ENABLING MASTERPLAN 2012-2016

TABLE OF CONTENTS

Executive Summary i

Introduction i

Figure 1: Lifecourse Approach ii

Early Intervention iii

Education.. iii

Employment v

Adult Care v

Cross-Cutting Issues vi

Table 1: Summary of Cross-Cutting Issues vi

Going Forward viii

CHAPTER 1

INTRODUCTION 1

Introduction 1

Planning Methodology 2

Figure 1.1: Illustrating the Two-Pronged Approach 2

Table 1.2: Summary of the Enabling Masterplan 3

Vision 4

Guiding Principles 5

Funding Principles 7

Table 1.3: Prevalence Rates 9

CHAPTER 2

EARLY INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS 12

Goal..... 12

Introduction 12

Current Situation..... 14

Consultation with Various Stakeholders 15

Table 2.1: Workgroups under the Early Intervention Subcommittee 16

Table 2.2: Child Development Surveillance Based on the Health Booklet 18

Recommendations 22

Conclusion 29

CHAPTER 3

EDUCATION 30

Goal…… 30

Introduction 30

Current Situation..... 31

Consultation with Various Stakeholders 33

Recommendations 38

Conclusion 46

CHAPTER 4

EMPLOYMENT 47

Goal……..47

Introduction 47

Background..... 47

Current Situation..... 49

Table 4.1: Post-SPED Placements 49

Table 4.2: Income Profile of Persons with Disabilities in Sheltered Workshops 50

Consultation with Various Stakeholders 53

Recommendations 58

Figure 4.1: Spectrum of Care to Employment Options for Persons with Disabilities 60

Conclusion 62

CHAPTER 5

IMPROVING THE CARE SECTOR FOR ADULTS WITH DISABILITIES 63

Goal…… 63

Introduction 63

Efforts Over the Past Five Years 64

Consultation with Stakeholders 65

Recommendations 67

Figure 5.1: Enhanced Landscape of Adult Disability Care Landscape 70

Conclusion 80

CHAPTER 6

CROSS-CUTTING ISSUE 1:

CAREGIVER SUPPORT AND TRANSITION MANAGEMENT 81

Goal…… 81

Introduction 81

Figure 6.1: From Detection of Developmental Needs to Entering Mainstream or SPED Schools. 82

Figure 6.2: Current SPED schools to post-SPED options 83

Current Situation 83

Consultation with Various Stakeholders 85
Recommendations 89
Conclusion 95

CHAPTER 7

CROSS-CUTTING ISSUE II:

CAPABILITY BUILDING: MANPOWER AND TECHNOLOGY 97
Introduction 97
Efforts Over the Last Five Years 97
Consultation With Various Stakeholders 98
Recommendations 101
Conclusion 105

CHAPTER 8

CROSS-CUTTING ISSUE III:

COMMUNITY INTEGRATION AND ACCESSIBILITY 106
Introduction 106
Efforts Over the Last Five Years 106
Consultation With Various Stakeholders 108
Recommendations 109
Figure 8.1: Transport Needs of Persons with Disabilities 110
Conclusion 115

CHAPTER 9

CROSS-CUTTING ISSUE IV:

PUBLIC EDUCATION AND VOLUNTEER MANAGEMENT 116

Introduction 116

Efforts over the Last Five Years 116

Recommendations 117

Conclusion 124

CHAPTER 10

CROSS-CUTTING ISSUE V:

SPORTS AND HEALTHY LIFESTYLE 125

Goal 125

Introduction 125

Current Situation 126

Consultation with Various Stakeholders 127

Recommendations 128

Conclusion 131

GOING FORWARD 132

Annexes

Annex 1-1 Summary of Recommendations Enabling Masterplan 2012-2016 134

Annex 1-2a Acknowledgement Enabling Masterplan 2012-2016 152

Annex 1-2b Terms of Reference Enabling Masterplan 2012-2016 160

Annex 1-3 Findings from the Centre for Enabled Living's (CEL) Email Feedback ……161

Annex 1-4 Findings from Focus Group Discussions ……179

Management and Executive Directors of Voluntary Welfare Organisations..... 179

Persons with Disabilities on Employment Issues 192

Caregivers of Persons with Disabilities 200

Caregivers of Preschoolers 204

Caregivers of School-Going Children 215

Annex 2-1 Algorithm for Developmental Surveillance and Screening……..225

Annex 2-2 Child and Family Outcomes ……228

Annex 3-1 Exit Age for Students in Special Education Review of Overseas Models……..….....230

Annex 3-2 Case Studies of Overseas School Models for Students with Special Needs ……..237

Annex 4-1 Excerpts from the Review of Sheltered and Production Workshops (2009)..... 248

Annex 4-2 Social Enterprise (SE) Models Overseas ……250

A. Excerpt from Report on Study Trip to Taiwan and Hong Kong on Social Enterprises (15-19 August 2011)..... 250

B. Overview of Social enterprise (SE) Models In Australia, European Union and Hong Kong 256

Annex 7-1 Excerpts from "Assistive Technology in Singapore- Needs, Challenges and Utilisation" Society for the Physically Disabled, 2011 by the Society for the Physical Disabled……..…… 263

Annex 10-1 Overseas Models for Promoting Healthy Lifestyles and Physical Activity for People and Students with Disabilities..... 266

Annex 10-2 CHERISH for SPED 271

Annex 11-1 List of Abbreviations 297

ENABLING MASTERPLAN 2012-2016 EXECUTIVE SUMMARY

INTRODUCTION

1. The Enabling Masterplan 2012-2016 seeks to build on the foundation laid by the earlier initiatives for Singapore to strive towards an inclusive society. It sets out to address the needs of persons with disabilities as well as the needs of their caregivers.

2. The Committee feels that the vision of an inclusive society as espoused in the Enabling Masterplan 2007-2011 is as relevant today as it was five years ago. While some progress has been made, more could still be done to enable persons with disabilities to be equal and integral members of our society. This forms the aspiration of the vision statement of this masterplan which *sees Singapore as an inclusive society where persons with disabilities are empowered and recognized, and given full opportunity to become integral and contributing members of society*.

3. The recommendations in this Masterplan have been guided by the following principles:

a. To take an inclusive approach towards persons with disabilities;

b. To recognize the autonomy and independence of persons with disabilities;

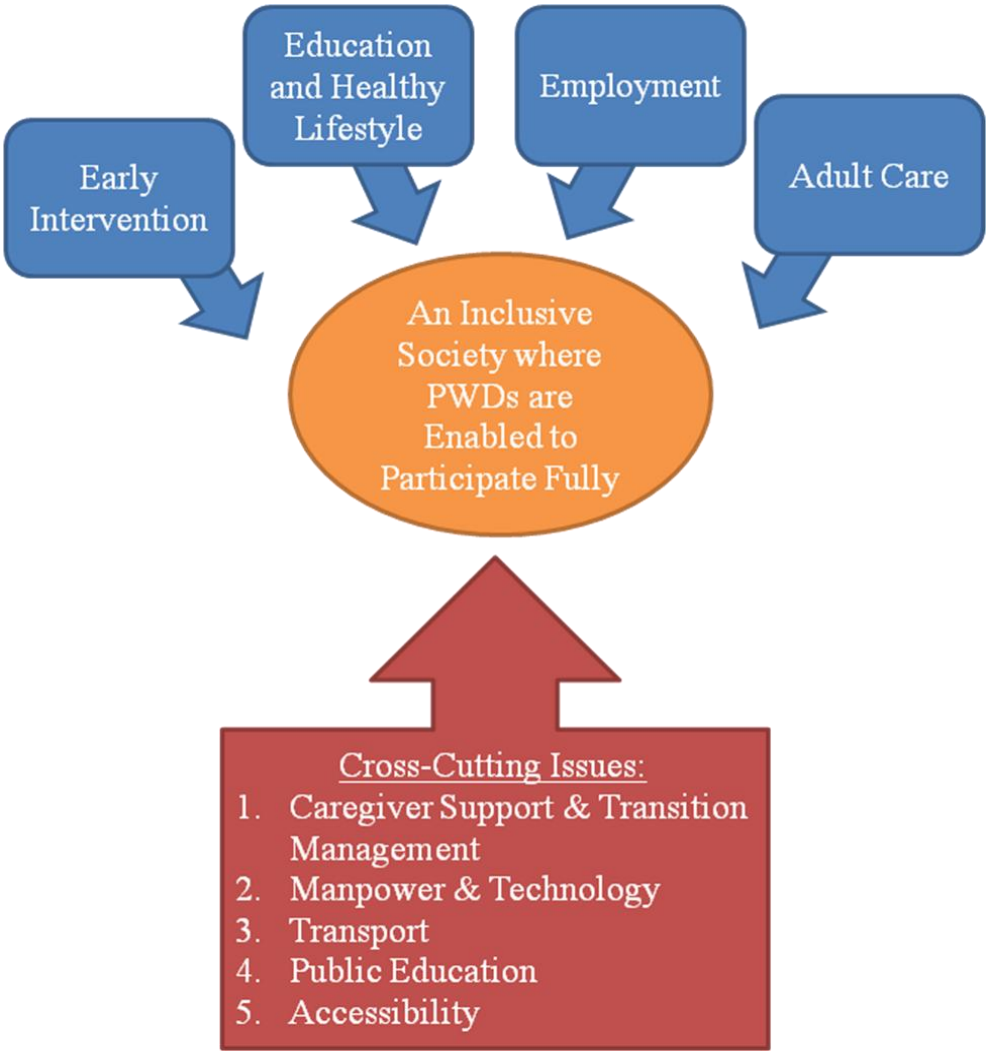
c. To take an integrated approach with the support of the People, Public and Private sectors; and

d. To involve the community as a source of support and empower families to care.

4. A summary of the recommendations has been compiled and can be found in Annex 1-1 of this report.

5. The Committee has deliberated on key areas across the lifecourse of a person with disabilities. The recommendations aim to bring about positive changes that should be implemented over the next 5 years, so as to make progress in realizing the vision.

FIGURE 1: LIFECOURSE APPROACH



EARLY INTERVENTION

6. The early formative years are critical to a child's development. For children with developmental delay, there is strong evidence to support early intervention and its effects in improving the long-term outcome of the child and the family.

7. Effective early intervention services share common critical success factors, namely involvement of family, early detection, inclusion, and qualified professionals. Therefore, recommendations to improve early intervention services focus on four strategic thrusts:

a. The establishment of an early detection network made up of community-based agencies that serve as touch points;

b. Expansion of early intervention services to benefit more children;

c. Promotion of family involvement; and

d. Establishment of a framework to ensure quality of service and evaluate the effectiveness of early intervention services.

These recommendations will work towards a landscape where children with special needs are detected early and, they will have timely access to effective and family-centred early intervention services in a seamless environment.

EDUCATION

8. Education has long been regarded as the cornerstone for individuals to be independent, self-supporting and contributing members of society. For children with special needs in particular, having quality education in their formative years will be critical in maximising their potential in independence, gainful employment, lifelong learning, and community integration.

9. Recommendations for education focus on four critical success factors that are important to achieve excellence in the education of students with special needs. These are as follows:

a. Strategic leadership with strong and disciplined execution;

b. Timely and appropriate placement of the children;

c. Quality curriculum and pedagogy; and

d. Qualified professionals.

10. The Committee is of the view that Singapore must undergo a reform in the governance of special education (SPED). It hopes to see the Ministry of Education (MOE) taking greater ownership over SPED and providing leadership in the area of human resource development, curriculum development and appointment of SPED leaders. This is needed to even out the quality of special schools and bring about more coherence in the strategic direction of the schools. In this regard, the Committee urges the relevant parties to study the challenges of including children with special needs in the Compulsory Education Act, with the aim of including them in the Act by 2016. MOE should also extend the graduation age of SPED education to 21 years old for students who could benefit from additional years of training in work preparation.

11. The Committee sees the need to expand initiatives to promote meaningful integration of children with special needs in a mainstream education setting. It suggests exploring new models to push the envelope of integration and study other approaches in overseas institutions and examine their feasibility to implement them in Singapore. Equally important is to put in place a structured education support system for students with special needs in all institutes of higher learning (IHLs) such as the institute of technical education (ITE), polytechnics and universities.

EMPLOYMENT

12. As part of the recommendations under the Enabling Masterplan 2007–2011, a value-chain employment framework was implemented to enable persons with disabilities to achieve self-reliance through employment. This comprises vocational assessment, training, job placement and support. The Open Door Fund (ODF) was also launched to encourage employers to create job opportunities for persons with disabilities by supporting companies to re-design jobs, modify workplaces and provide paid internships. In addition, the Enabling Employers' Network (EEN), an alliance of committed employers, was established to champion and advance employment opportunities for persons with disabilities. The Committee recognises the value of these initiatives. It focuses its recommendations in areas that can enhance these initiatives and expand vocational and employment options.

13. The Committee believes that sustained employment is dependent on availability of employment opportunities, job readiness, and quality of job support services. The recommendations to promote employment of persons with disabilities focus on these three areas. It envisages more vocational training opportunities and a more comprehensive continuum of work and employment options for persons with disabilities with varying needs and profiles.

ADULT CARE

14. Ensuring that there are sufficient services and options for adults who need care is a key priority in this Enabling Masterplan. The profile of caregivers will follow the trend of our rapidly ageing population. Care arrangement is a serious concern for many ageing parents. A spectrum of care options will need to be implemented over the next five years to support the varying needs of persons with disabilities and their family caregivers.

15. Apart from care needs, adults with disabilities will benefit from opportunities to develop their potential. The Committee notes that the model of the Day Activity Centre (DAC) is basic. The model needs to be enhanced to enable service providers to meet the needs of adults with varying functioning levels and cater to their developmental needs.

CROSS-CUTTING ISSUES

16. The Committee has also identified several cross-cutting issues that affect persons with disabilities across their lifecourse. These cross-cutting issues are summarised in the table below:

TABLE 1: SUMMARY OF CROSS-CUTTING ISSUES

Issues	Summary
Transition Management	A more proactive approach to transition management is needed. One key recommendation involves appointing the Centre for Enabled Living to be a lead agency to support persons with disabilities through their different transition points.
Caregiver Support	Two key areas are important in supporting caregivers. One, caregivers need the necessary skills and knowledge to be competent; two, respite care options can provide caregivers with short-term and temporary relief from their caregiving duties. More financial and legal security measures such as making insurance and MediShield available to persons with disabilities would go towards alleviating caregiver stress experienced by families.
Manpower	Skilled manpower is crucial in ensuring that services are accessible and effective. There is a need to scale up the training of care staff to meet the projected demand. More could be done to increase the attractiveness of jobs in the social service sector.

Issues	Summary
Technology	The use of assistive technology (AT) and information and communications technology (ICT) enhances the quality of life of persons with disabilities and their potential to lead productive lives. The Committee recommends that masterplans should be developed to scale up the adoption of AT and ICT in SPED schools and for the sector in general.
Public Education and Volunteer Management	Public education is important in changing mindsets and promoting an inclusive society. The Committee believes that effective public education must be sustained and coordinated. The Committee also believes that volunteers are relatively untapped resources. Voluntary welfare organisations (VWOs) would need to be encouraged to enhance their ability to attract, retain and deploy volunteers.
Accessibility	The notion of accessibility goes beyond physical accessibility to include access to information and communication. Among the recommendations, the Committee hopes that Medisave can be used to defray the cost of procuring, upgrading and maintaining assistive devices; and initiatives can be implemented to enhance access to information in public institutions.
Community Integration	Local communities can play a key role in promoting the inclusion of persons with disabilities in the community. The Committee envisages that coordinating networks formed by service providers and community grassroots within the local community would promote social inclusion, enhance co-ordination of services, and identify current service gaps.

Issues	Summary
Sports and Healthy Lifestyle	Sports, nutrition and health education are important to the overall development of persons with disabilities. Leading a healthy lifestyle will ensure that persons with disabilities enjoy good health, and participate more actively in the local community. The Committee recommends that a comprehensive and structured healthy lifestyle framework (CHampioning Efforts Resulting in Improved School Health or CHERISH) developed by the Health Promotion Board should be implemented in all SPED schools. A "sports for all" action plan should also be developed, funded and implemented.

GOING FORWARD

17. The Enabling Masterplan is inspired by a vision of an inclusive society where persons with disabilities are empowered and recognised, and given full opportunity to become integral and contributing members of society. While policies and services could facilitate access to opportunities, ultimately, integration can only be brought about through a mindset that embraces diversity. It takes the collective effort of the public, people and private sectors to build such a society.

CHAPTER 1

INTRODUCTION

INTRODUCTION

1. In 2006, the Ministry of Community Development, Youth and Sports (MCYS) and the National Council of Social Service (NCSS) embarked on the inaugural Enabling Masterplan 2007-2011 to chart the development of programmes and services in the disability sector for a period of five years. The current Enabling Masterplan 2007-2011 has guided the sector to make much progress over the last five years.

2. In March 2011, MCYS announced the plan to embark on a new 5-year Enabling Masterplan. A Steering Committee was formed with Mr Chua Chin Kiat, Chairman of the Centre for Enabled Living (CEL) as its Chair, and Colonel Milton Ong, as the Deputy Chair. The composition of the Committee reflects the 3P (People-Private-Public Sector) approach, with representatives from voluntary welfare organisations (VWOs) as well as the private and public sectors. The Enabling Masterplan Steering Committee members are further grouped into three Subcommittees assigned to look into one of the following key areas:

a. Early intervention;
b. Education, employment and healthy lifestyle; and
c. Adult care and caregiver support.

(Refer to Annex 1-2a for a list of the members).

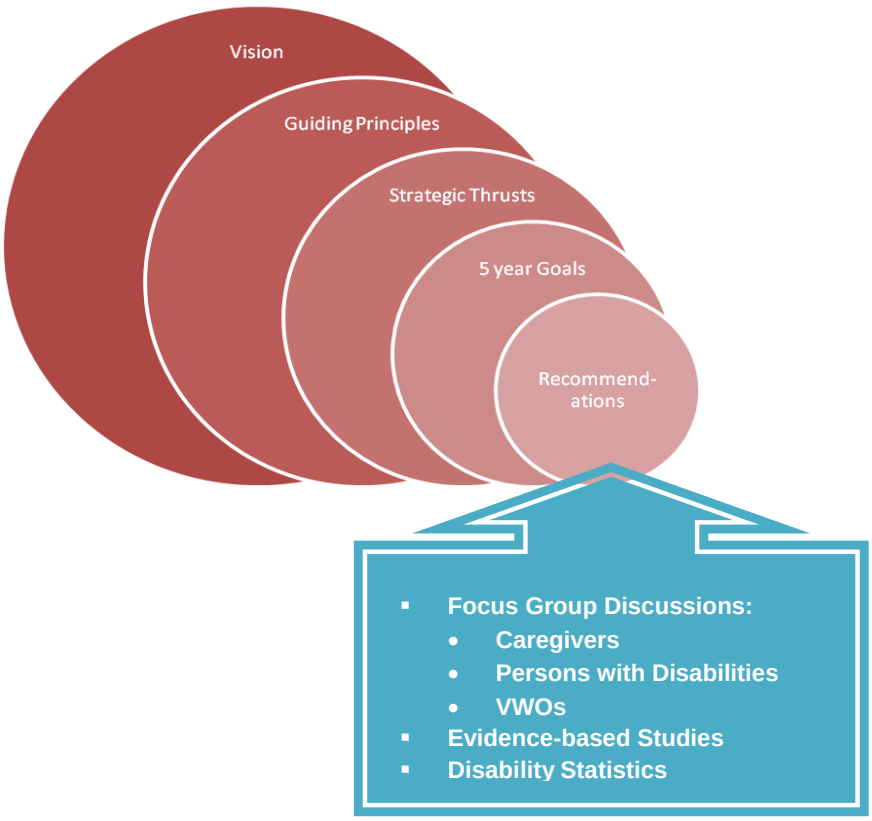
3. The new and proposed Masterplan seeks to build on the foundation laid by the earlier initiatives for Singapore to strive towards an inclusive society. It also sets out to address the emerging needs of persons with disabilities and their caregivers.

4. The Committee has taken a broad view and determined that the vision of an inclusive society as espoused by the inaugural masterplan is as relevant today as it was five years ago. While progress has been made, more could be done to enable persons with disabilities (PWDs) to be equal and integral members of our society. The Committee has also emphasized the importance of taking an enabling approach in deliberating the recommendations. The recommendations should not lead to dependence on care and diminishing self-reliance, but rather enabling the individual to reach his or her potential, and empowering caregivers to support their loved ones.

