SUMMARY REPORT: BRUNEI DARUSSALAM, SAMOA, THAILAND AND VIETNAM

Case Studies for Guidelines for Action to Include Children and Youth with Disabilities in School Systems within the EFA Monitoring Process

Based on a Protocol for In-country assessment of Inclusion of Children and Youth with Disabilities in the National Education System

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Introduction

Brunei Darussalam, Samoa, Thailand and Vietnam, four countries with quite diverse geographic, economic, political and social situations are included in the case studies summarized here. These case studies were conducted to add country-specific experiences to the process of developing regional guidelines for action to include children with disabilities in school systems within the EFA Monitoring Process. These studies were conducted between late 2004 and early 2005; visits were undertaken over just one week or periodically over several months. Samoa and Brunei are countries with relatively small populations; just 180,000 in the case of Samoa and 300,000 in Brunei, while Thailand and Vietnam have millions of inhabitants each. Brunei is located on the island of Borneo, and depends largely on oil and natural gas for its high-income per capita. Samoa is an island nation consisting of four main inhabited islands located halfway between Hawaii and New Zealand. Thailand and Vietnam are on the East and West of the Southeast Asian peninsula shared also by Cambodia and Laos. Vietnam still has significant presence of international NGOs and large development projects.

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

SECTION 1: OVERVIEW OF EDUCATION OF CHILDREN WITH DISABILITIES

1. Determining factors and catalysts that led to the decision to include CWD in the national education system

All countries mention the Salamanca framework of 1994 as having a positive effect on developments within the country. Other catalysts in the inclusion of children with disabilities in education, mentioned in several of the reports, are: the Agenda for Action for the Asian and Pacific Decade of Disabled Person 1993-2002, the Biwako Millennium Framework for Action, policy guidelines for the second Asian and Pacific Decade of Disabled Persons 2003-2012 and UNESCO guidelines in Thailand and Education for All.

In Brunei, the Special Education Unit was established in this year and in other countries the issue was given more attention in policy development and implementation at this time. Brunei also began development of special education programs for teacher training in 1994. The government of Samoa passed Western Samoa Compulsory Education Act in 1992; however NGOs remained the preferred source of support to children with disability (CWD). From 1993-1994, the government of Samoa reviewed all aspects of education in Samoa and this resulted in the Western Samoa Education Policies and Education Strategies 1995-2005, containing the first plan to begin to provide educational services to CWD in the formal education sector. Positive developments for CWD in Samoa since 1995 have taken place, including a survey conducted in...
2000 to identify all children with special needs.

Thailand first saw the inclusion of blind children in mainstream schools in 1956, after some other blind students had been educated in special schools by the NGO sector since the 1930s. Integration continued in the 1950-1980 with further government initiatives, focusing, however on single-disability integration. In the 1980s there was increasing pressure for integration. The 1990s saw the beginnings of a more comprehensive approach, with the passage of the Disabled Persons Act in 1991, providing classification criteria, enhanced and protected rights of persons with disabilities and instituted a registration process and provision of access to rehabilitation. Persons with disabilities were also provided the right to basic education, occupational education and higher education; a right confirmed in the Constitution of 1997 and expanded in the National Education Act of 1999. Disability leaders, including those participating on the Advisory Committee on Disability to the Prime Minister, appointed for the first time in 2000, played an important role in the policy breakthrough. Advocacy began in 1982, the UN International Year of the Disabled. In 1999, the campaign demanded that all children must have the right to attend school and receive an education.

In Vietnam, inclusive education had already been discussed as early as 1985 in a UNESCO workshop and since 1987 Vietnam has had a series of pilot projects on inclusive education. Several years were required in order to understand the demands and system needs of inclusive education, including curriculum adjustment and increasing use of collaborative learning and sharing. The rights of people with disabilities were also further in the Disability Ordinance passed in 1998. While inclusive education is not yet implemented broadly in practice, these years of development serve as a solid basis for further changes in the future.


All countries have compulsory education laws which cover various periods of schooling as described in below (Table 1). All countries except Brunei have EFA plans and monitoring programs. All countries also have some provision in law or in the EFA plan related to coverage of education for children with disabilities. All countries have some programs for early childhood education. In Vietnam, these are still pilot projects and access would not be guaranteed throughout the country.
Table 1. Compulsory Education and EFA Monitoring Plans

<table>
<thead>
<tr>
<th>Country</th>
<th>Years of compulsory education</th>
<th>Ages for compulsory education</th>
<th>Mention of children with disabilities in policy or EFA plans</th>
<th>EFA Plan/Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunei Darussalam</td>
<td>12</td>
<td>6-18 years</td>
<td>“National Education Policy Statement, that all children of school age be provided with 12 years of education, includes children with special needs who can become contributing members of society if an appropriate educational program is offered.” –SEU Special Education Policy Guidelines booklet from 1997</td>
<td>No</td>
</tr>
<tr>
<td>Samoa</td>
<td>9</td>
<td>5-14 years</td>
<td>Current education policy included the aim of a database of children with special needs, training and support for SNE teachers, development of SNE units and grants to NGOs.</td>
<td>Yes</td>
</tr>
<tr>
<td>Thailand</td>
<td>9</td>
<td>6-15 years</td>
<td>“EFA must cover all target groups including the special needs groups in society such as those with physical, mental, intellectual, emotional, communication and learning disabilities, as well as all disadvantaged groups.”</td>
<td>Yes</td>
</tr>
<tr>
<td>Vietnam</td>
<td>5</td>
<td>6 to 10 or 11 years</td>
<td>EFA Plan includes one brief mention of children with disabilities as a component of other disadvantaged groups that need to be included in the school system.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2003-2015</td>
</tr>
</tbody>
</table>

The Brunei government has instituted a system coordinated by the Special Education Unit of the Ministry of Education, which sets standards and develops and implements policies, assists in developing guidelines, reviews and evaluates programs, provides direct assistance to students, training for in-service teachers and supports educational research and information sharing. All heads of schools and colleges are tasked to provide services in the school, which will be age and educational-level appropriate. The system in Brunei relies upon the support of Special Educational Needs Assistance (SENA) teachers and a School-Based Team (SBT) including the principal and teachers to develop and support the individual education plans of the students.

Educational policy in Samoa, with compulsory education in place since 1992, has completed a first cycle of implementation (1995-2005) and is now under review and revision. The key concepts of this policy are equity, quality, relevancy and efficiency, which implicitly support the inclusion of children with disabilities. The EFA plan in Samoa was developed through a consultative process based on previous educational policies and plans. A Special Needs Education Advisory Committee (SNEAC), created in 1999, includes representation from NGOs, parents, DPOs and other relevant ministries who are consulted in development of policies and practices. The most recent development is the agreement of the Prime Minister to consider the incorporation of a “Disability Action Task Force under the auspice of the Prime Minister’s Department.

The Thai government has plans to extend early childhood care for children aged 0-3 years. The EFA Plan for Thailand was developed by a technical team comprising government agencies, NGOs and organizations of or for persons with disabilities. Thai policy is committed to ensuring that every disabled child receives assistance and education. It supports a system of integrated education moving towards inclusive education, and envisages education from birth. National policy also included a strategy for finding out-of-school children through Special Education Centers in each province. Care will also be offered to families when their children are identified, by providing early intervention and assisted access to school. In 2002, Ministerial Regulations
were issued to ensure provision of educational services for people with disabilities. Other Ministerial Regulations related to educational provision by families included persons with disabilities and organizations of parents in the drafting process. In addition, a Committee for the Educational Reform for Persons with Disabilities, the Underprivileged and the Gifted has also been established to formulate a framework and policies.

In Vietnam, the main possibility for nationwide coverage of education for children with disabilities is as a subgroup of disadvantaged children in the World Bank Primary Education for Disadvantaged Children program in partnership with the Ministry of Education and Training. The EFA planning process here also included provincial-level planning for implementation. The Government has developed Strategies for Educational Development (2001-2010) to provide access to 50% of disabled children by 2005 and 70% by 2010. Vietnam has established a National Coordinating Committee on Disability (NCCD) led by the Ministry of Labour, Invalids and Social Affairs. There are also plans to develop a nationwide policy on inclusive education that could be in place as of 2005. A Steering Committee on Inclusive Education at the National Level on disability education policy is also in the planning stages and could be approved in the near term. In 1995, several policies were issued to transfer to the Ministry of Education and Training administration and policy implementation for children with disabilities (from the Ministry of Labour, Invalids and Social Affairs), urging 100% enrollment of children with disabilities and urging teacher-training for inclusive education, especially in areas without special schools. The six priority areas of the Education Plan for Children with Disabilities from 2003-2015 include: the promotion of information-education-communication activities related to education for children with disabilities; to develop statistics of children with disabilities; to train teachers regarding inclusive education; to renovate infrastructure and build resources for education of children with disabilities; to increase the percentage of children with disabilities enrollment in primary schools to 70%; and to develop legislation and policies on education for children with disabilities (including regulating objectives, content, methods and evaluation of education for children with disabilities; training programs and plans for teachers and Inter-ministry circulars providing guidance of schemes, policies, infrastructure, equipment for education for children with disabilities).

3. National legislation on education and children with disabilities

All countries have legal requirements for compulsory education, as outlined in the above section on policy. All countries include provisions on equal rights in their constitutions.

In Brunei, the Education Order, dated 31 December 2003 outlines the formal legislative framework of the educational system under the Constitution of Brunei. According to this legislation: "Subject to any requirements of the National Education Policy, the minister shall ensure that a child of school-going age is given the opportunity to attend primary school and secondary school and complete the course of study provided therein."

Samoa’s Constitution declares all persons to be equal before the law and prohibiting discrimination based on disability. While in early years, as in the Education Ordinance of 1959, children could be exempted from school on the basis of physical or mental handicap, as of the Education Amendment act of 1991-1992, compulsory education is mandated for all children from 5-14 years of age. The Education Ordinance is currently under revision to include Early Childhood and Second Chance Learning into the National EFA plan and adding reviews of building codes for accessibility. It is widely acknowledged that there is very little enforcement of compulsory education, as evidenced by the numbers of children with disability that were
identified in a year 2000 survey who are not in any educational setting as well as those children “working” in one town or receiving care in the family home.

The Rehabilitation of Disabled Persons Act (1991), the result of a cooperative effort involving government, private sector, academics, and organizations of persons with disabilities, is the first Thai law specifically targeting the rights of persons with disabilities. The Act includes provisions on the establishment of an advisory committee within the Department of Public Welfare, (the Committee for the Rehabilitation of Disabled Persons); duties within the Department of Public Welfare; registration of persons who wish to apply for services including education provided through special or mainstream schools; and the Establishment of a Fund for the Rehabilitation of Disabled Persons with the aim of granting loans to persons with disabilities. The Constitution of the Kingdom of Thailand (1997) states that all persons are equal before the law and that all discrimination is prohibited based on physical or health conditions (Section 30). The Disabled or Handicapped shall have the right to receive public conveniences and other aids from the State (Section 55), including education. The State shall also guarantee a good life for persons with disabilities and improve upon their ability to depend upon themselves for health protection and quality of life. The National Education Act mandates compulsory education for all children and explicitly references persons with disabilities; protecting their rights as stated in the Constitution. Disabled persons have the same right to 12 years of free, basic education. In addition, early intervention services are provided, educational materials and assistive devices and children must be registered, assessed by teachers and provided with an IEP. It is illegal for children with disabilities to be out of school. The 2002 Ministerial Regulations include a budget allocation for special education, training requirements for service providers, early intervention, IEP provision, assistance devices and a coupon scheme for assistive devices and equipment. In addition, teachers cannot refuse to educate a disabled child.

The 1992 Constitution of Vietnam (Art. 35) states that education is the first priority of national policy. The Law on Universal Primary Education of 1998 makes school compulsory for children between the ages of 6 and 10 or 11 years. There is no specific reference here to children with disabilities. Provisions exist to exempt families from school fees and increase pay of special education teachers in other laws related to education of children with disabilities. The Disability Ordinance of 1998 supports education for children with disabilities: “Education for disabled children shall be organized and carried out in the forms of integration schooling at general schools or specialized schools for the disabled, nursing homes for the disabled and at the family.” The Law on Protection, Care and Education of Children (1991) places the impetus for the care of children on all of society.

4. Providers of education to children and youth with disabilities

All countries have both special schools and integrated schools and some schools in both the formal and non-formal sectors. All countries have considerable involvement on the part of NGOs in service provision, most in the non-formal sector. In general, children tend to be included in formal mainstream systems if their disabilities are slight and easily overcome with assistive devices or other accommodations.

Brunei likely has the most coordinated system of the four countries studied due to the small size of the country and the role of the Special Education Unit there, though a national database is only in development stages. In Brunei, the main educational providers are the government and NGOs, though their efforts are, in general, closely coordinated in terms of which services are offered to which groups. Some children may attend both NGO programs and formal schooling. The government is the main provider of formal schooling to children with disabilities with the NGO providers helping with non-formal programs children with high-support needs, children with


autism and vocational training for older children with disabilities. Early intervention services are also provided by the Child Development Center of the Ministry of Health.

In Samoa, NGOs are the main providers of education. The Ministry of Education has begun to provide grants to NGOs in the education sector and begun the establishment of Special Needs Units (SNU) within primary schools. Currently there are six special needs units within government primary schools, six NGO special schools and a small number of private or religious schools. The NGO-run special schools are hoping that mainstreaming will increase in the future, are open to cooperation with mainstream schools and outplacement when appropriate. The establishment of Special Needs Units in primary schools will eventually address needs; at present these six schools cover just 3% of the primary schools in the country but two SNUs established in Savaii already address rural need to a certain extent. The SNUs are not yet efficiently using teaching and other resources and some students still prefer the NGO schooling. Some private schools, with high fees, also exist and offer services.

Historically, schooling for children with disabilities in Thailand was provided by NGOs, for example, the Bangkok School of the Blind was founded in 1939. Assistance has been disability-specific; blind children have been well catered for in a network of NGO-funded special schools. Most other categories of children were largely excluded. A system of government-funded special schools has grown over the past decades, to 43 in 2004; the main provider is the Ministry of Education through the Special Education Program in the Office of Basic Education Commission (OBEC). The policy is one of integration, moving towards inclusion, within a system offering a range of options: special schools (of the 43 government schools, 20 are for the deaf, 19 for children with intellectual disability, 2 for children with physical handicaps and 2 for blind children); special education centers; regular integrated primary schools and regular integrated secondary schools. In 2004, there were 349 integrated schools, by 2005 it is hoped there could be as many as 2000. Most provinces have at least one integrated school, many have two integrated schools in two different towns. While definitive numbers are not available estimates by various informants, both MOE and private sectors, suggest the numbers of children with disabilities attending integrated schools is growing at an exceptional rate. Other education providers include the Ministry of Social Development and Human Security and the private sector and NGOs (a total of 12 special schools fall under this category: 7 for blind children, 1 for physically handicapped children and 4 for children with intellectual disabilities). Some government funding is provided for these schools.

The Vietnam special education system is still characterized by a large number of special schools throughout the country, approximately one per province, catering to the needs of students with disabilities. The inclusive education system has been in development, through international NGO projects, for over ten years now. Recent advances in policy may allow for inclusion to become more widespread. Vietnam still depends on outside funding for a great deal of support including in this area of education. The government may provide support through materials or staffing by less so financially. There is not a common policy framework at present, though this could be put in place in the near future. There is also no common database about students with disabilities.

5. Budgetary policy and measures

Budgeting for special education varies considerably across the countries studied. Vietnam relies on local financing of schools at some levels and international NGOs have funded some pilot projects and other special programs. In Brunei, the central government funds all formal programs but NGOs raise all their own funding in fund-raisers throughout the year.
Brunei has a separate budget for the Special Education Unit for developing an educational system for children with disabilities. The main financing of inclusive schooling comes from within the main educational budget. A separate budget for the support of centers within the Ministry of Culture, Youth and Sports for the financing of their centers is also available. SENA teachers are not paid additionally for their work; teachers’ salaries are based on their level of education and training. Additional resources for other support materials can be requested in advance by the SEU.

The Samoan budget incorporates expenses for additional special needs educators within the standard personnel allocations. In addition, there is a separate special education budget to cover any additional costs such as school visits and materials. Budgeting for other Special Needs Education Units will be included in the future in the Corporate Services Division budget when the currently operating SNE Units are functioning well and others are opened. Annual grants are provided to the SNE NGOs based on the numbers of students enrolled. Additional funds for accessibility will be included in the next ten-year plan. Schools fees can also be used for this purpose.

