	9.38
Multiple disability	12.12	25.99	27.19	24.43	13.95
others	15.79	29.26	20.24	21.94	13.22

Like other countries of the world especially those of the ESCAP Region, Pakistan is actively engaged in the cause of empowerment of persons with disabilities. The constitution of the country guarantees adopting all possible measures for the welfare of the needy and deserving, including the disabled.

Although, in Pakistan, programs for welfare, education, training and rehabilitation of this segment of society, both at the public and private sector have been initiated since 1947, yet implementation of these programs received a momentum by celebrating the International Year of the Disabled Persons, 1981.

In order to organize and develop programs for persons with disabilities inline with the National and International commitments, Directorate General of Special Education was established in 1985 as a division in the Ministry of Health and Social Welfare, now a division of Ministry of Social Welfare & Special Education.

The Directorate General of Special Education was assigned the task of policy formation, planning and execution of special education projects. It was also responsible for coordination of Special Education and social activities at Federal, Provincial and NGOs level.

At the time of creation of Directorate General of Special Education, due to the severe shortage of trained experts in the field of special education, the standard and magnitude of the available services was not up to the desired level, so as an immediate step, Directorate General of Special Education took following immediate steps:

- i. Establishment of 46 models Special Education Centers at Divisional level.
- ii. Sent a contingent of teachers to the UK and USA to be trained as Master Trainers.
- iii. Established National Institute of Special Education (NISE) for in-service teachers, volunteers and parents.

- iv. Established Special Education Departments in three prominent Universities of the country that offered Master Degree as well as Ph.D level programs in the field of Special Needs Education
- v. Establishment of National Institute for Handicapped (NIH) for assessment and treatment of disabled.

Achievements of Pakistan towards “Collaboration based on partnership among related fields (Education, Healthcare, Medical care, Welfare etc.) for appropriate service provision to individuals”

National Policy for Persons with Disabilities

The policy was formulated after a lengthy consultative process involving the relevant Federal Government Ministries, such as Education, Health, Labor & Manpower, Housing & Works, Science & Technology and Planning & Development and their views incorporated in this document. This policy document incorporates a vision, its goal, a mission statement, the guiding principles, aims & objectives and strategies to achieve its objectively way of development and empowerment of persons with disabilities as they become contributing members of society.

The overall vision of the National Policy for Persons with Disabilities is to provide by 2025 an environment that would allow full realization of potential of persons with disabilities through their inclusive mainstreaming and providing them full support of the Government, private sector and civil society.

AREAS OF FOCUS AND SPECIAL ATTENTION

A) i- Prevention

The prevention of disabilities, to a large extent is the domain of the medical profession, family counselors, and social workers and has its basis in the research and training within those disciplines. However, educational services have a role to play through the provision of courses of study in school and college for students in the area of health, education and child development. National Plan of Action for the National Policy for Persons with Disabilities has defined the role of each department education as well as health to work for prevention of diseases that lead to disabilities. It is matter of great satisfaction that polio and smallpox have been eradicated from the country. Genetic counseling has also brought positive change in the incidence of inherited disabilities.

ii- Detection

A reliable and accessible diagnosis system at gross root level is a pre-requisite for the development of preventive and intervention strategies. Pakistan lacks this system, however, National Plan of Action has defined specific target for the Health Authorities for the establishment of effective and reliable early diagnostic and intervention system.

B) Education

Pakistan has made significant progress in all relevant areas since the establishment of Directorate General of Special Education. The provincial governments and NGOS joined the movement and initiated special projects. Special attention is being given to promote the goals of an inclusive, barrier free and right based society for persons with disabilities. Model projects in selected areas in normal schools have been initiated with the assistance of Sight Saver International, Braello Norway and World Bank. Additional programs for inclusive schooling for children with special needs have been started in the capital of the country and in some other areas. It is encouraging that education authorities have now been sensitized and are agree to adopt the inclusive mainstreaming. National Institute of Special Education has prepared a standardized curriculum for children with special needs up to Matric level. Development of curriculum up to Higher Secondary level is in progress.

C) Vocational Training for Rehabilitation

Federal Government has established vocational training institutes at Provincial and District Headquarters for rehabilitation of persons with disabilities through vocational training and employment. Provincial Governments, NGOs and Chamber of Commerce & Industries are also taking part in the vocational training and employment of the disabled to enable them to become active and participating members of the society. To further vocational rehabilitation following measures are being taken:

- i) Establishment of Integrated Workshops.
- ii) Establishment of vocational training centers at District level. Utilization of Vocational Training Programs administered by the Provincial and District Government and private agencies.
- iii) Linkage with relevant Government and non-government institutions for the utilization of their facilities by the persons with disabilities.
- iv) Existing over 100 training Institutions established under vocational training system will be utilized by keeping a provision of 5% seats for persons with disabilities in each training centre.

Vocational Rehabilitation

Although various training center for disabled adults are functioning in the country, however, their number and scope is much less then requirement. National Plan of Action has identified 23 actions to be taken by July 2007 and onward for vocational rehabilitation of Persons with Disabilities. Community based rehabilitation programs at Federal level is administered in the three districts of the country whereby volunteers from the community are mobilized to train the disabled adults to start their own job with the assistance and cooperation of local community.

Employment

Pakistan joined the select group of countries, which has not only ratified ILO convention 159 but

have also taken active legal steps to introduce legislation, which lays down quota for the employment of Persons with Disabilities. Disabled Persons, Employment & Rehabilitation Ordinance 1981, reserved 1% quota for persons with disabilities. This ordinance has been amended to increase the quota from 1% to 2%. It will be ensured that the National Policy and all its future modifications adhere to the principles laid down in the relevant articles of the convention 159, which deals with the vocational rehabilitation of persons with disabilities.

Self-Employment

National Plan of Action has suggested that all micro credit institutions and banks should develop and promote micro credit product with simplified procedure for persons with disabilities. National Council for Rehabilitation of Disabled Persons and its provincial counterpart i.e. PCRDP will coordinate with Small & Medium Enterprise Development Authority (SMEDA), First Women Bank Limited (FWBL), Khushali Bank and First Micro Credit Bank to facilitate the Persons with Disabilities in entering into self employment.

Accessible Barrier-Free Environment for Persons with Disabilities

In order to ensure safe and easy access of persons with disabilities in public places, buildings, code of practice for the design of new public buildings and for the adaptation of existing premises has been prepared and is ready for its approval from the competent forum for its implementation. Some of the major cities like Islamabad and Lahore have been declared Disabled Friendly Cities and actions for accessible and barrier-free environment are in progress. On 8th October, 2005 a large area of Northern part of the country and Azad Jammu & Kashmir was badly affected and many cities, towns and villages in the hilly areas were destroyed. The authorities responsible for reconstruction of these cities have been sensitized to include the component of accessible environment for disabled in all the public and private buildings during reconstruction process.

National Plan of Action

Major thrust areas of National Plan of Action 2006 includes early intervention assessment and medical treatment, education and training, vocational training, employment and rehabilitation, research and development, advocacy and mass awareness, sports and recreation, barrier-free buildings, parks and public places, strengthen of institutional mechanism and adequate funding. The areas of action of National Plan of Action are as under:

S/n	Action	Responsibility	Time Frame
1	Determining the extent of Disabilities and distribution of causes	M/O SW&SE and MOH with WHO technical support	July 2006 to December 2006
2	Improving prevention of injuries deficiencies, diseases and other factors known to cause disabilities	MOH/ DGSE/ Provincial Health Departments	July 2006 to onwards
3	Mobilizing early detection and intervention	MOH and Provincial Health Departments	July 2006 to onwards
4	Escalating the medical rehabilitation services	RMD, Mayo Hospital Lahore /AFIRM/ NIH/ DGSE	July 2006 onwards
5	Strengthening of special education for children with severe and moderately severe disabilities	DGSE, MOH and NIH	December, 2006
6	Promoting inclusive education for children with moderate and mild disabilities	MOH and DGSE/ M/o of SE & SE	July 2007 onwards
7	Women with disabilities	M/o SW & SE, MOWD, NGOs, SHOs and Human Rights Agencies	July 2007 onward
8	Access to information & communication including assistive technology	M/o SW & SE, MOIT and private companies	July 2007 onwards
9	Expanding & reinforcing vocational training, employment (including self employment) and Economic Rehabilitation	M/o SW & SE and MOL and MP	July 2007 onwards
10	Poverty alleviation through capacity-buildings, social security and sustainable livelihood programs	M/o SW & SE, Federal line Ministries and Prov. & District Govt.	July 2007 onwards
11	Legislative support for persons with disabilities	M/o SW & SE and MOL and MP	December 2006
12	Creating barrier-free physical environment	M/o SW & SE, MOH & Ws, PEC and NGOs	July 2007 onwards
13	Raising public acceptance & improving social environment and integration	M/o SW & SE, NCSW, Provincial SW Deptts, and NGOs	January 2007 onwards
14	Sports for person with disabilities	DGSE/ M/o YS & C	December 2006 onwards
15	Boosting capacity for production and supply of assistive aids including prosthetics, orthotics, and other supporting items & facilitation in duty free imports	NCRDP/ PCRDPs	January 2007 onwards

16	Increasing support to the NGOs for service delivery in rural areas	NTD through private sector	July to December 2006
17	Linkages at Federal, Provincial and District level	M/o SW & SE, Federal line Ministries and Provincial & Distt. Govt.	January 2007 to June 2007

Achievements

- Formulation of National Policy for Persons with Disabilities.
- National Plan of Action has been approved and is being circulated for its implementation.
- Proposed amendment in the “Disabled Persons (employment and rehabilitation) ordinance, 1981 to ensure its effective implementation.
- Awareness campaign through print/ electronic media.
- Establishment of a park for the disabled at F-9 Park, Islamabad.
- Establishment of hostel facility for children with disabilities at NSEC (HIC), Islamabad and SEC (PHC), Faisalabad
- Resource centre for low vision/ visually impaired students at National Library & Resource Center, Islamabad.
- Disabled persons have been declared eligible to appear in competitive examinations held by Federal Public Service Commission.
- Modified syllabus for hearing impaired children for Matriculation examination at federal level finalized.