PLANNING METHODOLOGY

5. The Enabling Masterplan 2012-2016 takes a two-pronged approach- top-down and ground-up- in formulating the recommendations. A vision statement was created to reflect the aspirations of the different stakeholders that were represented in the Steering Committee. The respective Subcommittees gathered information from evidence-based studies to identify service gaps, priority areas and 5-year goals.

FIGURE 1.1: ILLUSTRATING THE TWO-PRONGED APPROACH



6. For the ground-up approach, a series of consultations and focus group discussions were organised to garner feedback and recommendations from persons with disabilities, their families and caregivers, and the organisations that serve and support persons with disabilities. In addition, the feedback channel "feedback-disability@cel.sg" on the Centre for Enabled Living (CEL) website received over 30 contributions. (Refer to Annex 1-3 for a summary of the various feedback given at the different platforms.)

7. Nearly 200 participants attended the 15 focus group discussions organised by NCSS and CEL. A dialogue session with more than 20 leaders of the social service sector was also conducted with Mr Sam Tan, Senior Parliamentary Secretary, MCYS.

TABLE 1.2: SUMMARY OF THE ENABLING MASTERPLAN FOCUS GROUP DISCUSSIONS

Focus Group Discussions	**Participants**	**No. of Sessions**	**No. of Participants**
1	Person with disabilities	3	20
2	Senior staff of VWOs	5	101
3	Parents of children with special needs	2	35
4	Caregivers of persons with disabilities	5	43

(Source: NCSS and CEL)

VISION

8. Taking the lead from Prime Minister Lee Hsien Loong's vision of making Singapore an inclusive society that takes care of its disadvantaged members, the Steering Committee has the vision of an inclusive society that enables persons with disabilities to achieve their full potential and to live a life of dignity.

> *Our vision is for Singapore to be an inclusive society where persons with disabilities are empowered and recognised, and given full opportunity to become integral and contributing members of society. Children with special needs will receive early intervention and education services to maximise their potential. An employment framework will cater to persons with special needs, and help them access employment opportunities so that they may be self-reliant through work.*
>
> *Persons with disabilities will be appreciated and respected as much for their differences as for their similarities with everyone else, and will live with dignity in the community. Families will be empowered to support their family members who are persons with special needs. Parents will be reassured that as they age and eventually pass on, that the well-being of their children with special needs will be taken care of. The physical environment will be barrier-free. The public, people and private sectors will work with persons with disabilities and their families to achieve our vision. More persons with disabilities will be empowered and achieve full and effective participation and inclusion in society.*

GUIDING PRINCIPLES

9. Four guiding principles underpin the deliberations and recommendations of the Enabling Masterplan 2012-2016:

Principle 1: Take an inclusive approach towards persons with disabilities.

Persons with disabilities shall be regarded as equal and integral members of society. They shall live with dignity, be empowered and have opportunity to fully and effectively participate in society on an equal basis with others. They shall be appreciated and respected for their differences as well as their similarities with other members of society. They shall have the same access to public services as other members of society.

> *Policies and public services shall be reviewed to promote inclusion in a sustainable and feasible manner. These policies and public services shall cover key aspects of daily life, such as education, employment, transport, health, and community involvement. Additional resources shall be committed as well as appropriate and reasonable measures taken to minimise barriers to the participation of persons with disabilities in society.*

> *The needs of persons with disabilities shall be considered in the planning and provision of public services to ensure that they and their caregivers have access to a range of service options. These service options shall be provided in a manner which is timely, effective and appropriate in meeting the needs of persons with disabilities. There shall be initiatives to enhance the capacity and professional capability of service options as well as mechanisms to monitor and ensure that standards of service options are met.*

Principle 2: Recognise the autonomy and independence of persons with disabilities.

The individual autonomy and independence of persons with disabilities shall be recognized. Persons with disabilities and their caregivers shall, to the extent possible, be given the opportunity to be actively involved in decision-making processes regarding issues which directly concern them. They shall have the right to make their own choices.

> *The State, service planners and service providers shall create platforms to engage persons with disabilities and as appropriate, their families and caregivers in the planning and designing of programmes and policies for persons with disabilities.*

Principle 3: Take an integrated approach with the support of People, Public and Private sectors.

The State shall take the lead in the provision of public services for persons with disabilities. Public services would include services that are needed for persons with disabilities to access early intervention, education, employment, transport and health, and participate in the community. The People and Private sectors shall take ownership and contribute to an inclusive society in areas where their strengths and resources can be leveraged upon.

> *The State shall provide leadership, governance and resources in a tripartite partnership to ensure the effective delivery of public services to persons with disabilities. It includes providing adequate investment in capability building in the sector and facilitating the building up of the supporting manpower and infrastructure. The People and Private sectors shall garner the contribution and support of the wider community as well as provide their respective domain knowledge, expertise and resources to complement the State. There shall be greater emphasis on initiatives to encourage individuals and corporations to take ownership through philanthropy and volunteerism. The domain knowledge, expertise, time and resources of volunteers shall be garnered through a system of recruitment, training, placement and development*.

Principle 4: Involve the community as a source of support and empower families to care.

Community acceptance, volunteerism and family support shall be essential pillars for the inclusion of persons with disabilities into society.

A public education and community involvement framework shall be put in place to encourage the community to embrace persons with disabilities and to step forward and volunteer to contribute and support persons with disabilities.

Families shall be adequately empowered and supported to care for persons with disabilities through a comprehensive caregiver support framework. The framework shall address the financial, social and emotional aspects of caregiving so that caregivers can plan, save and entrust their loved ones with an alternative care arrangement when they need to do so.

FUNDING PRINCIPLES

10. The funding framework for the disability sector adopts a multi-stakeholder approach, with the government playing the main role supported by efforts from the people and private sectors. These include the Community Chest, the Totalisator Board Social Service Fund, corporate and private philanthropy.

11. Government provides funding for programmes and services needed by persons with disabilities, as well as funding of infrastructure and enhancement of sector capability. Government provides recurrent funding for programmes and services through both means tested subsidies and programme funding.

12. Government has created and funds the CEL to develop intermediate and long term care (ILTC) capability and caregiver support for persons with disabilities and the elderly. The government further funds NCSS' Social Service Training Institute which focuses on training for the social service sector as a whole. Ground initiatives through the Voluntary Welfare Organisation-Charities Capability Fund (VCF) (which is for the social service sector as a whole) and CEL's Seed Fund which is targeted at ILTC and caregiver support, are also funded by the government.

13. NCSS (through Community Chest) and Tote Board (through Tote Board Social Service Fund and other direct donations) have been complementary funders and have responded to the Government's request for co-funding of key programmes such special education, early intervention and day activity centres. NCSS has also funded programmes pro-actively such as the therapy hubs to plug service gap.

14. Further funding support for the sector takes the form of private and corporate philanthropy and corporate service responsibility (CSR) initiatives. Such companies or individuals may choose to set up foundations or endowment funds aimed at improving the lives of the underprivileged, including persons with disabilities. CSR initiatives also include providing financial assistance to needy families and job opportunities and training. These initiatives are welcomed and a positive step towards helping persons with disabilities integrate into society.

PREVALENCE OF PERSONS WITH DISABILITIES

15. There is no official central registry of persons with disabilities. Existing data from government agencies such as MCYS, MOE and MOH are estimates based on incidence rates and service utilisation. Approximately 3 percent[1] of the resident population have some form of disability. There are approximately 7,000 preschool children with developmental difficulties and 13,000 school-going children with special needs.

[1] Prevalence is estimated at 3% because it is usually higher than incidence rates and to take into account acquired disabilities which are expected to be more prevalent in the aging population. The 3% prevalence would also provide a buffer for non-service users.

TABLE 1.3: PREVALENCE RATES

	Incidence Rate	Estimated No. Of PWDs (Based on 2010 population)
Preschool (0-6 years)^	**3.2%**	**7,000**
School (7-18 years)+	**2.5%**	**13, 000 (7,600 mainstream, 5,400 SPED)**
Adulthood & Aged# (>18 years)[3]	**2.5%**	**77, 200**

(Sources: ^MOH's Child Development Unit statistics 2006 – 2011; +MOE data on school-going cohort 2005 – 2010; and #MOH's National Health Surveillance Survey 2001).

16. In deliberating the new Enabling Masterplan, the Steering Committee has considered a number of key issues that affect persons with disabilities over the lifecourse. Firstly, the Committee recognises the importance of early intervention and the need for timely access to quality early intervention services. Subsidised early intervention programme for infants and children (EIPIC) currently serve about 40% of the 2000[2] children who are diagnosed with moderate to severe developmental delays each year. The remaining 60% of these children who have milder conditions do not have access to subsidised early intervention services. The Committee recommends ways to allow more children to access early intervention services. The Committee also recommends improving the surveillance system of developmental delay so that children with developmental conditions can be detected earlier to receive intervention. According to a study, the mean age of children being referred to EIPIC centres is 35.8 months[3]. By comparison, the mean age of referral into early intervention in the United States is 15.5 months[4].

[2] Child Development Programme Statistics of Children Diagnosed with Developmental Delays.

[3] Extracted from *Study to Establish the Baseline of the Early Intervention Programme for Infants and Children* (2010) by NCSS and KK Women's and Children's Hospital.

[4] Hebbeler, K., Spiker D., Bailey, D., Scarborough, A. et al., (2007), *Early Intervention for infants and toddlers with disabilities and their families: Participants, services and outcomes: Final Report of the National Early Intervention Longitudinal Study (NEILS).* Menlo Park, CA:SRI International.

17. Secondly, the Committee also received strong ground feedback expressing a desire for the government to take a more prominent role in the area of special education. Special schools are currently not part of the national school system and are governed by School Management Committees and the Board of Voluntary Welfare Organisations (VWOs). This could have contributed to unevenness in the quality of special schools and lack of a coherent strategic direction. Parents, educators and school leaders hoped that a new governance model could bring about more consistency in the quality and strategic development of special schools.

18. Thirdly, the Committee has reviewed the employment landscape of persons with disabilities. The following pertinent points could be highlighted:

a. As a result of vocational education and partnership with employers, 21% of students from special schools are graduating with a job in 2010 as compared to 3% in 2008[5];
b. The sheltered workshop programme is a key post-special education (SPED) programme for students who are not ready for open employment. However, only 10 percent of the trainees in the sheltered workshop programme are earning more than $200 per month[6]. More vocational training and employment options are needed to cater to persons with disabilities with varying functional and productivity levels[7]; and
c. Assistive technology and knowledge in job customisation have not been fully harnessed to create more job opportunities for persons with disabilities.

[5] SPED Graduand Survey 2008-2010, administered by NCSS. Refer to Chapter 4 on Employment for more details.

[6] Electronic Prescribing and Eligibility System (EPES) data submitted by eight sheltered workshops in FY10.

[7] Food & Beverage, Manufacturing, and Retail industries hired more than 50% of persons with disabilities placed by job placement programmes.

19. The Committee notes the value of the existing employment value-chain framework and the efforts made by the Enabling Employers Network to encourage more employers to provide employment opportunities. This Masterplan aims to improve these initiatives.

20. As Singapore prepares itself for a fast ageing population, the Committee is concerned about the corresponding increase in the demand for services that will enable ageing caregivers to support adults with more severe disabilities. The Committee notes that current options for care are limited and the service models for existing day activity centres and residential programmes need to be enhanced to meet the higher expectations for quality care. A wider spectrum of care options is necessary to enable caregivers to support their loved ones to the best of their abilities.

21. In addition to these four areas of early intervention, education, employment and adult care, cross-cutting issues which would affect the implementation of services were also identified. These issues are:

a. insufficient numbers of trained personnel;

b. inadequate information and support to navigate services;

c. barriers to accessibility;

d. un-coordinated efforts for public education; and

e. under-development of volunteers.

CHAPTER 2

EARLY INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS

GOAL

Children with special needs are detected early through an effective system and enabled to maximise their full potential in a seamless environment. They and their families will have timely access to effective and family-centred early intervention services.

INTRODUCTION

1. The early years of a child's life are recognised as being critical to the development of the various developmental domains, such as physical, cognitive, behavioural, and social. In recent years, there has been a gradual increase in the number of children aged 7 and below being diagnosed with developmental needs such as Autism Spectrum Disorders (ASD), global developmental delay and, speech and language delays[8]. These children are at risk of further delay and abnormal developmental trajectories. There are evidence-based research and literature that support early identification and intervention. These result in the improvement of the child's and his or her family's long-term outcomes. Early intervention can minimise the effects of the disabilities or risk, and maximise the child's development, thereby enhancing his potential for independence in adulthood [9,10,11].

[8] MOH Child Development Programme.

[9] Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, & Medical Home Initiatives for Children with Special Needs Project Advisory Committee, (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics, 118,* 405-420.

[10] Bailey, D. B., Bruder, M. B., Hebbeler, K., Carta, J., Defosset, M., Greenwood, C., Kahn, L., Mallik, S., Markowitz., J., Spiker, D., Walker, D., & Barton, L. (2006). Recommended outcomes for families of young children with disabilities. *Journal of Early Intervention, 28,* 227-251.

[11] National Research Council. (2001). Educating children with autism. Committee on Educational Interventions for Children with Autism. C Lord & J. P. McGee (Eds.). Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press. *Journal of Early Intervention, 28,* 227-251.

2. Further, research was conducted by the Queensland Council of Social Services on the 'Cost Effectiveness of Early Intervention' in 2007[12]. The study concluded that "interventions that are well developed, adequately resourced and implemented successfully can produce tangible effects on children and families e.g. improvement in parent/child relationship, higher cognitive function, improved 'school readiness' and school attainment and lower levels of domestic violence. [Some program evaluations include cost-benefit analyses.] Children with improved cognitive, emotional and social functioning are likely to cost the public purse considerably less than children with problems. These translate into dollar savings for the public purse over the long term and then compare the benefits with the cost of the program."[13]

3. Several critical factors determine the success of early intervention:

a. *Early identification and access to early intervention* – Neurological research has shown that early childhood experience is critical for the organisation of the brain's neuronal network. The baby's brain has the highest growth in the first three years of life; in fact, the size of the brain of a newborn is about 25 % of the size of the adult brain. However, by age 3, the brain grows dramatically by producing billions of cells and hundreds of trillions of connections between these cells for important functional network. Therefore, early identification, coupled with proper assessment and appropriate early intervention, is important to ensure that the child's developmental potential is maximised for optimal outcomes.

b. *Family involvement* – Family-focused care is centred on meeting clients' needs within the context of the family. It emphasizes relationships, and recognises and builds on the strengths and interconnectedness of families. The participation of family members is an important factor in facilitating intervention. Being the 'constant' factor in a child's life and his/her main resource, the family will have a better understanding of the child's needs. Empowering and equipping the family will directly impact the child's outcome[14]. It is important to tailor services to fit the needs and preferences of families, including ensuring that services are appropriate

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[12] Kylie V., & Ilan K. (2007, November). *Review Paper on the Cost Effectiveness of Early Intervention Programs for Queensland*..

[13] Queensland Council of Social Services (2007) report on the 'Cost Effectiveness of Early Intervention', p.1.

14 Bailey et al., (2006), Bailey et al., (2006), Bailey, D. B., Bruder, M. B., Hebbeler, K., Carta, J., Defosset, M., Greenwood, C., Kahn, L., Mallik, S., Markowitz., J., Spiker, D., Walker, D., & Barton, L. (2006). Recommended outcomes for families of young children with disabilities. *Journal of Early Intervention, 28*, 227-251.

for a family's culture and traditions, and recognising that conceptualisations of illness and substance use may vary within and across families. Family-centred care is an evidence-based best practice.

c. *Inclusion into communit*y – In a well-resourced and prepared community, providing opportunities for the child with special needs to learn and play alongside typically developing children will bring about manifold benefits for both, including the learning and practising of social and communicative skills, the building of friendships, and better understanding and respect for others. Families will also be provided cues to typical development and may feel less isolated from the community[15].

d. *Qualified professionals* – Early intervention primarily hinges on qualified professionals who are systematically trained and coached in the area of paediatrics, and early intervention science and skills. Besides managing the child, service providers also need to be extensively trained in assessing family needs, and in providing the family with effective services[16]. Early intervention service has shifted from professional skill-based, child-focused approach to a relationship-based, family-focused approach. Professional practices have also shifted from a tradition-based approach to an evidence- and outcome-based approach to service delivery.

CURRENT SITUATION

4. Over the last 5 years, MCYS, NCSS and other parties in the disability sector have worked together to provide more places in the Early Intervention Programme for Infants and Children (EIPIC). EIPIC has expanded its capacity by 40%, growing from 1,350 EIPIC places in 2006 to 1,900 as at Oct 2011. The number of centres also increased from 9 in 2006 to 14 as at Oct 2011. MCYS has also committed to build up to 7 new EIPIC centres within the next few years to meet the projected demand for 2,700 places.

[15] Guralnick, M. J. (2005). Inclusion as a core principle in the early intervention system. In M. J. Guralnick (Ed.), *The developmental systems approach to early intervention* 59-69. Baltimore: Brookes.

[16] Saunders, E. J. (1995). Services for infants and toddlers with disabilities: IDEA, Part H. *Health and Social work*, 20, 39-45.

5. In July 2010, MCYS and NCSS introduced an EIPIC funding model comprising a MCYS fixed subsidy of $300 per month for all citizens' children to help defray the costs of care, a means-tested funding based on the client's household income, and a fixed block grant from NCSS to help EIPIC centres continue to provide services at affordable fees for clients.

6. There were also significant efforts in recent years to work towards enhancing the quality and professionalism of EIPIC services. NCSS, in collaboration with the Department of Child Development at KK Women's and Children's Hospital (KKWCH DCD), completed the EIPIC baseline study in 2009/2010 to provide an empirical description of the state of EIPIC and to identify areas for improvement. Building on the baseline study, NCSS has, in 2011 embarked on the EIPIC consultancy project with KKWCH DCD and the National University Health System Child Development Unit (NUHS CDU) to support EIPIC centres in their capability-building efforts and to improve the quality of EIPIC services. The project is currently underway.

7. As we improve the capabilities of the sector, MCYS has also commissioned the National Institute of Education (NIE) to conduct a study to examine the impact of EIPIC. There will be several phases for the study, which is expected to be conducted and completed over the next 6 years.

CONSULTATION WITH VARIOUS STAKEHOLDERS

8. The sub-committee was organised further into smaller work groups to work on the different areas (see Table 2.1). In addition, a series of focus group discussions were conducted with persons with disabilities, their families and VWOs to better understand their needs and gather their views in this area. CEL also set up an online platform for the public to provide their feedback for consideration by the Committee.

TABLE 2.1: WORKGROUPS UNDER THE EARLY INTERVENTION SUBCOMMITTEE

Key Areas	Workgroup	Workgroup Name	Areas of Discussion
Establish an Early Detection Network	1	Detection at Primary Care Level	Link-up with MOH on early detection at hospital and primary care level
	2	Detection and Intervention at Community Level	Early detection and early intervention at community level
	3	Detection and Intervention for "At-Risk" Children	Intervention and detection of "at-risk" children
Children with special needs have more access to early intervention services in an appropriate and supportive environment	4	Transition Planning	Work on transition planning
	5	Case Co-ordination	Referrals and case coordinators
An established framework to improve quality and effectiveness of early intervention services	6	Standards Panel	Early intervention service model, standardized assessment, training, service and standards
Caregivers are empowered with additional options that provide appropriate relief and support	7	Respite Care and Care Giver Support	Respite care and care giver support

Detection Mechanisms at Primary Care and Community Level

9. Early detection can sometimes be tricky due to the nature of developmental disabilities juxtaposed with the young age and also the inexperience of parents, especially first-time parents. Early detection for developmental delays is usually done at healthcare facilities where the infant or toddler is brought in for regular check-up and immunisation, for example, private clinics, polyclinics and hospitals. In most cases however, detection will originate from the childcare centre or preschool where these children are observed by teachers (and parents) not to be performing at an age compatible level. In other words, such detections are done in an ad-hoc or reactive manner. This often results in a delay in referral for assessment and intervention. Some of the views expressed via CEL's online platform included:

> *"…There is an increase in the number of children with special needs. However, most of them are not detected until they reach primary school age. We have to work harder to ensure that we meet the needs of such children at a younger age when early intervention would be most effective."*

> *"I believe more can be done in … earlier detection… where recognition of symptoms may not be that apparent."*

10. According to the American Academy of Paediatrics, a general developmental screening is recommended at the 9-, 18-, and 30-month visits. Additionally, ASD-specific screening is recommended for all children at the 18- and 24- month visits (Refer to Annex 2-1). The current child Health Booklet in Singapore has a schedule for doctors to check for development milestones at various ages (see Table 2.2). However, there is a screening gap between ages 18 months and 3 years, which is critical in detecting developmental disorders as this is a period where the child develops further in his/her motor, speech and social skills. The extent to which the Health Booklet is used for detection of developmental problems also varies across doctors. Doctors often lack the information on intervention services, and resources for counseling and training of parents to help their children with special needs. Furthermore, many parents remain unaware of the purpose and importance of using the Health Booklet to monitor their child's developmental progress, and often neglect developmental screening once the immunisation schedule is completed.