Within the National EFA Plan of Thailand, there is a stated commitment to allocation of implementation funds for basic education in the national budget, especially for children in difficult circumstances and in inaccessible and disadvantaged groups. (Strategy 2.1) The EFA plan also includes resource provision for Education Service Area Offices, again in reference to need, these resources will be supported particularly in areas of high numbers of vulnerable and disadvantaged children. A defined regular budget for the education of children with disabilities has been in existence since 2000. The Division of Special Education receives funds from the regular budget (700,000,000 baht) and from a special fund from government lotteries (400,000,000 baht); the special funds supplement regular spending and assist in the provision of support teachers at provincial special education centers. In addition 22,000,000 baht is funneled to 390 integrated schools (approx 40,000 baht is allocated to each) by the Special Education Centre. A coupon system also provides additional resources for children with disabilities, including for materials and devices as specified in the individual education plan. Children with disabilities receive an allocation (2000 baht per child) that is five times higher than that for other students. Additional spending to make schools accessible is pending approval.

In Vietnam, as of 2004, there was no special budgetary status for inclusive education, though special schools were government-funded and special education teachers within these schools had higher salaries (70% higher) than other teachers, this was not true within any integrated schools. However, there is some question as to the ethics (and effectiveness) of paying teachers incentives specifically related to the inclusion of children with disabilities in their classes. Within district-level budgets there is also no specific additional budget for support of education for children with disabilities. It was reported that 80% of provincial level budgets are for teacher’s salaries and the large majority of educational budgets are administered at the provincial-level, which then delegate to districts and communes. The central government has recently issued bonds to increase educational funds. Schools fees, introduced in the 1990s constitute a high proportion of funding. It is estimated that families contribute at the rate of 8VND for every 10VND of the government, close to doubling resources of the education system (but also prohibiting poorer children from attending school). Exemptions from paying school fees are available for families with disabled children, but this is not always known or publicized. This would be particularly important however, as one study showed that while 38% of children with disabilities came from poor families only 2.7% of children overall in school came from poor families. Some funding is available at the central level, however this is limited. Budgets for preschools come from the community itself, even in very poor communities.
6. Administrative and implementation steps

Administration in the four countries includes plans for and various levels of implementation of training for special education teachers, some special education centers (in Thailand) a central coordinating unit (in Brunei and Thailand) and various stages of law and policy frameworks to aid implementation of inclusive education.

Brunei has established an impressive and effective system in the past ten years, based within the Ministry of Education at the Special Education Unit, which has a staff of practically trained experts in special education who have responsibilities for both policy and practice. The Special Education Unit both oversees implementation at the school level through individual education plans (IEPs), coordinates meetings with teachers and interacts with experts within the Ministry of Culture, Youth and Sports and the Ministry of Health. Experts at SEU do, at times, interact directly with students, certainly for assessment and in terms of consulting and advice for parents, but also through certain special services (such as speech and language therapy). The SEU is developing an on-site area for life skills training. Compared to the other countries in the study, Brunei is the wealthiest country with the smallest surface area, two considerations that aid tremendously in developing an effective centralized system. Still, their efforts are laudable and should be considered in developing effective practice in other countries. There are no specific guidelines in Brunei determining acceptance of students, parents have a great deal of flexibility in determining where to send their children to school, to the special centers or to regular schools.

Samoa's special education system depends on the Special Needs Coordinator at the central level, within the Ministry of Education. There exists a small budget for implementation as mentioned above. The special education system relies on the Special Education Units throughout the country, of which there are six. However, implementation in all six has significant difficulties and only one is currently functioning. This is in part due to a teacher shortage that drew away special education teachers from their special education duties and assigned them to regular classrooms. This is a difficulty in both resource-limitation and ineffective enforcement. A manual that should help to educate teachers on various responsibilities has not been widely disseminated. There are no formal guidelines on which children can and cannot attend school. A draft policy on special needs education has been developed to mixed reviews, it promotes specific "eligibility criteria" and uses the medical model to introduce a disability and impairment program. The Special Needs Education Advisory Committee is currently debating this new policy proposal.

The focal point for the Thai Special Education system is the Office for Basic Education Commission (OBEC) within the Ministry of Education, responsible for education for all children and youth from 0-17 years of age a total of 40,000 schools. Compulsory schooling is nine years from grades one to nine. The Office of Special Education and Disadvantaged Children within the OBEC is responsible for 43 special schools and 76 Special Education Centers or SECs, 63 at the provincial level and an additional 13 at the district level in the larger provinces). SECs coordinate between mainstream schools and related agencies at the regional, provincial and district levels. Personnel at the Special Education Centers can include occupational therapists, physiotherapists, psychologists and teachers. In addition, the OBEC is responsible for 390 registered integrated schools. (It is estimated that there are closer to 1000 schools including some children with special needs, but this registration process is just two-years old and has not yet added all schools). In addition, another department, the Division for Disadvantaged Children, oversees 42 boarding schools or "welfare schools". The educational reform of 2003 resulted in a reduction of overall numbers of departments within the OBEC from 14 to 5 and increased decentralization.
Education Service Area Offices in the 175 school districts are responsible for increasing awareness among parents, community members and authorities in relation to the right to education for all Thais. Training related to legal obligations and the necessity for consultation and negotiation is included in training jointly undertaken by the personnel of the Office of Special Education of the OBEC and board members from DPOs. Awareness-raising efforts for administrators at the Area Offices has been conducted with the SEAT strategy for including children with disabilities: S-for students, E-for the physical and attitudinal environment, A-for activities from IEP development to teaching strategies and T-for tools, including policies for integration and legislation for the right to education, as well as budget allocation, devices and materials and support services. Schools can apply to become SEAT schools and training is provided to staff. Overall, educational situations in Thailand are varied, from receptive schools with excellent integration to schools closed the ideas of inclusion and closed to the students themselves.

In Thailand, the Special Education Centers are implementing mechanisms, with roles in identifying out-of-school children, assessments, IEP development, service and material provision and on-going support of the child and the family. Special Education Centers should also facilitate the process of education for children with disabilities in both mainstream and special schools; by law all schools should be willing to integrate students with special needs. Efforts to find out of school children are encouraged by the SEC personnel and the Ministry of Social Development and Human security is also engaged with an incentive payment of 50 baht paid to the SEC from either the Rehabilitation or the Education Funds for each child registered with a completed IEP. At times contact between the Education Area Offices and the Special Education Centers is limited or nonexistent, and budgets given to the SECs may not make it to the children.

In Vietnam, the central special education unit (the Center for Education of Children with Exceptionalities, including all children with special educational needs, such as gifted and talented children) within the Ministry of Education and Training does not have a role in practical implementation. Sections exist for strategic planning, intellectual education development, education for people with hearing difficulty, education for people with seeing difficulty, and for disadvantaged children and for minority education. Inclusive education is in practice primarily in pilot projects in specific geographic regions; a law has not yet been passed mandating inclusive education. The focal point does not have an implementing budget. A Steering Committee on Education for Children with disabilities (possibly to be called a Steering Committee on Inclusive Education) has recently been approved in Vietnam that will have local counterparts throughout the country. Changes are underway therefore that may affect implementation and policy. The Vietnamese government still has a parallel structure of the Communist Party from central to provincial, then district and finally at the commune levels. The chairperson at the provincial level of the People's Committee can have a positive catalytic role on policy implementation, as they are responsible for educational policy. As mentioned elsewhere, there are policies in place to evaluate an "excellent school" including criteria for inclusion of a high number of children with disabilities. Some efforts to find out-of-school children exist, such as those undertaken by the Women's Union, a national government-supported civil society organization. No guidelines exist on inclusive education implementation and much confusion reigns on the concept of inclusive education, teachers would like to see real policy directives as well as financial support.

7. Special schools

All countries have special schools that cater to the needs of children with disabilities, many are
run by or financed by NGOs. Vietnam and Thailand both have state-supported special schools, while Samoa does not. Brunei has special centers under the Ministry of Culture, Youth and Sports that provide some basic education.

Brunei has special centers or institutes under the Ministry of Culture, Youth and Sports and others that are run by NGOs. High-support needs children and adults are most often in these centers, which offer life skills and job training as well as basic education courses for children under 18 years of age. These centers are not boarding schools, as is the case in some other countries. Some children attend courses at both special schools and regular schools. The special schools liaise with the Special Education Unit of the Ministry of Education and are provided with support in terms of assessments and other guidance. Centers exist in each of the four provinces in the country, all run by the Ministry of Culture, Youth and Sports. Transportation is often available, at least in one direction, (to go home at the end of the day). Children at these special centers also have the right to have a monthly government allowance. Samoa's five special schools include three in urban Apia and two in Savia. These schools serve approximately 200 students or 16% of the identified population of children with disabilities (a total of 1188 as of the year 2000.

In Thailand, the first school (private, NGO-funded) for children with visual impairment was established in 1939; the first government school was established for children with hearing impairments in 1954. Special schools increased after the 1994 Plan for Special Education. Special schools in Thailand include 43 government schools (20 schools for the deaf, 19 schools for children with mental retardation, two schools for physically handicapped children and two for blind children). Special schools run by NGOs include seven schools for blind and visually impaired children, one for children with physical handicaps, and four for children with intellectual impairments for a total of 12 NGO-run special schools. In 1999, the number of registered children with disabilities attending special schools was 4.8%; since then, the greatest increase in registrations has been in integrated schools.

In Vietnam there are close to 100 special schools, usually one per province (61 provinces); all are primarily located in urban areas. NGOs do not exist in Vietnam in the same status as in other countries and there are therefore no schools that are entirely NGO-run. International development agencies and international NGOs support pilot projects on inclusion and other forms of support for education of children with disabilities, however these projects are in partnership with government agencies (usually the Ministry of Labour, Invalids and Social Affairs or Ministry of Education).

8. Regular inclusive schools – Primary level

While attempts are being made in all countries to implement some form of integrated education, examples of successful inclusive schools could be said to exist on a widespread basis only in Brunei. In all countries, steps towards inclusive schooling, indicating adaptation of the school to the child, with adequate support available for teaching and learning, and other individual support and care. Success in inclusion generally tend to be at the primary school level and not beyond, and still depend a great deal on efforts of individual teachers, principals or other idiosyncratic variables.

The Special Education Unit (SEU) of the Ministry of Education oversees the inclusive education system of Brunei, based on the resource teacher model, with at least one trained special needs teacher in 80% of primary schools at present; possibly, in 2005, 100% of schools could have a special needs teacher. These teachers, called Special Educational Needs Assistance (SENA) teachers, are given training of at least 18 months for a certificate in special education and they can
also now complete Bachelors and Masters degrees in special education. The resource teacher will then guide the other teachers in their work with the students with special needs who are in their classrooms. Teachers in the inclusive classrooms rely on the SENA teacher for guidance in their role of teaching the special needs child in the regular classroom. SENA teachers coordinate directly with the SEU and the principal has an auxiliary but important role in the process; they head the School-Based Team. Teachers are trained There should be regular briefings for heads of schools. SENA teachers go to the SEU once a month for updates and continuing staff development and this serves as the main source of information and training. Very few primary schools have 500-600 pupils, but if they do, they will then have two or more SENA teachers. The monthly meetings for the SENA teachers are held by region and include different topics of instruction as well as some advice giving and discussions of problems. SEU’s mandate is to provide services to students with special needs in schools and to design appropriate special education programs to meet their educational needs. These specialists also conduct regular teacher training sessions to equip SENA teachers with the necessary skills to teach the students.

Samoa has no regular inclusive schools and, of the six special needs units that were established in 2001, five are no longer functioning. The one school, which has maintained some level of support and inclusion, has persevered through considerable efforts by the School Review Officer, the principal and the school committee. The school has one special needs class, which is not included in activities with the rest of the school. It is therefore an example of an attached class located within a mainstream school. Just ten students with special needs are attending mainstream schools, or just 0.09% of the identified population of children with special needs.

The National Education Act of 1999 in Thailand, which mandated compulsory education for all children and youth, has led to a dramatic increase in the number of persons with disabilities included in education. Schools are integrated, not inclusive, and include 390 registered integrated schools to date (as mentioned above); it is hoped that this number could rise to 2000 in the year 2005 with an enrollment of 50,000 students with disabilities. Almost all provinces have two integrated schools in two different localities; only the southern provinces have just one integrated school. It is estimated that 20% of disabled children attend school, compared to 95% for children without disabilities.

The Center for Education of Children with Exceptionalities, the Special Education focal point in Vietnam, has said that over 75,000 children have benefited from education in inclusive settings from kindergarten to lower secondary level, with some going on to university. The idea of inclusive education in Vietnam is a concept well accepted at the central government level, with pilot projects in place since the late 1980s and early 1990s, but there is still insufficient implementation. Inclusive education is said to be implemented in 50 of 61 provinces, but no numbers on current student enrollments, numbers of inclusive classes or schools involved in this implementation are available.

9. Pre-school

None of the countries has a formal, compulsory pre-school system, however all are working to improve the availability of courses, which can be private or public.

Pre-school in Brunei is often in private institutions and kindergartens (there are 78 non-governmental kindergartens, pre-schools or primary schools and 126 government pre-schools and primary schools, which the statistics did not separate out). Close to equal amounts of students are in pre-schools and primary schools that are non-governmental (24,662 students) and
governmental (32,421) where, again, statistics did not separate by levels. Pre-school teachers are not required to have a special education qualification; courses do exist at the Universiti of Brunei on Early Childhood Education.

In Samoa, while the Early Childhood Education (ECE) Curriculum Office is situated within the MESC, all preschools and early childhood centers are registered with the National ECE Council. Through the Council, centers can request funding and grants from the MESC. In a short training course for ECE teachers run by the Council, no training in regards to supporting CWD is officially included, although they do have guest speakers on this issue from time to time. Data was unavailable on how many CWD attend ECE centers. The new Early Interventions service from Loto Taumafai is currently working to identify these children.

Preschools are becoming more common throughout Thailand, but are not a part of formal education. The national EFA plan of action for 2002 defines pre-schooling at nursery-school level, from 0-3 years and at pre-school level, from 3-6 years. The government or NGOs can run pre-schools, with increasing provision also at the local community level. The Special Education Centers are also responsible for children with disabilities of pre-school age. Early intervention centers established by the National Education Act of 1999 have increased possibilities for pre-school training. Pre-school teachers are university graduates, some with Masters-level education or special training in teaching young children with disabilities. There are also one- and two-year courses in special education training.

Preschool in Vietnam, is not yet provided in a fully developed, formal system. The structure consists of 3 years of nursery school from 3 months to 3 years, then kindergarten from ages 3 to 6 years. However, as much as 87% of children under three years old are still cared for at home. Children aged 3-4 years start attending child-care programs, such that fewer (45%) of children of these ages are cared for at home. Greater numbers of children in urban areas attend pre-school than in rural areas but classes tend to be much larger than the recommended norm. Just 30-35% of total ECCE programs are fully state-run, subsidized center and community-run centers account for the majority of other care centers. As of the year 2000, teachers of day-care centers, who numbered over 48,000, had diverse levels of training: 31% some form of basic training, another 31% have participated in short courses and 21% have been enrolled in six-month professional training programs. Just 15% had a 2-3 year teacher-training degree in Early Childhood Care and Education (ECCE) and only 225 day-care teachers had university or college degrees. Amongst kindergarten staff, 3% have attended a 3-4 year ECCE program, 51% have attended two-year pre-service education courses, 25% attended 9-month training programs and 8% had 3-6 months of training, another 12% had no training at all. It is also estimated that half of such teachers also have other significant tasks, such as farming at home. Training for preschool teachers in inclusive education has only recently been introduced at two Central Junior Colleges of Preschool Teacher Training No.1 in Ha Noi and No.3 in Ho Chi Minh City. Preschools can also be run by the village and taught by young village women (or adolescents). Pre-schools are primarily the responsibility of communes and districts. The official rate of preschool enrollment is 60% but, in rural regions (i.e. where Save the Children-UK works), the enrollment rate is closer to 43%. Training for preschool teachers for teaching children with disabilities has just been started in the past year in Vietnam. Children with disabilities are still not present in large numbers in preschools and kindergartens, but these numbers are starting to increase.
10. Early detection and early intervention for infants and young children with disabilities

Early intervention courses have received increased attention in Brunei, Thailand and Vietnam. Only one center, which is NGO-run, exists in Samoa at present; it is hoped to become a government sponsored program in the future.