Other achievements during the year 2005-2006

- Arrangement of five day International workshop on capacity building of self-help organizations of disabled in collaboration with APCD
- One-day seminar on accessible environment towards a barrier-free society for all, in the post earthquake areas in Pakistan with the cooperation of JICA and APCD
- Training workshops of teachers of normal schools for inclusive education at Islamabad, Lahore, Peshawar, Karachi, Quetta, Muzaffarabad & Gilgit.
- Three days workshop on inclusive education at Islamabad in collaboration with Sight Savers UK

PHILIPPINES

EDUCATIONAL ADMINISTRATION FOR CHILDREN WITH SPECIAL NEEDS (The Cupertino Center Experience)

I. INTRODUCTION

This is a case study of a private special school in the Philippines which has been in existence for 41 years. Presently called “Cupertino Center for Special Children”, I was asked to manage this SPED school after I finished my Master’s degree in Special Education in 1980. My son who is autistic also started his schooling in Cupertino that same year.

II. CLIENTELE:

Only three children registered in at the start of the school year of 1964 but the number rose to 44 at the end of the year. After the first decade the enrollment rose to 139 students which is more than what was expected since the physical facilities could only accommodate 90 students at a time. This happened at the time when there were few private special schools in the Philippines.

In the late eighties, when special education was fully established and well accepted in the Philippines, more special schools began to be established and in the nineties, regular schools have SPED groupings within their regular programs especially in the pre-school category. This made enrollment in the center fluctuate especially since mainstreaming and inclusion were practiced.

In the past, only children from three years up to fourteen were accepted to enroll, however there was a need to expand the vocational and therapeutic programs. At present, the age of the student depends on the program he/she would choose to enroll.

III. Services Offered / Programs

The school was established to provide educational and therapeutic management and remediation which are not available in a regular school or clinic. The thrust of all educational and therapeutic efforts at Cupertino Center evolves around the whole person, reflection of the Center’s holistic philosophy. The child is viewed as an individual with specific needs that must be satisfied and potentials that need to be stimulated for maximum functioning. Every student at school has an individualized (IEP) education and therapeutic program that is geared towards the facilitation of such potentials and satisfaction of such needs.

Among the services offered by the school are:

- A. SPED Elementary (based on the Department of Education Curriculum 4 to 14 years admission age)
- B. Independent and Productive Living Skills (15 to 21 years admission age)

Cupertino Center for Special Children is the first school in the Philippines that offer a sheltered workshop which is still in existence. The workshop is a handmade papermaking “factory” where the “employees” make the hand-made paper products like cards, picture frames, albums, lamps, etc. under the supervision of a manager/teacher. These products are sold and the income given to the workers. Aside from the sheltered workshop, the program includes on the job training such as office assistance, cooking and restaurant assistance, and janitorial, laundry and car wash assistance.

C. Therapeutic Programs for Adults (20-30 years admission age)

1. Art Therapy: Drawing, painting, crafts
2. Music Therapy: Instrument playing, singing, dancing, etc.
3. Therapeutic Sports: Swimming, basketball, badminton, etc.

D. Support Programs:

1. Staff Development
2. Parent Involvement
3. Caregiver Training

IV. Collaboration based on partnership Among Related Fields For Appropriate Services to Individuals with Special Needs

A. Schools

1. For research. The following are some master’s theses conducted with Cupertino students:
 - a) Art Workshop as Work Transition for Persons with Mental Retardation, 2006 (SPED).
 - b) Parents Expectations and Independence Training Programs for Students with Down Syndrome, 2006 (SPED)
 - c) The Effects of Fingermath Teaching on the Mentally Challenged Children 1999, (Childhood Education)
 - d) Curricular Provisions in Career Preparation for Filipino Adolescents with Mental Retardation, 1996 (SPED)
 - e) Cognitive-Behavior Modification “Training of Impulse Control in Hyperactive Children”, 1988 (Psychology)
 - f) The Verbal Output of the Educable Mentally Retarded Children of Cupertino Center, 1983 (SPED)
 - g) Perceptions of Parents and Teachers on the Effect of the Educational Program of St. Joseph of Cupertino on the Educable Mental Retardates, 1981 (Education)
 - h) Creative Dramatics as Therapy for the Communication Problems of Educable Mentally Retarded Children, 1979 (Occupational Therapy)

My own Doctoral Dissertation (1992) entitled “Factors Related to the Learning Style and School Performance of Special Children; Implications for Administration of Special Schools” had Cupertino students and their parents as participants with other special schools both private and public.

2. Practicum and Field Exposure:

The center is also open to practicum students from different colleges and universities in the country.

During their many festivities, the center opens its doors to grade school and high school students of different regular schools for socialization and friendly association.

Nursing students of regular schools are also accepted especially those in their senior year for their field exposure.

3. Mainstreaming and Referral Services:

The center refers its students to other regular schools like Montessori, some regular parochial schools, and the regular public schools.

B. Government Agencies:

In the year 2000, the Center developed a manual for detection of special children in day care centers throughout the country. This was in collaboration with the Department of Social Welfare and Development.

The Department of Agrarian Reform donated seeds and garden equipments for the center.

The National Housing Authority opens its doors for the on-the-job training programs.

C. Psychiatry, Psychology, Medicine, Occupational, and Physical Therapies, Speech Pathology

Psychiatrists receive numerous referrals from the center for children who need medication, psychologists do some I.Q. tests on some students, medical doctors and neurologists refer some of their patients to us.

The Center also hires occupational, speech and physical therapists for some children who might need them.

V. Present Issues / Concerns:

With the numerous opportunities from other countries (such as higher salaries) the center is losing many of its dedicated SPED teachers and therapists.

Sometimes the collaboration among the different agencies does not take place immediately because of ignorance of the other agencies about special children.

REPUBLIC OF KOREA

<26th Asia-Pacific International Seminar on Education for Individuals with Special Needs>

Title: Current Status and Prospects on Collaboration Among Related Agencies in Providing Appropriate Services for the individuals with disabilities

Kang, Kyungsook (KISE Researcher)

Prologue

To promote collaboration among related agencies supporting the individuals with disabilities, strong relationships and cooperative environments among agencies are preferable. The Ministry of Education and Human Resources Development¹ is exerting much effort to promote collaboration among agencies. For example, the Ministry of Health and Welfare and the Ministry of Gender Equality and Family worked together to provide free education and free childcare for children with disabilities, and the Ministry of Labor improved the vocational skills education system for students with disabilities. Other suggested issues that require much collaboration and attention among agencies include working with the Ministry of Construction and Transportation on operating convenient facilities, with the Ministry of Government Affairs and Home Affairs on setting, reducing, and exempting fees incurred by the individuals with disabilities to sustain daily living, and with the Ministry of Information and Communication on providing Internet access and resolving information accessibility issues.

This article will discuss collaborative efforts supporting individuals with disabilities in the infant/toddler period, the school-aged period, and the adulthood period following through the life span cycle. It will also discuss responsibilities of the Ministry of Education and Human Resources Development, which mainly supports school-aged students. The collaboration based on partnership among related fields must consider each level of the life span besides comparing them against educational age level. This article will discuss issues and current status of interagency collaboration for the infant/toddler period, and deliver examples from current practices for the elementary and secondary school-aged period.

¹ Estimated cost per one special education recipient is about US\$14,705 (about 14,085,000 Korean Won) in year 2006. 2006 special education budget is about 3.6% of total budget amount of the Ministry of Education and Human Resources Development. National average special education budget is about 3% of each regional education budget (the Ministry of Education and Human Resources Development 2006).

² Extracted from Lee, Sohyun, Kim, Juyoung, Lee, Sujung (2006).

I. Interagency Collaboration for Educational Support During the Infant/Toddler Period²

Current status and issues in the areas of legal and administrative support, and collaboration among related fields to support infant/toddler with disabilities in Korea are discussed.

1. Legal support and administrative structure

Administrative Structure to support infant/toddler with disabilities involves three agencies including, the Ministry of Health and Welfare, the Ministry of Gender Equality and Family, and the Ministry of Education and Human Resources Development. The Ministry of Health and Welfare operates the Policy Team for the Individuals with Disabilities led by the Policy Administrator for the Individuals with Disabilities that oversees and regulates issues related to the disability prevention and the disability occurrence. The Ministry of Gender Equality and Family operates the Division of Childcare Policy that oversees childcare supports for infant/toddler with disabilities.

<Table 1> Responsibilities of each agency and collaboration structure supporting infant/toddler with disabilities

Agency	Division	Affairs
The Ministry of Health and Welfare	The Policy Team for the Individuals with Disabilities led by the Policy Administrator for the Individuals with Disabilities	Disability prevention, early diagnosis, treatment therapy, and financial support
The Ministry of Gender Equality and Family	The Division of Childcare Policy	Childcare supports for infant/toddler with disabilities
The Ministry of Education and Human Resources Development	The Department of Special Education Policy located in the Division of Local Education Support	Free education for preschoolers, selection and placement of education recipients, and ensuring school entrance

Based on the Section 24 of the Toddler Education Law and the Section 5 of the Act on the Promotion of Education for the Handicapped, children with disabilities are entitled to receive free education when/if they attend kindergarten courses operate as special schools, special school kindergartens, special classes attached to national or public school kindergartens, and special

² Extracted from Lee, Sohyun, Kim, Juyoung, Lee, Sujung (2006).

classrooms placed in kindergartens established as annexes. If children attend general classrooms in public, national, or private kindergartens, they can still receive free education but only for 3 years between the ages 3 to 5.

The rights of infant/toddler with disabilities are supported and sustained by the constitutional law for both welfare and education. Individuals with Disabilities Education Act states basic provisions to provide all necessary supports for this period. Basic contents are divided into different laws; the Mother and Child Health Law covers disability prevention, diagnosis, and treatments; the Infant and Toddler Childcare Law covers childcare; and the Toddler Education Law and the Act on the Promotion of Education for the Handicapped covers education.

<Table 2> Comprehensive administrative structure to support infant/toddler with disabilities

Existing law	Supports	Separate divisions for establishing principles	Legal
Constitutional law	Rights of infant/toddler with disabilities		Provide principles and directions on supporting infant/toddler with disabilities who are members of the nation
Welfare of Disabled Persons Act	basic law to support infant/toddler with disabilities	Local Committee on Welfare for Individuals with Disabilities	
The Mother and Child Health Law	Disability prevention, finding, diagnosis, and treatment	The Mother and Child Welfare Council	Provide detailed supports on the disability prevention from the womb to the infant/toddler period, premature infants, and medical, health, and managing following occurrence of congenital abnormalities
The Infant and Toddler Childcare Law	Childcare for infant/toddler with disabilities	The Childcare Policy Committee	Provides detailed provisions on protection, childcare, and education of infant/toddler with disabilities
The Toddler Education Law	Education for infant/toddler with disabilities	The Infant/toddler Education Committee	Infant education (under 3 years old) is not included
The Act on the Promotion of Education for the Handicapped			Includes early intervention in the Section 8

2. Current status and issues

Administrative structure supporting infant/toddler with disabilities operates in a way that each related agency carries out its administrative duties, and if needed, the agencies collaborate through the policy planning committee. However, in practice, when a policy needs to be implemented, mediation by the policy planning committee, in most cases, never takes place, or does not go smoothly. In some cases, all necessary provisions are already included in the law, but there is no enforcement decrees or regulations passed, preventing carrying out organized operations. Current administrative structure has its own issues preventing it from becoming a comprehensive and organized support system to provide individualized services to each infant/toddler.