TABLE 2.2: CHILD DEVELOPMENT SURVEILLANCE BASED ON THE HEALTH BOOKLET

Age	Examined By	
	Nurse	Doctor
1 month	√	√
3 months	√	√
4 months	√	
5 months	√	
6 months	√	
9 months	√	
12 months	√	
15 months	√	
18 months	√	√
3 years	√	
4 years	√	√

11. Although developmental screening and immunisation programmes are free at the polyclinics, some parents are not compliant with developmental screening services once the childhood immunisation program is completed. There is a need to look into ways to take care of the group of children who do not attend nurseries or pre-schools, and are not brought to healthcare facilities for their developmental screening. Publicity on parental awareness and regular community outreach could be a means of detecting these children.

12. Children from disadvantaged social backgrounds or dysfunctional families are at risk of having developmental delays and learning problems because of the lack of environmental stimulation and the limited exposure to learning opportunities resulting from poverty, neglect and abuse. It is important to provide early intervention to both the child and the family so as to maximise the child's developmental potential. One possibility would be to leverage on the Family Service Centres, who can also partner with rehabilitation service providers at the community level to help the family holistically.

13. In the 1970s and early 1980s, the Maternal & Child Health Clinic provided a more comprehensive child and maternal care support programme upon the child's discharge from the hospital. It also provided initial training and counselling services for parents whose children were detected to have developmental delays or child care issues. Such services are no longer available.

EARLY INTERVENTION SUPPORT IN MAINSTREAM

14. EIPIC currently caters to about 40% (approximately 800) of the pre-schoolers who are diagnosed with developmental issues every year. There is no funded intervention service for the remaining 60% with mild developmental delays relating to speech and language delays, learning difficulties and behavioural problems. These children are in mainstream childcare centres/kindergartens and have the potential to continue with mainstream education if provided with early intervention. This is because environmental factors such as poverty, low income, dysfunctional family dynamics, literacy issues and parenting skills of parents often contribute to these developmental delays. These children often respond very well to early intervention provided at their natural classroom settings with support from a specialist. However, currently there are few or no intervention services provided in the mainstream childcare centres and preschools for children who need early intervention services. These children are often transferred out of the centre/ preschool for therapy services. Some parents, whose children have special needs, have also found it difficult to enrol their child in childcare centres and kindergartens as they do not feel equipped to cope with the additional demands of their child. One public feedback gathered via Centre for Enabled Living's feedback platform was as follows:

> *"Suggest more teachers to undergo training in early intervention. Teachers need to know how to identify children with special needs and meet their needs well."*

Professional Standards and Growth

15. Early intervention professionals are required to have highly specialised skills and knowledge to assess and manage children with special developmental needs, and the needs of their families. These professionals should also get regular updates on evidence-based strategies through on-going professional development activities such as attending courses and conferences. In countries like America, 70% of the early intervention teachers and professionals have a Master's degree[17]. According to the

[17] Kathleen H., et al. (2007, January). Early intervention for infants and toddlers with disabilities and their families: participant, services,and outcome.. Final report of the National Early Intervention Longitudinal Study (NEILS), US.

EIPIC baseline study that was conducted in Singapore in 2009/2010[18], the experience and entry qualifications of EIPIC teachers were very variable across centres. EIPIC centres further noted that there were no standard requirements and basic training curriculum for these teachers. Other issues identified were the high turnover of trained staff, and the perceived lack of recognition and career prospects for EIPIC professionals as compared to their counterparts in other sectors such as special education and healthcare.

> *"On regularity of therapy, sometimes when the PT/OT (physiotherapist/ occupational therapist) is sick, session is cancelled and my child will miss his therapy. My child receives only three times of therapy (half an hour per week). Some sessions are not long enough, certain types of therapy not regular enough. Sometimes, you only get to see a speech therapist once in three months."*
>
> - Comment by a parent

> *"I find myself hiring someone who is cheaper but lower calibre and then we spend man-hours trying to beef up this person only to lose her in a year or less. This is constantly a struggle and conflict."*

> *"Educational body to work closely with MCYS to chart the professional growth of teachers in EIPIC… higher academic courses (degree or masters) in EIPIC… raise professional image… upgrade the status of EIPIC staff"*
> -Comments from EIPIC centres

16. There are parents who have fallen through the cracks because their children were not enrolled in schools or early intervention services due to the severity of their disability and associated medical conditions. These children would need early stimulation to lead a better quality of life but there is a lack of support in existing services that could meet their needs. Currently, only a few EIPIC centres enrol children with severe medical conditions e.g. epilepsy or those on oxygen support. Many centres do not have in place standard procedures to deal with health emergency situations. As a result, these children either stay at home without intervention, or caregivers have to be on standby on-site in EIPIC centres or schools to manage their child's needs e.g. administering medication or to stand by and attend to their child where necessary.

[18] Goh, W. H. S., Chong, W. H., & Chan, W. P., (2010). *Study to establish the baseline of the Early Intervention Programme for Infants and Children*.

"…we struggled a great deal for us to find services, for us to find the right kind of services as well as the right places to go… I look around …and I think epilepsy kind of falls through the cracks…."

- Comment by a member of the public

"My friends' kids... They are of ages two to three. One child has a heart condition and cerebral palsy and she needs stimulation but there is no where that she can go to… My friends mentioned that she contacted another school several times and had no follow up. Some children are in situations where they cannot attend centres/schools so they are not registered, their parents do not have as much access to information or benefits."

- Comment by a member of the public

Public Awareness and Integration

17. The idea of inclusion and integration is to provide opportunities for the child with special needs to learn and play in a natural environment together with typically developing children. This ensures that the child's and family's learning experience can take place throughout the day, in settings where the child and family frequently interact with the community[19,20]. Unfortunately, current opportunities for inclusion and integration of children with special needs into mainstream settings are limited and ad-hoc at best. Parents involved in the focus group discussions also shared on the many cases of rejection of their child with special needs by childcare centres/ pre-schools. As a result of such negative experiences, parents generally felt that society's awareness of children with special needs is very low, and opined that for inclusion and integration to happen, the society would first need to understand, empathise and accept people with special needs. Some views expressed include:

"Normal children can provide social stimulation and help special needs children to improve e.g. communication. Normal children will become more responsible as well. My son experienced this."

[19] Bruder, M. B., (2000). Infants and toddlers: Outcomes and ecology. In M. J. Guralnick (Ed.), *Early childhood inclusion: Focus on Change.* Baltimore, MD: Paul J. Brookes, Publishing Co.

[20] Hanson, M. J. & Bruder M. B., (2001). Early intervention: Promises to keep. *Infants and Young Children*, 13, 47-58.

"Normal children should learn tolerance and to give them a chance to learn from special children. If everyone embraces it, burden is shared, less fearful of it leads to highly resilient society… Special children learn by looking at how normal children interact."

"I have to call up many schools to let them assess my child to gain a place. There is this perception as if my child is an 'alien' even before looking at her. Why are these children deprived of a chance to learn and integrate with other children? Need to raise public awareness with these school professionals too."

Caregiver Support, Transition Management, Respite Care and Caregiver Training

18. Caregiver support for children with special needs focuses on equipping and empowering families to make decisions on what is best for their child. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. All families, with the necessary support and resources, can enhance their child's learning and development. Childcare services are also crucial caregiver support programmes to provide respite, day-care relief as well as to enable caregivers to remain in employment while their children are well cared for in a safe environment, before- and after-schooling hours. The Committee acknowledges the current lack of childcare services for children with special needs in EIPIC. Other key issues surfaced by caregivers during the focus group discussions included the hardships faced when transiting across the continuum of services, and a lack of a systematic training roadmap to enskill caregivers. These issues, as well as the proposed recommendations to address them will be discussed in greater detail in Chapter 6 on Cross-Cutting Issue I: Caregiver Support and Transition Management.

RECOMMENDATIONS

19. The Committee has identified six strategies through four main thrusts to achieve the desired outcome of being able to detect children with special needs early through an effective system, and enabling them to maximise their full potential in a seamless environment. These plans will also allow these children and their families to have timely access to effective and family-centred early intervention services.

Strategic Thrust 1: Establish an Early Detection Network

Establish a network of early detection touch points in the community with the support of different stakeholders.

20. Developmental surveillance is defined as "a flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care. The components of developmental surveillance include eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informative observations of children, and sharing opinions and concerns with other relevant professionals."[21]. Surveillance thus recognises children who may be at risk of developmental delays. Conversely, developmental screening is a "brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment"[14] i.e. screening uses standardised tools to pinpoint the risk and areas of delays, hence providing appropriate early intervention strategy.

21. Both developmental surveillance and screening are important in order for children with special needs to be identified early so that they can receive intervention promptly. The Committee therefore recommends strengthening the national developmental surveillance and screening system by **establishing a network of early detection touch points in the community with the support of different stakeholders.** This network will comprise **primary healthcare professionals, child care, preschools and family service centres**. Professionals at these critical touch points will **be equipped with skills to detect children who are displaying signs of developmental problems, as well as at-risk children from disadvantaged social backgrounds**.

22. To address the current gap in developmental surveillance, the Committee proposes that the child Health Booklet should be used as a main tool for routine developmental surveillance as it already covers the four main developmental domains – personal social, fine motor, gross motor and language. However, public education is needed to create parental awareness on the diligent use of the Health Booklet. For early detection of ASD at 18 months, other tools will have to be considered. Once a child is detected to have developmental delay from the surveillance system, a developmental screening should then be performed.

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[21] Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, & Medical Home Initiatives for Children with Special Needs project Advisory Committee, (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics, 118,* 405-420.

23. The child Health Booklet could be further revised to allow its information to be used as a developmental screening tool by doctors or trained nursing staff at critical ages of the child. The current screening gap between 18 months and 3 years for children in Singapore needs to be corrected to include an additional screening at 24-30 months. Hence, the Committee recommends that **funding support be provided for a nationwide developmental screening programme at age 9 months, 18 months and 24-30 months**.

24. Another group of children who are 'at risk' of developmental delay are those from dysfunctional families and disadvantaged social economic backgrounds. They are often not compliant on health care surveillance and their child often present behavioural problems in childcare or preschools. Therefore it is important to equip community service providers to be able to detect such signs of developmental and behavioural issues as well as providing initial family support and early intervention. A proposed cluster service model will be further discussed under Strategic Thrust 2.

25. Following surveillance and screening, the Committee acknowledges that there should also be clear pathways from detection to intervention, so that the child and his/her family can access intervention services in a prompt and seamless manner. The proposed enhancements to the current transition process will be elaborated in Chapter 6 on Cross-Cutting Issues I: Caregiver Support and Transition Management.

Ensure early referral for intervention for medically at-risk infants diagnosed at hospital level

26. There are some developmental disorders and developmental disabilities that can be identified during the first year of life and the doctor in-charge should be alerted to make early referrals as soon as possible. Some of these conditions include syndromal conditions such as Down Syndrome and Prader-Willi Syndrome, as well as early onset neurological and neuromuscular disorders that are associated with developmental delays. For these conditions, the detection or diagnostic point is usually the time when parents first learn about the disability of their child. This places the doctor in a unique position where he/she is the informal "first stop" for referral and information. The Committee thus recommends that **a list of disability types and resources be established to enable the doctor to make timely referrals for early intervention services**. Doctors should be adequately equipped with information on intervention services, and resources on counselling and training resources, so that parents can be helped to better understand their children's needs, and are able to follow up with the assessment and intervention plans.

27. In order to help alleviate the financial burden of families, the Committee recommends that the **Medisave framework be broadened to encompass some essential early intervention support services**.

Strategic Thrust 2: Enable Access to More Early Intervention Services

Enhance network to better provide for community-based early intervention and family support

28. With the current mean age of three years for referral to EIPIC, the Committee noted that children with developmental needs aged 0 to 3 years are not well-served. In order to enhance community-based early intervention and family support for these young children, the Committee recommends **that the community network be enhanced to better provide for community-based early intervention and family support.** This will involve **developing clusters of private and public agencies to support children (aged 0 to 3 years) with developmental needs in the community**, where the strengths of individual stakeholders can be harnessed. Community service providers, including Family Service Centres, VWOs and private providers, can be explored as potential partners. This networking will facilitate service support within the cluster, for example, service providers who are specialised in early intervention skills could provide training for nursery teachers in the area of early detection and intervention. Family Service Centres can also provide parental support on domestic issues for these families.

29. The Committee also recommends **a study to determine the feasibility of an early childhood (aged 0-3 years) stimulation programme, where community agencies are equipped with knowledge and skills to enhance child development as well as to empower parents with this knowledge and skills to help their children with developmental needs.** Every child has the potential to blossom and excel if they are given appropriate nurturing and a holistic early learning environment. The nurturing process is itself a great task entrusted to parents and caregivers, hence awareness and early childhood developmental knowledge needs to be imparted to enable them to fulfil their role. Current models of early intervention are often professional-centric rather than family- and child-directed. Family involvement is a critical element of successful early intervention, and the Committee recognises the need to shift towards a family-centred practice model, where the family's needs, priorities and available resources are considered in planning for the programme. This encompasses affirming the family's competence and participation as equal partners, involving the family in decision-making and providing support for their decisions, and assessing potential family stressors. Family-centred practice also acknowledges the importance of the family's interaction patterns in improving the child's development.

Enhance current early intervention services

30. The Committee recognises that there is a significant group of children with mild developmental delays in mainstream preschools. The potential of these children can be maximised for mainstream education if given early intervention. It is thus recommended that **a development support programme (DSP) be implemented for children with special developmental and learning needs in mainstream preschools.** DSP's intervention should be carried out in mainstream pre-schools (i.e. childcare centres and kindergartens) where the children are sited. Experienced early childhood educators should be trained as Learning Support Educators to provide intervention support for these children in their natural preschool setting, with the support from therapists and/or other specialists. Through the DSP, we should also enhance the capabilities of mainstream pre-schools to identify these children early, so that appropriate assistance can be rendered as soon as possible and that they can be better supported.

31. Under the current government-funded EIPIC, MCYS and NCSS provide subsidies from the point when the child is enrolled until he is discharged from EIPIC, up to 7 years of age. However, there have been children whom doctors and early intervention professionals recommend an additional year in EIPIC centres to allow more preparation and readiness for school. To support these children, who could benefit from additional years in EIPIC, the Committee proposes that **special funding be provided for them to have extended intervention in EIPIC prior to school placement.** With additional time in EIPIC, these children will be better prepared to cope with the demands of post-EIPIC education.

32. The Committee believes that every child with developmental and special needs should access early intervention to maximise its learning potential. However, it recognises the challenges involved in managing a child with special needs, coupled with other medical conditions. **The management and care of children with developmental disability and its associated medical conditions at EIPIC could be enhanced**. In order to augment staff capability in the management of basic medical emergencies, the Committee recommends that all **staff at EIPIC centres should be trained in the following: cardiopulmonary resuscitation, management of choking, seizure and administration of medication as authorised by parents**. The Committee also noted that some children, with moderate to severe disabilities and special needs, have associated medical conditions that require more on-site management, in order to allow the child to remain in EIPIC. **Hence, a study is recommended to understand how such medical conditions can be addressed and supported in EIPIC centres so that they can be enrolled into, and attend EIPIC centres**. This study will determine the appropriate type and level of on-site medical support needed, and how to provide for it. Consequentially, EIPIC centres should be resourced appropriately for them to be able to manage children with associated medical conditions.

33. Inclusion and learning in the natural setting is the long term aim of integrating children with special needs into the mainstream environment. The Committee notes that "inclusion in mainstream services is now recognised… as a major intervention strategy"[22] where the child's potential for learning can be maximised and the family can be knitted into the wider community for support. Children without disabilities can also benefit from having a more accurate understanding of those with disabilities. The Committee thus recommends **studying and developing integration models for nursery and pre-schoolers which can be implemented in the longer term**.

Strategic Thrust 3: Promote Family Involvement

Equip caregivers to become active partners in early intervention

34. The Committee recognises the unique and vital role that caregivers play in optimising the learning of their child with developmental and special needs. Caregivers should be **equipped with information on available resources and empowered with early intervention skills and knowledge,** so that the child can learn and have continuous learning in his/her natural environment with their parent as the early interventionist. More importantly, the Committee also believes that children benefit the most when their families are given care support and assistance. Besides understanding the family's needs and providing them with the right information, caregivers should also be empowered to make informed decisions about priorities and intervention strategies through a partnership with professionals and service providers. In this way, the family's strengths and competencies will be harnessed to help both the child and the family. Community resources and networking could also be organised and developed towards more family-centred services, such as the cluster approach towards community-based early intervention, and the proposed early childhood stimulation programme. These have been explained in paragraphs 28 and 29 respectively.

[22] Moore, T. G. (2008). Early childhood intervention: Core knowledge and skills. Parkville, Victoria: Centre for Community Child Health Working Paper 3, p.2.

Strategic Thrust 4: Establish a Framework for Service Quality and Effectiveness

Establish an advisory panel to advise on matters relating to standards and professionalism of early intervention.

35. In tandem with the expansion of early intervention services in Singapore, there is a need to ensure that certain standards and consistency are upheld. More quality control measures should be implemented to safeguard against any decline in service quality and to achieve good family and child outcomes. The Committee recommends the **establishment of an advisory panel to advise MCYS and NCSS on matters relating to standards and professionalism of early intervention**. This panel will review, recommend and monitor **baseline standards and best practices guidelines for EIPIC services to**:

a. Identify best practices for early intervention and localise appropriate standards;

b. Devise shared framework of excellence for optimal service delivery and set standards for each core component;

c. Develop specific plans or networking to help EIPIC centres ramp up the standards of interventionists for various disability types;

d. Develop and proliferate adoption of common standards and best practices; and

e. Develop framework on long-term monitoring of child and family outcome.

36. The EIPIC Baseline Study conducted in 2009 found variations in standards and service delivery across EIPIC centres. Several EIPIC centres have also called for a "*national curriculum framework...and standardised assessment tool for EIPIC"* to help them deliver better quality services. The panel could therefore advise on the **professional standards, and the appropriate service and staffing models** for EIPIC, so that the programme remains relevant, responsive and effective.

37. In the area of **interventionist training and professional development**, it is important to implement minimum qualifications and training requirements for teachers entering EIPIC. These minimum requirements, which will include training curriculum, would also ensure basic practice standards, a higher salary scale and better recognition. The career development of EIPIC teachers should also be looked at to facilitate retention and growth in the sector, such as establishing alternative pathways for career advancement and sub-specialisation.

38. The framework for long term **monitoring of child and family outcomes** should be set, including developing appropriate instruments for measuring outcomes, and instituting a system for monitoring so that EIPIC can remain relevant and effective. The panel could take reference from the child and family outcomes measured used nationwide in the US, which is aligned to the Individuals with Disability Education Act where three key child outcomes and five family outcomes are measured (refer to Annex 2-2).

CONCLUSION

39. Early intervention and detection will result in improvement of the childs and family's long-term outcomes. It will maximise the potential of the child and also improve his/her independence as he or she progresses into adulthood. As such, efforts in enhancing early intervention will help persons with disabilities live a more empowered and inclusive life. Many of these early detection and intervention services are already available. In the next five years, they should be further enhanced and expanded to ensure that children with special needs are provided with learning and developmental opportunities like any other children.

CHAPTER 3

EDUCATION

GOAL

Persons with disabilities are integral members of our inclusive society. They have full opportunities to receive effective education and support services, lead fulfilling and productive lives to the best of their ability and participate in a healthy and active lifestyle.

INTRODUCTION

1. Education has long been regarded as the cornerstone for individuals to be independent, self-supporting and contributing members of society. For children with special needs in particular, a quality education in their formative years with appropriate transition planning, will maximise their potential in their adult years towards independent living, gainful employment, lifelong learning, community integration and overall quality of life[23]. Research has shown that students with moderate to severe intellectual disabilities have been successful in avoiding placements in residential settings through special educational programmes (Hocutt, A. M., 1996).

2. Several critical success factors are important to achieving excellence in education of students with special needs. They are:

e. *Strategic Leadership with Strong and Disciplined Execution* – As with all initiatives, there must be strong strategic and accountable leadership at all levels to provide direction and for such initiatives to be implemented successfully.