In Brunei, the Ministry of Health provides early-childhood care for infants and young children through their 15 nationwide maternal and child health clinics and, since 1999, through the Child Development Center (CDC) in Bandar Seri Begawan, the capital city. Brunei has prenatal check-ups and all children are seen at birth by senior pediatricians and given regular check-ups after birth at 2 months, 6 months, 1 year and 5 years. Any high-risk children and premature babies are given a battery of tests including sight and hearing tests and are watched more closely for signs of any delays and watched and tested regularly to the age of five years. All other children, even if not given a complete hearing test at a young age, will have a simple check-up for sight and hearing. CDC services include assessments, treatment and therapy including hearing, speech, and learning and early development programs. Children can begin coming to the CDC just after birth and stay until they begin schooling; 90% tend to come from the surrounding area. The CDC has several occupational, physical and speech therapists; some have attended early childhood development courses and all have studied their specialties overseas. Full-time staff includes occupational therapists; early development therapists (EDP) and physical therapists, in addition several psychologists and speech therapists are part-time, there is also one teacher for hearing-impaired children. Each specialist sees approximately 30-50 children a week; speech therapists can have up to 70 sessions a week. Children may have severe disabilities, Down's syndrome or other genetic or birth defects; a great number of children have speech and other developmental delays. There are up to 15-20 new cases a month and the overall caseload is approximately 600 children. Some children are also referred to the Pusat Ehsan Center for further training and individual coursework.

Three other non-governmental centers in Brunei also cater to the early intervention needs of Brunei children: SMARTER (the parents' association for autistic children), Pusat Ehsan (for early intervention courses in western Brunei and other vocational and basic education support courses) and KACA, which works with children from birth to six years of age with difficulties arising from Down's syndrome, Cerebral palsy, hearing disorders and autism. Facilities at KACA include physiotherapy, occupational therapy, psychological assessment and assistance, educational assistance, speech and language therapy and a therapy playgroup. Plans for the future include more clinics with orthopedic surgeons as well as continued work with autistic children in conjunction with SMARTER, the parents' association for autistic children. KACA has added another center in Tutong district as well.

In Samoa, only one Early Intervention Service exists, run by the NGO Loto Taumafai, established in 2004 with a 5-year funding grant from CBM. Staffing consists of a coordinator (with training as a nurse and physiotherapist), two fieldworker coordinators, seven fieldworkers and two deaf fieldworkers (funded by the International Deaf Children Association). Geographical coverage is increasing as newly appointed fieldworkers are based in Savaii, in addition to services already in Mulifanua and Apia, where services were first provided based on the 2000 Survey and staffing considerations. In the first year of operation, 64 children between the ages of 0-7 years have
benefited from services here. Besides providing through home visits, they also provide public awareness and training to community health nurses and some schools. Courses are available for parents and support is offered to the local parents groups as possible. Their Coordinator is a member of The Special Needs Education Advisory Committee and is working to develop links with community nurses, the birth registration process and MESC. A long-term goal is the government ministries to accept and fund this program. The hospital birth registration process does not identify babies who are born with a disability or who may be considered ‘at risk.’

As mentioned briefly above, in Thailand, one of the more significant features of the 1999 National Education Act was the provision of services for children, from birth, under the Ministry of Education, in cooperation with the Ministry of Health. The latter is responsible for identification and registration of the child and provision of rehabilitation services for children up to 5 years of age. NGOS run many early intervention centers. Several pilot and model programs exist, in Chaing Mai and Rajapat Suan Dusit, providing early intervention programs, support to families and assistance in transition to school. All staff at these centers must have training in early intervention, which is offered at Chaing Mai University (in early childhood development with emphasis on motor skills; Special Education and Physiotherapy and Occupational Therapy) and Rajapat Dusit University (with courses on Early Intervention, Early Childhood Education and Special Education Administration). While early intervention is a priority area, no statistics exist as of yet on the extent of enrollment and services.

In Vietnam, no formal government early intervention program exists. Some International NGOs (such as Kommitee Twee and Save the Children UK or SCUK) contributed significantly to developing early intervention programs for hearing-impaired and intellectually impaired children. Holistic Early Intervention programs have been developed by SCUK to address early symptoms and root causes such as malnutrition and common diseases and to provide emotional support to families and to educate families and communities. The People’s Committee at the commune level is the implementing partner. SCUK has developed “parenting education materials” used by children in grades 3 and 4 (many parents in the rural and mountainous areas served by SCUK cannot read), which also address injury prevention. Implementation is through an Early Childhood Development officer (ECD) chosen from village health workers and the Committee for Protection and Care of Children (recently renamed Committee for Family, Population and Children). The ECD will promote the development and follow the progress of children to age 5 to see how many are enrolled in school. Most families in a given commune will be informed of these services and training has taken place in 53 of 61 provinces.

In general, in Vietnam, as one expert noted, “there is often a lack of coherence and coordination between all these projects [which are] often not embedded in the national, departmental or local educational policies. Estimates of extent of coverage show that only a small fraction of children with disabilities are being included in any early intervention programs. In Ho Chi Minh City, of approximately 22,000 children with visual intellectual disabilities, 54 are in the Early Intervention Program at the Research and Education for Children with Disabilities Center, 113 are integrated into kindergartens and primary schools and 900 are attending 15 special schools. That would indicate that 21,000 are not included in any system of special care. Plans are in place to reach out to more parts of Vietnam with Early childhood Care; the Save the Children Alliance is very involved in these efforts. The community-based rehabilitation program has also been well developed in Vietnam and deserves mention. This network was started in 1987 and includes a provincial steering committee, district steering committees and communal CBR units. The CBR unit mobilizes cooperation from disabled persons and their families and provides counseling and supervision of rehabilitation exercises. CBR is mainly aimed at those with physical disabilities and mild learning disabilities. There should be some role of the CBR representatives in
recommending educational opportunities for children with disabilities. Coordination between IE representatives and CBR programs still needs to be increased. A report from 1995 mentioned several reasons why this still was not widely successful: (1) absence of information on what the other partners in health or education are doing for rehabilitation, (2) the steering committees on CBR at district and commune level have not developed clear plans for integrated medical, social and educational rehabilitation or structures for follow-up with individual children, (3) absence of record-sharing between schools and health centers, (4) available records only address disabilities and not the support needed and (5) CBR and IE programs are not all present in the same communities.

11. Secondary school access for youth with disabilities

Brunei has the most formal program for inclusion of students with difficulties at the secondary level, the "pre-vocational" program; a program for slow learners in general, and not specifically for persons with disabilities. In Samoa and Vietnam, no hard evidence was available on percentage of enrollees, but this is presumed to be much lower. The same is true in Thailand, where, however, the schools for the blind have been active for many years in placing blind students in mainstream schools at this level. All countries tend to demand adaptation of the student to the secondary school and will accept students who can integrate themselves..

Brunei has a pre-vocational program at the secondary level that is aimed at "high-support needs" students. This program aims to fulfill the 12-years of compulsory education. Visits to schools showed that most students at this level are male and showed few outward signs of disability; many could likely be classified as slow-learners. In addition, high schools also had other students with disabilities included in regular classes, if they were able, with help from friends or other support, to follow mainstream courses. SENA teachers can provide additional support at this level, just as in primary school. The pre-vocational program, started in 1998, was designed specifically to meet the needs of students with high support needs who have progressed through the primary school system. The children admitted to the pre-vocational program must have been through primary school in order to be admitted; the majority of students have high-support needs with moderate to severe intellectual and other impairments or are students with chronic learning difficulties who may have other mild to moderate impairments. In one secondary school in Belait, near the Malaysian border, about one hour away from the capital city of Brunei, the children in the pre-vocational courses are taught such skills as Malay, English, mathematics and physical education, and also technical skills such as woodworking, home sciences, metal tooling, gardening, sewing, handicrafts and everyday life skills and social skills.

Students in Brunei may be involved in some projects in the school involving school maintenance. Students in the higher levels also learn basic vocational skills at the nearby engineering college in basic courses in automotive repair, computer technology, manufacturing, refrigeration, welding and electrical repair; these students will have the option to be enrolled in the College-based basic vocational course after completing the pre-vocational program. The numbers of students in this pre-vocational course has fallen over the past few years and there have tended to be more boys than girls. Asked why this may be the case, the teachers knew that two of the girls that had started but not completed the course were now working at the local supermarket and at least one was married. The students in the pre-vocational courses are generally not in the mainstream of the school, though they do participate in sports and all-school functions. There are three teachers who have completed the one and a half year part-time course on special education, two homeroom teachers in the school as well as one UPK (SEU) support officer for the secondary schools in the region. The SEU also carries our monthly visits to the school and the SEU officer returns to Bandar once a month as well. The SEU also carries out annual reviews of the program. So far the
home-room teachers do not instruct the other teachers very much in attending to the needs of children with disabilities included in their classes. There is a plan to build an independent living center at this secondary school that would help to teach basic living skills to some of these students; there has not yet been a child in a wheelchair attending this school.

In Samoa, a small number of students with disabilities attend secondary school, but current data on enrollments is unavailable. The Adult Survey of persons with disabilities in 2000 stated that 15.7% of students had attended secondary school.

Thailand's secondary education (grades 10-12) is not compulsory though it is included as "Basic Education". While students with disabilities are able to register on the same basis as for primary schools, this is much less common. Registration and an IEP are required for provision of support and materials. Non-governmental schools for the blind have a long tradition of integrating children with disabilities into secondary schools, originally in Catholic schools but now more frequently into government schools after the recent reform. For example, the Khon Kaen Blind In 2004 the Khon Kaen Blind School is integrating 81 students in primary and secondary schools and three students in vocational school ad six in colleges. The Blind school provides support in regular schools before placements, particularly in Braille and mobility skills.

In Vietnam, anecdotal evidence from the interviews of children with disabilities showed that children with disabilities who successfully maneuver through primary school are not given any additional services for secondary school.

12. Tertiary education access and opportunities for persons with disabilities

Thailand has evidence of a more formal government-sponsored program to encourage enrollment of more students with disabilities at the university level; however the scope remains limited even for this effort. In Samoa some students have done overseas to continue schooling if possible. Brunei has begun support for one successful blind student just recently. Vietnam has had some successful university completers, but without formal assistance.

In Brunei, students with disabilities can attend tertiary school, however this is still almost untried and institutional support are just being developed. There is a third-year undergraduate blind student at Universiti Brunei Darussalam. Supports and modifications are incorporated in to the student’s educational program and the University has set up a University Based Team to oversee the special needs of the student.

Most persons with disabilities from Samoa who have been able to attend university courses have done so overseas. A small handful of persons with disabilities who have successfully attained school and returned to Samoa to work are rightfully held up as role models: one young woman who is a wheelchair users works for an airline company and another is the principal at one of the special needs education NGOs. A third woman, who is blind, is a journalist. An analysis of the Adult survey done in 2002 showed that only 12 women and 25 men had completed tertiary-level studies.

In Thailand, students have access to tertiary education after dedicated lobbying towards this goal by disability leaders. However, from 1970 to 2000, there have been fewer than 1000 graduates with disabilities who have persevered with few support services available to them. Rajasuda College, under Mahidol University, was established in 1993 as a college for persons with disabilities, with full accessibility and support services available for persons with disabilities. A
total of six scholarships were available to a limited number of children with vision, hearing and physical impairments. In addition, there are 1544 students with disabilities studying at 67 universities, but no adequate services are available and they struggle individually to survive the un-adapted learning environment. One of the more prestigious universities, Thammasat University, has had a special program for three years that allows access to 11 faculties, giving 49 seats for persons with one of three different kinds of disabilities: the blind, the deaf, and the physically handicapped, to take the entrance examination competing among PWDs. Persons with visual impairments may only take the exam for entry to three faculties, such as law, media and communication, and social welfare. While this is a positive example of programs to implement, support is insufficient: seven students dropped out before graduating the 4-years-course.

In Vietnam, the situation is similar as to that in Thailand or Brunei, with students persevering with their own and their families' efforts. Unlike Thailand, there are not any known programs to increase attendance of persons with disabilities at the tertiary level.

SECTION 2: EDUCATIONAL STATISTICS AND MONITORING

13. Disability statistics, data base, collection methods, definitions

Definitions of disability include, in all countries, disabilities in hearing, seeing and locomotor skills. Breakdowns differ on mental, intellectual or behavioral disabilities. Language and communication disabilities are discussed in all countries as well. Definitions tend to vary according to different studies that have been undertaken, often with different organizations involved.

Definitions used in Brunei include actual medical diagnoses in files related to individual students, these are listed in the table below. Brunei is attempting to develop a more formal system of categories and data collection, but this is not yet complete. The person in charge of developing statistics, who is based within the Ministry of Culture, Youth and Sports, knows of the WHO definition.

In Samoa, definitions and classifications have varied slightly in recent studies and the WHO classification does not appear to have been used. Population statistics do not include a definition of disability or statistics of this kind.

In Thailand, the Rehabilitation of Disabler Persons Act of 1991 determined the official definition of disability and the classification system was fully described in Ministerial Regulation No. 2 (1994). A person with Disabilities means an individual who is limited by function and /or ability to conduct activities in daily living and to participate in society through methods used by persons without disabilities due to visual, hearing, mobility, communication, psychological, emotional, behavioral, intellectual or learning impairment, and has special needs in order to live and participate in society as to others. Specific criteria for the five categories as listed in the Table below have also been outlined.

In Vietnam, there are a variety of definitions of disability in formal documents, though categories of disability tend to follow those outlined in the table below (Table 2). The WHO (2001) definition was referred to in a recent speech by Mr. Dang Tu An, the Deputy Head of the Section on Educating Children with disabilities of the Ministry of Education. The following definition is excerpted from Article One of the Ordinance on Disabled Persons from 1998:
Disabled persons by definition of this Ordinance, irrespective of the causes of the disability, are defective of one or many parts of the body or functions which are shown in different forms of disability, and which reduce the capability of activity and cause many difficulties to work, life and studies.

The 2001 WHO ICFDH is not used for census-taking or other data collection activities. The previous 1980 ICFDH had been used, at least at the central government level. There is a perception by some that the WHO definitions are "medically inclined", complicated for people without specific medical training. A study undertaken by UNICEF in 1997 stated that "definitions and criteria were not consistent at the grassroots level", which, of course, leads to discrepancies in different studies. A 2003 UNICEF study included

Table 2. Types of categories mentioned in various country reports

<table>
<thead>
<tr>
<th>Brunei</th>
<th>Samoa</th>
<th>Thailand</th>
<th>Vietnam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual impairment</td>
<td>Visually impairment (or blind)</td>
<td>Impairment of seeing (Blind and Visually impaired)</td>
<td>Visual impairment (same)</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>Hearing impairment (or deaf)</td>
<td>Impairment of hearing (Deaf and Hearing Impaired)</td>
<td>Hearing impairment (same)</td>
</tr>
<tr>
<td>Physical disability including neurological impairment</td>
<td>Physical impairment</td>
<td>Impairment of physical or locomotion (Physical and Health Impairments)</td>
<td>Motor disabled children (Mobility impairments)</td>
</tr>
<tr>
<td>Mild, moderate and severe mental retardation</td>
<td>Intellectual impairment</td>
<td>Impairment of mentality or behavior</td>
<td>Mental retardation (Intellectual Disability)</td>
</tr>
<tr>
<td>Students with learning disabilities</td>
<td>Learning Impairment (Specific learning disability)</td>
<td>Impairment of intellectual or learning ability (Intellectual Disability) (Learning Disabilities)</td>
<td>Language and communication (Language disorder)</td>
</tr>
<tr>
<td>Speech and language impairment</td>
<td>(Speech/language impaired) (Mental Illness)</td>
<td>(Speech and language impairments and Speech and communication)</td>
<td>Multiple disabilities</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>Multi-impairment (Emotional or behavioral disorders) (Autistic) (Epileptic)</td>
<td>(Multiple disabilities)</td>
<td>Strange behavior (Mental disorder) (Autism) (Loss of sensation-leprosy) (Epilepsy) (Other)</td>
</tr>
<tr>
<td>Gifted and talented students</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Brunei categories are from the Special Education Unit's classification of students. Samoa categories are from the Child Survey of 2002, conducted by New Zealand's aid agency (NZAID) and the Department of Statistics. Additional categories (in italics) were included in the recent Adult survey. Thailand categories are those from the Registration procedure defined in detail by the Ministerial Regulation No. 2 (1994) with additional categories (in italics) from the Ministry of Education statistics. The categories in Vietnam are from official speech of Dang Tu An, Deputy Head of Management Section of Educating Children with Disabilities; additional categories (in italics) are from the recent UNICEF study from 2003.
14. Disability statistics – general

All countries have some data, but it is generally not verifiable and depends upon periodic surveys in most countries. General population censuses do not collect detailed information on disability. Studies that are undertaken on a periodic basis give some idea of numbers, but these studies often use different methodologies and can have widely varying results.