First, in relation to the early detection of children with disabilities, most children are found after their disabilities became fixed or permanent. By focusing on children, who already have their disabilities established and who are already recipients of supports, to find support recipients, the policy implementation shows that the early detection program, unfortunately, is not centered in prevention measures but rather centered in correction after the fact.

Second, <Table 3> shows number of infant/toddler placed in different childcare facilities. In order to implement inclusion, there are many infant/toddler with disabilities who receive free childcare in the childcare facilities (children receiving education in nurseries operated by the Ministry of Gender Equality and Family). Unfortunately, many facilities like nurseries or inclusive nurseries could not find special education teachers, which in turn, prevented providing quality services to children who should receive specialized supports that promote growth and development.

<Table 3> Number of infant/toddler in childcare and educational units (%)

Yr	Nursery exclusively for children with disabilities	Inclusive nursery for children with disabilities	Total	Kindergarten courses of special school	Special school kindergartens	Special classrooms in kindergarten	General classrooms in kindergarten	Total
03	3,278 (70.2)	1,390 (29.8)	4,668 (100)	351 (15.68)	1,450 (64.79)	339 (23.38)	143 (6.39)	2,283 (100)
04	3,935 (70.3)	1,666 (29.7)	5,601 (100)	381 (14.19)	897 (33.55)	400 (14.94)	999 (37.32)	2,677 (100)
05	4,471 (66.5)	2,253 (33.5)	6,724 (100)	334 (10.92)	854 (27.97)	475 (15.54)	1,394 (45.60)	3,057 (100)

Third, there is no structuralized and organized system for diagnosing, placing, and providing appropriate services. In order to resolve this issue, age appropriate diagnose process and criterions, and an eligibility approval system must be developed. Also there must be an organized effort to provide proven services for each age group, so that students can receive quality services.

Fourth, based on the Section 7 Subsection 1 of the Infant and Toddler Childcare Law, and the Section 13 Subsection 1 of the Enforcement Decree, The Childcare Information Center is established and operated, and the Central Childcare Information Center manages websites on childcare for children with disabilities (<http://special.educare.or.kr>). Through the site, the center provides various services including counseling on individualized education programs, on other childcare related topics, and on developmental issues. However, in order to provide individualized services, detailed structures need to be organized to support skilled human resources for necessary services.

3. Future expectations on collaboration and suggestions on improvements

Suggestions on improvements are listed below.

First, there should be a comprehensive centralized support system to manage the support structures for infant/toddler with disabilities, and to establish a comprehensive administrative system while supporting collaboration among various organizations. Especially, the comprehensive centralized support system should make collaboration among related agencies that support infant/toddler with disabilities (the Ministry of Health and Welfare, the Ministry of Education and Human Resources Development, and the Ministry of Gender Equality and Family) and give these agencies rights to regulate and mediate.

In other words, for collaboration purposes, there should be a policy mediation organization that can manage and regulate five laws and policies from related agencies, so that they all operate together as one comprehensive support system.

Second, laws and regulations related to supporting infant/toddler with disabilities (i.e. the Act on the Welfare of Individuals with Disabilities, the Act on Health of Mother and Child, the Act on the Promotion of Education for the Handicapped, the Act on the Education of Toddler, and the Act on Care Giving for Infant-Toddler) must include sections stating support systems, and establish a system that ensures providing collaborative services.

Third, implementing the follow-up system is suggested. As the selection process starts and as a diagnosis is requested, the system will begin to collect all relevant information (Cho, 2004) so that basis for individualized and appropriate services can be established, and the services do not have to be relevant to age, placement, or service level,

II. Collaboration for Educational Support During Elementary and Secondary Period

This section provides examples of collaboration in school systems where students with disabilities are instructed. Most current issues will be discussed as well. The Ministry of Education and Human Resources Development and the Ministry of Health and Welfare hold important rolls promoting collaborative supports for school-aged students. The collaborative supports would include the areas such as education, medical, welfare, and health.

1. Current status of hospital school operation for students with health impairment: collaboration between education and medical professions

If a student with chronic illness misses school for a long period of time, he/she may experience a sense of alienation, relationship difficulties with peers, widening study gap, and the loss of opportunity to advance to higher grades or school. In 2005, the Act on the Promotion of Education for the Handicapped is revised to include “health impairment because of long term illness”, and by doing so, established basis to support students in hospital schools. Because one teacher cannot teach secondary students of every subject from different grades, the Cyber Home Study and U-learning support system were developed to help students to access any particular subject contents at any time. Also future teachers and college students mentoring system was implemented to supplement much-needed teachers.

- Example of collaboration: students and parents understood requirements of the educational support and issues related to it. Hospital and general schools placed more hospital schools to establish consensus. Administrators allocated budget and provided administrative and financial support. Also, hospital associations, chronic illness associations, hospitals, and general schools all worked together to request adding hospital schools to ‘the assessment of medical institutions’ ran by the Ministry of Health and Welfare, so that hospital schools can be accepted as medical institutions.
- Instructions: Video conferencing system is installed in hospital schools and homes to broadcast customized instructions, so that students can participate classroom activities both at homes and hospital schools. Individualized instructions to meet student’s current level became possible by using two-way and real-time video instructions and the Cyber Home Study Service. Also parent tutors and volunteers with teaching license are utilized to interact with students. Instruction time is modified to accommodate students’ conditions. To provide psychological and emotional support, camping is held periodically.

2. After school activities for students with disabilities: collaboration between education and welfare

Local welfare facilities took in charge of teaching students with disabilities and following up in inclusive environment as after school activities. HaeNam Office of Education operates the after school educational activity program to support students with disabilities, who do not receive additional instructions other than regular school curriculums, by collaborating with schools, welfare facilities for the individuals with disabilities, and Office of Education. The activities include visiting homes, counseling with teachers, understanding students’ capabilities, and working together toward exhibitions or performances.

In order to improve distorted views on disabilities, and to promote inclusive education, the

Disability Awareness Program is currently running. The program provides access to information and direct experience with individuals with disabilities.

3. Health care and daily living in special schools: collaboration in educational, medical, health, and welfare fields

- Evaluation and selection of students with disabilities: Previously, special education teachers used evaluation tools to select and evaluate students with disabilities. Currently, to be selected as special education recipients, students with disabilities need to request the evaluation by psychologists at any medical facilities or special education support centers.
- Medical examination: According to 2005 revision of the School Health Act, 1st and 4th grader of elementary school, 1st grader of junior high school, and 1st grader of high school are required to go through medical examinations at local hospitals outside of school. That is, by using the partnering hospital appointment system, instead of receiving examinations at the school health service, students must receive examinations at local hospitals. Then the Ministry of Education provided expenses directly to local hospitals. This process is also an example of collaboration between schools, hospitals, and the Ministry of Education.
- Transportation support: To reduce costs involved in transportation, instead of operating a new school bus system, parents can use municipal-owned taxi system for the individuals with disabilities to send students to school. School pays expenses.
- School meal service support: Because special schools only provide uniformed utensils and use uniformed cooking methods, students with severe disabilities may not be able to consume school meals, if meals or utensils are not prepared in ways to meet the students' needs. However if a student does not have meals at school, he/she will not be able to receive support on meal charges. In this case, local communities can help to provide meals that students' conditions require.

4. Various human resources for inclusive education in elementary and secondary schools: collaboration between teachers

A. Placement of therapeutic education teachers in special classrooms in general schools

Despite of importance of therapeutic education field within special education, there is serious lack of available teachers trained in the field. Because of the given condition, utilization of itinerant teachers in charge of therapeutic education assigned to each municipal/provincial educational administrative agencies is suggested.

In 2006, 388 therapeutic education teachers are placed in 143 special schools to support therapeutic education of students who require special education.

Since 2006, therapeutic education teachers are began to be placed in special classrooms in general

schools. 130 teachers were placed in 16 separate municipal/provincial office of education.

<Table 4> Therapeutic education teachers placed in general schools in 2006

Seoul	Pusan	Taegu	Incheon	Kwangju	Daejeon	Ulsan	Kyunggi	Kangwon	Chungbuk	Chungnam	Chunbuk	Chunnam	Kyungbok	Kyungnam	Jaeju	Total
21	12	6	7	3	3	2	23	7	3	9	6	8	10	9	1	130

Currently, while working on the 7th Curriculum Revision, there have been heated discussions regarding eight areas of the therapeutic education curriculum including, language therapy, auditory training, physical therapy, occupational therapy, sensory-motor-perception training, psychological-behavioral adaptation training, mobility training, and daily living skills training. The reason for the debate is that, beginning in 2005, rehabilitation teachers (therapeutic education teachers) were placed in general schools, and it became apparent that one teacher couldn't proficiently learn all eight areas of the therapeutic education curriculum, and perform proficiently.

B. Placement of special education instructional aids

Paid aids are funded by nationally or locally (by the Ministry of Education and Human Resources Development), or local self-governing bodies and self-support guardianship organizations (under the Ministry of Health and Welfare) can provide funding as well. Non-paid aids come from public labors, military personnel for public service, and volunteers. Local welfare centers often submit the instructional aids program application to large corporations in Korea to secure funding to operate instructional aids program.

Since 2003, based on "the Comprehensive Plan for Special Education Progress" (2003-2007), paid special education instructional aids program was operated in its pilot stage. By the 1st quarter of 2006, 5,159 special education instructional aids were placed.

1st quarter of 2006, special education instructional aids funded by nationally or locally were 613 in special schools, 1,553 in special classrooms, and 290 in inclusive classrooms, totaling 2,456 aids. There were also 1,813 aids from public labors, military personnel for public service, and volunteers placed in various areas.

C. Mentor and mentee

Kyunggi Provincial Office of Education operates a system which special classroom teachers from general schools counsel and support inclusion classroom teachers in general schools that do not have any special classroom. Also they implemented the mentor system to support not only students with disabilities but also students with poor learning skills in general schools.