[23]The Enabling Masterplan 2007-2011.

f. *Timely and Appropriate Placement of a Child* – Early identification coupled with proper assessment and placement will ensure that a child with special needs will be right-sited and have access to learning and support as early as possible.

g. *Quality Curriculum and Pedagogy ('what' and 'how' to teach)* – A successful education programme requires a sound evidence-based curriculum and pedagogy. A quality whole-school curriculum, customised by each school to its unique needs, must involve not just teachers but also other professionals in the school, to take into account therapy input, assistive technology (AT), information technology (IT), healthy lifestyle, caregiver engagement and transition planning in a whole-school approach to meet the holistic needs of the student.

h. *Qualified professionals* – Systematically trained and coached professionals are pivotal to the successful delivery of quality special education programmes.

CURRENT SITUATION

3. In response to the increasing number of children identified with special needs in Singapore, several key initiatives were launched by MOE and NCSS in the last five years. More resources have been committed to meet the needs of students with special needs. Over the last five years, six purpose-built schools were completed, namely Rainbow Centre - Yishun Park School, Fernvale Gardens School, Woodlands Garden School, St Andrew's Autism School, Eden School and Pathlight School. To enhance the quality of special education, MOE has seconded principals and teachers from the mainstream schools to the special education (SPED) schools.

4. To raise the quality of education for students with special needs, MOE also announced in March 2007 the extension of SPED graduation age to 21 years for children taking mainstream secondary curriculum or pursuing vocational education

programmes[24]. SPED students, with the potential and ability to do so, are now able to obtain industry-recognised or nationally-certified skills or academic qualifications. Prior to 2009, there were no SPED students graduating with vocational or academic certification. This initiative has enhanced the potential of SPED students to secure open employment or higher education.

5. Another significant achievement was the development of a streamlined and standardised framework of assessment (the Quality Assurance Framework) by MOE and NCSS for SPED Schools to self-evaluate key processes that influence student outcomes. MOE and NCSS have been piloting the framework with the schools over the last 2 years.

6. The SPED Curriculum Framework jointly developed by MOE, NCSS and SPED schools to promote educational excellence was introduced to guide all SPED schools in their curriculum design in November 2011. The draft framework sets out the vision for special education, the desired outcomes that SPED students should achieve when they graduate, and a common set of curriculum standards to guide teaching and learning to achieve the outcomes. The broad categories such as living, learning and working will also provide a common language and direction for educators in the SPED sector in service delivery that is student-outcome-oriented.

7. To increase the mainstream schools' capacity to support students with special needs in mainstream schools, MOE has implemented a tiered approach which includes basic awareness, deeper understanding and specialised knowledge and skills. At the basic level, all teachers in all schools are provided with an awareness of special educational needs. Since 2005, the National Institute of Education has introduced a compulsory 12-hour module on special needs in the pre-service training for all beginning teachers. Beyond awareness, some teachers in all schools are equipped with a deeper understanding of special needs. MOE has since 2005 offered certificate level training (108 hrs) in special needs. The target was for 2,300 teachers (10% of

[24] Press Release *"Levelling Up Opportunities Raising the Quality of Education for Children with Special Educational Needs"* . Dated 7 March 2007. Retrieved from: http://www.moe.gov.sg/media/press/2007/pr20070307b.htm.

teaching staff in all schools) to be trained between 2005 and 2010 with a further 10% (i.e. about 1,120) of secondary school teachers to be trained by 2012. At a more specialised level, some schools have additional manpower and specialist expertise in supporting pupils with special needs. These schools have been provided with Allied Educators (Learning and Behavioural Support) (AED [LBS]). There is currently at least one AED (LBS) in each primary school and 51 secondary schools. MOE will be recruiting an additional 200 AEDs (LBS) by 2015 to meet longer term needs.

8. The Enabling Masterplan 2007-2011 has made significant progress in putting in place the necessary infrastructure for students with special needs to access quality education through the joint efforts of MOE, NCSS and the SPED schools. Moving forward, the Enabling Masterplan 2012-2016 will continue to build upon this good foundation and address current gaps and emerging issues.

CONSULTATION WITH VARIOUS STAKEHOLDERS

9. To better understand the needs of students with special needs and identify gaps in the existing services, focus group discussions involving 20 SPED leaders, 16 parents with children of pre-schooling age and 22 parents with children of school-going age were conducted. Five key findings have been identified from the information gathered from these multi-level ground consultation sessions.

Governance of Special Schools

10. Historically, education of children with special needs in the non-mainstream setting has been led by the social service sector. The boards of Voluntary Welfare Organisations (VWOs) and their school management committees currently make decisions on how SPED schools are to be run. The lack of homogeneity in the SPED model has created unevenness in the quality of education across different SPED schools as well as impediments for special education to progress on strategic issues such as manpower development and curriculum. There are strong ground sentiments from professionals to reform the leadership structure with greater ownership by MOE to complement the strengths of the VWOs.

"Acceptance that SPED schools are education institutions and MOE must play a bigger role and responsibility."

-Comment by a SPED school principal.

"All SPED schools to be under one education governing body where all SPED teachers (are) able to move from one SPED school to another, similar to mainstream schools."

-Comment by a head of programme.

11. Parents also expressed their desire to have more support from the government in terms of supervision over SPED schools.

"*We will do our best as parents but special schools should be governed by the Ministry of Education."*

- Comment by a parent.

12. Related to governance is the inclusion of children with special needs in the Compulsory Education Act. A survey[25] of parents conducted in 2003 revealed that 96% of 2,489 parents of special needs children were in favour of compulsory education. Parents expressed similar views during recent focus group discussions. Stakeholders, however, also recognised that the system and education service providers need to be ready.

13. While legislation is one approach to ensure that the education rights of children are met, it may not be the only solution. There are different factors as to why some children with special needs may not be receiving any education. Some children may not be enrolled or attend school regularly because their parents may not understand or believe in the value and practical outcomes of education for their child with

[25] Jessie Ee. (2003). Attitudes of parents on compulsory education for special needs.

challenging disabilities. There are other parents who believe in the value of education but need more support in order for their children to access education in school. For example, there are parents with a tube-fed children who would like their child to go to school but the schools do not have the necessary capability to meet the needs of these children who have more challenging needs. While it is necessary for the issue of inclusion of children with special needs under the Compulsory Education Act to be considered within the term of this Enabling Masterplan, it is even more important for government, NCSS and education service providers to address other barriers to accessing special education, such as parental education, professional capacity and resources.

Retention, Professionalism and Training of SPED Professionals

14. The SPED leaders acknowledged that one of the positive developments in recent years in the SPED landscape has been the increased involvement by MOE. This is evident from MOE's leadership in the implementation of the Quality Assurance Framework and Vocational Education Framework. Going forward, VWOs, SPED schools and parents would like to see greater involvement by MOE in the areas of governance, education and funding. They have also called for the retention and training of teachers to be enhanced.

> *"Manpower, turnover and retaining of teachers is a challenge. Due to challenges posted by the nature of the disability. It might be physically challenging and therefore tiring on the staff."*
>
> *-Comment by a SPED school principal.*

15. Parents also raised their concerns about staff turnover in SPED schools and the shortage of therapists. These factors have affected the delivery of services in the SPED schools which in turn has affected the development of the children.

> "*Sometimes you find that your kids are progressing well in school, but in the next term the school will inform parents that they are unable to provide therapy for the children. Children with special needs need regular therapy. When the*

school is unable to provide the therapy, the child's condition will deteriorate and we have to start all over again...."

-Comment by a parent.

Curriculum

16. Even though curriculum forms the backbone of education, there is very little coordination in the development of curriculum for SPED education. Most of the SPED leaders agreed that resources and expertise were needed for special schools to develop curriculum. It was felt that MOE could play a stronger role in two areas. First, MOE could provide the direction, resources and expertise to enable special schools to customise curriculum from a set of core curriculum determined by MOE. Secondly, there could be more systematic sharing of curriculum resources across special schools catering to similar needs to minimise the duplication of work and encourage the sharing of good practices.

"There ought to be a standard curriculum by which all SPED students ought to learn. We need guidance in this area."

-Comment by a SPED school principal.

Extension of Exit Age

17. VWOs, SPED schools and parents have also appealed to extend the SPED school discharge age to 21 years for all students, so as to allow those who require more time to be better prepared for post-SPED options. This includes students with moderate to severe disabilities who may not be ready for sheltered workshops or day activity centres at the current exit age of 18 years. Principals highlighted that premature graduation from SPED may pose problems for subsequent agencies. Having the additional years will help build up the student's readiness for independent living and employment, especially in areas such as work habits, daily living skills, and mobility. The medium to long term benefit in doing so will help reduce the burden on society as they will be more independent.

"We need to review the age eligibility criteria. I'm talking about 21 years and above to stay on even if they cannot qualify for national certification."
-Comment by a SPED school principal.

18. A comparison with special education in countries such as the United States of America (USA), Canada, Belgium and Taiwan shows that education for children with special needs is generally offered until the age of 21 years with the final one or two years focussed on transition management. For children with intellectual disabilities, the additional years will give them more time to develop the maturity needed for post-school life.

Inadequate Support for Students with Special Needs in Mainstream Schools

19. There was consensus among the parents that there was inadequate support in mainstream schools for students with special needs. While schools have received more 'allied educators' in recent years, the majority are Allied Educators for Teaching and Learning, which is intended for supporting children with general learning difficulties and not special needs. Currently, not all secondary schools have access to these Allied Educators for Learning and Behaviour Support who are dedicated to support special needs. Parents also felt that the current enrolment of children with special needs in mainstream schools was based on the individual discretion of the school's principal.

"...just imagine one mainstream teacher takes care of seven students and out of the forty students we can see that some are diagnosed with ADHD, some dyslexic, and others who are undiagnosed but with special needs... the allied educators, they are more often being channelled to help the academically weak students and not special needs students... seems like the support that I see in mainstream is very, very, little..."

-Comment from a parent.

20. MOE and SPED schools have made good progress in promoting meaningful integration of children with special needs in mainstream schools. Students in Pathlight School and Canossian School have part of their school curriculum carried out in satellite classes. Such initiatives should be expanded to benefit more children in more schools.

21. The co-location of SPED and mainstream schools has facilitated the development and expansion of satellite partnerships between them. These partnerships started with Pathlight School and Canossian School with their neighbouring mainstream schools. In 2011, more partnerships were formalised between SPED schools and their mainstream partners, i.e. partnerships between Fernvale Gardens School and Fernvale Primary School; Spastic Children's Association School and Meridian Junior College; and Chaoyang School and Presbyterian High School. The frequency and range of integration activities in these partnerships have been tracked and have shown good progress to-date.

RECOMMENDATIONS

22. In response to these issues, the Committee has made eight recommendations with **four strategic thrusts** to achieve the desired vision of *Every Special School in Singapore an Excellent School* and to promote greater integration for students with special needs. The four strategic thrusts are: **SPED Governance; Capability Building and Human Resource; Quality Curriculum; and Planned and Purposeful Integration.**

Strategic Thrust 1: SPED Governance

To reform the current SPED governance model to effectively address strategic and operational gaps

23. Due to the complex nature and diverse needs of students, the Committee opines that the education of students with special needs requires stronger partnership among the stakeholders. The Committee is of the view that Singapore must undergo a paradigm shift regarding the governance model of special education with MOE taking greater ownership over special education. The Committee acknowledges that the

current relationship should be revised to ensure better outcomes for students with special needs and increase the accountability for the significant resources invested annually.

24. This can be best achieved by **instituting a governance structure led by MOE and supported by NCSS, comprising representatives with proven track records from special and mainstream education, disability groups and families. The structure is to provide leadership in policy and programmes, including but not limited to, the selection and appointment of special education leaders and school management committee members, human resource matters, quality assurance, admission and placement of students, and curriculum.** The representatives of the proposed governance structure should be respected individuals to ensure quality, value-add and greater buy-in from the sector.

25. The Committee also notes that it is essential to install a more stringent due diligence process in the appointment and re-appointment of SPED leaders namely, members of the proposed governance body, SPED school board members, and principals. Greater clarity of roles and responsibilities between the VWO boards and the school management committees is also needed to improve governance and ensure better accountability.

26. The Committee recognises that parents and caregivers of students with special needs should be actively involved in decision-making processes concerning their children. In the mainstream school setting, COMmunity and PArents in **S**upport of **S**chools (COMPASS) was established in December 1998 to advise MOE on ways to strengthen and promote home-school-community collaborations. It draws its members from the various stakeholders representing parents, self-help groups, alumni and the business community. Since its inception, COMPASS has been actively advocating for the greater collaboration of the family, alumni and community to work together with schools to help children learn better[26]. No such formalised platforms are available for caregivers of students with special needs to feedback to policy makers. The Committee therefore recommends that **a voice for families with special needs**

[26]Ministry of Education, COMmunity of Parents in Support of Schools (COMPASS). Retrieved from http://www3.moe.edu.sg/compass/compass.html on 9 December 2011.

students in SPED and mainstream schools be given by formally setting up an appropriate platform similar to the MOE COMPASS initiative.

27. The Committee supports the principle of extending compulsory education to include children with special needs. It is of the view that compulsory education will promote inclusiveness and ensure that resources are adequately available for children with special needs. However, the Committee acknowledges the challenges of enforcing the Act and the anxiety that parents and service providers may face in view of the diverse conditions of each child and their varying needs. It recognises that time is needed to study the implications of extending the Compulsory Education Act and to prepare schools operationally. The Committee therefore recommends that **the implications of including children with special needs within the Compulsory Education Act be studied and addressed with the aim of including them under the Act by 2016**.

Strategic Thrust 2: Capability Building and Human Resource

To better attract, develop and retain professionals who educate, train and support students with special needs

28. To enhance capability, more resources have been provided to build expertise and to provide sufficient training places. Study awards, scholarships, and regular salary reviews were also initiated to increase the supply of skilled manpower. However, there was strong feedback from the ground that the SPED professionals wanted to be treated equitably with their mainstream peers in terms of recognition, training and remuneration. The perception is that other things being equal, the status of SPED teachers and recognition are lower than that of their mainstream peers and that compensation and benefits packages of their mainstream peers are more attractive. SPED schools shared the difficulties in attracting and retaining good staff, including skilled therapists. Schools with experienced and mature staff expressed their difficulty in giving increments to senior staff as part of their staff retention planning. The SPED schools offering mainstream syllabi also found it challenging to match compensation packages to that of mainstream teachers.

29. The Committee notes that the entry level and qualifications of SPED teachers are also less stringent than their mainstream peers and educators, unlike those in other developed education systems such as the USA, where educators are required to be licensed and obtain their general education degree before specialising in special education. The current Diploma in Special Education (DISE) should also be reviewed to better equip SPED teachers. The Committee would like to see suitable degree courses and pathways being set up for SPED teachers.

30. The Committee also recognises that for students to have access to quality education and achieve their learning outcomes, strategic efforts must be made to recruit, train, reward, retain and develop professionals in the SPED schools. Furthermore, if SPED schools in Singapore were to benchmark themselves against mainstream schools, the job size and expectation on SPED teachers must also be on par with those of mainstream school teachers. SPED teachers should also acquire the necessary expertise to be equivalent. This will then provide the justification and accountability to match the remuneration of their mainstream peers.

31. The Committee recommends the **setting up of an HR Steering Committee under the proposed governance structure. The HR Steering Committee will establish a framework and policies to promote the attraction, development and retention of professional staff. These will include policies covering core areas such as staffing, compensation and benefits, and training and career development. It will address specific concerns raised by leaders and teachers in special education, such as:**

a. **The need for pre-service teacher training including the review of Diploma in Special Education (DISE) and availability of degree courses and pathways for SPED teachers in Singapore;**

b. **Developing a roadmap incorporating training in (i) general education; (ii) special education; and (iii) disability specialty; and**

c. **The bases and merits for SPED teachers to be treated equitably as their peers in MOE in compensation, professional development and accountability.**

Strategic Thrust 3: Quality Curriculum

To ensure that all SPED schools have a quality SPED curriculum with core components. The curriculum should also incorporate therapy, IT, AT, healthy lifestyle, caregiver involvement and transition planning.

32. To maximise the potential of students with special needs and to enhance their learning experiences, the special education system should develop and adopt quality curricula which are of similar, if not better quality, than the mainstream schools in Singapore and overseas special education school models. While the SPED Curriculum Framework has been drafted, it is up to individual schools to develop their own curriculum and to adhere to the Framework. There is therefore a need for individual schools and VWOs to be consistent and coordinated in curriculum development efforts for better outcomes.

33. The schools are of the view that the curriculum grants currently extended to them were useful but insufficient to create impact. The schools will still need to collaborate and tap on the leadership, expertise and resources of MOE, VWOs and NCSS to ensure that a quality curriculum will be rolled out. The Committee thus recommends the **funding and staffing of a SPED curriculum unit comprising MOE, special education and disability experts to:**

a. **Develop a core curriculum framework and platform to share expertise and resources; and**

b. **Assist and provide resources and expertise for SPED schools to customise curriculum and pedagogy for school-specific teaching and learning initiatives.**

34. The current MOE vocational education and resources are limited to certain schools and do not cater to students who do not qualify for certification. VWOs, SPED schools and parents have given strong feedback that there are groups of students in other SPED schools who can also benefit from vocational training (with modification).

35. As earlier highlighted, the two groups of students eligible to stay on to the age of 21 years in SPED schools are those studying the mainstream curriculum in Pathlight School and those pursuing vocational certification at Metta School and Delta Senior School. VWOs, SPED schools and parents have given strong feedback that there are groups of students in other SPED schools that could also benefit from the additional years in SPED in spite of not being able to meet the criteria for certification. Environmental scans of more developed countries show that most SPED students have an exit age of 21 years from formal special education with intensive transition planning and support in the final year(s) before discharge (please refer to Annex 3-1 for some overseas examples of exit age for students with special needs).

36. The Committee noted that while more time in SPED school may be useful for some students, better clarity and careful analysis regarding their strengths and functioning levels were needed. This will include the identification of the best available options for these students and the support systems necessary to help them thrive. As not all graduates will eventually go into open employment, careful consideration should be given in customising programmes and modalities of delivery that best cater to their needs and aid their transition to their next stage of life. The Committee recognises that there is still room to extend the vocational training as there are other groups of students who will benefit from structured vocational training. The Committee recommends **replicating the success of vocational education by extending vocational training and resources by MOE to all SPED schools, in a way that best serves the needs of the students. Accordingly, to extend the SPED school exit age to 21 years for SPED students who can benefit from additional formal training in work preparation and readiness and such extension should not be limited to only those who can be work-certified.**

37. The Committee notes that there is insufficient caregiver engagement in the education of students with special needs. Caregiver involvement is an important element in ensuring that students with special needs meet their desired outcomes, as their learning should also be reinforced at home. The Committee recommends **developing and funding a structured caregiver engagement programme so as to equip family caregivers to better support the learning of students with special needs.**

38. Proper transition planning and management are also important and as such, there is need to ensure that there are transition management best practices at critical points. Parents must be allowed to participate in the transition planning and management of their children. These issues will be addressed in Chapter 6 on Cross-Cutting Issues: Caregiver Support and Transition Management.

39. The structured and purposeful promotion of healthy lifestyle, sexuality, nutrition and sports was also lacking in SPED curriculum. These areas are important to the overall development of students with special needs. This will be addressed in Chapter 10 on Cross-Cutting Issues V: Sports and Healthy Lifestyle.

40. AT and IT remain important tools for students with special needs to access education and enhance their learning outcomes. There could be more guidance, planning and purposeful use of IT and AT in the SPED curriculum. This will be addressed in Chapter 7 on Cross-Cutting Issues II: Capability Building and Technology.

41. The Committee firmly believes in the need to provide continuous learning and training to students with special needs. This will improve their opportunities to become contributing members of society and also reinforce the notion of inclusion as lifelong learning should be encouraged for persons with disabilities as much as continuous learning is promoted for able-bodied Singaporeans. This issue will be addressed in Chapter 4 on Employment.

Strategic Thrust 4: Planned and Purposeful Integration

To ensure more structured and effective placement and support of students with special needs in the most appropriate setting

42. The Committee notes that while initiatives to facilitate integration over the last five years have been rolled out in schools, feedback from stakeholders reveals that students with special needs in institutes of higher learning such as the institute of technical education (ITE), polytechnics and universities (Refer to Annex 3-2 for

examples of support in overseas universities) are having difficulties accessing integration support services. The current allied educators provision is not supporting students with special needs in mainstream schools adequately as there are not enough allied educators.