Brunei's various service providers keep formal records on all persons treated at their centers. Records are not regularly collated or shared. Files on each child do contain a diagnosis. Recent efforts to collate this data have been undertaken by the staff of one of the special centers run by the Ministry of Culture, Youth and Sports. Of 1,947 registered children with disabilities; 45 members registered at the Association of the Blind, 357 at KACA (an NGO), 253 at PAPDA (the association of physically disabled persons), 49 at SMARTER (the group of parents of children with autism) and 363 high-support needs students were registered at the Special Education Unit. Another 167 were registered at other regional centers and 51 at Pusat Ehsan for a total of 1285 registered persons accounted for through these centers. The birth registration process does not contain information on disability, however this information would be contained in medical records.

Samoa's general population census, undertaken by the Department of Statistics within the Ministry of Finance has only one disability-related question, that asks to define whether or not a person is disabled but without including any further information. Annual school censuses also do not include information related to disability. Various studies have been conducted on an ad hoc basis over the past years. A 1995 study identified 302 children under the age of 14 years. In 1999, a UNESCO-commissioned study; found 578 children with disabilities from birth to 14 years of age. In 2000, another disability study on this same age group was commissioned by the Ministry of Education and UNDP. An adult disability study was conducted in 2002, initiated by Inclusion International with funding from NZAID in cooperation with the Department of Statistics of the Ministry of Finance as directed by the Prime Minister. The adult disability survey will now be conducted every 5 years following the national population census; the next survey will take place in 2007. In addition, the Early Intervention program of Loto Taumafai collects data and is hoping to coordinate efforts with the Ministry of Health, Ministry of Education and other organizations. The birth registration process does not include information on disability.

In Thailand, several surveys have been conducted to collect statistics on persons with disabilities. These have included: Household Health and Welfare Surveys conducted by the National Statistical Office in 1991, 1996 and 2001; Household Survey of the Thai Public Health Research Institute, National Public Health Foundation, Ministry of Public Health, 1996; the Japan International Cooperation Agency, (JICA) Questionnaire 1999 and the registry maintained by the Committee for the Rehabilitation of Disabled Persons, under the Department of Social Development and Human Security, and the Office for the Empowerment of Persons with Disabilities, they have maintained a database since 1994. Results of the 1991, 1996 and 2001 surveys suggest that the percentage of the population with disabilities as a proportion of the population as a whole were: 1.8%, 1.7% and 1.8% respectively; the 2001 survey found 1,100,761 persons with disabilities. The northeast region, Isan, had the highest numbers of persons with disabilities, 38.6% of the total, followed by the north with 23.5%; these two regions are also the poorest of Thailand. The 2001 Public Health Research Institute survey found 6 million persons with disabilities; just 344,526 persons are registered with the Office of Empowerment of Persons with Disabilities as of 31 January 2003. Data discrepancies arise from differing methodologies,
definitions and varying levels of willingness to provide information or lack of knowledge about registration procedures (e.g. just 26% of those persons identified in the 1991 survey had registered). Data is available by age, gender, rural/urban location and by disability category. Tables are available from the Asian and Pacific Center on Disability (APCD) website and other summary data are in recent publications. Plans to improve data collection are being considered. The Ministry of Social Development and Human Security will collect all statistics on persons with disabilities including data on health, education and labour; a budget will be provided for the development of a database and the use of smartcards to improve accuracy is possible. The National Statistical Office is also considering the best ways to include questions on disability in the national census in light of recent UNESCAP training on WHO ICF concepts. The Ministry of Interior will also undertake a survey in the future.

Vietnam does not collect data on persons with disabilities. There is one question on an annual census related to having a family member who is disabled, but no further information is collected regarding this yes or no response. The birth registration process does not include data on disability, furthermore, this process is not free and many poor families would not be able to afford this fee or could avoid registration for fear of recriminations for having more children than the government recommends. Birth registration is further hampered by the need to be in the place of permanent residency, which many citizens have left to migrate to cities in search of work. A 1998 MOLISA/UNICEF child disability study stated that almost half of children with disabilities were illiterate, 33% had never attended school and 16% had dropped out. The most recent UNICEF study from 2003 states that 2.4% of children aged 0-18 years have disabilities of some sort, or 662,000 people. This UNICEF survey included three different methods, the National Statistical Data Collection (NSDC), household surveys and Knowledge, Attitudes and Practice (KAPs) surveys. The NSDC, undertaken by the Ministry of Labour, Invalids and Social Affairs, based on a pilot study from 1995 and adjusted previous data for population growth. This survey stated that 35-38% of children with disabilities in rural and urban areas are in school and 51-52% are not in school; a result showing similar rates in rural and urban areas, in contradiction of the usual conclusion of experts that fewer children would attend in rural areas. Significant variation in levels of school attendance is evident by type of disability with 84% of students with strange behavior out of school, followed by children with intellectual impairments (76%), hearing impairments (68%) children with epilepsy (64%) and those children with mobility impairments (60%). Children with visual impairments had the lowest rate of school non-attendance with just 38% out of school. The household survey also revealed that in general, boys had had more education than girls. This survey also contained information by age, gender and the urban/rural divide. Rural prevalence rates are thought to be higher, roughly 2.57% (2.56% for males and 2.58 for females) than urban rates 1.42% overall, with 1.75% for males and 1.12% for females.

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

Statistical data collection in education is not coherent or systematized in any of the countries involved in this study. All countries have some school data but this does not include data on students with disabilities. When students with disabilities are counted, this data is not frequently compared with numbers of out-of school children to determine a regularly published statistic on education for children with disabilities.

In Brunei, the Ministry of Education does not collect additional statistics on persons with disabilities throughout the educational system other than those mentioned above collected by the various service providers and collated with the help of the Ministry of Culture, Youth and Sports. A database is planned for the near future that would collate these various sources of data. No
additional statistics are available on out-of-school children, nor on follow-through of various cases.

In Samoa, statistics on children with disabilities have been collected through various studies, but are not collected by the Ministry of Education on a regular basis. School censuses do not include information on children with disabilities. The main Special Needs education coordinator has not been trained to use the one database that does exist on children with disabilities.

Thailand’s Ministry of Education collects statistics on children and youth with disabilities at all levels of the education system. There are nine categories used by MOE, five in addition to those identified in the Rehabilitation Act. There are not clear identification criteria. Children are identified within special schools and also by the Special Education Centers when preparing IEPs and assessing the child. Problems with this system include the absence of data on children who are not included in the system; the registration process requires a visit to a hospital to register and identification papers. Awareness raising on this issue could increase the numbers of children enrolled. Some schools also submit IEPs to the Special Education Centers but may not receive a response. Another report stated that of 900 IEPs submitted, just 225 were approved. These are factors that could clearly distort data. Another potential problem would be inflation of numbers of children with disabilities to request additional resources. Estimates of children with disabilities attending school range from 10-23% as mentioned earlier. Numbers are set to rise dramatically with many more integrated schools being opened to children with disabilities. A database is planned on all children from 0-5 years of age; eligible for early intervention services. A pilot survey to perfect methodology of identification is planned for the MOE classifications. A computerized data system should be in place in 2005 at MOE.

A visit to the Ministry of Education statistics department in Vietnam showed that, while data is collected from schools by the District-level Education Departments, who require administrators and teachers to fill out forms; there is no training on identifying types of disabilities or definitions used in classifications; school staff simply provide total numbers of students with disabilities in each class. Furthermore, this data form regular schools is not tallied with data from special schools, nor are there attempts to arrive at a nationwide total number of children with disabilities in and out of school. Individuals are not specifically identified in this process, such that data cannot determine school successes and failures. School registration forms exist but do not include information on disability; they have general biographical data only. Private nursery schools are also included in this data collection. Changes in information collection procedures would need to occur at the central level; the European commission has also funded the development of an information system. There is a working group on statistics that includes the Center for Education of Children with Exceptionalities.

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

Brunei does not have an EFA plan, Thailand, Vietnam and Samoa do have plans but none have specific monitoring plans or criteria to evaluate the level of school attendance among children with disabilities. Vietnam does have a specific policy goal for inclusion of a target percentage of children with disabilities.

Children with disabilities are mentioned specifically in the Samoan EFA plan, however there is not an effort made to monitor progress related to implementing the level of educational inclusion attained.
Thailand's EFA identifies children with disabilities as a separate category for EFA monitoring. At present, while monitoring includes only special schools, guidelines are being prepared to include the Special Education Centers in the monitoring system. The system could have difficulty in correctly identifying the numbers of children with disabilities due to problems mentioned above with IEP approval and coordination between the Ministry of Education and the Special Education Centers. Core EFA indicators do not include references to children with disabilities in the 18 categories; this is a problem beyond the EFA process in Thailand alone. Children with disabilities should receive special attention from both UNESCO and the international community in relation to these indicators in the next phase of EFA plans (in Thailand from 2002-2016). The EFA plan does include the objectives of developing a proper care system for autistic children; establishing preschool education for disadvantaged and disabled children in special and regular schools; rehabilitating physical and mental abilities, providing early intervention and preparing disabled children for special schools; and providing a guidebook for parents. The Review Report from 2004 includes other strategies related to researching the country situation to assess barriers to disadvantaged and out-of-school groups; promoting Education Service Area offices in locations with many vulnerable children; adopting suitable UNESCO EFA core indicators for use by Education Service Area offices with a data collection system, categorized by gender; and continuous EFA monitoring and progress assessments to enhance EFA provisions. All strategies should include explicit references to children with disabilities. The monitoring system, within MOE, is seated in the Office of Special Education within OBEC and monitoring visits are made from Bangkok throughout Thailand. Provincial teams undertake monitoring of Special Schools and integrated schools from the District Office. The District Special Education Centers are involved in the monitoring process to evaluate progress in integrated schools; SECs and schools also conduct self-evaluation. There is some concern on the part of disability advocates about the lack of formality in the monitoring process, the failure of SECs to transfer skills, monitor progress and support schools and personnel.

Vietnam has developed Strategies for Educational Development (2001-2010) to provide access to 50% of disabled children by 2005 and 70% by 2010. However, children with disabilities are not identified as a separate category for EFA monitoring. In a meeting with the EFA coordinator, it was stated that this could occur at an undetermined point in the future. The current system of inclusive education is too fractured and data are not yet available to verify enrollments. The possibility of a National Steering Committee on Inclusive Education being established under the Prime Minister's Office is thought to be one change that could raise the political importance and national implementation of education for children with disabilities. The EFA Steering Committee includes the Ministries of Finance; Planning and Investment; Labour, Invalids and Social Affairs; and the Ministry of Personnel. In addition, mass organizations (government supported civil society organizations) such as the Women's Union, the Youth Union and the Fatherland Front are also members. Recent efforts in developing "targeted-budget support" throughout the country have underlined the focus on excluded and disabled students that is essential to assist in the government policy of equity in education. The Primary Education for Disadvantaged Children Project (PEDC) of the World Bank, in partnership with the Ministry of Education and Training, will also coordinate with the EFA process. The district-level Department of Finance is also another likely partner in developing data on numbers of schools, classes and teachers, for drafting budgets. A recent report from the Ministry of Finance stated that a disability survey should be undertaken by the government to determine appropriate policy. In addition, a project involving a variety of international NGOs, including NORAD, CRS and MCNV, in partnership with the Ministry of Education, aims to develop nationwide guidelines on implementing inclusive education.
17. Multi-sectoral collaboration

All countries have some bodies responsible for inter-ministerial coordination related to disability. These bodies may have a variety of responsibilities in addition to education.

Brunei has had a national advisory committee of high-level government officials (the Permanent Secretaries of the Ministry of Health, Ministry of Education, and the Ministry of Culture, Youth and Sports); there was no outside representation on this body. Brunei has a considerable level of interaction among the various service providers, often centered on the Special Education Unit and the Child Development Center. Brunei has an impressive birth through adulthood system, which, though always with room available for improvement, is sufficiently coordinated with respect to the children and their families and has a positive child-centered perspective.

Samoa has two key groups with responsibility for coordination in the area of disability. The Special Needs Advisory Committee (SNEAC), established in 1999, is chaired by the Special Needs Education Coordinator and includes representation from the Ministry of Education, Sport and Culture, all special needs NGOs, parents, DPOs, the national university and other members as appropriate. Meetings are not always well attended, though a recent meeting seemed to have attracted greater numbers of attendees and covered the draft SNE (special needs education) policy, the proposed pilot projects utilizing the UNESCO toolbox and the role of the SNE units. In addition, the Disability Action Task Force (DATF), formerly the Adult Disability Survey Action group, was responsible for these surveys and has now taken on other tasks. The DATF, chaired by the President of NOLA (the National Council of Persons with Disabilities), has broader membership than the SNEAC, including in addition the Ministry of Health, Department of Statistics, UNDP and other UN volunteers and the Accident Compensation Association. Current issues under discussion are continued lobbying for the DATF to become a part of the Prime Minister's Office, employment schemes, wheelchair repair program and CEDAW supplementary reports.

Thailand does not have a National Coordination Council on Disability (NCCD) but Section 12 of the Rehabilitation of Disabled Persons Act of 1991 established the Office of the Committee for Rehabilitation of Disabled Persons under the Department of Public Welfare (Ministry of the Interior). In 1993, the Office was transferred to the Department of Public Welfare of the Ministry of Labour and Social Welfare. In 2002, another reform resulted in the Office of the Committee for Rehabilitation being re-named as the Bureau of Empowerment for Persons with Disabilities under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security. Services provided include: registration of persons with disabilities living in Bangkok, provision of loans and job placement; the Bureau is not directly engaged in providing education. There are five other ministries with service provision for persons with disabilities: (Public Health, Interior, Labour, Communication and Education). The Ministry of Health collects birth registration data and identifies children eligible for Early Intervention services. The Ministry of Education collects data on students in the school system. These data are not collated and compared. An Advisory Committee on Disability to the Prime Minister has representatives of persons with disabilities, Universities, Ministries and this group does act as a de facto National Coordinating Committee on Disability.

Vietnam may have instituted a National Steering Committee on Inclusive Education by the writing of this report; however, this group may only include persons from within the Ministry of Education and Training. There is already a National Coordinating Committee on Disability, however this is under the Ministry of Labour, Invalids and Social Affairs, which, while including
education in its work, does not have this realm as its chief focus. The NCCD also includes the Ministries of Finance; Education and Training; Transportation; and Construction. In addition, the National Assembly is also a member, as are several representatives from DPOs. A recent review of the NCCD showed that most members agreed that the goals were in line with the UNESCO-AP 7+1 goals: Self-help organizations of persons with disabilities and related family and parent associations; women with disabilities; early detection, early intervention and education Training and employment, including self-employment; access to built environments and public transportation; access to information and communications including information, communication and assistive technologies; poverty alleviation through capacity-building, social security and sustainable livelihood programs; and the last area of priority, added in Vietnam, to include greater awareness and educational campaigns in the community to increase support and decrease discrimination. It is interesting to note that Mr. An, who is the coordinator for the Primary Education for Disadvantaged Children Project within the Ministry of Education stated that the NCCD could have the role of focal point to record achievements in education for children with disability in Vietnam. One last group of note in Vietnam is the Education Sector Working Group, which brings together international donors, NGOs and government representatives in an attempt to "improve aid effectiveness and to reduce transaction costs". This group will have regular meetings and will consider EFA objectives in their work.

SECTION 3: INPUT FROM PRIMARY SCHOOLS
TEACHERS, CHILDREN (DISABLED AND NON-DISABLED) FAMILIES AND COMMUNITIES

In this section, only a few visits were possible in Vietnam and Brunei.

18. Input from head teacher or principal of an inclusive regular school
Head teachers were occasionally involved and educated about inclusive education, but often there are breaks in the links between special education policies and the school leaders. Since special education teachers are considered the “experts” they are often left on their own to handle their “own” children. The school does not always take ownership of the idea of inclusive education.

In Brunei, the Special Education Unit (SEU) provides some training for head teachers and principals about inclusive education and there is a published manual for headteachers provided by the SEU that explains how the system should work. The Special Educational Needs Assistant (SENA) teachers have monthly meetings at the SEU and they liaise within the school with the principal or headteacher within the School-Based Team in regards to their programs and to individual education plans. School administrators do receive training by the SEU, but this does not always seem to be the case. There is some variation in the receptiveness of heads to special education and inclusive education practices, though presumably the majority is in favor of this innovation. Parents in general seem accepting of having children with disabilities in mainstream classrooms. As one teacher mentioned, in Brunei, everyone knows everyone else, and so any resistance on the part of some parents would be hard to maintain since they could be neighbors or relatives of the parents of the disabled child.