5. The Special Education Support Center

The Special Education Support Center is responsible for promoting collaboration among local disabilities and special education related agencies, information sharing, and follow-up management. The Bill for full revision of the Act on the Promotion of Education for the Handicapped is being proposed, and the Section 11 of the Act states the establishment and operation of the Special Education Support Center. Based on this section, childcare, medical, and vocational support can be provided for students with disabilities.

After the successful installment and operation of 26 Special Education Support Centers in 2001, all municipal/provincial Office of Education has established and been operating the support center since 2005.

All 181 local Office of Education operate the Special Education Support Center. Two special teachers or rehabilitation teachers funded by nationally are placed in 60 rural area (farming and fishing regions excluding the Special city, and metropolitan cities) and provincial Office of Education, totaling 120 teachers. There are also 41 personnel, funded municipally or provincially, assigned to supporting the center.

6. Additional information

A. Development and distribution of educational materials for students with disabilities

To develop educational contents for students with disabilities, applications for grants can be submitted to the Ministry of Information and Communication to secure the funding. The Korea Education and Research Information Service (KERIS) provides the digital study materials for students with disabilities, and works with the Korea Institute for Special Education to develop educational contents.

B. Expanding and improving convenient facilities for students with disabilities in general schools

Newly constructed buildings must have convenient facilities for individuals with disabilities. However, many general schools still have areas that are difficult to access by students with disabilities. The Ministry of Health and Welfare oversees administrative works related to installment and operation of convenient facilities.

Related law: “to provide accommodations for special education, each school principals must establish accommodation facilities based on the Section 2 Subsection 2 of the Convenience Improvement for the Individuals with Disabilities, the Elderly, Pregnant Women Act ”(the Section 12 Subsection 4 of the Act on the Promotion of Education for the Handicapped).

C. Information accessibility for individuals with disabilities (collaboration among agencies)

To bridge the gap for the information poor class (individuals with disabilities, elderly, farmers and

fishermen, and/or low-income class) in governmental level, the Act to Dissolve Information Gap was enacted in 2001. Based on this law, the Comprehensive Plan to Dissolve Information Gap (2001-2005) was implemented.

Projects from each agency:

- The Ministry of Education and Human Resources Development: Supply PCs to low-income family children and support communication expenses.
- The Ministry of Governmental Affairs and Home Affairs: Establish the information village, and provide information education to local residents and public service personnel.
- The Ministry of Culture and Tourism: Developing database of national records and comprehensive catalogue of information for individuals with visual impairments.
- The Ministry of Information and Communication: Provide information education for the information poor class, teach IT specific education to individuals with disabilities and teenagers from low-income families, and develop and distribute contents for individuals with disabilities and elderly.
- The Ministry of Labor: Operate the information system, the Internet center, the Cyber Education System, and the vocational skill development training for individuals with disabilities.

III. Collaboration Among Agencies to Promote Transition Education for Students with Disabilities

1. Vocational rehabilitation service

Promoting transition education for students with disabilities, moving from school to post secondary educational systems or vocations, requires collaboration between the Ministry of Education and Human Resources Development (special schools and classes), the Ministry of Health and Welfare (welfare centers for individuals with disabilities), and the Ministry of Labor (the Korean Employment Promotion Agency for the Individuals with Disabilities).

Related agencies work together to improve the quality of special education by promoting supports for vocational assessment, vocational education, job placement, and follow-up instruction for special education recipients.

Strengthen vocational education trainings for teachers assigned to secondary school special classroom to improve vocational skills of students who are in special classrooms.

Establishing and operating the industry dispatch classroom to promote collaborative education within job sites.

Example: Korea Sunjin School established and operated the job-site classroom at the local pharmaceutical company, by collaborating with the Korean Employment Promotion Agency for the

Individuals with Disabilities, for vocational adaptation training to promote employment and sustain continual employment of students with mental retardation.

2. Supporting college experience and independent living of students with disabilities as post-secondary educational opportunities

Lately, Not only students with visual, hearing, or mobility impairments, but also students with mental impairments have been advancing to post secondary schoolings. About 10% of graduates who received special education, advance to universities including specialized colleges (the Ministry of Education and Human Resources Development, 2006). Nowadays, universities are becoming a part of “life long learning institutions” even for students with mental retardation. Universities should operate a center to support the individual living in their campuses.

Related law: Based on the Section 10 of the Act on the Promotion of Education for the Handicapped, if special education recipients are accepted to college/university, they will be viewed as exception to the admission quota of colleges and universities (the Section 29 of the Enforcement Decree of the Higher Education Act).

Current trend: Since 1995, the Special Screening Standards for Applicants who received special education was implemented to promote higher education and vocational rehabilitation of students with disabilities.

IV. Challenges and Future Expectations

1. Challenges of collaboration

Even though theoretical concept of interagency collaboration is widely introduced in Korea and stated in laws and regulations, there are not many specific guides to how to actually implement it. Also, because Korea tends not to be culturally flexible, in many cases, each agency works independently. As a result, examples of collaboration are the fruits of continual efforts exerted by individuals in charge.

The reason for the title change from the Ministry of Education to the Ministry of Education and Human Resources Development was to promote comprehensive and structuralized management of human resources. However there has not been much noticeable change. For example, when assessing achievements of Office of Education, only results of projects funded within budget furnished by the Ministry of Education and Human Resources Development are evaluated. Because each agency plans their projects within budget allowed, and operates the projects separate from other agencies, interagency collaboration is minimal, causing omissions and duplications of the projects.

2. Future expectations on providing collaborative services for the individuals with disabilities

Continuing education including school-aged education for students with disabilities requires collaboration with educational facilities like special schools and special classrooms, vocational rehabilitation facilities like the center for vocational training for the individuals with disabilities, welfare facilities like the welfare center for the individuals with disabilities, and businesses.

Current delivery methods of continuing education for the individuals with disabilities in Korea are described next. The education section consists of the Ministry of Education and Human Resources Development, municipal/provincial Office of Education, municipal/area/local Office of Education, and special schools (classrooms) and general classrooms. Health and welfare section includes the Ministry of Health and Welfare, municipal/provincial office, municipal/area/local office, vocational rehabilitation facilities, and local community rehabilitation facilities. Employment section consists of the Ministry of Labor, the Korean Employment Promotion Agency for the Individuals with Disabilities, vocational specialized school, and the local offices of the Korean Employment Promotion Agency for the Individuals with Disabilities (Chung et al., 2001).

The reason why continuing education delivery methods have duplicate agencies and organizations listed is because of the Welfare Center for the Individuals with Disabilities under the Ministry of Health and Welfare which supports all areas including education, medical, vocational, and daily living of the individuals with disabilities based on age of the individuals with disabilities through the life span.

Future tasks to improve this issue are suggested below.

First, in the central administrative agency, establish and operate a comprehensive organization that mediate the special education and the continuing education policy making and executing, to sustain general supports through out life span.

Second, construct and operate the education support information system for the individuals with disabilities in local communities to support the continuing education of the individuals with disabilities.

Third, through pondering quality and quantity of services, instead of just implementing free education or compulsory education, provide research based and applicable services, and develop policies by implementing model programs.

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SRI LANKA

Country Report of Sri Lanka

Collaboration Based on Partnership Among Related Fields (Education, Healthcare, Medical Care, Welfare) for Appropriate Service Provision to Individuals.

Prepared for

The 26th Asia – Pacific International Seminar on Education for Individuals
with Special Needs

04th – 07th December 2006

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Yokohama – Japan

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Introduction

Sri Lanka is an island that consists of multinational, multi religious and multi cultural people. In ancient time our country was honored as the pearl of Indian Ocean. The percentage of the population can be categorized as follows. The majority of Sinhalese is about 74%, Tamils, about 18%, and the rest the minor group, Muslims and Burgers about 8%.

The main religion of our country is Buddhism and the religious can be mentioned as Hindu, Islam and Christianity. Because of this there are a multicultural patterns and multi attitudes can be seen in the social structure.

History proves our trend to education from the past. The education commenced from the Buddhism temples and then to “Guru gethara”, the headmaster house has expanded to the present school system – At the present this system has been established as government schools, Privet schools, special schools and as private schools with the expansion of various social concept.

History proves that various missionary groups also had maintained education programs in our country in the past. By inquiring the history it reveals that they are the pioneers who start institutes for the people who have the special needs. Those days they were named as “Madam”. Various special steps can be seen when looking back to the journey of the institute for the people of having special needs.

Initialization

- Provide education by subordinate special schools. The attention was paid for welfare and education of them.

eg:- The School for the visually and hearing impaired pupils at Ratmalana (1912).

- Today, integration education and inclusion education has been added to the education process. The institutions that commenced under the Portuguese, Dutch and English colonial periods mostly performed the process of nursing and adopting pupils of this type. But with the start of special schools much attention was paid for education.

The establishment of the special schools was increased with the idea of giving them education moving beyond from the concept of nursing them.

The details and the data are given in the following table regarding the special schools. (government subordinate schools) which are implementing at present in Sri Lanka.

Assisted Schools

Province	No of Schools	No of Teachers	No of Students
Western Pro	10	167	1258
North C. Pro	02	30	221
Eastern Pro	04	93	483
No. W. Pro	02	48	409
North C. Pro	01	17	91
Sabaragamuwa	02	18	176
Uwa	03	35	248
Total	25	429	3086

Source - Ministry of Education - Sri Lanka 2005

In Sri Lanka enrollment of pupils that are having special needs to the general ----- taken place under the new concept of integration in 1960. Under this concept the priority was privileged to have education visually impaired pupils and to the mentally retarded pupils with the improvement of concepts. In between seventy and eighty decades this operation were expanded.

The system of education in Sri Lanka consists of Sinhala medium schools, Tamil medium and a hand full of English medium schools. Whatever the medium is there are lot of international and national pollicies which has attached to the system of education in this country. By this time there are lot of principals of education and bills have been established to expose every child to social and educational equality.

- The regulations were imposed to admit all children between age 6-14 to the school system.

1961 – National Educational Commission

- According to the convention of children education – Education for all in Sri Lanka

1990 – Convention of child rights

- The conference held in Spanish with the participants of 92 countries introduced the inclusive education policy.

1994 – Salamanka Statement (Salamanka)

- Legislation regulation for compulsory education –

It is compulsory to provide education for all between age group – (5-14)

1997 – Special Gazette Announcement

At present, the opportunity has given to the pupils of heavily special needs to enter the education process in each school such as National schools and provincial schools in our country.