43. In the spirit of inclusion, the Committee believes that there is a need to step out of the traditional 'either-or' mindset where students with special needs are educated either in a special school or mainstream school. There is also a need to constantly push the envelope and look at other integration models overseas and study the feasibility of adopting and localising the models for implementation in Singapore (Refer to Annex 3-2 for examples of overseas school models).

44. The Committee strongly believes that regular interaction between students with special needs and their typically developing peers will benefit both groups of students. This will also encourage and instil in children the mindset of inclusion from young and educate children to appreciate and respect others for their differences.

45. Experiences from countries more progressive in SPED show that integration can exist at three different levels and should continue to be encouraged in Singapore i.e., Physical, Social and Academic integration:

a. Physical Integration – where provisions for SPED student needs are co-located on the same physical site as their mainstream peers. SPED students can share physical facilities such as canteens and sports facilities with their mainstream peers.

b. Social Integration – where SPED students and their mainstream peers share social and living spaces in the playground or engage in non-academic subjects such as music and movement and co-curriculum activities together.

c. Academic integration – where students with special needs attend academic classes together with their mainstream peers and pursue the same set of academic goals and activities.

46. The Committee recommends the **enhancement of the integration of students with special needs through a multi-pronged approach involving the following:**

a. To fund and put in place a structured education support system for students with special needs in all Institutes of Higher Learning such as ITE, polytechnics and universities. To model and localise an appropriate system;

b. To study and address the limitations of the Allied Educators Scheme in supporting students with special needs in mainstream schools;

c. To increase the number of SPED students in the existing satellite school model practised by Pathlight School and Canossian School;

d. To amend the MOE school recognition awards masterplan to reward mainstream schools which include students with special needs; and

e. To study in depth integrated school models such as the international schools and overseas integrated school models in countries such as USA, UK, Finland, Australia and Japan and thereafter pilot recommended model(s) as appropriate.

CONCLUSION

47. The education of children with special needs has made significant progress in recent years due to the commitment from the MOE, NCSS and VWOs. To further strengthen the system to move towards the desired vision of an inclusive society, the Committee is of the view that changes need to be made along the four strategic thrusts. These recommendations therefore address the fundamental issues which currently present challenges to the progress of education for students with special needs in Singapore.

CHAPTER 4

EMPLOYMENT

GOAL

Persons with disabilities are integral members of our inclusive society. They have full opportunities to receive effective education and support services, lead fulfilling and productive lives to the best of their ability and participate in a healthy and active lifestyle.

INTRODUCTION

1. Employment plays an important economic and social role for individuals within a society. Through employment, persons with disabilities (PWDs) can be empowered to gain self-reliance and achieve a sense of self-worth. While some persons with disabilities are able to secure employment with little or no difficulty, others may require training and employment facilitation support services, so that they too can be meaningfully engaged and sustained in employment. It is therefore important that a continuum of employment and work options be made available to persons with disabilities.

BACKGROUND

Initiatives under Enabling Masterplan 2007–2011

2. As part of the recommendations under the Enabling Masterplan 2007–2011, efforts were dedicated to the facilitation of employment of persons with disabilities in four industries – cleaning, food and beverage, hospitality and landscape. A value-chain employment framework - comprising vocational assessment, training, job placement and support - was implemented to enable persons with disabilities to

achieve self-reliance through employment. As part of this value-chain employment framework, persons with disabilities from SPED schools and selected VWO partners worked towards Workforce Skills Qualification (WSQ) certification in identified industries such as landscaping and hospitality to equip them with skills for open employment.

3. In enabling persons with disabilities to find and sustain their jobs, dedicated VWOs were appointed to provide specialised job placement and support (JP/JS) services. The Open Door Fund (ODF) was also launched to encourage employers to create job opportunities for persons with disabilities by supporting companies to re-design jobs, modify workplaces and provide paid internships.

4. In addition, the Enabling Employers' Network (EEN), an alliance of committed employers, was established to champion and advance the employment opportunities for persons with disabilities. In collaboration with the People, Public and Private sectors, the EEN has engaged more than 100 companies from various industries, such as hospitality and food and beverage, to commit to more than 400 employment opportunities for persons with disabilities since April 2009. In July 2010, the EEN established two Centres for Training and Integration (CTI)[27] in the hospitality and call centre industry to prepare persons with disabilities for open employment. The EEN also developed and launched the inaugural Enabling Employers Awards, to recognise employers who have hired persons with disabilities and who have made significant efforts to integrate them into the workforce. Moving forward, EEN will continue to create awareness and acceptance of persons with disabilities in the workforce through outreach and engagement while at the same time, promote sustained employment for persons with disabilities.

5. The recommendations by the Committee will build on these current initiatives and address unmet needs as it is recognised that a lot more has to be done to prepare more persons with disabilities for sustained employment.

[27] The Centres for Training and Integration provide on-the-job training by industry players such as Holiday Inn Singapore Orchard City Centre and Eureka Call Centre Systems.

Potential for Special School Graduands for Employment and Work

6. Information on post-SPED placements of the graduating cohort through the SPED Graduand Survey is tracked by NCSS on a yearly basis. Over the last three years (2008-2010), an increasing proportion of students have been placed in open employment. In part, this can be attributed to the Vocational Education Framework in SPED which has enhanced the vocational readiness of students for open employment. Table 4.1 illustrates this trend.

TABLE 4.1: POST-SPED PLACEMENTS

Post-SPED options	Actual Placements 2008		Actual Placements 2009		Actual Placements 2010	
Mainstream Education	37	19.0%	28	11.9%	36	12.5%
Open Employment	5	**2.6%**	32	**13.7%**	60	**21.0%**
Sheltered Workshops	64	**32.8%**	83	**35.5%**	78	**27.2%**
Day Activity Centres	46	23.6%	44	18.8%	44	15.3%
Mountbatten Voc School	11	5.6%	4	1.7%	3	1.0%
Residential Homes	2	1.0%	-	-	-	-
Others [28]	30	15.4%	43	18.4%	66	23.0%
Total	**195**		**234**		**287**	

(Source: SPED Graduand Survey[29])

[28] Some reasons include: parents opt for private therapy services, parent reject recommended post-SPED option due to personal preference and parents are not contactable.

7. While there has been an increasing proportion of students placed in open employment, the proportion of students transiting to the sheltered workshops has remained fairly consistent over the years, as reflected in Table 4.1. As the majority of SPED students transit to sheltered workshops upon graduation, the sheltered workshop programme continues to meet an important need for persons with disabilities who are unable to secure open employment upon graduation as it provides work in a sheltered setting.

8. However, the Committee notes that the sheltered workshops in their current form have not been able to provide sustainable allowances for persons with disabilities. Based on the income profile of persons with disabilities in sheltered workshops in FY2009 and FY2010, the majority of persons with disabilities earn an average monthly allowance of $0 to $100.

TABLE 4.2: INCOME PROFILE OF PERSONS WITH DISABILITIES IN SHELTERED WORKSHOPS

FY / **Income Profile**	**FY2009**	**FY2010**
Sheltered Workshops		
Clients in sheltered workshops.	1,298 (100%)	1,357 (100%)
Clients earning an average monthly allowance of $0 - $50 for at least 3 months in the half yearly reporting period.	**137 (11%)**	**122 (9%)**

[29] Information is captured only at the first point of exit for all SPED graduands who may eventually be work-ready. SPED graduands who are in mainstream education will graduate and transit to one of the following pathways (i) mainstream secondary school education (after obtaining the Primary School Leaving Examination Certification) (ii) polytechnics (after obtaining the GCE O Levels certification) or (iii) Institute of Technical Education (after obtaining the GCE N Levels certification).

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FY / Income Profile	FY2009	FY2010
Clients earning an average monthly allowance of $50 - $100 for at least 3 months in the half yearly reporting period.	**652 (50%)**	**708 (52%)**
Clients earning an average monthly allowance of $100 - $200 for at least 3 months in the half yearly reporting period.	290 (22%)	284 (21%)
Clients earning an average monthly allowance of $200 and above for at least 3 months in the half yearly reporting period.	64 (5%)	73 (5%)
Production Workshops[30]		
Clients in production workshops.	147 (100%)	158 (100%)
Clients earning an average monthly allowance of $0 - $300 for at least 3 months in the half yearly reporting period.	50 (34%)	62 (39%)
Clients earning an average monthly allowance of $300 and above for at least 3 months in the half yearly reporting period.	87 (59%)	83 (53%)

(Source: NCSS Enhanced Programme Evaluation System (EPES))[31]

[30]Currently, there are two Production Workshops run by Bizlink and the Society for the Physically Disabled. Like the sheltered workshops, the production workshops provide sheltered employment for persons with disabilities who are either not suitable or not ready for open employment. The admission of clients in sheltered and production workshops take into consideration their functioning levels and skill sets. Clients in the production workshops earn higher allowances as they manage more complex work tasks.

Lack of Supply of Job-ready Persons with Disabilities

9. While there have been concerted efforts by employers to commit suitable job openings for persons with disabilities through the Enabling Employers Network, we received feedback on the lack of supply of job-ready persons with disabilities. An analysis of the waitlist from the funded Job Placement and Support agencies[32] revealed that the reasons behind the lack of job-ready persons with disabilities could be attributed to three factors. First, some persons with disabilities lacked the requisite skill sets (i.e. employability skills and industry-specific skills). These were mainly adults who had missed out on adequate vocational preparation. Many had low education levels which compounded the challenge. Another group of persons with disabilities were those with more severe disabilities. They may have had the requisite skill sets and were educated but they required employers to make more customised adaptation and job re-design. The third factor was that of mindset. Some persons with disabilities, while possessing requisite skills, were not psychologically ready to take on available jobs. Some of these issues were related to expectations and self-image as well as the limitations in job options. These issues have stretched the capability of the current Job Placement and Support services.

Challenges in Ensuring Sustainability in Employment

10. Currently, four[33] dedicated Job Placement and Support agencies are funded to provide persons with disabilities with six months of job support. While Job Placement and Support agencies are funded to provide six months of job support, many of them have continued to provide incidence-based job support beyond the requisite six months. Job Placement and Support agencies highlight that some persons with disabilities may encounter workplace or personal issues during the course of their employment. This has warranted extended support and intervention from their Job Placement and Support agencies. Therefore, timely incidence-based support is critical in ensuring persons with disabilities' sustainability on their jobs. This observation was also documented by the Treatment and Education of Autistic and related

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[31] The percentages stated in the table may not add up to 100% as there may be clients who do not earn allowances although they attend the workshops.

[32] The four dedicated Job Placement and Support agencies are: Autism Resource Centre, Bizlink Centre, MINDS and Society for the Physically Disabled as of January 2012.

[33] The four dedicated Job Placement and Support agencies are: Autism Resource Centre, Bizlink Centre, MINDS and Society for the Physically Disabled.

Communication Handicapped Children and Adults (TEACCH) programme, which demonstrates that when long-term support was provided, the job retention rate of persons with autism spectrum disorder (ASD) increased to 89%[34].

CONSULTATION WITH VARIOUS STAKEHOLDERS

11. Through focus group discussions, the Committee consulted and gathered feedback from 20 persons with disabilities who were either seeking or in open employment. Consultation sessions were also conducted with service providers.

Training

12. Some Voluntary Welfare Organisation (VWO) participants opined that existing vocational training programmes were not suited for all persons with disabilities, and that it was important to widen the range of training and employment options available for persons with disabilities. Some VWO participants shared their views:

> *"...there are people who are out of SPED schools and without vocational training, so they are now the young adults and have no idea on how to pursue life after that."*

> *"Maybe more areas [for vocational training]. If you are looking in SPED schools now, there are only a few areas: landscape… and that is tailored more for APSN."*

13. In the area of skills upgrading, some focus group participants who had disabilities indicated that they had attended Singapore Workforce Skills Qualification (WSQ) courses as they were interested in trying out new areas of work. However, participants with disabilities felt isolated from the mainstream employment facilitation services. Participants with sensory impairment and physical disabilities observed that mainstream training programmes were not disabled-friendly and that training fees

[34] Keel, Jill Hinton et al. (1997). TEACCH-Supported Employment Program, *Journal of Autism and Developmental Disorders* 27 (1), 3-9.

were too high. This has deterred some of the participants from pursing further training. While Singaporean persons with disabilities are eligible for course fee subsidies for WSQ courses and employment facilitation services provided for the local workforce, participants with disabilities felt that more could be done to enhance the current training and employment support for persons with disabilities (which includes the Open Door Fund, on-the-job training and vocational training for persons with disabilities) to meet the needs of different disability types.

> *"One of the areas is definitely cost. For us, persons with disabilities, for us to go back to study some more, it's a matter of cost. If we are not even employed, how do we upgrade ourselves?"*

14. Although many participants who had disabilities felt that training was necessary for them to find jobs, they commented that even with training, job opportunities that matched the qualifications of persons with disabilities were not as forthcoming. They therefore suggested extending support provided by Job Placement and Support agencies to help persons with disabilities to get appropriate training and support via mainstream education institutions. Some of these participants commented that:

> *"...I do some upgrading on my own, I go back to the company and say 'look I have all these certificates'. They tell me 'Sorry, I want higher than that. So from there I stop."*

> *"Training is important but someone must be willing to employ them and include them in the training process and on the job training."*

Job Support

15. Many of the participants who had disabilities echoed the importance of job support although they varied in their views on the type and duration of job support needed. They opined that support could either be employment-related (e.g. communication and conflict resolution) or non employment-related.

"The biggest barrier faced by the deaf is communication. Sometimes it leads to misunderstanding. There is a need for us to confide in...not at work, but social cultural."

"...In terms of support wise, whether 6 months or longer, it really depends on a case-by-case basis... for some individuals they don't need it at all, because you (Job Placement/Job Support agencies) just need to link us up, that's all and the rest we do ourselves..."

16. While participants with intellectual disabilities could not articulate the importance of job support, it was noted that if their supervisors at the workplaces were unable to resolve the issues, their job support officer would be needed to help mediate. The mediation could include providing clients with vocational counselling with the involvement of caregivers.

17. Focus group discussion participants from VWOs indicated that longer term job support could benefit persons with disabilities in open employment. Some requested the extension of job support of 1-2 years for their clients. They also requested the funding of job coaches within the existing Job Placement and Support service model as the job nature was quite different from that of a job placement officer. Some views expressed included:

".... for Ubi Hostel, before we discharge or graduate the trainee, to say that they are ready and (able to) sustain on the job is actually one year. Because 6 months after they are comfortable in the environment, they will start to act up."

"One year is about good because they can stabilise in the job and the job can accept them, the environment and all these."

"MINDS experience is the same for persons with intellectual disability. Because ours is moderate level, so they need higher support."

Building Capability to Source for Contract Jobs

18. Sheltered workshops provide a form of employment for persons with disabilities who are unsuitable for open employment. These sheltered workshops are required to source for contract work in order to provide employment and an allowance for these persons. Based on the current capability of the sheltered workshops, the type of contract work which these workshops can bid for tend to be limited and to maintain price competitiveness, the contract value, when awarded, tends to be very low. To overcome this, workshops should develop the capability to market their services and pool resources together to achieve greater economies of scale whilst developing business strategies within niche areas so that the variety and contract value of work undertaken by persons with disabilities in sheltered enterprises and workshops can be increased.

19. The government can play an enabler role by allowing these enterprises and workshops to take on work contracts in niche areas such as packing of goodie bags and production of gifts/tokens of appreciation for guests.

> *"We help each other out and groom the people we are serving. After all we are trying to groom the same group of people – people with disabilities. Certain organisations provide certain things so (if) we want other things we help each other out for a start. I think that works."*

Encouraging Employment of Persons with Disabilities

20. Participants from VWOs acknowledged that the Open Door Fund has encouraged the employment of persons with disabilities. However, many felt that more attractive and sustained incentives could be given to employers as the scope of the Open Door Fund was not far-reaching enough. Further, its application process was very involved and was seen by many employers as a hassle. Also, with the lack of public awareness of this Fund, some employers had never considered employing persons with disabilities. Incentives should therefore be explored to encourage the employment of more persons with disabilities. Some feedback given included:

> *"Because so far we only have this Open Door Fund and enhanced Open Door Fund. Would there be other incentives that we can suggest to in a way push the employer to employ more disabled people?"*

"There are many companies out there who are not even considering hiring (the) disabled. And what are the kind of incentives that we can, the government can offer?"

"Probably can see what other components can go into it (ODF) besides money. Can it be more than just fund?"

"Maybe a more sustainable (way) to entice them rather than a one-time (off) kind of thing."

21. Persons with disabilities participating in the consultation session also opined that more could be done to educate employers on the capability of persons with disabilities.

"One of the things (problems) that Job Placement/Job Support agencies face is that a lot of employers have this mentality that the disabled can only do cleaning jobs, admin jobs, data entry... those are very low-skilled jobs. The employers that come in already have this mindset... many of us have higher education. So when we go there to look for jobs, they won't be able to match us to the kind of jobs that we want.

22. Some participants suggested schemes that could be implemented to increase the employability of persons with disabilities. These included linking the Job Placement and Support agencies to mainstream job agencies so that persons with disabilities with requisite skill sets could access a larger network of potential employers.

"If the Job Placement/Job Support agencies can join or merge with JobsDB or Jobstreet, like if there are anything they come across, like people with disabilities looking for jobs, they can refer them to SPD or Bizlink."

23. The Committee identified five strategies through two strategic thrusts to achieve the desired outcomes for the employment landscape.

Strategic Thrust 1: More Training Opportunities and a Continuum of Work and Employment Options.

Persons with disabilities are provided with more training opportunities and a continuum of work and employment options to realise their potential.

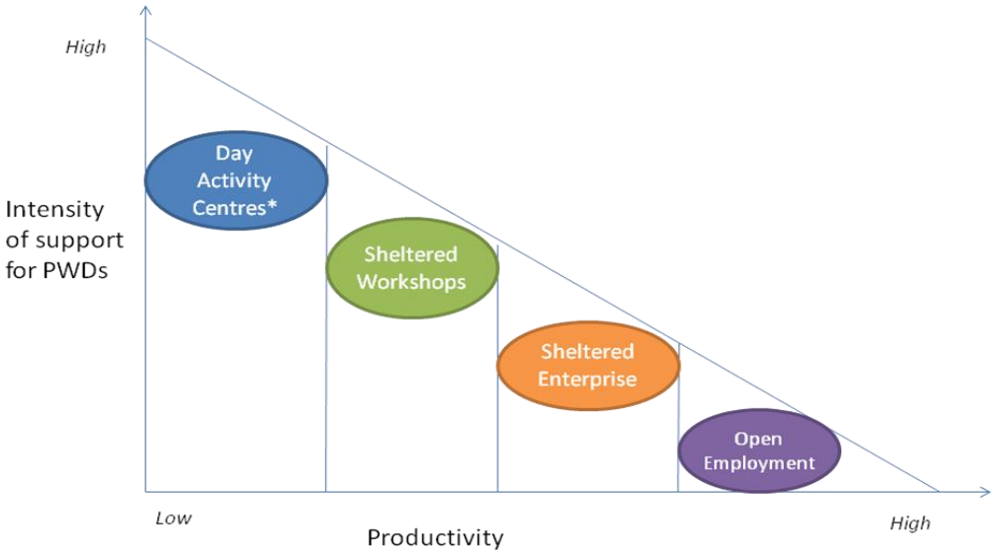
24. Currently, MCYS and NCSS co-fund eight sheltered workshops to provide pre-vocational and sheltered employment for persons with disabilities who do not have the potential for open employment. However, a review of the workshops conducted in 2009 revealed that there were three categories of clients with differing levels of functioning within the workshops: (A) clients with potential to be trained and placed in open employment; (B) clients with limited and no potential for open employment but were productive in the sheltered workshops; and (C) clients with no potential for open employment and had limited productivity in the sheltered workshops. Although the majority of clients in the workshops were reported to be productive, about 90% of the clients earned less than $200 monthly[35]. This was largely attributed to two reasons. The workshops tended to secure lower value contracts so that all clients, including those with limited productivity, could contribute to the jobs. Moreover, the workshops also lacked the necessary expertise (e.g. business development capability) and critical manpower mass to compete for and secure sustainable contracts. The Committee recognises that the workshops are important but that it has been challenging for the workshops to fulfil their objectives in providing sheltered employment for persons with disabilities, because of the unsuitable placement and mix of their clients. It therefore recommends that **workshops continue to provide work opportunities to persons with disabilities but that a clearer and more stringent assessment and placement process be instituted in all workshops. This will help to ensure the right-siting of clients.** For this recommendation to be successfully implemented, it is also imperative that there is sufficient capacity at DACs to cater those who need services.