In Samoa, two of the principals who had been involved in establishing the SNE Unit at their schools were interviewed. One had felt that the SNE Coordinator at the time of establishment was very helpful and supported the teacher well. Both principals reported that it was the SNE Coordinator’s responsibility to support the teachers and assist with the students; however, the
current SNE Coordinator had not been to visit any of the schools since the year began and the support given was reported as minimal. The principals could not identify any specific training or preparation for them to support or administer the SNE Units. Teachers were trained at NUS and were seen to be “specialists”. The principals were aware of the Policy and understood it to say that schools “must accept” children with disability but they had no other information about implementation, practices or directives. One of the principals felt that children with physical disabilities were acceptable to include but felt those with intellectual disabilities were too difficult to include in normal schools; she had recently asked a parent to take their child with an intellectual disability out of this school and back to a Special School (Fiamalamalama) where he had been previously. She was worried about this decision but did not think she had any options. She was not clear on possibilities of persons to whom to refer for advice for assistance with this type of problem but felt she could possibly go to the School Review Officer. She reported that all children must do five subjects and be able to learn in English. She felt this would be too difficult for most CWD. She felt they could be included in sports, singing, and dancing. In general, the Principals felt that the other children related well to the CWD and that often they had siblings or extended family attending the same school. None of these principals had any information about inclusion practices or curriculum differentiation and were not clear about the term “Inclusive Education.”

A former principal in Samoa, of Sataua School, who had retired last year and was now working with the Early Intervention team, was very positive about the SNE Unit and teacher at her school and valued the support given by the previous SNE Coordinator. However, due to the teacher shortage and lack of SNE support, the Unit at this school had closed. She reported that the SNE teacher had been put into a regular class and the parents of the SNE students had stopped sending them to school, as the teacher was now unable to work with their children. In summary, a formalized system of introducing principals to the issues of including and supporting CWD, their teachers and parents is not yet established in Samoa. This indicates that inclusion of CWD and support of teachers is very much dependent upon the beliefs and values of individual principals and school communities.

In Thailand, visits were made to six regular integrated schools in the Khon Kaen, Maha Sarakam and Roi-Et area; 4 community schools, one Municipal school and one was a Primary and Secondary school. The most significant feature of the visits was in the variability of the attitudes and implementation of the policy to integrate children with disabilities into regular schools. The percentage of children with disabilities integrated varied from 0.2 to 10%. Head teachers are aware of the national policy and of their obligation to accept children with disabilities but in one case the Head teacher was unaware of the necessity for each disabled child to have an IEP in order to obtain budgetary support for equipment and materials. In the largest school with the lowest enrolment of children with disabilities the Head reported that when teachers were given the opportunity to attend short courses on special-teaching techniques not one teacher took the opportunity. The attitude was that the children should be prepared to fit in to the school and that the responsibility rested with the resource teacher, who would teach students in groups withdrawn from mainstream classes. This school had integrated its first child in 1980, from the Khon Kaen Blind School; 24 years later the school was integrating seven children in a school population of 3000 students. The blind children were well prepared before they entered the regular school. They were welcome but children with other disabilities were considered a problem and viewed as slowing down the progress of the other students. The Deputy Director claimed that there were no negative attitudes and that the children were fully accepted.

The Community School in Thailand with the highest percentage of disabled children had adopted positive strategies once the decision to integrate had been taken. Teachers and students were
informed and developed positive attitudes. Teachers were sent for special training, children received 30 minutes of extra tutoring each day, and there was close cooperation between teachers, parents and friends and peers of the disabled children. The school had submitted IEPs to the Special Education Center but had received no response and had not had any support from the SEC. They received less than the 2000 baht per child that should be allotted. The school considered that it was the task of the SEC to find out-of-school-children but they reported that the CBR program was a valuable link with the community and referred children with disabilities to the school. The school was happy to accept disabled children, considered them part of the community and that including them in school with other children created happiness. The school considered that all teachers should have special training as well as the parents. They felt the role of the SEC was to fully support the school, recruit specially trained teachers, work as a resource center and provide technical support. The SEC was not performing these functions.

The only Municipal School visited in Thailand had only started integrating children with disabilities in 2002 and had increased the number of children in both 2003 and 2004. The stimulus for the decision to integrate came form contact with the Roi-Et School for the Blind and CBR Center, which had changed the previously held attitude that children with disabilities should be educated separately. The Head teacher confessed to having been nervous as he embarked on the integration path. The steps taken were: creating awareness for teachers; carrying out a survey in the local area to find out-of-school students; encouraged parents of children with disabilities to approach the school; and undertaking a systematic approach to increasing the competency of his teaching staff. He sent seven teachers to Bangkok for 200 hours of training; organized University input to his training program; requested Khun Prayat (a disability expert) to conduct in-school training and a simulation experience so that teachers would understand what it is like to have a disability. He also sent teachers to gain experience at the School for the Blind and teachers who had undergone training then trained other teachers in the school on their return. All teachers were trained to conduct IEPs. The Head Teacher worked in close collaboration and consultation with his staff, discussed how to provide the necessary services, acknowledged that it will be more work, and planned to send teachers for Certificate level training. It is his intention to increase the capacity of his school and teachers, to find disabled children and enroll them when they are young and to provide increased services to the community. He stated that they need a full-time resource teacher and specialist input for the SEC and provision of assistive devices. This school provides a model of how to implement the national policy and should be commended for the exceptional work being done.

Several schools in Thailand reported that Khun Prayat, a blind disability advocate who started the Khon Kaen Blind School in 1974, was the catalyst that stimulated them to integrate children with disabilities. However some of the schools only wanted blind children who had been prepared for integration at the Schools for the Blind. Children with other disabilities were considered too hard to teach. This is where the Thai system has not yet addressed the distinction between integration, where the child has to fit into the school and inclusive education where the school sees it as its responsibility to adjust to the needs of each child. The efficiency with which the Schools for the Blind fulfill their role of preparing students to fit into the regular school and providing support to them, is a factor working against the change of attitude needed to adopt a more inclusive approach. The Integrated Primary and Secondary School integrates 3% of children with disabilities but has announced to all the villages in the District that is it ready to accept children with all categories of disabilities. Children who have been rejected at other schools are welcome here. One teacher has been sent for full time training and others have undertaken short courses at Roi-Et Blind School, vacation courses and teachers who have had special education training provide in-service training to others. Close contact is maintained with parents and support is received on a regular annual basis from the SEC. Full funding of 2000 baht is received for each
child. A problem faced is the resource teacher spends too much time on administration and not assigned to special children.

These examples from Thailand indicate that successful integration is occurring and it is necessary to analyze the barriers and problems where this is not occurring and to strengthen the support and the penalties for non-compliance with the legislation which mandates acceptance of children with disabilities in regular schools.

In Vietnam, no particular training is given for headteachers (who are simply chosen from among the teaching staff). At the inclusive school that we visited at Vinh Phuc Province, Yên Lac town and Trung Nguyên commune, the Head Teacher, a teacher chosen from the school by other teachers for the period of one year, told us that no particular training is given specifically for the Head of the school. The criterion by the local People’s Committee on what makes an excellent school is inclusion of 85% of children with disabilities in the area of the school. However, it was unclear how these statistics were measured, only that the teachers were content to be able to be considered an “excellent school” through their efforts in this regard. Teachers are given training at this school in both in-service and longer formal training programs. Some training is provided for the other students and for parents about the inclusion of children with disabilities in the school.

19. Input from classroom teachers in classes with CWD in an inclusive regular school.

Teachers admit to being under-prepared for the challenges of teaching children with disabilities in several instances, however many believe in the positive benefits of inclusion, for both disabled and non-disabled children. Teachers are not often receiving sufficient outside support in Samoa and in Vietnam. At times, there is confusion on what exactly “inclusive education” means. It is important to note that teachers stated that children who did not come to inclusive schools would have likely stayed home otherwise; the choice may not be between special and inclusive schools in some circumstances, but between inclusive schools and staying home.

In Brunei, some regular classroom teachers admitted that they felt that their skills and achievement in teaching these children was limited by a lack of experience to date. They have not necessarily had any practical special education training, though it is offered as an optional course. Teachers say that they cope with the special needs child often by giving them less work or easier work. Their first priority was that the child was safe and not too disruptive to other students. At times classes are too large (up to 35 in one primary school) to give sufficient added attention to the special needs child. One SENA teacher admitted some frustration at her lack of specialized skills in all areas of disability, so that children with Down's syndrome for example, could benefit less from their assistance than other children. In the Dato Marsal Primary School, there are a total of 1078 pupils and 71 special needs children, with 17 in the afternoon session (primary school levels 4,5,6) and the remaining 54 in the morning session. The greatest challenge for one of the other teachers was handling many different kinds of disabilities. For example, this teacher taught an autistic child who was often disruptive. She had been given no additional special skills in handling the 10-year old child, who would often move around the room during class time or fall asleep. Colleagues help her to manage the class in the Classroom Assistance Program.

In Vietnam, on the one school visit to a rural inclusive school, the teachers were very content to tell of their experiences, which were, on the whole, quite positive. All of the teachers had attended one-year long courses on inclusive education during which they lived on campus in a hostel. According to the teachers, all schools have a policy of inclusive education in the province. Most of the children with disabilities are children with learning disabilities. Ha, the student we
interviewed, was considered an exception to this rule. The teachers said that they had realized on their own that the movement toward inclusive education would be easier on the teaching staff, as all children with disabilities in the same classroom can be too difficult for one teacher to handle. Furthermore, the teachers pointed out that it is useful for disabled children to have a student helper and have formalized this process; school fees for student helpers are waived as an incentive for children to become involved. (Each class has not more than three disabled children except one special class for deaf children, where there are six students.) Another advantage is that an inclusive school is closer to home and therefore the costs associated with education are lower. Furthermore, the environment is friendlier with no discrimination towards children with disabilities, so that these children can develop in a normal way and live with their parents at home.

If children with disabilities were not welcome in their school, the teachers commented, most would stay at home, not go to special schools. However, finances remain the main problem. Some of the children with disabilities may live with relatives nearby. The teachers also acknowledged that the advantage of special schools is the disadvantage of inclusive schools; in special schools the teachers should have more in-depth training and greater expertise in teaching the children with disabilities. Special schools also have more equipment to help children with special needs. One other possible advantage of special schools is that children are in a system that could allow them to gain access to secondary schools or to vocational training that could then help them to get jobs upon graduation. Students are not likely to continue after primary school since the focus thus far in teacher training has been solely at this level; after finishing 1-5 grades, these children would likely stay at home as secondary schools are not yet ready to accept children with disabilities. One teacher acknowledged that the evaluation demands on children with disabilities was different than for other children; they could still pass into a higher grade if they had not achieved the same level as other students.

The teachers in Vietnam also said that encouragement for them would be vastly appreciated, in the form of regular awards for teaching children with disabilities. They also support each other in these efforts informally, but made it clear that more institutional support would be welcome. They pointed out that even in teaching other children preparation is demanding, but for children with disabilities they need extra time and materials and do not receive any special support for these extra efforts. While having higher salaries would be one way of compensating the teachers, they commented that special thanks or awards would also be welcome. They recommend that MOET consult with teachers on how to reward and support good teaching. Awards at provincial and country level would be welcome. In terms of relationships with particular students, one teacher, Tuyệt, was very proud of the fact that she had trained a blind child for many years who moved on to secondary school. She still meets occasionally with the blind student to check on her progress since she lives nearby. However, she is faced with some difficulties, as she does not have enough supplies for her studies.

In Samoa, all four Special Needs Education (SNE) teachers from regular inclusive schools were interviewed; three are now working as regular class teachers with the SNE children either added to their classes (in two schools) or the SNE students no longer attending (one school). The fourth teacher had a class with only children with disability in attendance. Three of the teachers had completed their qualifications from NUS and one was still unqualified. One teacher was in her first year and the others had been teaching for 3-4 years. All of them had attended NUS and had done their Primary teaching certificate plus the six papers to give them the SNE specialty; a 3-year course in total. All reported that the training from NUS was excellent and they felt well supported by their tutors; all had done practical placements at the SNE NGOs as part of their training and felt this was very important.
Once these teachers were placed in the schools throughout Samoa, the group felt that they had received very good support from the first SNE Coordinator who visited on a regular basis and assisted them with their assessments, planning and working with the principals and other teachers. The newest SNE teacher was unaware that there was a SNE Coordinator and felt that she would go to her NUS tutor when she needed assistance. Last year, two Peace Corps volunteers were assigned to the SNE Units. The teachers reported that they were very helpful with ideas and programs for the SNE students and spent a lot of time in the classrooms, they also tried to update the database and share that information. All of the teachers said that they were trying to figure out ways to help their SNE students do the ‘same’ work as the other students in their classes. They all reported that they were doing their best to observe and assess but were not confident about this. Two of the teachers asked the consultant to give advice and it was clear that they were in need of more support. One of the teachers reported that she hoped some of the children would leave her class someday and go to other classes but she had to make sure the other teachers did not get ‘mad’ at her. The teachers reported that it is good to have all of the SNE children with the ‘normal’ children as it is good for the normal children to learn about difference and the slow learners can learn from the normal children; it was typical for the “normal” children to help the slow learners. One teacher divided her class into two levels (normal & slow learners) and teaches them in groups. At present, all students are doing the same program. The blind student gets his work transcribed into Braille by a person from the Blind Society (PREB). The teachers reported that most of the SNE students were those labeled as “slow learners. They all felt that the schools should have more CWD including those with physical disability and other disabilities. One teacher reported working with parents was important and she tries to talk with them informally when they came to drop off or collect their children from school. She hopes to hold a special meeting for them later in the term.

In Samoa, the teachers were unclear about the concept of “Inclusive Education” but used terms like integration and mainstreaming comfortably. The function and purpose of the SNE classes was discussed. Two of the teachers understood that the SNE Units were to be ‘resource rooms’ where children with special learning needs could receive individualized teaching support with the aim being to participate in the mainstream as much as possible. The other two thought that the CWD were supposed to stay in the SNE Unit full time. All of the teachers stated that more resources (i.e. appropriate reading materials, toys, manipulative games, etc.) would be useful.

20. Input from CWD in a class in an inclusive regular school

Input from children with disabilities is generally positive. They seem very happy to go to school, and those children interviewed did not speak of bad experiences, instead they spoke of being overjoyed at the ability to learn with other students.

In Samoa, two CWD from different schools were interviewed. Both had been in the SNE Unit the previous year and were now in the regular class being taught by the SNE teacher. Harry, an 11-year old, slow learner said he liked coming to school and he liked the teacher. He couldn’t identify any problems or difficulties. He had attended another school before this one. He liked playing outdoors the best. (The teacher translated for Harry). Kiwi, a 10 year-old, blind student, said he liked school and had two best friends. He said the other students helped him get around and that he was learning Braille. From the consultant’s brief observation and the teachers’ reports, both of the students appeared to be well accepted by the other students.

In Thailand, a blind child in fourth grade at Wat-Pa-Rae-Rai Community Municipal School said
that his teacher was very good and that he liked to sing and play with his friends. He had attended Roi-Et Education and Rehabilitation Center for 2 years in order to prepare him for integration in a regular school. He had also studied at a Special Education Center. There was no school in his village. His parents had wanted him to go to school and he was happy to be at school but he missed his family.

In Vietnam, Ha, a 14-year old student at Vinh Phuc school about an hour from Hanoi was interviewed. She had never attended school before being able to be included in this inclusive primary school. She is several years older than her classmates but performs very well. She enjoys very much coming to school with the other students and her family also added that she has become physically much more healthy and more open and happy at home. She eats better and interacts more regularly with her family. She enjoys learning all subjects and giving ideas to the class. She reported no particular difficulties in attending school. She only attends the morning session however, which could be due to difficulties in transportation. Most students arrive on bicycles and she is in a wheelchair and must be taken the 2 kilometers to her home, where she lives with her grandparents and siblings. Ha said that she had a very good memory and is third in her class in spite of the fact that she has not yet learned to write. The teacher will ask her questions and test her orally on many of their subjects. She is best at mathematics.

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

Other students are often helpers to those children with disabilities in their classrooms, a practice that tends to please the helping students a great deal, as they feel useful and are often friends of those they assist.

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

In Samoa, Florence and Valu, two girls who were chosen by the teacher for this interview (because they were in the class with the SNE students and had good English), said they could tell that the CWD were “different” because they needed more help. They liked them and tried to help them. Some other students sometimes made fun of them and they tried to stop them. Peter, 8 years old, was also interviewed. He said that Kiwi was his friend and that they liked to play together. He didn’t care that he was blind. It didn’t cause any problems.