Provincial Data

Provincial Schools			
No: of School		Teachers	Students
W.P	91	137	2000
C.P	218	220	4035
N.P	63	63	800
E.P	7	7	3000
N.W.P	214	217	2207
N.C.P	72	76	1300
S.P	74	74	1400
U.P	31	35	4000
Total	770	829	18742

National School

Province	Schools	Teachers	Students
W.P	14	33	785
C.P	15	16	1600
N.P	11	16	300
E.P	4	4	103
N.W.P	9	12	300
N.C.P	6	6	100
Sa.P	11	23	328
U.P	12	14	400
Total	82	124	3916

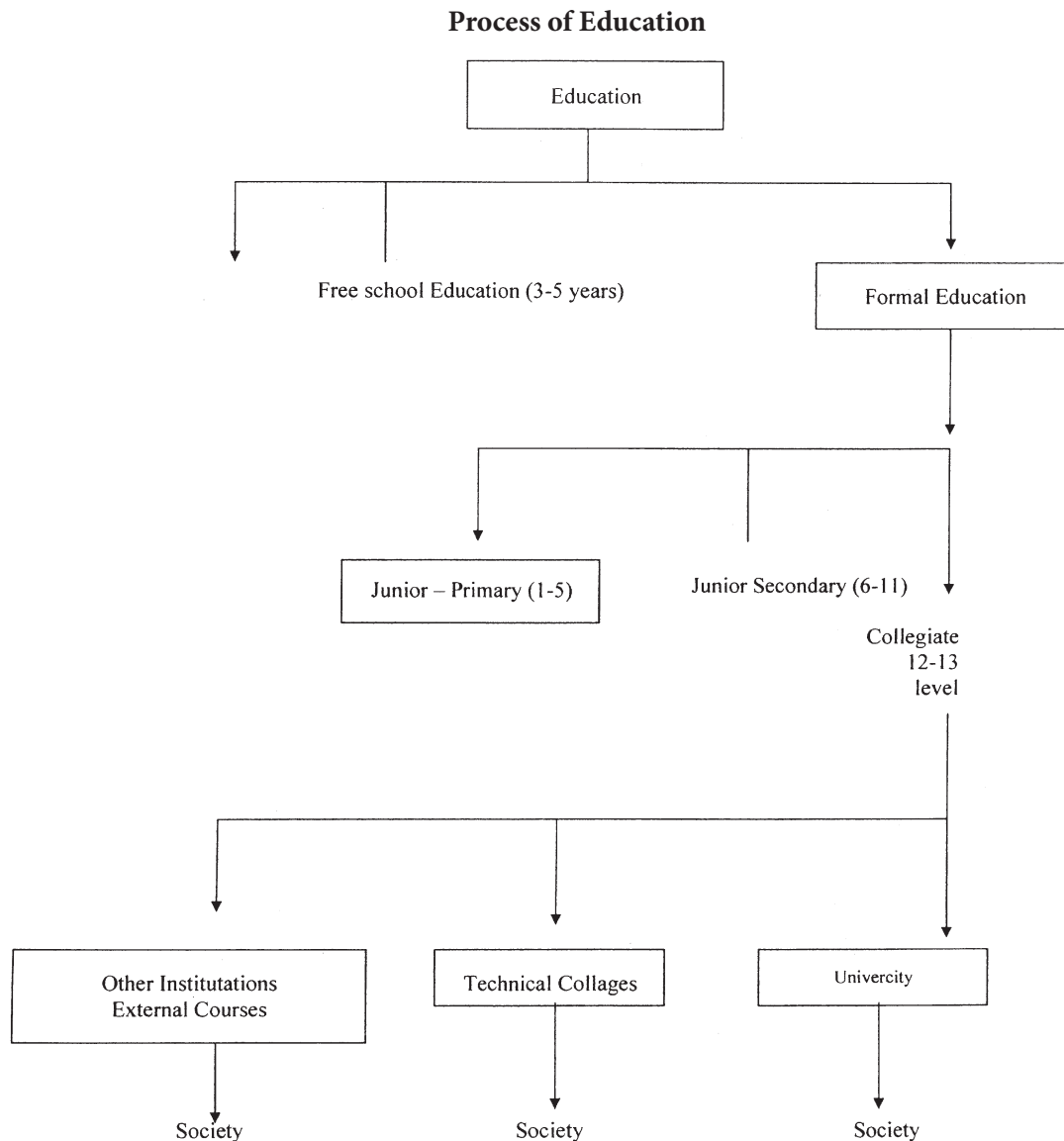
At present, there are about 257411 pupils who require special educational needs in schools under about 1382 teachers has been revealed according to the data of Mio.E – 2005

But the researches have revealed that the number of students who want any special need is about 45% out of the total population of Sri Lanka.

It is very essential the contribution of health, medical and welfare services when facilitating the persons with special needs.

The Literate is like a sharpened tool one's life to live in the society as a good citizen. In the society he comments his own idea, build up the interpersonal relationship with others. The education effects basically and in great deal for his economic and social development as well as to be a social – sensitive citizen.

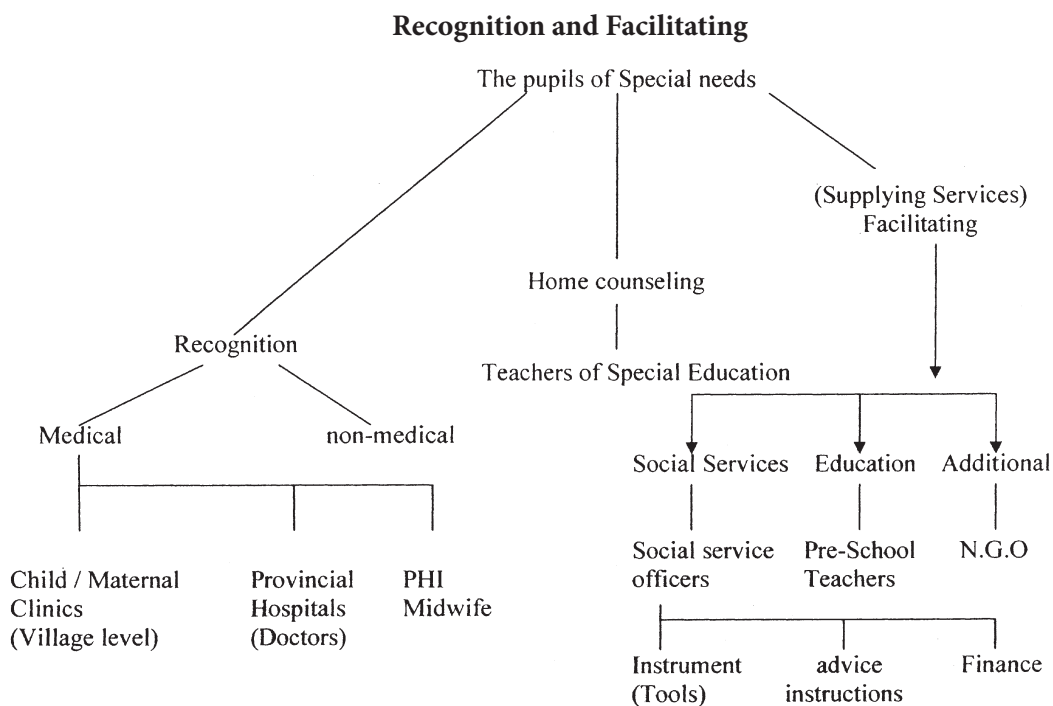
We have heard that the only difference between the man and animal is the education. So, man is a unique animal of the living being. He governs the physical and biological environment around him as he wishes. He is having his own strength and the method for same process of education offers all these things to the next generation and contributes the development of the society.



The first interference for the disabled pupil can be seen from their stage of free child development. The department of education provides the services as chancellery or by reaching their homes pupils who recognized under climax checking or any other way.

Implementing preschools can be seen in many provinces in our country for there pupils. The special trained teachers N.I.E contributes these schools except these data collecting various types of data about these pupils and facilitating is being done at present. In Sri Lanka one of the officers from the section is being served in each secretarial decisions.

A Pre-child develop officer is attached to each divisional education office and provides their service for the disabled children and in other many ways – Their task is to guide them to the medical checkups to the clinics, for the treatment and to special education units – They arrange awareness programs for the parents of these pupils too.



The child moves to the formal education after the pre school education. The ministry of education allocates monitory funds for this. Also the ministry of education provides school uniforms, textbooks, monitory funds for quality input for all the pupils meals for some pupils in rural schools.

Mostly the government been the human resources and physical resources to the teachers learning process in the schools. The government bares a considerable expense for printing textbooks to the visually handicapped pupils under the Brail system. Considering the “equality” in education it is a must to have the same opportunities for the disabilities in entering the government schools and special schools as well as the normal pupils. For this purpose the necessity of “pre-interference.”

The chance of entering the schools has given to the pupils of aged 4 years and nine months based on the necessity of pre-interference. Stressing this requirement these pupils get the opportunity to follow the same curriculum with the other pupils as well. Most of the time changes can be seen in the curriculum for the betterment of the visually handicapped pupils. And also, the government has given them the chance of sitting for the enemy common examinations with other pupils. The government sponsors most of the training session, workshops, seminars and camps for the teachers who can facilitate the disabilities. The other non-governmental organization also contributes for they’re training session. For example the following institutes also contributes this.

Plan International Institute
World Vision
SIDA
UNICEF

It is visible that the social justice and social relationships (International) are creating for the persons with special need with the improvement of education.

The Autism Center, commenced on 2005, for the autistic children at Mahalaga Teaching Collage can be mentioned as a result of integration the field of education and other fields. The Department of health services contributed for this task.

The survives are being supplied for the pupils who are having special needs under the programs such as annual clinics for pupils. (Dental, eye clinic) immunizing programs, and through various awareness programs.

Eg. The immunization for rubella for all types of medical clinics implementing in schools been become to it's supreme level in the country today. The permanent dental clinics, implementing in schools are progressed as the best health programs in various parts of the island. Except this, the clinics implementing is the hospitals in provincial levels can be introduced as a truthful service.



Specially the service is being done for the visually impaired and hearing impaired pupils by the clinics is praise worthy. In these clinics they supply not only the medical advice but also the

instruments like (spectacles) eye-glasses, hearing aid etc.

The trend to expose them to these clinics has been increased gradually with the connection of the school. And it is a very successful process.

eg. The assistance given by the “Visual Foundation” is very remarkable in either province as well as in Kandy.

A considerable number of operations are being done per a day for the pupils having cataracts and squint in this hospital.

In provincial levels the Medical Officers of Health and Public Health Inspectors render a great service to each and every school. The tests are being conducted for these selected pupils and they are forwarded to the oncoming programs. These Health Programs are been done regularly.