[35] Please refer to Annex 4-1 for the (i) breakdown of persons with disabilities in the three categories, and (ii) income distribution of persons with disabilities in the sheltered workshops.

25. To provide more training opportunities and a continuum of work and employment options for persons with disabilities to realise their potential, the Committee **recommends a diversity of sheltered work and employment models so as to create more sustainable supported work and employment opportunities for persons with disabilities.** Sheltered employment is an option to bridge the gap between open employment and the sheltered work arrangements available under the sheltered workshop programme. Sheltered employment opportunities can be created through collaborations with businesses to create work enclaves or by the development of sheltered enterprises. While the sheltered workshop programme is fully funded, the sheltered enterprise programme can be funded on an enterprise model with the government providing a grant to cover the cost of providing job support and counselling services for employees with special needs. It is envisaged that a business enterprise or activity should have the flexibility of hiring persons with disabilities and able-bodied persons, including retirees, who can complement the strengths of persons with disabilities and promote inclusiveness within the work environment. Similarly, a business enterprise or activity can engage persons with disabilities under both the sheltered workshop and sheltered enterprise programmes.

26. In summary, persons with disabilities have differing abilities and aptitude for employment. They also have different employment support needs. As illustrated by Figure 4.1, the spectrum of care to employment options for persons with disabilities can range from open employment to Day Activity Centres that also include components of work. In deliberating the recommendations to provide a continuum of work and employment options for persons with disabilities, the Committee has taken into account the key observations made during a MCYS-initiated study trip on social enterprises to Taiwan and Hong Kong in August 2011 and literature reviews on the various social/sheltered enterprise models that have thrived overseas. These references can be found in Annex 4-2.

FIGURE 4.1: SPECTRUM OF CARE TO EMPLOYMENT OPTIONS FOR PERSONS WITH DISABILITIES*



*DACs will also provide work therapy programmes for clients who can benefit from it.

27. In view of the challenges in recruiting individuals with strong business development capabilities and securing sustainable contracts, the Committee also recommends the **allocation of adequate resources to assist both sheltered workshops and sheltered enterprises in securing contracts and enhancing their sustainability. Industries with potential to provide sustainable contracts for persons with disabilities should be identified and targeted.** As shown in Annex 4-3, the social/sheltered enterprises that have thrived overseas also documented strong institutional support and strong collaboration among the people, public and private sectors.

Strategic Thrust 2: Engagement and Sustenance in Employment

Persons with disabilities are meaningfully engaged and sustained in employment.

28. The four industries identified in the Enabling Masterplan 2007-2011 that provide job opportunities for persons with disabilities (i.e. cleaning, food and beverage, hospitality, and landscaping) should be viewed as initial drivers of employment for persons with disabilities. As such, efforts are required to help persons with disabilities make inroads into other industries.

29. The Committee recognises that more training and employment opportunities should be made available to persons with disabilities in niche industries where mainstream training is not available. Hence, the Committee recommends that **the Open Door Fund be enhanced to better encourage and support employers in the hiring of persons with disabilities. The Open Door Fund Apprenticeship Scheme can be enhanced to broaden the training and employment pathways for persons with disabilities in niche industries where mainstream training is not available. The application process of the current ODF can be made more user-friendly and attractive to employers.**

30. The Committee also recommends the **setting up of a Taskforce, involving MCYS, the Ministry of Finance, the Ministry of Manpower (MOM) and the Enabling Employers Network, to study the provision of incentives (including and not limited to tax and workfare) and legislation to promote and sustain the employment of persons with disabilities.** The Taskforce should study the factors that affect the employment of persons with disabilities and how current policies can be extended to enable more persons with disabilities to work. The Committee suggests that the current Workfare Income Supplement (WIS) Scheme be extended to all low-waged persons with disabilities regardless of age.

31. Job preparation, placement and job support services are important factors in enabling persons with disabilities to sustain their jobs. In supporting the diverse needs of persons with disabilities, there is currently a lack of capability among the job placement officers and/or job coaches to undertake job analysis, job redesign and apply the use of appropriate assistive technology/info-communication technology that will allow persons with disabilities to optimise their productivity. This is especially important for persons with disabilities who have more challenging disabilities and may need job redesign to make employment possible.

32. The Committee recommends that the **existing employment support and facilitation services for persons with disabilities entering open employment** be improved by adopting a three-pronged approach.

1. First, for MOM and employment-related agencies such as the Workforce Development Agency (WDA), the Institute of Technical Education, the NTUC Learning Hub and the Singapore National Employers Federation, to **formally include employment support services and Continuing Education and Training (CET) for persons with disabilities in their mission and work plans**. This is to ensure that persons with disabilities who are entering or are already in the workforce have access to and can tap on all existing employment facilitation schemes.

2. Secondly, to **obtain resources and expertise to build up the capability of employment facilitation services, including the training of job placement professionals/job coaches, for persons with disabilities.** The competencies of job placement professionals/job coaches can then be leveraged on to broaden the range of employment options available and improve the chances of persons with disabilities securing employment. It is recommended that a committee be established, with the support of WDA and NCSS, to set standards and build capability for the whole spectrum of employment support services.

3. Thirdly, to **develop and resource job support services beyond six months to meet the varying needs of persons with disabilities.** The provision of incidence-based support will enable persons with disabilities to have a higher likelihood of sustaining employment.

CONCLUSION

33. While the Enabling Masterplan 2007–2011 was key to providing frameworks and principles in guiding the employment initiatives for persons with disabilities, the recommendations proposed by the Committee for the Enabling Masterplan 2012–2016 aim to ride on and enhance the existing infrastructure to facilitate the engagement and sustainability of employment for persons with disabilities. In addition, the recommendations seek to actively propose strategies to address the employment needs of persons with disabilities who do not have potential for open employment.

CHAPTER 5

IMPROVING THE CARE SECTOR FOR ADULTS WITH DISABILITIES

GOAL

Care services for adults with disabilities would be improved in terms of coverage, service options, quality of care and service delivery. This is with the aim that Persons with Disabilities who require these services would be able to access and afford them according to their care needs. In turn, they would be empowered.

INTRODUCTION

1. There are different pathways for Persons with Disabilities (PWDs) upon graduating from school – some may go into employment (open and supported) while some who are more severely disabled would not be able to work and hence would need care services. For the latter, they should be meaningfully engaged by making appropriate care services available so that they can live a life with dignity.

2. With advancement in medical sciences and greater access to healthcare, persons with disabilities are living longer. There are also some persons with disabilities who show signs of premature ageing in their 40s and 50s and experience age-related health conditions more frequently[36]. Furthermore, parents and caregivers of these persons with disabilities are also ageing and require care themselves and with the declining fertility rate which results in the shrinking of family size, this affects the ability of siblings and other family members to take care of persons with disabilities when their parents pass on. These trends underscore the urgency to improve the care sector for adults with disabilities.

[36] For example, according to the World Report on Disability by World Health Organisation and The World Bank (2011), people with Down Syndrome have a higher incidence of Alzheimer's disease than the general population, while people with intellectual impairments (unrelated to Down Syndrome) have higher rates of dementia.

3. For community residential services, the government provided funding support to the Movement for the Intellectually Disabled of Singapore, a voluntary welfare organisation (VWO), to run a pilot assisted living project known as the Community Group Home. Under this project, selected residents are trained in independent living skills with the aim of enabling them to live in the community with minimum support. During the day, these residents go to work and at night return to their homes, situated in housing residential estates. These residents are further supported through visits by grassroots volunteers and VWO staff and in the process, are able to integrate into the community. Such care services are different from traditional institutional care, where residents are cared for in large institutional or nursing homes.

4. A review of institutional facilities was conducted in 2009. The review mainly highlighted the need to help VWO staff cope with the care of persons with disabilities with behavioral challenges and the lack of capacity in institutional facilities. With the help of the Institute of Mental Health (IMH), there are plans to launch an on-site consultancy project in early 2012, whereby a multi-disciplinary team would work with individual service providers to offer assessment, consultation and training of staff on strategies to manage clients with challenging behaviour. Plans are also underway to build one more adult disability home.

5. The review of the means-tested subsidy framework for social services, including disability services was also conducted in 2009/2010. There were two enhancements to the framework. Firstly, the income tier cut-offs were revised upwards to reflect the changes of the household income per capita of the population. More Singaporeans now qualify for subsidies from the government and at higher rates. Secondly, finer means-testing gradations were adopted for institutional services in the income tiering to determine the subsidy level for each client. This reduced the differences in subsidies for clients and benefitted those who would otherwise miss out on a higher subsidy tier.

6. A $1billion endowment fund known as the Community Silver Trust was announced in 2011. The Trust aims to build capability and deliver quality services in the intermediate and long-term care sector for both seniors and adults with disabilities. Monies would be spent on helping VWOs widen the range, scale and quality of their services across the socio-healthcare continuum. The community is also encouraged to play a part in the process through the dollar-for-dollar matching by the government.

CONSULTATION WITH STAKEHOLDERS

7. Numerous stakeholder consultation sessions were held with persons with disabilities, their parents and caregivers and members of the social service sector. Parents shared their concerns on the longer term care needs and arrangements for their children and service providers shared the difficulties they faced when providing care services for persons with disabilities. These comments highlighted the current service gaps in the adult disability care sector.

Concerns of Parents and Caregivers

8. Parents and caregivers faced particular stress in taking care of persons with disabilities and juggling their work and family commitments. Caregivers' concerns are intensified over time as they grow old and need to make long-term care arrangements for their dependants with disabilities.

> *"...the thinking is that family should take care of your handicapped children and we all like to and we try for our children... but when it comes to siblings, expecting siblings to do the same for their handicapped siblings is very difficult, possible for some cases, but because of work commitments and their own lives... like one parent rightly say, "in our lives we already sacrifice so much we don't want to spoil another life." they have great love but there're only so many hours they can spend in a day... the stress is huge..."*

"…what happens when our "passports" have expired? Given that my son is quite healthy, he will probably be still around when my wife and I are no longer around. So, what happens after that?"

Change in Care Mindset

9. The need to preserve the sense of life and purpose of persons with disabilities was raised during the consultation sessions. Persons with disabilities in care services should be treated with dignity and respect and have access to a warm and home-like environment.

" I think we should quickly increase our residential capacity... but we should not have a home for the aged or a hospice... the residential homes must be integrated such that there is a purpose of life for our residents... like a full home to him..."

More Services Needed

10. Some felt that the there was a notable service gap after persons with disabilities leave school at age 18 because the current range of care options do not adequately cater to the varying abilities and conditions of persons with disabilities. Furthermore, the lack of capacity at existing services had placed some on the wait list. Not only were persons with disabilities unable to receive intervention, their caregivers were also stressed when they do not have sufficient support in managing the challenging behaviour displayed by their loved ones.

"... a gap, from 18 onwards perhaps to 30... where can they go or they end up at Home... we went to all the Day Activity Centres and these are not suitable for our children and they provide limited space…"

"…after school, what's next? There is a place they can put our children in, that will be good. But most of the centres, no vacancy at all, have to wait... but a few years down, in the waiting list, what can we do? Need someone to manage their behaviour as well..."

Need to Review Current Service Models

11. Participants, especially service providers, called for the need to review current service models in providing care for the more severely disabled and those displaying challenging behaviour. They highlighted the perils of the inadequate resource provision of the current service models and how this affected the ability of care staff to look after their clients, as well as how they found it challenging to attract and retain care staff.

> *"There is a shift of client profile to challenging behaviours. The manpower model does not look into the client profile and challenging behaviours.*

> "*Behavioural intervention is a vicious cycle. When clients have challenging behaviours and staff cannot handle, it is very tempting to put them at home and tell caregivers not to send their children to DACs for the next few days.....but we are not solving their problems. We need to increase the manpower and quality of manpower."*

RECOMMENDATIONS

12. The Committee has identified ten key strategies over four strategic thrusts to achieve the desired outcomes of improving the care sector for persons with disabilities and empowering them. To the extent possible, the development and enhancement of adult disability care services would ride on the development of eldercare services and facilities, which is also undergoing a concurrent review.

Strategic Thrust 1: Fundamental Shift in Mindset

Shift towards an enabling care philosophy

13. The improvement of the care sector should fundamentally begin with a mindset change into one that recognises the independence and ability of adults with disabilities. It is a misconception to think that just because a person with disabilities is unable to work, he is automatically dependent on others for help. Some caregivers and care staff tend to over-care, be overly protective and do things for persons with disabilities simply because it is quicker, easier, out of compassion or habit. This may result in persons with disabilities becoming overly dependent on their caregivers and care staff.

14. Similarly, the need to preserve the independence of seniors is echoed in overseas care models such as the Netherlands and United Kingdom to prevent unhealthy behaviour of dependence. In particular, the Dutch organisation, Humanitas Foundation's philosophy of care is noteworthy. Its core mission is to promote well being and happiness. The following principles underpin this mission:

a. *Be boss of your own life* – anyone with mental capacity should be encouraged to be in control and decide what is important to him. This value promotes self-responsibility, independence and autonomy. Those living in institutional or residential facilities should not have the mentality that they are simply residents living in an institution.

b. *Use it or lose it* – skills (including social skills, confidence and physical abilities) are quickly lost if not used. Therefore, clients should be encouraged, through activities, to do things for themselves to the extent possible.

c. *A "yes" culture* – care staff have a positive attitude towards residents' wishes, questions or demands through the facilitation of dialogue and communication between care staff and residents. This in turn creates a positive and empowering atmosphere, coupled with the mentality that "nothing is too difficult".

d. *Extended family approach* – this involves breaking down barriers between centre staff, care staff and residents. People regard each other as one family. Social engagement between the residents, care staff, family members and the larger community should also be facilitated and encouraged.

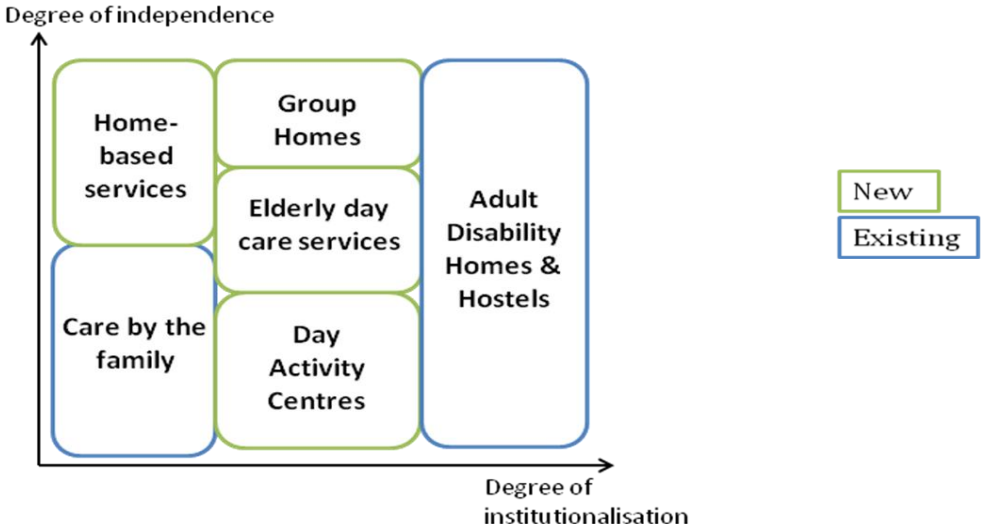
15. The Committee agrees that these principles epitomises the enabling care mindset, which should be applied to the disability sector. The Committee recommends **adopting an enabling care philosophy that empowers persons with disabilities in adult disability services to the extent possible.** This is with the understanding that there are some persons with disabilities, especially those lacking mental capacity and who are severely disabled, who will still need to rely on support from caregivers and care staff.

Strategic Thrust 2: Widen Range of Care Options and Improve Accessibility of Adult Care Services

16. Presently, the adult care landscape consists of institutional, community-based and home-based care. Government-funded care options are residential homes, residential hostels, day activity centres (DACs), sheltered workshops and, home-based foreign domestic workers. Residential homes and hostels serve persons with disabilities with more severe disabilities and low family support while DACs mainly serve persons with disabilities who have limited functioning capabilities and not suited for open or supported employment. To assist families of persons with disabilities to employ full-time caregivers to look after them, the Foreign Domestic Worker (FDW) Levy Concession scheme enables such families to pay a lower levy rate, net of the concession amount.

17. Currently, there are no assisted living facilities for persons with disabilities or home-based care especially for families who are unable to employ FDWs or maids. There is a need to widen the range of care options to ensure that there are appropriate services for persons with disabilities of varying severity levels and care needs. The diagram below illustrates the desired enhanced landscape of the adult disability care landscape.

FIGURE 5.1: ENHANCED LANDSCAPE OF ADULT DISABILITY CARE LANDSCAPE



Develop Group Homes to Facilitate Independent Living

18. Assisted living models aim to enable individuals (such as persons with disabilities and seniors) to continue to live independently for as long as possible. There are many overseas examples of assisted living facilities or Group Homes to encourage ageing-in-place.

19. Locally, the results of the on-going pilot project (MINDS Community Group Home) have been encouraging. Residents have benefitted from better quality of life as they are empowered to make choices on their own and through social inclusion with the community.

20. The Committee agrees to expand the current model beyond its pilot phase and recommends **developing Group Homes in the community for persons with disabilities who have low or no family support but are able to live independently with support.** This will greatly benefit the group of persons with disabilities who may outlive their parents or caregivers in the future but who are not severely disabled that they require care in an institutional setting. They will still be able to maintain their independence and way of life in the community.

21. The development of Group Home also necessitates the need for proper assessment of an individual's suitability for the service and to provide eligible residents with proper training in independent living and social communications prior to them moving into the Group Homes. There should also be adequate monitoring of the residents to address any safety concerns.

22. One possibility is for Group Homes to ape a family setting, where there could be a mixing of elderly and younger disabled clients. The residents could complement and support each other in various areas. The mixing of clients could be tested in a facility (such as a hostel) first before placing them in a Group Home.

Access to eldercare facilities where appropriate

23. With an ageing population, there are plans to increase the number of community-based eldercare facilities and with good geographical spread. Riding on this development, it is possible to grant higher functioning persons with disabilities access into eldercare facilities, thereby increasing their access to day care services. There are practical benefits in doing so – reduced transport cost, reduced travelling time and enabling persons with disabilities to travel to centres on their own. This would in turn, reduce the stress and anxiety for caregivers.

24. The Committee recommends **enabling persons with disabilities to use eldercare facilities and services, where appropriate.** The safety of clients (both seniors and persons with disabilities) and the care staff are paramount and should not be compromised. Therefore, only persons with disabilities who have been assessed by eldercare service providers to be suitable for their service would be admitted.

Develop home-based care services for persons with disabilities

25. At present, there are insufficient regular home-based care services for persons with disabilities even though such services are widely available in the eldercare sector, where a care worker visits the home of the elderly and provides services, e.g. befriending/ companionship, meal delivery, assistance in personal hygiene etc. These eldercare services help frail individuals and hence are also applicable to persons with disabilities. The provision of home-based care services in the disability sector is critical in addressing one of the present service gaps. In particular, low income families with dependants who have a disability and who do not meet MOM's eligibility criteria to employ FDWs would benefit greatly. Severely disabled persons with disabilities who are unable to leave their homes due to their disability conditions will also benefit from the various home care services that will be delivered to their homes. From the caregiver's perspective, this reduces travelling and a sense of increased support from the community.

26. If the home-based care services are adequate, it will also allow persons with disabilities to live more independently, e.g. a person with disabilities may need assistance in one or more of his daily living activities and such services would enable him to live in the community or go to work.

27. Therefore, the Committee recommends ***developing home-based care services for persons with disabilities and where possible, to ride on the eldercare framework***. Existing home-based care services for seniors could be extended to include persons with disabilities and the services could include the following:

a. Care advisory – e.g. advises the persons with disabilities on daily living skills and accessing services

b. Befriending/companionship services – provides psycho-emotional support and prevents isolation/loneliness

c. Escort service – e.g. accompany persons with disabilities to medical appointments

d. Case co-ordination – e.g. provides referral to other services

e. Short term intervention, including maintenance exercises

f. Meal delivery

g. Assistance in personal hygiene – e.g. bathing

h. Caregiver training

28. To enable persons with disabilities to integrate with the community, the home-based services could be complemented with other community-based services like DACs to encourage social interaction.

Enhance affordability of foreign domestic workers

29. Notwithstanding the development of home-based care services, there is also a need to enhance the current provision of FDW care. FDWs do not only help to perform household chores but are also able to keep a watchful eye on persons with disabilities while parents and caregivers are at work or engaged with other activities. This helps provide parents and caregivers some much-needed respite. The extent to which this is possible is also dependent on the level of training that a FDW receives in care provision. This would be addressed in Chapter 6 on Cross-Cutting Issues I: Caregiver Support and Transition Management.