In Vietnam, the student helper of Ha (also named Ha), said that she enjoyed going to school with children with disabilities because she enjoyed helping them. She added that she can learn from them as well and helps Ha to play and to write her lessons. The two girls come from the same village and at times Ha will help her come to school, though her brother or other community members can also help to bring Ha to school. Ha said that there wasn’t anything she didn’t like about helping Ha, but that it was sometimes difficult to understand her voice. She can also not yet write for herself so she must be helped to write things at times.

22. Input from family member of a CWD attending a regular inclusive school

Below is one story from Vietnam and another illustration from Samoa. The example from Vietnam explains that attending school for Ha had a considerable positive effect on her health and her disposition.

Ha did not have the opportunity to attend any other school before she attended this inclusive
school. This school is only about 2 kilometers away from her grandparents’ home, thus allowing them to send her there without great additional cost. Ha has three brothers and sisters; her parents live and work in Ho Chi Minh City. The family seemed relatively affluent for the village and province in which they live. Ha went to school in the beginning because the teachers came to tell the grandparents that she would be welcome. The family was reticent at first, and feared community reactions against Ha, including other children making fun of her. Visits to the doctor early on were also not encouraging, the doctor recommended rehabilitation but not school for Ha. Before Ha attended school, she visited a famous hospital in Hanoi where rehabilitation is performed. Nguyen Dait Tu is a famous therapist, however the family found the therapy very expensive with few results and Ha’s condition did not greatly improve. Since Ha has gone to school, she no longer has seizures and her physical condition overall has improved greatly. After she started school she has become much happier overall. Before, she stayed in her room alone, but now she communicates more freely and plays more regularly with her siblings. Overall the family was very content with her treatment by other students at school. However, they were less impressed with assistance provided by medical experts and have since ceased regular treatments. The best outcome of inclusive education is providing Ha with greater experience in the community with other non-disabled students. If all students in her school were disabled, she would not have been able to advance so clearly in her skills in interacting with others.

Her family is rightly very proud of Ha. They had several stories to illustrate her impressive memory, including that fact that she remembers the names of the foreign experts who have visited the school (including our own) after hearing them only once. She can also read now thanks to attending school. The family was also curious about possibilities of meeting people with disabilities who have had some success in their lives to show it was possible to succeed. They recommended newsletters to the district and commune levels to learn more about what possibilities exist in the country for children with disabilities. Parents don’t know much about how to proceed, especially for secondary and tertiary school. Parents are also not aware of laws and policies and don’t know about the system that exists at the central level. They do have meetings with teachers who give some guidelines on how to proceed. There is also a community support group that works for disability under the People’s Committee. Information could be sent to the People’s Committee at the Commune level.

In Samoa, two parents were officially interviewed. Ana, parent of Harry, reported that when Harry was small she could tell he was slow but that he was very good. He was quiet and didn’t get into trouble. Sometimes if he is angry he will cry but he does not hit. Her daughter, Luisa, was also labeled as slow but is in the regular class at the same school. Harry had attended another primary school at age 5 but it was very difficult for him; the lessons were very hard and he could not keep up. In 2003, his mother changed him to this school because there was an Special Needs Education (SNE) teacher. She had her own class and he began to improve in some of his work. She prefers him to be with a SNE teacher and that is why she wants him at this school. She thinks he gets along okay with the other students but he doesn’t have any friends. She was not aware of any Parent Groups but thought it would be a good idea and she would go along if anything were started. Faiupu, mother of Kiwi, reported that Kiwi was born with sight and then became totally blind at 5 months of age; he was not sick and she does not know what caused this. The doctor told her to take him overseas when he was older but she has not been able to afford to do this. He went to the Marist Brothers school first as they would accept him as a blind student. Now he attends his current school as it is his village school and there is a SNE teacher. She likes that he is with “normal” students as he can learn from them and they help him too. She would like to meet other parents but was not aware of any parent support groups. Informal interviews were held with some grandmothers and other parents who all agreed that their children should go to school but they were unsure of how they would be treated. Some of them didn’t know if the CWD could learn
and some were worried that they would be abused.

23. Input from community member or local official

Some community members express that there are still reservations related to children with disabilities attending regular schools; however, these persons generally tend to be those who have had little direct contact with the practice.

In Samoa, two people were interviewed. One was the secretary of the school committee and the other was the friend of a parent with a CWD. The School Committee secretary felt that their committee was supportive of including CWD; they did projects and fund-raising to help with the school, most recently applying to SDA for computers and library materials. They had also provided a “special classroom”, ramps and handrails for the CWD. She thought there were between 13-18 CWD at the school but she did not think there was a SNE teacher now. She felt that parent involvement should be encouraged. The other person felt that only child who had “learning abilities” should go to school. This person felt that CWD would hold back the other students and that would not be fair. According to this person, this was a commonly held view by most people in Samoa. They were both aware that there was some media and other activities to raise awareness but they had not experienced these directly.

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

A visit was also made to the Dan Wan Subdistrict Administrative Office in Thailand; this sub-district had been involved with the project to establish Self-Help Groups (SHG) of persons with disabilities, under the model of Community-Initiated Rehabilitation (CIR). It is a poor sub-district with nine villages. The project was started 4 years ago and the SHG now has 60 members. The Administrative Office provided a budget for the group and they had formed a committee that made decisions about who would get living allowances and they had undertaken vocational training so that many of the members could now earn a small income. The Administrative Office was supportive of children with disabilities attending regular schools, but the experience of one of the SHG members, a 20-year-old youth with a physical disability, had been that it was extremely
difficult for boys like him to attend school. He had attended regular school for grades 1 and 2 but has stopped going because of toilet problems. He had gone to a SEC for 3 months but had dropped out. He now grew mushrooms and raised fish but he was illiterate and desperately wanted to learn to read. There were many young and older adults who had not had the opportunity to become literate.

In Vietnam, no interviews were undertaken with community members who were knowledgeable about CWD in schools. However, in many of the IE programs, there has been attention paid to the community component of inclusive education. The teachers at the inclusive school in Vinh Phuc mentioned that Rädda Barnen had undertaken to educate parents along with other community members and that this education had played a role in encouraging parents of non-disabled children to understand and accept having children with disabilities in the same classroom as their children.

SECTION 4. INPUT FROM PRE-SCHOOLS, EARLY INTERVENTION CENTRES, SPECIAL SCHOOLS, INCLUSIVE SECONDARY SCHOOLS
TEACHERS, CHILDREN (DISABLED AND NON-DISABLED) FAMILIES AND COMMUNITIES

24. Input from Head Teacher or a classroom teacher in a Special School.

Some head teachers underlined the positive aspects of belonging and acceptance that students can have when attending special schools. Some thought that students were “pushed” into special schools by the inability of teachers in mainstream schools to cope with differences.

In Brunei, regular schools are still seen as appropriate for some, but not all, children with special needs by those working at special schools in Brunei. The inclusive schools still have a higher proportion of pupils to teachers than the special schools so at times the centers can offer better care and see the children with high-support needs improve. In the Pusat Ehsan, they still place a high importance on placing children with special needs into inclusive schools when and if possible. At the Pusat Ehsan, children with special needs who come here may not continue formal schooling. They have more friends in the special school and may feel more accepted here. Some of the children in inclusive schools may not have had enough specialized attention in their years of formal schooling, and the forced promotion after two failures may not address their lack of abilities, allowing some to continue through the years of primary schooling without gaining basic educational skills. The teachers pointed out that the children with special needs cannot drop out of their school and feel that they are among their peers. Teachers feel that the inclusive education system is still very new and cannot yet offer support for all children with high support needs. The teachers may not be able to manage a classroom with one hyper-active child and therefore can only just handle the child's safety and care but not have enough time or capacity to also coach the child along. The SENA teachers may or may not have enough time or skill to address the needs of the high-support child as well. Teachers in special school have visited some other schools in Malaysia, Thailand, Korea and Vietnam to see other examples. They cannot access formal SEU courses for the Special Education certificate as many do not have their teacher certificates. This is under discussion to see how the MOE courses could address the training needs of the special schoolteachers. The SEU still has very "theory-based" courses according to one teacher and therefore the courses may not be as helpful as they could be.

In Samoa, the interviews for this section were conducted at two NGO Special Schools; Loto Taumafai and Aoga Fiamalamalama. Both the Principal and Teacher Trainer had a clear understanding of Inclusive Education (albeit primarily focused on CWD) and felt that their
students could be included into the mainstream provided they had appropriate assistance/support, materials and opportunities for specialized teaching or therapy. However, they felt that most CWD get pushed to the segregated NGOs because teachers in the state school system do not feel they can teach them. The principal has begun a program to mix with one of the local schools for sports and social activities and reported this as being tremendously successful. In the long-term, they envisage that FM would merge with other schools and would see FM as a base for itinerant teachers, resource center, one-to-one tutoring center etc. Their main resistance to progress this at present is attitudes of other schools, teachers and from parents and board of their school. Current advantages of the Special School were cited as follows: a place to come to – otherwise just sit and home often neglected; parents feel child is ‘safe’; teachers are there because they care; they can provide options and activities. Disadvantages include: lack of opportunity to learn and socialize with peers in “normal” setting; mis-diagnosis means many students who may have done well with minimal help end up with the special school; students can tend to go backwards if not stimulated; teachers lose perspective regarding expectations (usually lower). The classroom teacher interviewed has been teaching at FM for 14 years. She did a ‘teaching course’ through the Catholic Church in 1982 and has done several locally developed training courses. She has her Early Childhood Teacher Certificate and is also a parent of a CWD. She reiterated what the Principal and Teacher trainer had said. She felt that her students would do well in an inclusive environment with the right support and that she too would like to teach in that kind of setting still maintaining her focus with SNE students.

The Principal of Loto Taumafai (LT) was also interviewed. She is a person with a disability (uses a wheelchair) and sees herself as a good role model to the students, teachers and parents. She has a University degree in Education from Australia. She felt that the specialized skills of teaching deaf students meant that a special school had its place. However, she felt that most students should be able to learn in the mainstream. The Board at this school were reviewing the current strategic plan and saw that in the long term, LT, could be come a specialized learning and resource center teaching short courses and providing community based support. This was already beginning with the Early Intervention program based out of this school.

In Thailand, at the Tawatburi Special Education Center, the Head Teacher is fully qualified in special education, with a Bachelors degree in Special Education and a Masters in Psychology, and had just returned from specialist training in Japan. The SEC has 36 children; 84 per cent are placed in regular schools. The functions of the SEC are as follows: classify and assess children with disabilities; arrange education and placement visit parents in the home; advise, provide individual intervention and observation; find out-of-school children in the villages; hospital placement and support; make local devices; contact organizations and donors to obtain wheelchairs and other equipment; link with other partner organizations (CFBT, CBR Center, Hospital); follow-up on children in integrated schools on a monthly basis; provide training to parents, school teachers from integrated schools and volunteers; and awareness training for teachers in regular schools; IEPs conducted at SEC (and in schools), with decisions made by an IEP committee. Skill areas for early Intervention and for children receiving education at the SEC include early child development (Self-help/daily living skills, physical, gross and fine motorskills; and cognitive, academic, communication, social and emotional skills. The SEC is responsible for decisions on placement related to early intervention in the home or at SEC, education at SEC, or placement in a special or integrated school.

The role of the SEC in Thailand is crucial to the success of the integration strategy of the 1999 National Education Act; but many problems and challenges are being faced by these centers. There are not enough personnel, making it impossible to carry out all the tasks required. Attitudes of teachers in normal schools are negative and they don’t want disabled children in their classes.
Many children in the villages are neglected and live with grandparents who do not understand the importance of education and that they are legally required to send their children to school. Of more than 900 IEPs conducted in the schools only 225 or 25 per cent have been approved for funding support. Not enough information is provided from the school and the SEC doesn’t have the resources to follow up all case. The coupon system is only just beginning to be implemented. Positive aspects of the SEC include giving advice to parents, finding more children in the villages and seeing more children come forward for education. The task of the SEC would be simplified if all schools were willing to accept children with disabilities but the view was expressed that attitude change would take a long time.

Representatives of the SEC that supports the Nong Ping Community School has nine staff, two of whom have had 2-15 day training, four will become Special Education assistants and two will work in the center and home-based early intervention (EI). EI work is one of the main activities of SEC staff. Problems that they face are lack of vehicle and lack of budget which makes it difficult for them to go into the community. They would like to see enforcement of the 1999 National Education Act in terms of education being compulsory; requiring parents to send their children to school. The Nong Ping Community School that should be in touch with this SEC reported that they receive no support from the SEC, that IEPs are submitted but no responses received.

In Special Education schools, the Khon Kaen Blind School (KKBS), founded in 1978 by the Christian Foundation for the Blind of Thailand (CFBT) and registered officially in 1984. Government subsidies were started in 1996 and in 2004 comprised 20 per cent of the budget. The head Teacher is a blind person who is a member of disabled peoples organizations. It is a residential school with 121 students from kindergarten to secondary level; 70 per cent of children are integrated into six regular primary schools, 29 students in four integrated secondary schools and one student in a vocational training school. Most children who are integrated stay in their schools but some multiply disabled children may return to the Blind School for more training. Children prefer integrated schools because they experience a better social life and a wider variety of friends. Most graduates of KKBS go on to study at university level. KKBT has links with the Roi-Et Education and Rehabilitation Center for the Blind also established and run by CFBT to support integrated schools. At the Khon Kaen Center for the Blind there is a division, the ETCB, the Educational Technology Center for the Blind. The school provides scholarships, Braille books and educational materials, resource teachers and trains parents in home visits. The Center for Technology trains staff who work in regular schools and advises integrated schools. It trains student teachers and provides short courses, vacation and summer school courses. It runs joint training courses for the Department of Special Education in OBEC, MOE. It also trains specialist teachers in low vision technology and teaching. The library conducts innovative teaching in a variety of areas including life and social skills, budgeting etc. The teacher of the kindergarten class teaches children from 4 to 10 years, daily living skills, mobility and social skills. She trained as a primary teacher in Special Education, has 7 years of experience but none with sighted children. The Head teacher stated that the Foundation has taken responsibility for the education of blind children because the government had not done so. (His further comments will be reported under sections 7 and 8.)

At the Roi-Et Education and Rehabilitation Center for the Blind also established and run by the CFBT, since 1987 in Maha Sarakham province extended services to Roi-Et a few years later. The administration office moved to Roi-Et and the center was officially opened in 1995. The Roi-Et center has three main function, CBR, hostel with preparing children for integration and mainstreaming school. It works in close cooperation with the KKBS and coordinates with regular schools in supporting integrated education. Additional activities include Early Intervention for
children 0-4 years, prevention programs, research and development of more effective models for empowerment of disabled persons and community engagement. It also conducts vocational training in hydroponics and Thai Massage, and teacher training. It has trained 107 teachers and 63 are currently in preparation. CBR is a holistic approach. The Center started addressing the needs of blind and visually impaired only and ran a 6-week training course on teaching blind children. But since 1996 it has been a cross-disability CBR Center. The CBR center conducted a survey and located 700 children. It is also engaged in education and awareness for the prevention of blindness. The 3-year plan for the Center includes: Developing knowledge and awareness in the community Formation of disability and family self-help groups Stimulate sub-districts to include disability in action plans Early Intervention follow-up from hospitals, support families and persuade them to let their disabled children go to school. There is a tendency for families to be over-protective. Prepare children in the community to be ready for school. Only blind children receive preparation in Blind Schools but majority of children with other disabilities receive no preparation in government schools.

25. Input from parent of a disabled child attending a Special School

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

26. Input from child at a Special School

In Samoa, two students, (one boy and one girl) were briefly interviewed. They are both 15 years old and labeled as ‘slow learners/mild intellectual disability”. They have recently been selected to become part of a ‘Self Advocacy” program being established and supported by the local DPO. They both like school and have both been to regular school but “failed.” The young man felt that he could go to regular school but he wasn’t allowed.