Free medical facilities have been supplied for the pupils who need psychotherapy, Speech therapy and many other services in hospital levels.

The seminars are the awareness programs regarding the disabled. People are being conducted mainly by the field of education and field of Health services. The contribution of the N.G.O is also remarkable in this field.

Welfare

Though the welfare prevails it's the government basic responsibility many non-governmental organizations, associations and teams are also contribute the field of welfare. The Ministry of Social Welfare, Women Bureau, The Department of Child care and probation. The Department of Social services and “Shia Foundation also perform many duties towards the social welfare. The present government has proposed to give an allowance of Rs. 3000/- for each in the community of disables from the previous budget. In addition to the monitory aid given by the Department of Social Services they have taken steps to supply other necessary instruments as, spectacles, wheel chairs, sewing machines etc.

The present government has declared it as their responsibility of fulfilling various needs of the pupils under the Child Bureau. It is worthy to mention here the service rendering by the government & health condition of the people.

The government's assistance to celebrate the special days of the disabled and to motivate them in education, social and in the field of health is appreciable.

This is a special fact that should be mentioned regarding the street children. At present they have supplied with permanent hostels and school education enhancing their social states.

Celebration the International Days for the Children with disabilities.

The government sector and the earlier mentioned Non governmental Organizations contribute a lot to celebrate the special International days such as The International Day of white walking stick and a wrist watch (Brail medium) are offered. The talking watch, which is commonly used at present, is too included in the aids.

In our country lot of associations have established for the welfare of the people who need special attention. eg: All Island deaf children's parents' association.

These associations perform various tasks independently and also under the government sponsorship these tasks are consist of the evaluation of the aesthetic skills camps for showing the sport skills, programs for literary etc. From these tasks the disabled pupils also earn a social validity respect and acceptance like others. Simultaneously the socialization takes place in them. Welfare programs for the pupils with special needs can be seen in several provinces in the island. (The Board for rehabilitating disabled pupils has been implementing since 1987 in the North Western Province) In Matara district and some other provinces also have set up such associations by this time giving bursary is the main process and many other welfare activities are being performed.

Communication

Communication is the most powerful factor achieving one's goals. In our country a considerable service has performed for the betterment of the hearing impaired person. National Committee is one of them and it implements workshops in Sinhala people for the rest of them. Current news is given through News to them. The news is presented with the general news. The government sector and the private sector support for this news telecast. Sri Lanka Rupavahini Corporation telecast News under the private sectors sponsorship.

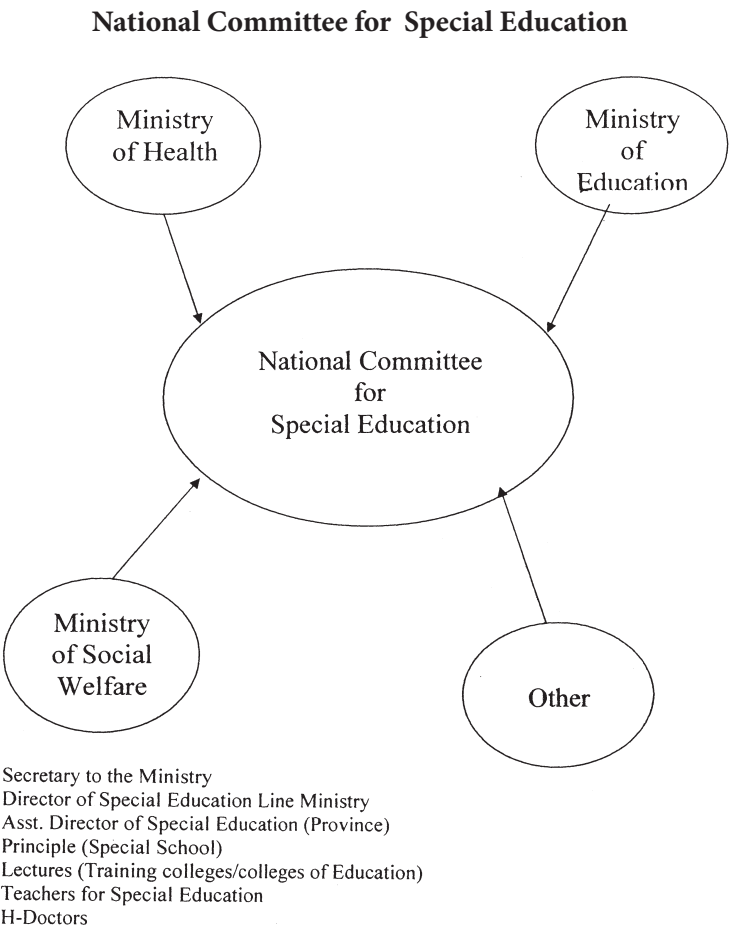
Professional Welfare

It is necessary to engage in a job to fulfil the life of the person with special need. It paves the way for his own welfare and the development of the country. In connection with this a large number of job oriented programs are being implemented. At the end of the pupils vocational training given by the Department for Social Services pupils are provided with tool kits relevant for the professional sheet they were trained for (Seeduwa Vocational Training Center) so, the disabled have gained an

opportunity to obtained the employment both in the government sector and the private sector. In our country, a policy decision has made to recruit 3% (three percent) from the disabled while filling the vacancies in the public sector and the private sector.

The opportunity had been given to visually impaired graduate teachers in 2004-2005 when enrolling the teachers under the government employment program for graduates. In Sri Lanka various welfare programs are being implemented in some provinces by the Community Based Rehabilitation Programs too. Mostly, these programs create opportunities for the persons with special needs to be socialized.

National Committee for Special Education, This committee has established with the patronage of Ministry of education. The Ministry of education, Health and Social services represent this committee except there various associations, private special schools, representatives of the non governmental organizations, Sri Lanka Association for visually handicapped and the Association for serving Deaf. Regarding Special education needs various proposals in decision making, getting approval and for implementing are submitted to the Minister of education. The examinations, Health, proposals for professional problems, and administrative activities of the persons with special needs are being performed by this persons the task of building up the interrelationship among the field of education, Health, Medical and Welfare when implementing various programs for the persons with special needs.



Challenges and the issues that are to be faced for the persons with special needs – even now.

The problem in participating for educational and vocational training for all the disabled community. The enrollment for training is being done under various criteria.

The difference in attitudes or disagreements in the performance of multi fields.

The lack of vocational training programs using modern technical equipment and scarcity of such equipment.

The society gains positive attitudes very slowly (The slowness of gaining positive attitudes in the Society)

The difficulty in accessing a profession even though the adequate training had gained.

Suggestions

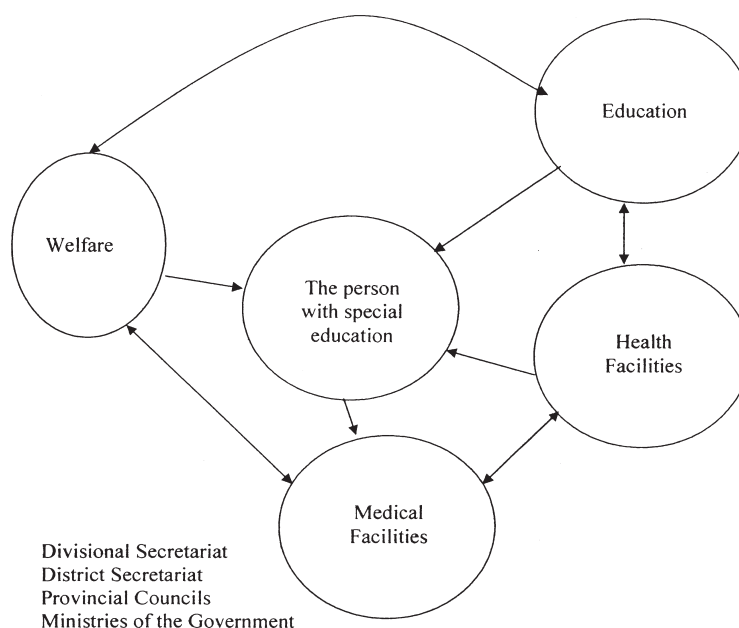
- Utilization of modern technical methods and introduction of such technical equipment make them advance.
- Introducing new professions and methods of life style, related to modern technology.
- By evaluating the talents of the special persons and introduce them to the general public. Improve the positive attitude and disabled through this education.

Future Ambitions

Many a talent and visible among the persons with special needs. They are very from person to person. It is our duty to recognize these variations and their talents and to utilize them for the development of the society. Then only, social justice would take place for their lives.

Hence, the main intend is to establish a 'National Institute' for the community of disabilities. And it is intended to get the active participation from not only the Ministry of Education, Health and Social services, but also from the other ministries.

How should be the inter field harmony



THAILAND

Developing Educational Models Suitable for the Special Needs of the Students with Visual Impairment

Pikul Leosiripong

The students with educational special needs are divided into 9 categories by the Ministry of Education of Thailand, one of which is those with visual impairment. (The Office of Basic Education Commission, 2005) According to the 1997 Constitution of the Kingdom of Thailand and the 1999 National Education Act, with the 2nd amendment in 2002, these students have the right to fundamental education for at least 12 years like other children without paying any expenses. The government has to provide early education for these students from birth or as soon as their educational special needs are found, with facilities, media, services and other educational assistances. During the past decade, attempts in searching, screening, improving and transferring have facilitated their accession to the services; some services have not been consistent with their needs since their needs are vastly different; context of their families and communities vary; socio - economic condition and problems are complicated, and the weakness of some serving units. The aim of education of present Thailand is to develop the capacities of Thai students and youths to be learning people with required characteristics in order to be able to solve their problems with consciousness and to live well in globalized society. There are 2 government schools for the persons with visual impairment, one in the North and the other in the South. The northern school for the blind under the patronage of the Queen is in Chiang Mai. It is responsible for 16 provinces to educate the students from kindergarten to grade 12 ---some are boarded, but there are also some students from other provinces, making the total number of provinces twenty -two. Formerly, the school admitted primary students and provided them with the core curriculum for the blind such as Braille reading and writing, orientation and mobility. The students with academic readiness would be sent to study in mainstreaming schools. The others who are older would attend a vocational training or informal education.

