

**REPUBLIC OF KOREA**

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

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**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 Development\(^1\) 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.

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\(^1\) 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).

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

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

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

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

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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>
<thead>
<tr>
<th>Existing law</th>
<th>Supports</th>
<th>Separate divisions for establishing principles</th>
<th>Legal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitutional law</td>
<td>Rights of infant/toddler with disabilities</td>
<td></td>
<td>Provide principles and directions on supporting infant/toddler with disabilities who are members of the nation</td>
</tr>
<tr>
<td>Welfare of Disabled Persons Act</td>
<td>basic law to support infant/toddler with disabilities</td>
<td>Local Committee on Welfare for Individuals with Disabilities</td>
<td></td>
</tr>
<tr>
<td>The Mother and Child Health Law</td>
<td>Disability prevention, finding, diagnosis, and treatment</td>
<td>The Mother and Child Welfare Council</td>
<td>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</td>
</tr>
<tr>
<td>The Infant and Toddler Childcare Law</td>
<td>Childcare for infant/toddler with disabilities</td>
<td>The Childcare Policy Committee</td>
<td>Provides detailed provisions on protection, childcare, and education of infant/toddler with disabilities</td>
</tr>
<tr>
<td>The Toddler Education Law</td>
<td>Education for infant/toddler with disabilities</td>
<td>The Infant/toddler Education Committee</td>
<td>Infant education (under 3 years old) is not included</td>
</tr>
<tr>
<td>The Act on the Promotion of Education for the Handicapped</td>
<td></td>
<td></td>
<td>Includes early intervention in the Section 8</td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Yr</th>
<th>Nursery exclusively for children with disabilities</th>
<th>Inclusive nursery for children with disabilities</th>
<th>Total</th>
<th>Kindergarten courses of special school</th>
<th>Special school kindergartens</th>
<th>Special classrooms in kindergarten</th>
<th>General classrooms in kindergarten</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>3,278 (70.2)</td>
<td>1,390 (29.8)</td>
<td>4,668 (100)</td>
<td>351 (15.68)</td>
<td>1,450 (64.79)</td>
<td>339 (23.38)</td>
<td>143 (6.39)</td>
<td>2,283 (100)</td>
</tr>
<tr>
<td>04</td>
<td>3,935 (70.3)</td>
<td>1,666 (29.7)</td>
<td>5,601 (100)</td>
<td>381 (14.19)</td>
<td>897 (33.55)</td>
<td>400 (14.94)</td>
<td>999 (37.32)</td>
<td>2,677 (100)</td>
</tr>
<tr>
<td>05</td>
<td>4,471 (66.5)</td>
<td>2,253 (33.5)</td>
<td>6,724 (100)</td>
<td>334 (10.92)</td>
<td>854 (27.97)</td>
<td>475 (15.54)</td>
<td>1,394 (45.60)</td>
<td>3,057 (100)</td>
</tr>
</tbody>
</table>

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 lose 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 | Busan | Taegue | Incheon | Kwangju | Daejin | Ulsan | Kyung | Kangwon | Chungbok | Chungnam | Chunbok | Chunnam | Kyungbok | Kyungnam | Jeju | Total |
|---------|-------|-------|--------|---------|---------|--------|-------|-------|---------|----------|----------|---------|---------|---------|---------|-------|-------|-------|
|         | 21    | 12    | 6      | 7       | 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 gab for the information poor class (individuals with disabilities, elderly, farmers and
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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