27. Input from teachers at a Pre-school

28. Input from parents of young disabled children attending an Early Intervention Center or service

In Brunei, one woman's child was referred to the Child Development Center at the age of 2 years with a speech delay. The maternal and child health clinic (under the Ministry of Health) referred the mother to the CDC. The activities include coloring, singing, and speech therapy. Her son has been visiting the center regularly for a bit less than a year; she hopes he will attend a regular school. Her child is the 5th of six children and they live just a few minutes away by car. Another mother also had a young son with a speech delay, also referred to the CDC by the maternal and child health clinic for work with the teachers on color recognition. He is the youngest of five children and has been coming here for just a few months. He was three years old when his disability was discovered. Other children from Kampong Ayer (a village of about 30,000 inhabitants built on the river) may not be able to access the clinic as easily as these mothers and, if so, teachers and nurses in the neighborhood schools and clinics are known to provide help to the children.
In Samoa, two women were interviewed. One was the grandmother of a young child with cerebral palsy. She was one of the main caregivers for this child. The other was a young mother whose 5-month old baby had just been diagnosed with Down syndrome. Both children were diagnosed before they were 6 months old. The mother of the child with Down syndrome had to take her baby back to the doctor as her mother-in-law suspected something was not right. She was not happy with the advice given to her by the doctor as she felt he only focused on the negative. Contact from the Early Intervention team was from local knowledge. The grandmother was very involved and very positive about the support given to her. She was shown exercises and activities to stimulate the child. They also helped her understand about Cerebral Palsy. The young mother was only just starting with the program and looking forward to their help. They were due to come visit her at home that same week. She was very keen to meet other mothers with children with Down syndrome. Neither of them were able to say what kind of school they would want their child to go to in the future. They were not aware of many options for CWD.

29. Input from teachers at an inclusive secondary school

The teacher of a young man with cerebral palsy recently included into a regular secondary school was briefly interviewed. She had completed her teacher training certificate but had not been given much preparation regarding CWD. Because he had a full time teacher aide (paid for by the parents) she was able to learn from her. Also, because this is a private school, the class sizes were smaller and they had good resources. This student has his own laptop so he can communicate easily with the teacher and the other students. He did not need any curriculum adaptation. The only main challenge was physical access and the school had built a ramp. The teacher was very positive and quite emotional and stated that she had learned a lot from her student and especially that he was just like any other student. She now felt that including students with disability was good as long as they had the support and resources they needed.

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

The parent of the young man with cerebral palsy attending the private school was interviewed. She had had a lot of difficulty in getting him into school over the years and had even started another SNE NGO (Senese) to try and provide him with appropriate schooling. He had done correspondence school through New Zealand for 3 years and attended Senese NGO for 5 years. There was only one other secondary school that had access but they only went up to Year 9 so he could have only attended for one year. She is very pleased that he has finally been accepted into this school.

31. Input from students attending an inclusive secondary school

In Samoa, the student interviewed, Jordan, a 15 year old with cerebral palsy, stated that he liked going to the regular school because he liked being with the other students (especially the girls!). He has a full-time teacher aide and a laptop so he said school was okay. His main difficulties are with access but the school has built a ramp for his wheelchair. His parents made the decision for him to go to regular school but he also wanted to do this. He is not sure what he wants to do when he is finished with school.
SECTION 5: TEACHER TRAINING

32. Including Training for Teachers to Teach Students with Diverse Abilities in Regular Schools

Teacher training in all countries has been greatly augmented in the last decade. Courses are often available in both pre-service and in-service versions and can be of different lengths of time. Samoa still has a severe teacher shortage but there are hopes that this will improve shortly. New teachers in Brunei, Samoa and Thailand are now required to have one course in inclusive education in their pre-service training.

In Brunei, an extensive teacher training program for special education has been put into place at the national university, Universiti Brunei Darussalam, that has built up to provision of degrees at the Bachelor's and Master's levels with a variety of programs over the past decade. The first courses offered were "upgrading" or in-service certificate courses of three semesters length, begun in 1995. Teacher training for all teachers at the primary and secondary level requires a three-year degree. Teachers chosen by the Ministry of Education will be sent to the upgrading courses and most will continue teaching during this time. They will become "SENA" teachers upon completion of their studies and work only within the government system. Teachers from all districts in the country have been trained in these courses. In addition a course on inclusive education is now required for all teachers certification studies; the course contains an overview of the Brunei system, consultation models, screening and diagnosis, characteristics of different types of learners and adaptation methods, data collection, IEP development and other topics. Other courses teach about specific learning difficulties, adaptive teaching methods, identification and screening and independent learning. Short-courses for teachers within the government system but also from private schools can also take a course of 12-weeks.

In Thailand, teacher training has been an important area of focus within MOE and significant developments in the training of teachers have taken place since the 1990s following the enactment of the 1991 Rehabilitation of Disabled Persons Act. Over 600 universities exist in Thailand, the government runs 80 of these. Primary school teachers in an integrated setting must complete a 4-year university degree with a high-school diploma. Secondary school teachers in an integrated setting must have a 3-year degree and one year of additional training. No untrained teachers are employed in Thai schools and all teacher trainees now receive one course on special needs within their training. Teachers who wish to become special education teachers have three options: short courses (1-, 3-, and 15-days) available at 19 universities; 1-year Special Education Teaching Certificates at seven different universities or 2-year Masters degrees offered at four universities. Teachers for the Special Education Centers, Village Child Health Center and Hospital teaching services can undertake an additional year of specialist training. Short-courses are available over weekends and vacations for in-service mainstream and special education teachers; 390 regular school teachers have completed in-service training to teach children with disabilities. Specialization and higher education are encouraged for special education teachers after assessments showed that teachers with a BA degree were insufficiently able to cope with problems of teaching children with special needs. A new curriculum was introduced in 1994 for the 4-year Special Education training degree and education for teachers became of higher priority after the 2003 education reform. Six universities offer Bachelors degrees in special education; five offer Masters and one has a doctoral program: studies for specialized university staff, who can learn overseas with scholarships, can be in learning disabilities, autism, down syndrome, blind and visual impairment. Courses are on early intervention, early childhood education, special education administration, general special education, community-level special education and community-based rehabilitation and counseling are all offered. Rajasuda college, the college
established for persons with disabilities, has a Masters program in rehabilitation counseling with special courses for deaf, blind and physically disabled students. A variety of scholarships are available for sign-language interpreters at Rajasuda, and for graduate level education.

Teacher training in Samoa includes a 3-year Diploma for Primary Education, during which students complete 24 courses. In 2000, a special needs specialty was added. Elective special needs education courses are: Introduction and Understanding Education for Special Needs, The Individual Education Program, Assessment Techniques and Teaching Strategies, Special Education: Barriers to Learning and People with Special Needs in Samoa. In addition, in 2005, a course on inclusive education has become mandatory for all teacher trainees. The Faculty of Education of the National University of Samoa began these courses to meet the needs of the government policies in inclusive education. Teacher trainees have a practicum during their studies at special education NGOs. In 2000, the first six teachers who had finished their studies in special education were assigned to the six new special education units. However, since then, these teachers have been reassigned to other classes due to a teacher shortage. The University staff is hopeful that the increased enrollments in teacher-training courses will soon lead to a leveling off of teacher demand. All in-service training is the responsibility of the Ministry of Education, sometimes with the participation of University faculty. Monthly forums at the university may include teaching on specific topics, which have included topics related to special needs education.

Teacher training in Vietnam has received a considerable amount of attention over the past decade, since at least 1997, and indeed, has been a crucial element in establishing an IE system in Vietnam. There are now short courses as well as 1-, 2- and 3-year courses. The focal point for special education estimated that 30,000 preschool and primary school teachers as well as teacher trainers from 81 colleges have all had short courses on inclusive education. In-service or upgrading courses have been central for implementing inclusive education; these courses are for teachers with some teaching experience (with a teacher certificate or 12 years of schooling plus 2 years of teacher training); these courses result in a teaching certificate for 12+2 teachers or a university-level degree for teachers who already have their teaching certificate. Teacher training has two goals: practical classroom adaptation, including learning about IEPs and modifying lesson plans; the second goal is disability-specific knowledge. Key resource persons in a given district can then train other teachers after receiving training. In-service training is a 2-year full-time course with three specialities based on impairments related to hearing, vision or learning/intellectual skills. Courses have been "sponsored" by international NGOs and have not yet become fully autonomous. Courses are available in five teacher-training colleges and within new Special Education faculties in Hanoi, Da Nang and Ho Chi Minh City. Teaching for early intervention instructors is available in Ho Chi Minh City, primarily for teacher trainers. Teaching in child's rights has been conducted for several years, supported by Save the Children Sweden (Rädda Barnen); this element has received positive feedback from all trainees who appreciated the new perspective of a child-friendly classroom and has now become part of the mainstream primary teacher-training curriculum. The World Bank teacher-training project as part of the Project for Education of Disadvantaged Children and the Department of Primary Education both include these skills. The Center for Education of Children with Exceptionalities, the focal point for special education of all kinds, including for gifted and talented children, has a mandate to develop curricula, perform strategic planning, conduct research and training on special education and counseling and supervising of the special education system.

SECTION 6: ACCESS TO TERTIARY EDUCATION FOR STUDENTS WITH DISABILITIES
33. Interview University officials where people with disabilities are enrolled as students

In Samoa, there are currently no students with disabilities enrolled at the National University of Samoa in spite of specific policies and special accommodations. Samoa Polytechnic, which is merging with NUS, has had some students with disabilities take “short courses”; usually related to computers. The Dean of the Faculty of Education expressed a desire that special needs issues be considered further.

Thailand does not have a policy of compulsory education at the tertiary level, though students with disabilities have the right to attend university. As recently as 1981, several students with disabilities were not permitted to take an entrance exam for Khon Kaen University and since then few students were enrolled. Support was provided by outside organizations. Many students have graduated from Rajasuda College since 1993. Also, 200 blind persons have finished university since the first graduation of a blind person from Chulalongkorn University in 1964. However it is estimated that fewer than 1000 students with disabilities have finished school between 1970 and 2000. In 2004, the number of persons with disabilities registered in 667 universities was 1,544, a significant increase over previous decades. Support systems remain almost non-existent, except for the special support at Rajasuda College.

34. Input from student with a disability attending University or tertiary training

In general, students with disabilities at the tertiary level are those who are well prepared for this level of schooling and require significant efforts to achieve at school. They are often well supported by their families.

Norali, the first student with a disability to enroll in the Universiti Brunei Darussalam, is blind, having just lost his sight after completing high school. He spent three years out of school before returning to take a preparatory level “A” course for university that lasted two years. He is now studying social policy at the university in a four-year course. His greatest difficulty early on was to access assistive technologies and books, however the university then hired someone to scan books for his use, which can then be read by JAWS. Norali thought this was likely to be just a temporary solution as it could be too expensive to hire someone as a permanent employee. Since Norali was the first blind student at the university, initially there were no supports available for him. However, the university has since established a University Based Team that meets to plan for his needs; they have organized peer support for him to help him navigate the campus, as there remain some areas with obstacles. He is also given 50% more time to complete exams than other students and uses a scribe to write exams. He has a computer at home installed with JAWS software that was given to him by the royal family. He records his lectures and then takes notes at home while listening to the lecture the second time. Although time consuming, Norali considers this good practice. His courses include social policy, politics and government, public organizations, English for business (a requirement) and foundations of Information systems. He hopes to work in the field of social policy, perhaps within the government.

An interview was conducted with a student who had completed his Bachelors degree in Thailand and was now studying for a Masters degree at Leeds University in England. He reported extreme difficulty accessing materials and references in Thailand with no support provided on account of his inability to see. Much more support was provided at university in the UK. A disability leader and member of the Advisory Committee on Disability to the Prime Minister reported that he used to offer to tutor other students in return for the support that he needed to access reference material
that was never available in Braille.

As mentioned above, no students are currently enrolled at the university-level in Samoa.

In Vietnam, a student from the Hanoi Disabled Students Club stated that she was in her fourth year of school at the Hanoi University of Business Management. She is studying to be an accountant. She started school at the age of seven in Nam Dinh, 100 kilometers away from Hanoi. She was encouraged to go to school by family and friends but also because school is considered compulsory. She was helped by her parents to go to school at the primary level, but at the secondary level just friends assisted her. She received no particular support from the community, only from family and friends. She was the only child with a disability in her school when she was younger. She now knows about 10 other friends, all of whom have gone to school solely with the support of their families. She suggested that family provides the most support but that the government did not provide as much as it perhaps could have. She had to pay fees to school when she was young in Nam Dinh (in spite of the laws that exist against charging fees to children with disabilities). Encouragement for parents and friends to help as well as schools and the government to overcome resistance on the part of teachers and the community, including other students is important. She mentioned the case of a friend who stopped going to school after she met with resistance from her teacher who asked her why she was going to school. The girl was quite disappointed and dropped out afterwards. Her family had encouraged her to attend, but she stays at home now and has no communication with anyone. Lastly, she mentioned that inclusive education was very beneficial for her, as she has a great deal of self-confidence. People are more friendly because she knows how to integrate into the environment. She mentioned that there could be more support in urban areas than rural areas to help children with disabilities integrate into school. The most important action to aid children with disabilities to go to school is for parents to understand the benefits of education. This is key, to have other people with disabilities help parents understand that their child can be educated and have a normal life. In rural areas, parents also need financial support. School should be free in practice, not just in law. Encouragement can also come from relatives and from the community. The community can implement laws for a barrier-free environment. Children should also have an individualized syllabus.

Several members of Bright Futures DPO in Vietnam also shared their experiences. Kim Oanh is enrolled in courses through the Distance Education Channel of the Hanoi University of Foreign Students. Her mother was a teacher and so she was able to attend a regular school and was, in fact, the only disabled child in her school. Other teachers were more difficult to persuade to help her. Oanh dreams of becoming a teacher herself. She talks of the obstacles that exist however, including that people without disabilities are not sufficiently aware about people with disabilities and their needs. She was able to work as a consultant for World Vision in 2003 as an assistant to children and adults of Quang Tri province. She is also involved in other projects including the possibility of establishing a women’s club and making a newsletter for sharing information. She said that teachers are the most important link to encourage more children to go to school and that social and cultural development in urban and rural areas in order to improve the possibilities for children with disabilities in the future.

SECTION 7: ORGANIZATIONS OF AND INDIVIDUALS WITH DISABILITIES
35. Consultation with organizations of persons with disabilities

Disabled Persons Organizations (DPOs) tend to be strong advocates in all countries, though these organizations are very new in Brunei.

In Brunei, organizations of or for people with disabilities in Brunei are just beginning to be formed. SMARTER is a parent's group for those with autistic children. A parent's group for Down's syndrome will also be formed. Norali, the blind student mentioned above who is now attending university, was also one of the six founders of the Brunei national blind association, which is part of the East-Asia Pacific Blind Union and the World Blind Union. There is also an organization for persons with physical disabilities.

Samoa’s NGOs include Nuanua O Le Alofa Inc (NOLA), the National Council for People with Disabilities in Samoa. The President, treasurer and representative from the Women with Disability group were interviewed. This group was established in 2001 as an NGO. Their main goals are to: advocate for resources and services for PWD; promote the interests of PWD to government, NGOs and the public; and work in cooperation with other organizations, both nationally and internationally, to promote the human rights of PWD. NOLA was also the host for the Samoa Adult Disability Survey mentioned elsewhere; many NOLA members were involved as interviewers for the survey and ran community-awareness training activities. The President of NOLA is also chair of the Disability Action Task Force, the collaborative group monitoring the implementation of the Survey recommendations, and NOLA is also represented on the Special Needs Education Advisory Committee. NOLA has developed capacity by attending training courses to learn how to develop strategic plans and budgets; they have an office with a staff of three. NOLA is regularly consulted about issues of education, access, work and any other issues that affect PWD; and, if they are not consulted but learn of an issue, meeting, or development that affects PWD, NOLA will ask to be allowed to participate or contribute. NOLA has been very active in developing awareness through community workshops, sports days, the media, family support workshops, public speaking, and guest lectures at NUS. At present, only people with a disability are allowed to be members of NOLA; however NOLA also works in conjunction with Parent Support Groups. NOLA has several sub-groups within its structure that include the Women with Disability group and the new People First group (a support and advocacy group focusing on those with an intellectual disability). Of the NOLA members, the three people interviewed had all attended school; the two men had disabilities that had resulted from accidents during adulthood. They did not have the experience of being a disabled student; the woman interviewed was born without arms. She had completed school up to Year 12. She had no support from her family or community but she was determined to do this. All viewed the right to education for CWD as one of the most important factors in promoting inclusion and understanding of PWD in Samoa.