30. Presently, there is an FDW levy concession scheme for persons with disabilities. This scheme was made available to persons with disabilities in 2007 and allows eligible employers to pay a lower monthly levy of $170, after taking into account the levy concessions. However, some households still find the concession insufficient to make the employment of FDWs unaffordable. Hence, the Committee recommends **introducing an FDW grant to make such care arrangements affordable beyond current levy concessions**.

Build more facilities

31. There are seven adult disability homes, three adult disability hostels and nineteen DACs as at Jan 2012. As highlighted in the focus group discussions, there is a lack of capacity at existing services and this had placed some on the waitlist. Moreover, as persons with disabilities live longer, caregivers grow older and family size shrinks, the demand for adult disability care services inevitably increases. Thus, the Committee recommends **increasing the capacities of DACs, homes and hostels to meet on a timely basis current demand as well as anticipated future demand and to ensure geographical spread**.

32. It is hoped that the increased capacities of these services will reduce the waitlists and alleviate the worries of parents and caregivers who have to make care arrangements for persons with disabilities.

33. The planning of new facilities will have to take into account the time needed to work with the relevant authorities to secure land, design and build new facilities, recruit and train care staff.

34. Even with the increased capacity of institutional facilities such as adult disability homes and hostels, the Committee is careful to emphasise that this should not be seen as a dilution of family support and care. It believes that the family should still remain as the first line of care and support and institutionlisation as a last resort. The additional institutional facilities are meant to help families struggling to provide adequate care for their disabled dependants, especially the severely disabled or whose parents have passed on.

Strategic Thrust 3: Improve Quality of Care

Review service models

35. With the improved accessibility of services, there is also a need to improve the quality of care of these services. The Committee is adopting a two-pronged approach: 1) Provision of additional resources, and 2) Regulation.

36. Due to the diverse disability types and conditions, the needs of persons with disabilities are varied. However, the current service model of these services is one-size-fits-all. The Committee is of the view that the current model (which impacts on government funding and community support) is inadequate in providing for persons with disabilities with high support needs, including those with challenging behaviour. It also does not give service providers the incentive to take in clients who require more intensive care. Moreover, service providers find it challenging to recruit and retain care staff who face difficulties in caring for such clients.

37. The Committee recommends **enhancing the service models of DACs, adult disability homes and hostels to cater to the needs of their clients through the following:**

a. Tiered funding model based on severity levels

38. The tiered funding model aims to accord more resources to the provision of care to clients with high support needs. It willencourage the DACs to provide for various types and severity levels of disabilities,and and increase their access to day care services. This will result in reduced travelling time and cost, as well as reduce the stress of the caregivers**.**

b. Introduce professional and para-professional manpower

39. In line with the tiered funding model recommendation, the manpower resources under the current service model should also be reviewed. Where necessary, there should be introduction of professional and para-professional manpower to assist in care provision, especially of clients with high support needs.

c. Enhance programmes of adult services to achieve the outcomes of allowing persons with disabilities to integrate into community, empowering and giving them independence, allowing persons with disabilities to maintain family ties and ensuring their safety

40. Related to the recommendation to shift towards an enabling care philosophy, service providers need to be resourced to allow them to enhance their current programmes or curriculum of adult care services.

41. With the proposed service model enhancements and the IMH on-site consultancy project as mentioned earlier, the Committee hopes to capability build staff to cope with the care of persons with disabilities with challenging behaviour. It is envisaged that these would enable service providers to provide better care for their clients.

Regulatory Framework and Standards of Care

42. The improvement of quality of care should also take into account the safety of persons with disabilities. This is particularly important for residents living in institutional facilities where family support is less, and who either are unable to communicate to others their difficulties or lack the mental capacity to make decisions on their own. As such, they are in an especially vulnerable position.

43. To safeguard the interests of persons lacking mental capacity, the Mental Capacity Act which allows for the appointment of donees and deputies was passed in Parliament in 2008. For persons with disabilities utilising services, the Mental Capacity Act needs to be coupled with the appropriate and detailed regulations and standards of care.

44. The Committee recommends **setting up a regulatory framework and/or standards of care as well as a Quality Assurance Framework for institutional, community and home-based care services.** The framework should allow for greater transparency, accountability, streamlining of processes and better incident management.

45. The standards of care should include environment management, staff management, volunteer management and abuse management. However, a balance needs to be struck between ensuring the safety and protection of persons with disabilities in care services and the creation of a complex regulation system that makes it onerous on the part of service providers. This may lead to the undesired outcome of service providers being saddled with administrative duties which distracts them from their primary responsibility of providing care for their clients. As such, the development of this regulatory framework should be done in consultation with service providers.

Strategic Thrust 4: Secure Productivity Gains and Effective Delivery of Services

46. The intent to secure productivity gains in the provision of services has often been discussed in the context of the economic sectors and in businesses through the use of technology and the re-designing of operating procedures. Similar principles can be applied to the social service sector as well, including the disability sector, to bring about greater efficiency and higher quality of care which will benefit persons with disabilities. Where possible, the adult disability sector should also ride on the expansion of the intermediate and long term care services for the elderly so as to achieve economies of scale which can translate into lower costs for clients with disabilities.

Develop anchor players in the care sector

47. For organisations that are able to run multiple services such as home-based, community-based and institutional services, economies of scale could be achieved through the recruitment and deployment of manpower, purchase of equipment and medication, transport and case co-ordination where case managers have ready access to knowledge and information of the numerous facilities. Such organisations are also better able to attract and retain talent, who over time develop a depth of skills that can better benefit the clients.

48. With the onset of ageing persons with disabilities, the Committee also recognises the importance in having service providers who have the capability and experience in both the adult disability and eldercare sectors. Such providers would have greater access to social and medical services and would be able to better serve disabled clients who over time develop age-related health problems that require more medical intervention. This, in turns, improves the quality of care for persons with disabilities and provides caregivers greater assurance to caregivers.

49. Hence the Committee recommends **developing anchor players in the care sector (both eldercare and adult disability care sectors) to achieve economies of scale and enhance professional capacity and capability.**

50. While some organisations would be capability built and developed to be anchor players, the Committee does not intend to preclude smaller service providers or new entrants providing competing or specialised services to maintain nimbleness, flexibility and a degree of contestability to meet the diverse needs of the sector.

Encourage use of technology in service delivery

51. In the care sector, technology enables care staff to deliver services faster and reach out to more clients. At the same time, clients benefit from the improved quality of care and enhanced supervision.

52. There are existing examples locally on the use of technology in care provision. The Centre for Enabled Living (CEL)'s Sustainable Enhancement for Eldercare and Disability Services (SEED) Fund currently supports pilot projects such as Tele-Home Care[37]. This project enables case managers to monitor and interact with home-bound seniors who live alone without the need to physically make daily house-visits. Each senior's home is equipped with a computer and attached video camera that is managed by a case manager to check in on the senior daily. The case manager can speak to the senior without the senior having to operate the computer personally. The case manager can also follow up with home-visits. The senior need not go to a nursing home or institutional facility to receive the same kind of attention. The daily conversations can also help to ease the loneliness of the home-bound senior.

53. This pilot project has been useful in addressing the manpower constraints of the sector. With the increased case loads, case managers may not be able to make daily house-visits but with the use of technology, they can now have constant supervision and oversight over the patient. Also, this would help them cut down on expenses and travelling time.

54. Other noteworthy examples include remote tracking devices which allow service providers to monitor the delivery of services (such as home-based services) and customer satisfaction to enhance accountability. Presently, these two examples are available in the eldercare sector but the Committee agrees that such innovative solutions can be applied in the disability sector as well.

[37] Thye Hua Kwan Moral Society. (2009). Retrieved from http://www.thkms.org.sg/news/11/11/09/pilot-project-tele-home-care

55. Therefore, the Committee recommends **widening and deepening the use of technology to enhance quality of services and safety in adult disability services**. More on this will be addressed in Chapter 7 on Cross-Cutting Issue II: Capability Building: Manpower and Technology. This is also related to the recommendation to develop anchor players as anchor players would have the resources to use and deploy technology on a larger and more efficient scale than smaller organisations. The Community Silver Trust can also be tapped to facilitate the development and use of technology.

CONCLUSION

56. With the proposed enhancements to the adult care sector, the Committee hopes that in the next five years, persons with disabilities would be able to live a life of dignity and through the shift towards an enabling care philosophy, be empowered even when they leave school or work. The widened range of care options and the review of the service models would better cater to persons with disabilities of different disability types and severity levels. The use of technology, development of regulatory standards and anchor players would enhance service delivery and efficiency, resulting in an overall improvement in the quality of care. At the same time, it is hoped that these recommendations would alleviate the concerns and worries of parents and caregivers in providing for the long term care needs of persons with disabilities.

CHAPTER 6
CROSS CUTTING ISSUE I: CAREGIVER SUPPORT AND TRANSITION MANAGEMENT

GOAL

Persons with disabilities, including children with special needs, and their caregivers will be supported across transition points and developmental phases throughout the lifecourse of a person with disabilities. Caregivers will be empowered and supported through a comprehensive range of support mechanisms that address their caregiving, financial, social-emotional and training needs.

INTRODUCTION

1. The task of caregiving can be overwhelming at times. Caregivers experience mixed emotions such as feelings of loss, anxiety, frustration and guilt. However, if supported well, caregiving can be fulfilling and life-affirming because it is ultimately, a labour of love.

2. A common source of concern for caregivers is the uncertainty facing a person with disabilities (PWD) as he or she moves from one life phase to another. Transitions are "points of change in services, and in the personnel and organisations that coordinate and provide services to children and families."[38] Transitions for children with special needs are especially challenging because there are no defined pathways and many mainstream institutions do not have the processes or policies in place to integrate such children. This challenge continues even as the children progress into adulthood. As a result, they may not be right-sited into education pathways or post-school options that are best suited to their needs. Some of the transition points in the child/person with disabilities and their families' lives are illustrated in the diagrams below.

[38] Maryland State Department of Education - http://mcieinclusiveschools.org/949.

FIGURE 6.1: FROM DETECTION OF DEVELOPMENTAL NEEDS TO ENTERING MAINSTREAM OR SPED SCHOOLS.

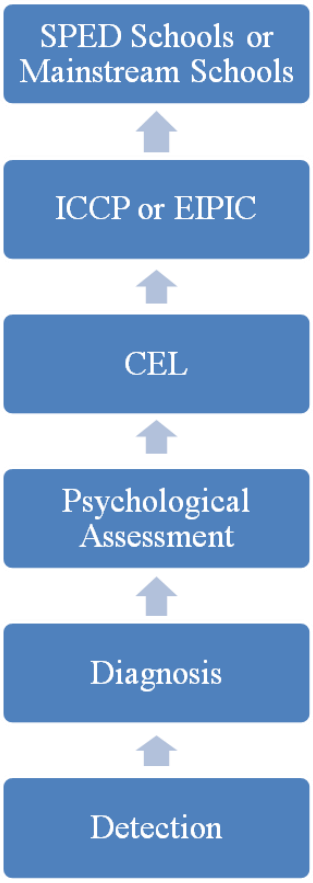
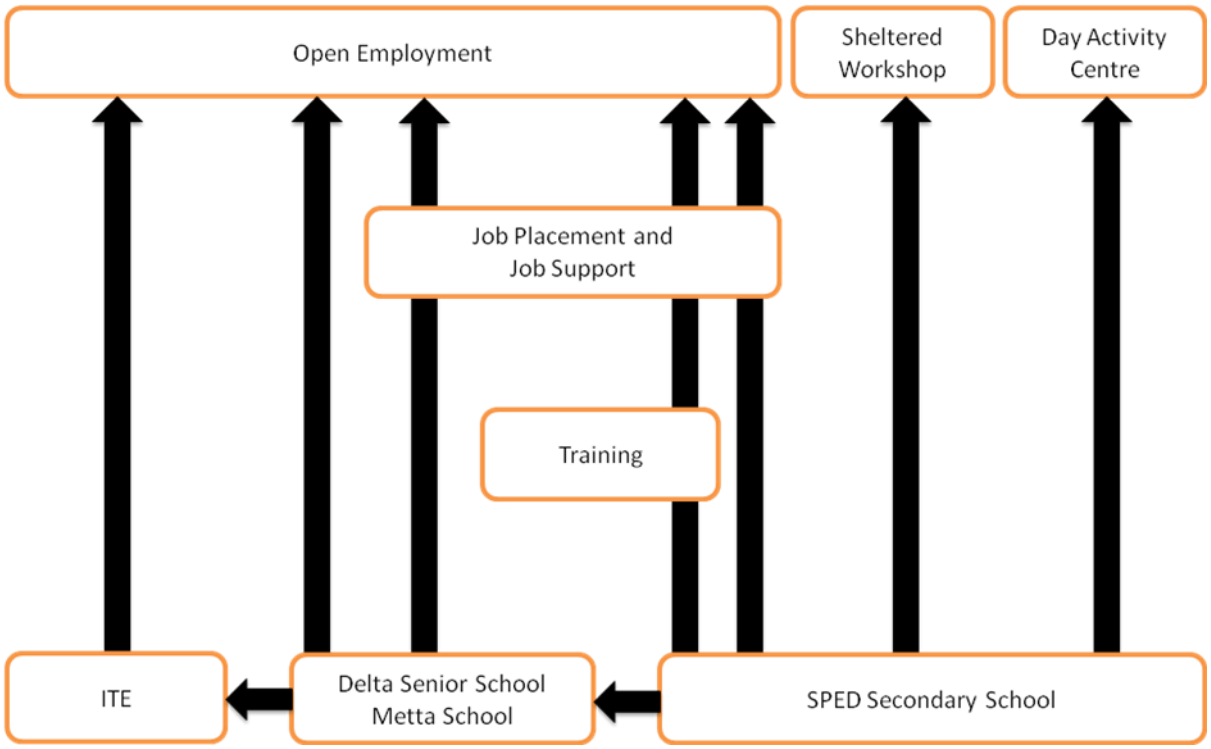


FIGURE 6.2: CURRENT SPED SCHOOLS TO POST-SPED OPTIONS



3. Another key aspect of caregiver support is respite care. Caregiving can be a full time commitment. Caregivers with weak support may not get adequate relief from caregiving to look into their own emotional and social needs. These caregivers are at high risk of fatigue and may lose their motivation to care for their loved ones. As caregivers are the first line of care for children and adults with disabilities, a strong support system is needed.

CURRENT SITUATION

4. Several initiatives were implemented to support caregivers in recent years. First, to help reduce costs of caregiving where a full-time caregiver is needed, the Foreign Domestic Worker (FDW) Levy Concession scheme was extended to persons with disabilities and their families in 2007. This scheme was originally only available to families with children aged 12 years and below or the elderly aged 65 years and above. The FDW Levy Concession scheme enables family members to remain in employment while their dependents are cared for at home by FDWs.

5. The Caregiver Training Grant was introduced in 2007 to encourage caregivers to attend both basic and specialised training so that they could be the first line of support for persons with disabilities. The grant is also open to foreign domestic workers who are caregivers. Knowledge and skills gained will empower caregivers to better care for persons with disabilities.

6. To safeguard the interests of persons with disabilities without mental capacity, the government passed the Mental Capacity Act in 2008. Under the Act, parents can request the Courts to appoint trusted individuals as successor deputies to care for their mentally disabled child when they pass on.

7. Also in 2008, the Centre for Enabled Living (CEL) was incorporated by MCYS to be the first-stop information and referral centre co-ordinatingcaregiving and intervention services for persons with disabilities including children with special needs, senior citizens and their caregivers.

8. In 2009, MCYS, NCSS and the Insolvency and Public Trustee's Office jointly launched the Special Needs Trust Company (SNTC) to enable parents to set aside funds to look after their children with special needs when they are no longer able to do so. This is the only non-profit trust in Singapore. In addition to offering a savings mechanism, parents can lodge a care plan for their children with disabilities. The SNTC conducts checks against abuse of the funds parents have set aside for their children.

9. In November 2011, MCYS and the Ministry of Manpower announced a Special Needs Savings Scheme (SNSS) which has been implemented in February 2012, where parents of persons with disabilities can nominate their children to receive monthly payouts from monies in their Central Provident Fund account to provide a stream of income to their children upon their demise. To ensure that the scheme is accessible by parents, no administrative charge and minimum balance is required.

10. The Committee consulted caregivers in a series of focus group discussions (FGDs) to better understand their caregiving needs. Some 16 caregivers with children of pre-school age, 22 caregivers with children of school-going age and 43 caregivers of adults with disabilities participated in the FGDs. In addition, CEL also set up an online platform for caregivers to provide their feedback for consideration by the Committee.

Transition Management

Socio-emotional support for caregivers

11. Parents of children with special needs often face anxiety and stress during major transition points from detection to early intervention, and then to education. A few service gaps have been identified - from diagnosis at hospital to referral for early intervention. Upon diagnosis, parents have to cope and come to terms with the diagnosis while finding information and resources to help their children. Many parents have also expressed a lack of support when their children attend both EIPIC and mainstream pre-schools, as well as when transiting from EIPIC to primary mainstream schoosl or special schools. During these transition points, parents worry about getting the appropriate support to provide for the unique learning needs of their children, and how information pertinent to their children can be transferred to different service personnel. The move from an early intervention centre to a school is a major decision-making point for parents. Parents struggle with the difficulty of finding out where and what kind of education system best fits their children, as well as grapple with the anxiety of long waiting times for certain school placements.

> *"We struggled a great deal to find the right kind of services as well as the right places to go…"*

Case Coordination and Transfer of Information

12. Coordination of services and parental support is inadequate in the present system. A transition process that is not properly managed may result in inappropriate placement, which can impact the interventions given to a child and create unmet educational needs. As children move from the one agency to another, parents face issues when coordinating the transfer of important information pertaining to the child. This could lead to delays in prescribing intervention thus creating concern. There is a need to develop a better system, including a common database so that information can be easily accessed by the agency responsible for the child's next level of care, education and training. However parents are concerned with the confidentiality of data and fear that their child will be labelled as 'disabled' or have a diagnostic tag that may affect his future employment prospects. Therefore, while a common database is needed for seamless information flow at transition points, the issue of data privacy and potential misuse of data needs to be studied more carefully.

> *"When the child is five years old, the teacher should advise the parent, prepare parent two years in advance on where the child could go, be it a mainstream school. My case is a last minute. It is only when we ask, then they start talking about it."*

> *"Parents need longer preparation time so they can work towards it, maybe like two years before, to inform parents of options so they can work towards it, review a year later."*

13. Many parents and caregivers expressed the view that more could be done to help them navigate the services in the disability landscape and transit from one service to another. Parents shared the experience that they often did not know where to get help and felt confused in the navigation process. There was a general consensus that more measures could be put in place to avoid losing precious intervention time or making incorrect decisions.

> *"I think we need a case manager. They (case managers) are able to better direct the plan (for the child with special needs) as to what services are appropriate…"*

Respite Care for Caregivers

14. The need for more respite care options was another key feedback articulated by caregivers. Caregivers of special needs children strongly felt a need for respite care provided by trained personnel. They shared:

> *"You have to handle a child for 24 hours. Very tiring to look after a child with special needs…"*

> *"It would be good if there are trained personnel, nurses, or teachers to provide respite for caregivers."*

15. Caregivers of adults with disabilities similarly expressed their desire for temporary care for their care recipients:

> *"If mum is sick... it is very hard to get extra help from outsiders, not even from relatives sad to say... if there's a place whereby we can drop our child for a few hours, that could help..."*

> *"Even if a mother or father is staying home full time, you need a break away from your child... Sometimes we need to take a break, go for a holiday... if we can put our son at a respite centre... I think the measure to put our son in a respite centre is very good... in fact it should be one of the top priorities now..."*

Support for Caregivers in Employment

16. With more caregivers having to cope with work and caregiving duties, many caregivers articulated the need for more support in their caregiving duties so that they could continue to work. Some caregivers lamented that their spouses had to quit their jobs in order to care for their children. This created further challenges in affording

quality services for their child and meeting the transport, education, medical and therapy needs. One of the caregivers expressed that:

> *"One problem is that families may have double income originally. Once the child is diagnosed, it becomes half the income as one parent usually quits his/her job to care for the child..."*

Caregiver Training

17. It is important to equip caregivers with skills and knowledge needed to care for their dependents with special needs. Caregivers observed that available caregiver training programmes by service providers mostly emphasized care for children. More training catering to adults with disabilities was needed.