When the school was assigned to educate the students for at least 12 years, and admit the students with additional disabilities, it has been developing in order to meet the educational standards and the students' needs. The quality of the students' lives is considered to be one of the important aim of education. To make each student achieve the rights and opportunities to develop his/ her high capacities, and the profile of his/her success was identified as follow :

Every student is ready and has alternative ways to develop his capacities at his best
--

The framework to be used in development of the model to respond the students special needs as mentioned was experimented during 2002-2004 in 3 phases, and fully conducted in 2005, as follows :

Phase I : Problems , Needs of the students and school were analyzed

32 % of the students had low vision, 68 % were blind. 29.1 % of the visual impaired students had additional disabilities, i.e. intellectual disabilities 3.4 % , learning disabilities 18.4, autism 2.4, physical handicapped 2.9, hard hearing 1.0, and behavioral and emotional problems 1.0. Most of them came from poor, agricultural families, 22.8 % of which were tribal groups. Some students first came to school when they were old without any schooling experiences. Some were severely handicapped and the school could not afford the guardians

For school problems, the personnel had limitation in educating the visual-impaired students with additional disabilities; some students failed repeatedly for years; the facilities, equipments and services were not consistent to the students' needs and learning resources were not sufficient. There were no remedial programs or transferring programs. There were only individualized educational plan without parents' participation. There were a little integrated instruction into real life usage.

Phase II Experiment of improving education for the students

The students are divided into 4 groups for improvement as follows:

Group I consisted of the students who came to the kindergarten at the proper age. They were treated with IEP which included the meetings among teachers, parents and specialists from the hospital. The school developed the teachers in integrated instruction, activities arranging to enhance the students' development, and cooperated with healthcare units and provincial social development unit providing parent workshop for taking care of the children. These activities were also adopted to be used in teaching units and learning resources in communities.

Group II consisted of those who had been in school and came to study at the primary level, but without knowing how to read and write Braille, and those who had low vision had not been trained to use some facilities. These students were screened so that those with low vision would be trained to use their sights and to use facilitating equipments. Those who were blind would be taught to read and write Braille for 2 hours a day, along with regular studies.

Group III consisted of those who finished primary education and did not continue their studies because of too old ages and those who had never been schooled and come at an old age, i.e. – above 14 years. These student were divided into two sub-groups: 1) those who passed schooling were educated with the high-school level of informal curriculum and were trained with several vocational courses such as raising pigs, poultry; weaving cloth; wicker works; planting; making fertilizer, massaging and learning how to use computers. 2) Those without any fundamental education were trained with integrated programs for living and pre-vocation which included several alternatives. Most of the students from this group were sent to workplace to gain working experiences during summer.

Group IV consisted of those with visual impairment and other disabilities. They were further divided into two sub-groups 1) The boarded students were arranged into two age-groups-- 10 – 16 years and 17 – 21 years, to be trained parallelly with integrated programs for self-help skills, social skills, grouped and individual working skills; 2) Those who are not boarded are visited by the teachers

and specialists and three parents were invited to attend the Home Program to make the Individualized Family Service Plan at school for 2 weeks. This program was held 2 times a semester, and the parents were trained with the IFSP, and they were visited once a month.

Phase III Evaluation of the Experiment and development of the instructional model focus on child-centered process

Model I Pre-school → Therapeutic program, integrated program based on the core curriculum and Pre-Braille & Orientation and Mobility.

Primary-Secondary → Additional program for reading and writing Braille, Orientations & Mobility; Promotion of special abilities and manipulating technologies in elementary education

Model II Primary – Secondary level → additional program for reading and writing Braille; Orientation & Mobility.

Manipulating technologies for learning in non-formal education at primary & secondary levels, plus vocational training program

Model III Primary level → School program which consists of integrating skills in living, working and Orientations & Mobility, along with occupational therapy for grown children.

Home program consists of IFSP and boarding the students and parents for one week per month, and sending teachers and occupational therapist at home once a week.

Phase IV Implementation of the Educational Model

Implementing the model in the real situation, the administrative structure and defining jobs were included adjusting to cover every model; holding workshops to envision the personnel, and systemizing the transferring within and between the models included other organizations like hospitals, work places and schools ; conducting the meeting within and among the groups once a month to present the results and problems. Since the budget, facilities and materials were necessary, the school had cooperated with other organizations, GO's and NGO's in several activities to come some additional income such as conducting the bowling game, Buddha images contest, and funding from several government and private organizations both in the country and from foreign countries. The strategies were integrated in implementing: participation, personnel development, recruiting sources from communities, supervision and evaluation.

The Outcomes of implementing the Educational Models for visual impaired students.

1. The students who received the services in each model had apparent progress in learning to adjust themselves living with others, to accept regulations, to be responsible, to take care of themselves. Some whose special abilities had been encouraged became more confident and were able to lead the groups of special talents in music, sports, computer skills and occupations, which enabled them participate in various social activities and earn some income. Having opportunities to show their

capacities made the people realize and have better attitudes which lead to supports in school projects such as student capacity promotion, making media and developing learning sources, student study-tours, material provision and increase of student scholarship. It was also found that the results of national tests of levels 3 and 6 were satisfying.

2. The students without fundamental skills in reading and writing Braille were continuously developed through 1 : 1 teaching in specific problem solving classes and small groups teaching classes. This helped them attend the ordinary classes sooner and would possibly be successful in studying

3. The student had several choices of the models which were suitable for them, with supports from the parents and the alumni association in conducting activities to develop them continuously, such as finding places for them to practice during summer, finding and being instructors in vocational workshops, etc.

4. The teachers also learned from learning activities, media and material development for the students who were responsible and realized the importance of working with parents as partners. There were exchanges and communication during the development.

5. The teachers were more skillful in integrated teaching units which were more related with the community in each level. The integration was more interdisciplinary. The students practiced by themselves and used various community sources. An integration day was held for the students in the same level to share their learning and to know more friends, which lead to acceptance of differences.

6. There were several environmental adjustments, such as classrooms, therapeutic rooms, technology and computer rooms, library, music rooms, making and mending media room, and AV rooms. Also provided were materials for lending and for service according to the students needs.

7. The school had a variety of student developing programs, covering special skills of learning, vocational training, capacity-developing activities, of which the methodologies were constantly developed, making it a community source of learning, where several institutes and organizations come to observe, study and practice.

GENERAL DISCUSSION

The 26th Asia-Pacific International Seminar on Education for Individuals with Special Needs

1. General Presentation

The theme for this five-year term is “Advancement of Education to Meet the Special Needs of Individuals – Toward Realization of Principle of Equity and Social Cohesion”. The sub-theme for this year is “Collaboration Based on Partnership among Related Fields (Education, Healthcare, Medical Care, Welfare, etc) for appropriate service provision to individuals. The study visit to Regional Activity Home, DONTOKOI MINAMI on Dec.4th preceded the seminar which was held in Yokohama, Japan, from Dec.5th to 7th.

The delegates from 14 Asia-Pacific countries participated in the seminar; namely, Australia, Bangladesh, China, India, Indonesia, Japan, Malaysia, Nepal, New Zealand, Pakistan, The Philippines, Korea, Sri Lanka, and Thailand,

Key note speech delivered by Mr. Nishimaki of the National Institute of Special Education, Japan, gave an overview of historical, demographical, political and philosophical background of education for persons with disabilities. The key concept of welfare and education in Japan is “Cohesive Society” and the trend of service provision “from National Minimum to Local Optimum” was described . A successful local model of Konan City was presented in the Japanese country report.

The country reports by the delegates gave overviews of the educational systems of their countries highlighting some statistics, and issues regarding partnerships as well as suggested indigenous measures both at governmental and nongovernmental levels for improving the existing models of collaboration.

2. What are yielded from the Q&A and discussion sessions?

- * “ Having many specialists” does not necessarily mean assurance of quality support. “too many” if uncoordinated. The important thing is that if they can make good networking, coordinating and utilizing existing resources in the community, in order to pursue QOL of individuals with disabilities and their families.
- * Not only school perspective but community perspective is very important, and teachers can be the pivot persons for collaboration among “medicine”, “ welfare” and “education.”
- * There are different levels of collaboration - from community level to national government; unstructured one to structured one. Communication and cooperation are essential elements in every level.
- * Welfare should be based on human rights not charity. Disability policy should be addressed in comprehensive legal framework.
- * Identification of child needs, solution or resources needs collaboration of various fields, and

each of them provide different angles to complete pictures.

- * Outcome based indicators have to be developed. Commitments to partners are important.

- * Documentation and dissemination of good collaborative practice are needed.

- * Structure of service provision through collaboration can be developed utilizing available resources and specific conditions in each country. “Inclusion” is important principle to achieve, but each country can follow own way to achieve it.

“Collaboration mandated by fragmentation of resources” vs. “intentional collaboration”, “designed collaboration” vs. “non-designed collaboration”

3. Framework for General Discussion and Summary (Implication from the Seminar)

- 1) What were the similar experiences?
- 2) What were new experiences in individual countries?
- 3) What were best practices – from which we can learn?
- 4) Suggestions for future
 - (1) Indicators
 - (2) Others
- 5) Common Vision, Common Understanding
Collaborative modality for future

<Proceedings of the General Discussion>

Chair: Ms. Yunying Chen (China)

Ms. Adele Peart-Baillie (New Zealand)

1) What were the similar experiences?

- * Funding mechanisms for collaborative practices

 - Funding through community organizations

 - How do we mobilize communities?

- * Collaboration between government and other agencies

 - Private sectors?

- * Many/most countries’ education is not always with the ministry of education- leads to segregation of those with disabilities, fragmentation of support is a problem for both general and disabled.

- * Funding insufficient, so it is necessary to supplement this by other agencies. Government should be the leader, however.

- * In many countries many education systems are not as responsive as they could be. Governments’ responsibility to advocate/ensure the rights of the disabled are met. (“international legislation” for all?)

* Family is the fundamental organization & community which should take responsibility.

2) What were best practices – from which we can learn?

<India>

- Decentralization for building plans, finding what was required from the local community.
- Provision for disabled included in provisions for all children
- Private community and other organizations need to be mobilized for funding educational initiatives for children with special needs
- A bottom up approach
- Teacher training- 5 days minimum/mandatory for all/strong support
- Ratification need to be followed and implemented
- Numbers of structure are already in place. Utilizing the services of these existing services first would be a better idea than building new ones and duplication of efforts. So funding should be utilized appropriately.

<Bangladesh>

- We are not serving sufficiently with those with disabilities.
- Children's voice is important/ parents involvement is very important. More disabled people should be present at this forum.

<Pakistan>

- China, India & Korea gave very interesting reports. How does this decentralization work? Elected bodies at local level work in communities and report to state authorities. Decision makers for all children (in terms of education) monitored and managed at the local level.