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

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

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

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

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

Reports of personal experience all have the common theme of struggle to achieve in a system which does not provide well trained teachers or adequate support systems. Reaction from peers and teachers to their presence was mixed. These reports come from exceptional students who have obtained high academic qualifications and respected positions in public institutions, dynamic leaders of the disability organizations, advisers to government with political influence and recognition. They have been the architects of the educational reform which has recognized and upheld the right to education for all persons with disabilities, and that it is the responsibility of the government and the schools to accept children with disabilities and provide them with quality education. Some of these leaders acknowledge that the system is in the early stages of implementation, and that explosive change is in the process of taking place but point to particular problems that need to be addressed.
DPOs play a very important role in promoting education and persuading families of disabled children that they must take advantage of the now compulsory education that the government is committed to providing. And it was recommended that there should be more DPOs active in all provinces. In Khon Kaen and Roi-Et they provide a link, and have worked closely, with Special Schools, CBR and community-based Centers, SECs and regular schools. They have also advocated strongly for access to tertiary education. There is still work to be done, particularly in poorer urban communities and in the rural provinces to persuade parents of disabled children that they must view education as a right for their children and take advantage of the opportunities offered by the government’s new mandatory system of free and compulsory education for 12 years.

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

At a meeting at the Disability Forum of international and local NGOs in Vietnam, members from the following organizations were interviewed: National Blind Association, Bright Futures, and the Hanoi Disabled Students Club. These individual interviews are mentioned earlier when appropriate.

A significant frustration was evident in an interview with Van, a member of the National Blind Association. Van complained of the lack of technological supports for education of people with disabilities, particularly, more software and other technical supports should be available and should not be expensive. The government should create more opportunities that are not based on the individual's ability to pay. Support had come from overseas organizations for Braille materials but not for enough more sophisticated tools. Furthermore, very few blind individuals are able to attend regular schools, only “excellent” students are able to attend and there seems to be greater possibilities in the South of Vietnam. Students who are able to attend secondary school often studied in special schools beforehand, then were transferred to regular inclusive schools at higher grade levels. In computer science, there was a significant difference in support available for mainstream students and that for special students. He wondered why technological advances were not arriving in Vietnam. Chances for tertiary schooling were slim for all students, not just for students with disabilities who have added difficulties with entrance exams. Some universities have been “directed” by the government to accept blind students, however.

In addition, Van explained that some administrators do not want to create inclusive schools, but to emphasize the “charity” aspect of all-disabled special schools to increase reception of funds from abroad. Van still feels immense discrimination in his personal life and great barriers between himself and the outside world. He feels “weak” and “empty”. Fortunately, he was able to meet many volunteers in his years in school and has been able to be involved in a movement towards greater possibilities for people with disabilities. He was refused entry to many high schools whose officials stated that no law exists requiring them to accept blind people. He has since opted for a distance-learning program, however claimed that it was not entirely appropriate for him, that it was not difficult enough. He feels that the most important issue is to amend laws so that people with disabilities can more easily access secondary and university education. Van suggested that all “excellent” students should gather together to present their demands to the government and have a common voice to authorities in overcoming obstacles. He recommended a meeting
between the Ministry of Education and people with disabilities to discuss plans of action.

According to woman named Van, of Bright Futures DPO in Vietnam, there has been some consultation of their organization by MOET’s Center for Special Education, including in helping teachers and with programs for vision-impaired and hearing-impaired persons. Van went to a mainstream public school at the age of 5 in Hanoi. She left Hanoi during the war years however, from 1965 to 1973. She completed school and university in Hanoi, graduating in 1975. Van believes that current policies are sufficient but that there continues to be a significant gap between policy and practice. She mentioned the need for greater support at secondary and tertiary levels of education. Blind people for instance rely on others to help them by reading books out loud if they are not available in Braille and by otherwise overcoming the lack of a specialized curriculum. Self-help organizations can assist people to go to class in their community. Sometimes children with disabilities are older than other children in class that is an added difficulty to integration. Some children can lose some years by spending too much time in medical care due to their physical challenges. Children can go to nonformal classes too, which can be more welcoming. Teachers are usually welcoming and helpful according to Van. Family is the key for aiding children with disabilities in rural areas and siblings can aid the child in their work at home. However, the great difficulty is often having enough money to feed everyone in the family, and some children with disabilities also need to do some work at home to help the family get by. Bright Futures teaches English and computer skills to disabled persons in the community as well as showing them small income-producing techniques. Members also pay fees, though there are no fees for disabled persons to take classes, other non-disabled students can pay to attend classes and this provides some income.

On the question of parental involvement in the disability education process, VVAF and CRS have both undertaken advocacy programs for parents in the past year or so. Parents associations are also part of the PEDC project on community awareness for disadvantaged group under Carlton Aslett. According to Anat Prag of CRS, some groups are already formed that do volunteer work with schools such as cleaning.

SECTION 8: QUESTIONS TO BE ADDRESSED TO ALL RESPONDENTS

36. Respondents views on current situation, changes perceived as necessary and means of achieving change

In Brunei, teachers would like to see some further guidance for curricular development and continue to have training. Others recommended more parent groups to provide input on their needs to the government. Means of achieving change mentioned included the advocacy of non-governmental organizations and parents groups, increased international expertise and continued enhancement of Brunei’s services over time. Most respondents mentioned the young age of this system in Brunei and hope that the coming years will see further enhancements of services and more professional staff both in the centers as well as throughout the country. Other recommendations from respondents include the need for a more structured approach to home schooling and admission into government schools is needed to ensure that all children with special needs have access to services and education. A policy statement on special educational needs is apparently much needed so that schools with students with special needs have specific budget provision to provide the necessary resources. Legislation is much needed to mandate the
MoCYS to provide a subsistence allowance for all children diagnosed with special needs at birth and throughout the rest of his lifespan. It would also be an appropriate time for the government to look into the establishment of a sheltered workshop facility to provide supervised work so that the more able of these young adults with special needs can be gainfully employed. Inducements need to be built into the work sector so that opportunities for employment are made available for young adults with special needs who have completed their secondary education.

In Samoa, Key areas for change from the respondents views include:

- Review and Upgrading of Current Special Needs Education Policy and Strategies

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

- SNE Teacher Training, Roles & Responsibilities, Support & Monitoring

All seem to agree that the teacher shortage is a major contribution to the current difficulties in regard to the SNE teachers and Units. Pay issues, placement and expectations need to be urgently addressed if this problem is to be resolved. The second most frequently raised concern is the roles & responsibilities of the SNE Coordinator, the SNE teachers and the SNE Units. The teacher training at NUS is seen as keeping “on track” with current developments in the area of education for children with disabilities. However, once teachers graduate, their placement as well as supervision is the responsibility of the MESC. The roles and responsibilities of the SNE Coordinator, the SNE teachers and the SNE Units must be specifically analyzed and clarified in order to ensure that they are meeting the needs of CWD. There are approximately 30 teachers who have graduated with an SNE specialty and this expertise has not been used within the school system. A review of the SNE component is required.

- Advocacy & Human Rights for Children & Adult with disability

It was raised that within the government ministries and civil society, there is a view that CWD should be “grateful” for what they get and if parents or PWD are seen as lobbying too vigorously it might be perceived as aggressive and negative. This is a real concern that indicates the need for much more education, information, debate and understanding for ALL involved in policy and decision making for education of CWD. The charity model does not promote the abilities, contributions and value of children and people with disability. If this type of belief system is allowed to go unchallenged, the real inclusion of children and adults with disability will remain superficial at best. Many people are supporting the current recommendation that the Disability Action Task Force will become an acknowledged department within the Ministry of the Prime Minister and will be able to strengthen the capacity and skills of the DPOs, NGOs and others to ensure a positive understanding of the rights of those with disability.
Respondents in Thailand overall approved of the policy and legislation but felt there were many aspects of implementation which needed to be improved.

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

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

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

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

- **DPO action**

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

- **Develop a flexible system**

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

In Vietnam, teachers thought that additional policies should be put into place to support teachers of children with disabilities, as there is not enough funding for teaching aids or for other rewards for good performance. The teachers were not well informed of government policy on free tuition for children with disabilities. They were proud of the fact that children with disabilities in their school were not charged fees, but explicitly stated that this was a local policy and that they were not aware of national legislation in this regard.

Ms. Thao of SCUK pointed out that one very important key to improving educational achievement for children with disabilities was to implement measurable guidelines. She said that before, malnutrition was not measured in Vietnam, but now that these measures are taken, support has been put into place to improve these rates. The allusion is of course to the need for statistical measurement of the achievement or lack thereof in schools for children with disabilities. Once indicators are put into place, more attention will be paid to this issue and resources found to improve the rates of schooling. Therefore, one recommendation is to ask MOET to report these statistics to the government. However, as Anat Prag mentioned, measurable guidelines without concrete information and support on how to successfully reach these goals will leave the real end result, quality education for children with disabilities, out of reach.
Recommendations from the UNICEF-Vietnam report from 2003 include a major survey on disability prevalence, causes and types, services and needs (also suggested in the Kane survey 1999, p.63). Other recommendations for the government are to develop a comprehensive 5-year plan that should be a joint-plan for MOET, MOH and MOLISA and include the input of Ministry of Finance, CPFC and Ministry of Planning and Investment. The government should also develop a monitoring mechanism to follow progress of implementation and develop policy frameworks for target areas of early identification and intervention, inclusive education, community-based rehabilitation and vocational training. Finally the government should be communicating the contents of efforts through awareness campaigns. Other recommendations for the international community include coordinating inclusive education efforts in areas where CBR is in place, have regular coordinating meetings on CBR and IE, and involve disabled persons’ organizations in planning, implementation and monitoring and evaluation. All parties should continue to share information.

NIESAC recommends the prioritization of the following issues in order to attain the goals of the National Action Plan on Education for All (mentioned in Section 1):

1. Raising awareness of disabled children’s ability, need and right to learn, as well as community’s responsibility to ensure the equality in opportunity to access education of children with difficult circumstances, so as to realize equity in education for this target group.

2. Enhancing resources for inclusive education at both national and local level, especially for the teaching staff and educational administrators.

3. Developing inclusive education and early intervention settings in various regions, particularly in remote and mountainous regions.

4. Capacity-building for special schools and converting these institutions’ function into “resource centers” to support inclusive education.

5. Developing specific policies and guidelines in terms of inclusive education.

6. Conducting research on technical and instrumental solutions for disabled children’s education, such as sign language for the deaf, touch-handwriting for the blind, teaching aids and techniques etc.

Another recommendation essential to the development of guidelines is mentioned in reference to ECCE in the UNICEF report on ECCE in Southeast Asia, it would be helpful to develop tools that can be used to "define specific indicators of family poverty, and at the same time define risk factors for child development." This advice could not be truer for identifying one of the key factors that prevents some children with disabilities from going to school. Besides all of the other challenges that face the child with disabilities, structural difficulties in the form of transportation, the payment of fees and the purchase of supplies could be those that can rely the most on external assistance to be overcome.

Other recommendations on IE teacher training include: scaling up inclusive-education teacher training within the four provinces where most work has been done to date, developing IE in other provinces after “consolidation” of the process in these four provinces, develop resource units or small-scale resource centers to support IE work in the teacher training colleges, developing IE for pre-school and upper primary schools, be sure to include IE in other donor initiatives to improve
primary education and continue to advocate for IE (Save the Children report, Michael Etherton).

37. **Recommendations for input to the Guidelines for action to include children and youth with disabilities in school systems**

*Recommendations from Samoa*

**Public Education**

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

**Coordinated Systems**

A method of ensuring that key stakeholders are well networked and collaborative is crucial. The use of databases, hospital birth registrations, DPOs, parent groups, early intervention programs, school census’, community health workers visits, etc. must be coordinated so that all are sharing information in order to plan, develop and monitor support and services. When these groups are linked and taught how to share information, how to problem-solve together, how to plan together, the outcomes are realistic, creative, practical and one of the best ways to safeguard the practices of “inclusion.” Models for networks should be presented to promote the cross-sectoral affects of disability issues and the need for all stakeholders to work cooperatively and collaboratively.

**Inclusive Education Policy & Strategy models**

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

**Inclusive Education Teacher training**

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

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

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

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

4. Creation of awareness about the rights to education of persons with disabilities must be undertaken at all levels of the system, including high ranking bureaucrats, provincial, area and district officials, schools, community and villages.

5. Planning must be long term, with a systematic action-oriented implementation plan. It is necessary to have a ten year time frame to make structural changes to the system, and to achieve adequate levels of teacher training to service the system. The system should strive to achieve quality and choice. A statement was made that rights are a reality and that includes the right to fail.

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

7. Utilize the affordable technology to enable PWDs to access to information and education and create barrier-free setting in schools and colleges.

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

SECTION 9. CONSULTANT INPUT

38. Recommendations for country actions to improve access to quality education

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

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

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

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

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

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

Recommendations for regional Guidelines (from Thailand report)

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

2. Clear definitions of categories of persons with disabilities, and consistency across Ministries concerned with disability issues. Simple registration procedures at local district or village level, with coordination between education and health, and other, service providers.

3. The teacher training system need to be developed so that it can provide all teachers in regular schools with the basic skills and attitudes to teach children with diverse abilities in the regular class. Specialist training must be available at many levels including short-term training that can be carried out in the school or in the Special Education Centers supporting the schools. There needs to be an adequate support system to regular classroom teachers. Where some teachers in a school have received training opportunities should be provided for in-school training of other teachers. Team teaching practices can achieve the same result with transmission of skills.

4. The monitoring and evaluation system should be transparent and should provide support and advice to all levels of the system in the early phase of transitional implementation of an integrated or inclusive education program. Good models of implementation should be identified and mechanisms for sharing this information among a group of schools within a district or sub-district should be developed.
5. Development of CBR programs is one of the most effective strategies for supporting and empowering persons with disabilities in their communities, and encouraging their full inclusion in all aspects of community life. This strategy will result in increased willingness of the community to accept children with disabilities on the same basis as other children are accepted, and will lead to increased willingness of parents to enroll their children in local community schools.

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

7. To develop the existing Special Schools for children with disabilities to be a resource for materials, teacher training, parents consultation seminars, short course training for classes for children with severe disabilities, and supply with materials, including repair and maintenance of equipment by technician support.

Recommendations for country actions to improve access to quality education (from Vietnam)

1. Be aware of differences between policy and practice, particularly due to the absence of solid statistics to more accurately assess the reality of the situation on the ground. Take into account the reasons that children and families state for not sending their children or not attending school, seriousness of disability and weak health are the highest, while negative attitudes, financial considerations and embarrassment are also important (See the UNICEF Study 2003)

2. Attempt to consolidate and systematize efforts on inclusive education to gain greater advantage from training and experience already gained by some teachers and administrators. This could include more funding for on-going training efforts outside of the formal teacher-training system.

3. Develop a guidebook to services in provinces, districts and communes that can be used to understand the extent of coverage and the regional actors for all levels of services that aid children with disabilities in accessing schools. This could build on the 2003 study by UNICEF-Vietnam.

4. Use hospitals as another outreach point to find and aid parents of children with disabilities as parents will often contact medical authorities to address their children’s’ problems. The Ministry of Health is still primarily absent from these discussions while they could play an important role.

5. Develop guidelines to aid parents with costs associated with sending children with disabilities to school. Funds should be available to families in difficulty to help with fees, uniforms, books, transportation and any other associated costs.

6. Make more low-cost, high distribution documents to share how and why children with disabilities should go to school.

7. An essential point to consider is the slow extension of IE guidelines to groups of more severely disabled children and higher and higher levels of education and vocational training.

Recommendations for regional Guidelines (from Vietnam)

1. Consider the causes and effects of having a disabled child in the family, including poverty, limited ability for the caregiver to travel to work and leave the child at home,
other socio-economic variables depending on the country and level of development. Develop a system to analyze the reasons that children do not go to school to help to overcome these specific obstacles. A kind of individualized education planning of the child and his or her relation to schooling, even before he or she arrives in the classroom.

2. Identify guidelines for all schools to include more children with disabilities but taking into account the level of development of the school and the country. In other words, recommendations for Brunei will differ from those for Vietnam. Have guidelines that act as a decision tree...(My country has x number of years of experience with education for children with disabilities, x number of trained teachers etc.) This could then lead to differing recommendations based on the starting point of the country.

3. Define inclusive education and make clear distinctions on desired outcomes…not simply to include children with disabilities but to have quality outcomes. Inclusive education may be better for the emotional and social development of the child, but if it comes at the price of individual assistance, that is unacceptable. Inclusive education is preferable to leaving children out of the system, but the best result will depend on the child him or herself.

4. Partner with NGOs, people with disabilities themselves and parents in order to keep a realistic tone to guidelines. What do parents and children need the most?

5. Develop guidelines based on the children’s needs. This could mean distinct guidelines for each of the major groups of children with disabilities, including those with motor difficulties and those children who are visually-impaired, hearing-impaired or intellectually-impaired. There could be another set of guidelines for all students. Guidelines should also take into account stakeholders, assigning responsibility for different levels.

6. Share examples of research and policy papers in local languages with local policy and decision-makers.