<Philippines >

- Private sector/NGO- support the government
- Dissemination of information campaign is very important. Awareness programs work.
- Communication strategy- invitational to the community to engage.
- Curriculum issues –difficult to find time to adapt

<China>

- Countries are shifting from central to decentralized, or decentralized to centralized. Should be the system that the country wants according to their circumstances. Centralization and decentralization should be balanced.
- Framework required- centralized policy with local management, school/community based service provision.

<Nepal>

- School implement planning-all stakeholders involved in the planning. Funds are provided by the government based on that plan.

<Korea>

- Disability awareness –to raise the issues around why inclusive education is the important

policy and philosophy. Promoting inclusive education.

<Sri Lanka>

- First person is the child. In order to share and utilize resources, decentralization is needed.

<Indonesia>

- Inclusive education is one option- Special schools are in the cities, and strategies for rural areas may be different from those for the cities.

<Malaysia>

- Special Needs Advisor Council- national level
A good way to collaborate with other agencies/parents/NGOs

3) What are some indicators as suggestions for future?

- Teacher factor (Inclusive education)
- Curriculum
- A system approach
 - Both process and outcome are important
 - Inputs will vary with each country
- Are the children with disabilities enjoying rights to education?
 - Not just enrolling
 - Are they participating?
- School performance
 - coping mechanism of parents
 - child learning
 - Socio-economic status
- Promote compulsory education
 - Quality of learning
 - Quality of teachers
 - Quality of community – a welcoming community
- Transition to adult life
- Understanding what child needs to learn, not what they are supposed to teach
- World education indicators
 - UNESCO approach to have special needs indicators included

APPENDIX

Regional activity home DONTOKOI MINAMI

Regional activity home
DONTOKOIMINAMI

**“Live in your own way and in your community,
with visible peace of mind.”**



A social welfare corporation Yokohama-Kyouseikai
Regional activity home DONTOKOIMINAMI

4-270-3 Nakamura-cho, Minami-ku, Yokohama-shi 232-0033

TEL 045-264-2866 FAX 045-264-2966

MAIL dontokoi@y-kyousei.or.jp

URL <http://www.y-kyousei.or.jp/dontokoi/>

Guide to activities

<p>Consultation (Care management)</p> <p>Please consult with us on any matter that concerns you. We will provide (and manage) services that meet your use needs.</p>	<p>Regional exchange</p> <p>Support for volunteer activities We provide a venue for volunteer activities while building volunteer networks, holding events, and providing training</p>
<p>Living support (temporary care, short stay)</p> <p>We can provide care on behalf of family members during family emergencies or hospitalization, or when they go shopping, travel, or participate in ceremonies or special events. This service is available for short periods of time or several days.</p>	<p>Toy library(Minamikko Room)</p> <p>With many toys, a sandbox, and a pool, the toy library offers a place for play, meeting friends, and interchange.</p>
<p>Support of leisure activities</p> <p>We plan various events and social gatherings to help everyone with disabilities enjoy their holidays and leisure time.</p>	<p>Day services</p> <p>We support the social participation of people with disabilities through our workplaces and activity venues.</p> <ul style="list-style-type: none"> • Bread shop, coffee shop • Handmade crafts shop (creative activities) • Outdoor activities • Light work <p>※ “Jushin B” day services</p>
<p>Various other services</p> <p>We will coordinate our services to meet your needs.</p>	

DONTOKOIMINAMI

Our aims

No matter the subject, we will take whatever time is necessary to address concerns together with our users. We will see no problem as impossible to solve.

By coordinating existing services and quickly addressing individual needs in every way possible, we will become a community mainstay that helps both disabled people and their families live in the region with peace of mind.

We will view communication, cooperation, and exchange as essential elements of community development.

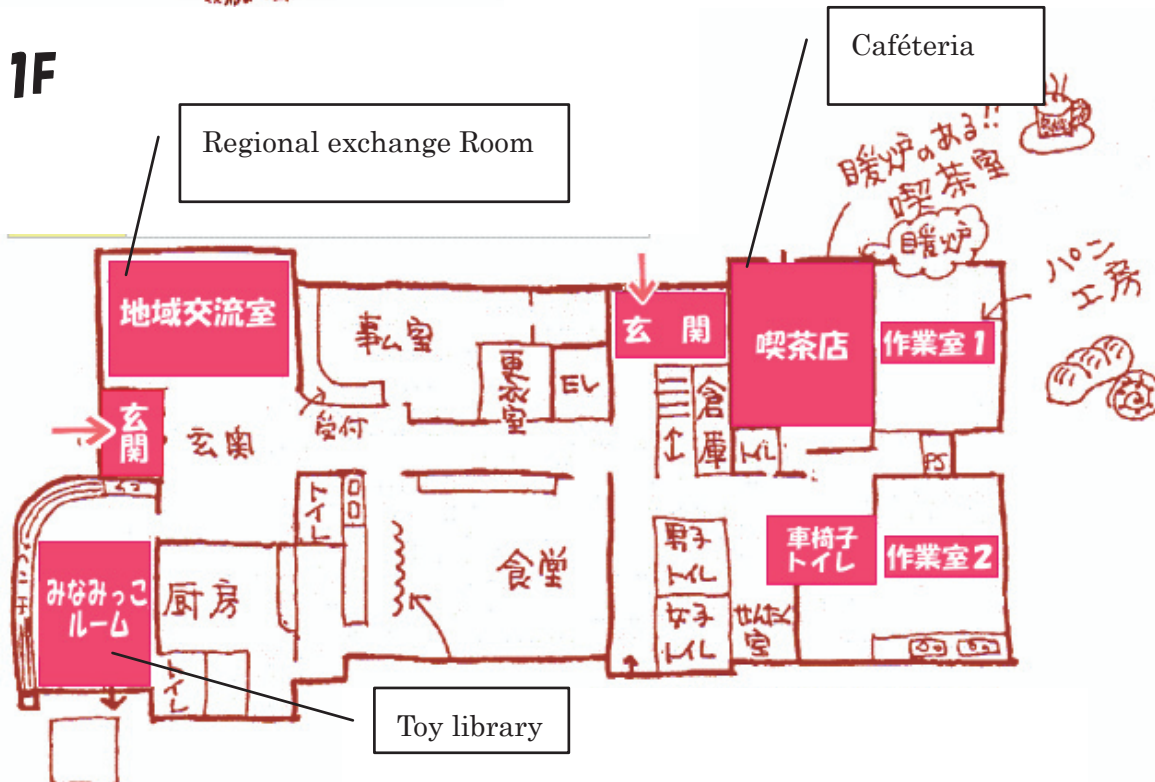
We will value the individual, and support each person's personal choices and decisions.

ZF

Size 1,500m2



Cafeteria



DONTOKOI MINAMI

Regional activity home DONTOKOI MINAMI : Number of users (service recipients) in the fiscal year of 2006

	Month	Total in the fiscal year of 2005	4	5	6	7	8	9	10	11	12	1	2	3	Total
Consultation (Care management)	Number of newly registered users in the month	225	10	10	18	17	10	9							74
	Gross users of consultation services (previously registered users)	735	128	91	155	154	100	121							749
	Total of registered users	681	691	701	719	736	746	755							755
Day services	User capacity (including both “physical disabilities” and “intellectual disabilities” sections)	46	46	46	46	46	46	46							46
	Number of days they provide “Day services”	243	20	20	20	20	23	20							123
	Registered users with physical disabilities	55	37	51	41	41	40	38							51
	Gross users of “Day services” (physical disabilities)	3167	228	247	275	235	243	225							1459
	Lunch service	3059	222	234	267	226	237	225							1459
	Bath service	964	62	73	81	77	78	72							443
	Transportation service	4855	338	385	398	353	368	343							2185
Day services	Average number of users (physical disabilities)	13	11.4	12.4	12.5	11.7	10.6	11.5							12
	% (Average number of users with physical disabilities/ User capacity of 23)	58%	50%	54%	54%	51%	46%	50%							51%
	Registered users with intellectual disabilities	62	51	66	54	56	56	57							66
	Gross users of “Day services” (intellectual disabilities)	5172	424	429	469	416	484	451							2673
	Lunch service	5157	431	438	478	424	491	459							2721
	Bath service	95	1	0	0	0	1	1							3
	Transportation service	5470	509	494	531	488	544	500							3066
	Average number of users per day (intellectual disabilities)	21	21.2	21.5	21.3	20.8	21.1	22.5							21
	% (Average number of users with intellectual disabilities/ User capacity of 23)	93%	92%	93%	93%	90%	92%	98%							93%

“Day services” for persons with severe multiple disabilities	User capacity	5	5	5	5	5	5	5							5
	Number of days they provide “Day services”	22	20	20	22	20	23	20							125
	Gross users of “Day services” (severe and multiple disabilities)	33	97	117	101	99	125	95							634
	Lunch service	33	96	105	98	97	118	90							604
	Transportation service	57	184	191	15	179	217	176							962
	Average number of users per day (severe and multiple disabilities)	1.5	4.9	5.9	4.6	5.0	5.4	4.75							5.1
	% (Average number of users with severe & multiple disabilities/ User capacity of 5)	30%	97%	117%	92%	99%	109%	95%							101%
Short stay services (overnights stay)	Number of people who stay	510	43	47	48	58	57	52							305
	Gross users of short stay services	963	74	76	82	108	100	81							521
	Average number of users per day	2.6	2.5	2.5	2.6	3.5	3.2	2.6							2.8
	Actual count of users	499	43	47	47	58	57	52							304
Temporary care (day time)	Number of service provision	2609	284	311	313	349	360	290							1907
	Hours of service provision	9821	1049	1082	1088	1441	1716	1037							7413
	Numbers of transportation provision for the service	888	141	151	117	117	27	138							691
Support of leisure activities	Number of service provision	20	2	1	0	2	6	2							13
	Number of participants	81	8	3	0	7	19								37
Toy library	Adult users	1683	120	154	190	209	197	152							1022
	Child users	2057	135	160	218	244	253	171							1181

Number of registered users of “Day services” (at May 31st, 2006)

Ward in which users inhabit	Physical disabilities	Intellectual disabilities	Total
Minami-ward	26	45	71
Names of other wards in Yokohama-city	4	3	7
Names of other wards in Yokohama-city	5	2	7
Names of other wards in Yokohama-city	11	11	22
Names of other wards in Yokohama-city	3	2	5
Names of other wards in Yokohama-city	1		1
Names of other wards in Yokohama-city		2	2
Names of other wards in Yokohama-city	1		1
Names of other wards in Yokohama-city		1	1
Sum of users from other wards	25	21	45
Total of users	51	66	117

**Final Report of the
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Needs 2006**

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