> *"Caregivers need more training as the child grows up... Do not restrict courses to VWOs; open it up to private and individuals also."*

> *"Many parents want to empower themselves… we want to go for training to better care for our child…"*

Psycho-Emotional Support

18. During the discussions, many caregivers reported that they experienced high levels of stress, which often strained family ties and further fuelled their stress level. They felt that more socio-psycho-emotional support would be useful:

> *"My wife and I are seeing counsellors… I highly recommend you guys if you find yourself at a very stressed level… if there are certain things you cannot solve or at wits' end... seeing the counsellor is very useful... there should be more such services…"*

"Can try to garner more parental support, and try to help each other… set up something and link us up…"

Aging Population and Longer Life Expectancy of Persons with Disabilities

19. It was noted that the number of elderly parents having to take care of ageing persons with disabilities will increase over time. In addition, as a result of the longer life expectancy of persons with disabilities, more will outlive their parents. Hence, more support is needed to empower families to care for themselves and their family member with disabilities.

RECOMMENDATIONS

20. In addressing these needs, the Committee has made four recommendations along three main thrusts to achieve the desired outcomes of empowering and enabling caregivers. These strategies will allow persons with disabilities and their caregivers, to be supported across transition points and developmental phases throughout the lifecourse of the individual.

Strategic Thrust 1: Enhance Access to Existing Programmes and Services

Capability-build CEL to be coordinating agency for caregiver support services

21. While there are many different forms of caregiver support services available, these are often ad hoc and caregivers may be unaware of them. Caregivers have also expressed their desire for a single point of contact to obtain relevant information and support. Hence, the Committee recommends to **capability-build CEL to be the coordinating agency for caregiver support services.** This will build on CEL's existing function as thefirst-stop information and referral centre for the public who are seeking elderly and disability support services.

22. As part of this recommendation, resources should be provided for CEL to **implement a signposting system to help caregivers access appropriate support services proactively**. This is particularly important for caregivers of children with special needs, where parental support and counselling are needed from the point the child is diagnosed to enhance parental acceptance and prompt timely enrolment into an early intervention programme. Parents often have to grapple with the acceptance of the child's diagnosis and worry about their child's future, as well as how to finance the medical and intervention services for their child. It is vital that parents should be provided with resource support and sign-posting so that they can readily access relevant information and referral services, and be empowered to better support their child.

23. CEL should also **develop templates to guide caregivers to develop care plans and transition plans for their children as they go through the different life stages**. CEL can **work with families to help them develop and periodically review individualised care plans which are disability-specific for their child, from the point of referral to early intervention services and subsequent transition points.** With proper care planning, parental stress about subsequent stages and care arrangements for their children after they pass on can be reduced.

24. The Committee further recommends that CEL should be a **one-stop centre for all referrals for disability-related services.** This will facilitate the coordination of referrals to ensure that families access the most appropriate form of services. The Committee acknowledges that caregivers are a diverse group. CEL should therefore **adopt various approaches to enhance outreach and engagement**. These could be through a combination of an internet portal, information booklets and leaflets, and different communication channels.

25. In the area of financial and legal security, the Committee notes that there are a few good initiatives implemented from the last Enabling Masterplan. Moving forward, CEL should continue to **help more families access the existing range of financial and legal security measures, which includes reviewing the affordability of services by the SNTC. More resources should also be provided for caregiver education on these measures.**

26. Currently, there is limited health insurance coverage for persons with disabilities. The Committee feels that national insurance programmes such as MediShield, which is available to all except persons with disabilities, should be reviewed to include persons with disabilities. This will help to alleviate the financial stress faced by families. However, the Committee acknowledges that insurance is a complex issue and it is important to make sure that premiums remain affordable after the extension. Therefore, the Committee recommends **conducting a study on feasible ways of extending the MediShield to persons with disabilities**. CEL could also engage the insurance industry to provide insurance coverage for persons with disabilities. More resources should be provided for caregiver education on these measures.

Establish lead agency for transition management

27. To alleviate caregivers' frustrations over transition management, the Committee recommends that **CEL takes the lead in ensuring that all persons with disabilities including children with special needs, and their caregivers, are adequately supported with access to information and services at diagnosis and across transition points and developmental phases throughout the life of a person with disabilities.**

28. Resources should be provided for CEL to achieve this role through the following:

a) Developing an effective common system through working with different stakeholders that can be used across agencies and ministries to facilitate appropriate placements and periodic review of progress throughout the life of a person with disabilities;

b) Setting up a case coordination system across transition points and developmental phases throughout the life of a person with disabilities; and

c) Building a shared national database on persons with disabilities and their case histories to enhance transition planning as well as the coordinated flow of information between agencies and ministries.

29. Recognising the constraints of planning for services based on estimates, the Committee is hopeful that the national database would be able to capture critical information about users of disability services of all ages with each disability type. This will facilitate the planning of services and allocation of resources to meet the service demands of persons with disabilities, including children with special needs. This type of pro-active national planning needs to be done and reviewed regularly so that changes in the disability landscape are tracked closely and responded to promptly.

Strategic Thrust 2: Build Caregivers' Capability

Develop a caregivers training roadmap and provide training for foreign domestic workers (FDWs)

30. The Committee noted that caregiver training courses are provided in a sporadic manner. Caregivers do not have the benefit of structured training that are tailored to their needs and level of competency. Thus, the Committee recommends that **CEL develops a core competency training roadmap for caregivers**. This roadmap should take into account the range of caregivers and their varying needs across the lifespan of their loved ones.

31. The roadmap for caregivers of children with special needs should guide caregivers on useful training throughout their child's early life stages and conditions, as well as to ensure caregivers are adequately enskilled as natural early interventionists to help in their child's development. A **structured caregiver engagement programme should also be developed and funded so as to equip family caregivers to better support the learning of students with special needs**. The caregiver training framework for adult disabled and the elderly has similarities, and a common framework can be developed where appropriate. This could apply to caregivers such as foreign domestic workers.

32. Many families now rely on FDWs to share the burden of care. Like family caregivers, FDWs will also need to acquire the appropriate skills to perform their caregiving roles. Although caregiver training courses[39] are available for foreign domestic workers, their employers may not be able to release them for training once they have commenced working. Early or pre-employment training will help foreign domestic workers gain the adequate knowledge and skills to be able to perform their caregiving duties with confidence and basic competence. Hence, **the Committee recommends that early or pre-employment training should be provided for FDWs.**

33. CEL should also engage training providers to make more courses available and accessible to caregivers, including the FDWs. In relation to this, the Committee proposes **studying and reviewing the quantum and scope of the Caregiver Training Grant** to ensure that the scheme is adequate in meeting the training needs of caregivers over the lifetime of a person with disabilities.

Strategic Thrust 3: Enhance Care Options for Caregiver Relief and Support

Develop a range of alternative respite care options to relieve/enhance caregivers' ability to care

34. The need for respite was key feedback raised by caregivers. The Committee therefore recommends **increasing respite care options to give caregivers short-term and temporary relief from caregiving.** Existing respite care options should also be reviewed to better cater to caregivers of various groups of persons with disabilities, including children with special needs.

35. **More options for short term stay-in respite care (e.g. overnight respite, holiday and weekend programmes) should be explored and made available**. This service is essential for caregivers who need short term relief to be refreshed and regain their strength. Such respite care options are also vital in ensuring a better quality of

[39] NTUC Eldercare provides a 3-day training course for FDWs, which is based on the WSQ framework for formal care workers. It also provides a 2-day condensed version for family members (locals).

life for caregivers. Child care and student care services for children with special needs are crucial to provide respite as well as to enable some caregivers to continue to work. The Committee acknowledges the current lack of child care and student care services for those in EIPIC and SPED respectively, and recommends that **more dedicated child and student care services be established. Such services should be sited within or in close proximity to EIPIC centres and SPED schools**. Correspondingly, a review of the current **Integrated Child Care Programme will need to be conducted so that they can better cater to children in EIPIC, especially those with more challenging needs and severe disabilities**. Studies from the Afterschool Alliance (2008) and West Education Centre for Child and Family Studies (2008)[40] found that students with special needs who participate in after-school programmes experienced positive effects in the areas of behaviour, learning, social skills and self esteem. It is important to enhance the accessibility to these programmes to meet the needs of these children in the pre-school and schooling years.

36. Respite care can take various forms, as long as it provides an opportunity for caregivers to take a break from caregiver responsibilities and experience some rejuvenation. For caregivers of adults with disabilities, one option is to develop temporary drop-in services in day activity centres where the caregiver can take a few hours off. For the severely disabled or those with higher support needs, there should be more respite services co-located with nursing homes or residential institutions.

37. To support caregivers who are working, the current capacity for programmes and services in the pre-school and post-school years (for persons with disabilities are unable to engage in open or sheltered employment) needs to be expanded. These aspects have been dealt with in Chapters 3 (Early Intervention) and 4 (Improving the Care Sector for Adults with Disabilities).

[40] Adapted from Training Materials used in Beginning Together, West Education Center for Child & Family Studies, 2008.

Increase resources for caregiver support groups and psycho-emotional support services

38. The Committee observes that there are some families who are able to self-organise to support each other in caregiving. This spirit of community self-help and cooperation ought to be encouraged. It is thus recommended that **more resources be provided for caregiver support groups (including self-help and mutual support groups) and psycho-emotional support services.** This will enable caregivers to manage their stress and reduce burnout as caregivers are given opportunities to share their concerns and feelings with others. More frontline professionals should also be trained to enhance counselling services within service providers.

CONCLUSION

39. Caregivers must be empowered to make informed choices for their child with special needs, by giving them timely and adequate information and resources at each transition point in the continuum of their children's life. With information and knowledge, parents will be able to make the right decisions, access appropriate programmes and services, and plan in advance for their child as he/she transits through the various phases of life. Effective transition management will ensure that no child/family falls through the cracks.

40. Caring for persons with disabilities, including children with special needs is an endless labour of love that can be mentally, physically and emotionally exhausting even as it can be fulfilling and life-affirming. Caregivers (including FDWs) must be equipped with proper training and knowledge, and supported with a range of respite care options and psycho-emotional support programmes to enhance their capacity and ability to care for their loved ones.

41. Particular attention should be given to three groups of caregivers: (i) young parents going through grief, anxiety and a sense of loss, (ii) aging parents who are physically less able to care and who worry about who will look after their child when they are not able to do so, and (iii) vulnerable families at risk of falling through the cracks. It is therefore important to ensure that a holistic framework of caregiver support and transition management is put in place to support all caregivers to care for their loved ones with disabilities or special needs.

CHAPTER 7
CROSS-CUTTING ISSUE II: CAPABILITY BUILDING: MANPOWER AND TECHNOLOGY

INTRODUCTION

1. At the sectoral level, the success of programmes and services in the disability sector greatly depends on the availability of skilled manpower and technology. At the individual level, the use of appropriate assistive technology (AT) devices can enhance the functional performance of a person with disabilities' (PWD's) in tasks such as mobility, communication and self-care. They can achieve day-to-day tasks which enhances their independence and employability.

EFFORTS OVER THE LAST FIVE YEARS

2. In 2003, NCSS appointed and funded the Society for the Physically Disabled (SPD) to set up an Assistive Technology Centre (ATC) designated as the specialised ATC to provide assessment and training on use of AT devices for those with physical disabilities.

3. To build up skilled manpower in the disability sector, MCYS and NCSS have introduced several study awards and scholarship. In the area of early intervention, NCSS partnered with Ngee Ann Polytechnic to introduce the Advanced Diploma in Early Childhood Intervention (ADECI) and Certificate in Early Childhood Intervention for teachers and teacher assistants respectively. The ADECI study awards and training scholarships were also introduced in 2007 to encourage more professionals to be trained in early intervention. The VWO Capability Fund (VCF) launched in 2002 also provides a Social Service Scholarship which awards outstanding students in the field of social work, speech therapy, occupational therapy or physiotherapy. NCSS also partnered Temasek Cares to offer scholarships and study awards to therapists, to encourage mid-career change and students of Nanyang and Ngee Ann Polytechnic.

4. The salaries of EIPIC and SPED teachers were also revised in 2007 and 2009 respectively to attract more teachers. MCYS injected $14 million into the social sector to enhance the professional training and raise the salaries of social workers.

5. On the training of Allied Health Professionals (AHPs) in the healthcare sector, the Ministry of Health (MOH) noted that the number of physiotherapists and occupational therapists trained at Nanyang Polytechnic has doubled since 2008. New courses have also been started to further improve the standards of the AHPs, including an entry-level Masters programme to train speech therapists locally.

6. To identify and address issues in the disability and eldercare sector, the $1.45m Sustainable Enhancement for Eldercare and Disability Services Fund (or SEED Fund) was launched to support new research and development initiatives which could benefit and improve the lives of persons with disabilities and elderly. Industry collaborations and sharing of best practices to enhance the capability of the sector are also encouraged.

CONSULTATION WITH VARIOUS STAKEHOLDERS

7. Focus group discussions were conducted with VWOs and persons with disabilities to gather their views on manpower and AT and what they felt was needed over the next five years.

Manpower

8. The focus group discussions disclosed that there was a need for more trained personnel to deliver better quality services and that the sector faced a chronic shortage in certain areas, especially in the areas of teaching and therapy (Refer to Annex 4-1a for details). Greater recognition, better salaries, career prospects and pathways were some of the suggestions raised by participants to help attract and retain the right professionals in the social sector.

> *"More funding for EIPIC Centres (to increase teacher/therapists' salaries – leading to better staff retention and better service quality)."*

"Salary revision for teachers and therapists."

"Raise professional image of staff in the disability sector"

"Upgrade the status of EIPIC staff."

"I find myself hiring someone who is cheaper but lower calibre and then we spend man-hours trying to beef up this person only to lose her in a year or less. This is constantly a struggle and conflict." (AWWA)

"Manpower, turnover and retaining of teachers is a challenge. Due to challenges posted by the nature of the disability. For example, it might be physically challenging and therefore tiring on the staff."

9. The need to have advanced training programmes to improve the professionalism of social sector personnel was also highlighted.

"Higher academic courses (degree or masters) in EIP"

10. As there is a nationwide shortage for teachers trained in special needs, therapists and other special needs support personnel, participants felt that VWOs should be allowed to recruit more foreign personnel and have a reduction of foreign worker levies.

Technology

11. The focus group discussions also showed that many persons with disabilities did not realise that AT devices could improve their productivity and quality of life (Refer to Annex 4-1a for details). One participant shared that her employer was not willing to provide internet accessibility to support her use of AT in the workplace.

"I don't use devices. I don't have this kind of devices. I don't know where to get it. If I have, I will use it."

"Not many persons with disabilities know there are such devices to help them. Agencies are not aware that they need to have such devices."

12. A local study on the use of AT[41] by the Society of the Physically Disabled (SPD) in 2011 showed that AT allows an individual to become more independent, increase participation, reduce psychosocial and physical stress, and thus lead to an enhanced subjective quality of life and self-esteem.

13. However, the SPD survey also showed that AT was underutilised at the systemic level. The low utilisation was mainly due to low awareness of the devices and the lack of coordination of resources at the national level. There was also a shortage of trained AT specialists to support teachers and therapists, and to address parents' queries on AT.

14. The SPD study surveyed more than 700 SPED school staff, caregivers and students on the use of AT aids in 2011, and found that AT was underutilised. The findings showed that:

- 34% of teachers and 37% of therapists in SPED schools said that they used AT devices as part of their work.
- 6% of the parents reported the use of AT by their child in SPED schools.
- 46% of parent respondents in the SPED school survey reported that one of the reasons they were not using AT was its high cost.
- 68% of the parent respondents in the SPED school survey had never heard of AT.
- 48% of the parent respondents in the SPED school survey were unaware of the type of AT that might benefit their child.

[41] Refer to Annex 7-1 for more information.

Desired Outcomes

15. Moving forward, the Committee identifies seven strategies over two main thrusts to ensure that:

a. The disability sector has quality manpower to fulfil its requirements in a timely and cost-effective manner; and

b. Persons with disabilities have access to appropriate AT to enhance their quality of life and maximise their potential and productivity.

Strategic Thrust 1: Develop an Overarching HR Plan to Manage Manpower and Ensure Productivity Gains

16. The Committee appreciates the various efforts put in place over the past 5 years to improve the manpower situation. However, it also notes that the sector continues to face difficulties in managing manpower. With the expansion of existing services and introduction of new ones, the demand for manpower increases. It is important to assist the new and existing services to reach their maximum capacity and maintain service standards, by addressing manpower shortage and other manpower-related issues. As the larger eldercare sector also faces similar manpower issues as the adult care sector, it would be beneficial for both sectors to work in tandem with each other to reap economies of scale. The Committee recommends developing an overarching HR plan to manage manpower more systematically and effectively; and to collaborate with the eldercare sector on finding feasible solutions.

Develop framework to train and secure allied health and social care manpower

17. The demand for allied health professionals and social care workers is not unique to the disability sector. The eldercare sector, which is also ramping up their services, faces a significant growth in demand for these workers. The Committee recommends **for MCYS and CEL to work in conjunction with the elderly sector to develop a framework to train and secure allied health and social care**

manpower for economies of scale. CEL would be in a good position to develop the framework since it is also involved in developing the eldercare sector.

18. Firstly, the framework would need to take into consideration the impact of the recently enacted Allied Health Professions Act[42]. Under this Act, therapists who are under Conditional or Temporary Registration would have to be supervised by an approved employer or department, and under approved supervisors. This inevitably affects the pipeline of therapists for the disability and eldercare sector, as the pool of potential therapists shrinks, especially for service providers who are unable to become an approved employer. The Committee recommends **enhancing the social sector therapy hubs to secure skilled allied healthcare manpower for disability services.** The therapy hubs will have the scale and capability to recruit, supervise and manage a pool of qualified therapists for service providers who are unable to become an approved employer.

19. The Committee notes that the adult disability care sector and eldercare sector also depend heavily on care workers. To fulfil demands for careworkers, the Committee recommends **riding on the eldercare infrastructure to train and secure trans-disciplinary care workers for the adult disability and achieve productivity gains through economies of scale.** These trans-disciplinary workers will possess the skills to work in both the eldercare and disability sector, creating a common manpower pool that both sectors can tap.

20. Since the care workers could work in either the eldercare or disability sector, there should be a common training framework to equip them with the skills and knowledge that enables them to move between the health and social care services. A structured training framework would also train mid-career personnel who wish to become care workers and help to enlarge the potential manpower pool. MCYS, MOH and WDA could jointly develop the curriculum by providing their professional inputs of each sector for the framework.

[42] The Allied Health Professions Act was passed in 2011 to regulate 10 categories of allied health practitioners (such as physiotherapists, occupational therapists and speech therapists). Under the Act, the allied health practitioners would have to be registered before they can practise. The scope of practice of the therapist will be limited according to his or her training and experience.

Manage manpower requirements to ensure adequate supply of professions

21. A robust disability sector comprises many players with a diverse range of skills. In this regard, the pool of professionals is not only about allied health and social care workers, but also other social service professionals such as social workers and interventionists, teachers and job placement officers. While MCYS and CEL work together to develop the framework to train and secure allied health and social care manpower, the larger HR plan also needs to look into the supply of social service professionals. The Committee recommends **MCYS and NCSS to manage manpower requirements to ensure an adequate supply of professionals in the social service sector.** This could be achieved through the following strategies.

Enhance attractiveness of social service profession

22. Despite the seemingly large number of social service professionals produced locally each year, many choose to join the healthcare and private sector, with some others pursuing an unrelated career. This results in only a small number of them entering the social service sector. The Committee believes that a reason for this situation could be due to the lack of attractiveness of the social service sector. Thus, the Committee recommends **enhancing the attractiveness of the social service profession as a career option for school leavers and mid-career professionals.**

23. The Committee noted several strategies that can be adopted to enhance the attractiveness of the social service profession. First and foremost, there needs to be competitive remuneration and benefits to attract, retain, and motivate quality manpower. This also increases the competitiveness of the social service sector among the rest. The Committee proposes to conduct regular job evaluations to ensure competitive salaries and benefits.

24. To facilitate retention and growth of the social service professions, a career roadmap that incorporates training opportunities for development and progression should be developed. This roadmap could include establishing alternative pathways for career advancement and sub-specialisation. Role modelling and mentoring for younger professionals could be provided by cultivating and deepening the pool of senior-level professionals in the disability sector. Short-term sabbaticals for long service social service professionals should also be allowed to present them the opportunity for personal growth and developing and learning new skills.

25. The Committee also notes from the focus group discussions that there is a lack of a professional image of staff in the social service sector. A professional image is often vital in attracting quality staff for early intervention, special education and adult care as most would want to enter a sector where they are being recognised. Hence, **the image of social service professionals should be enhanced through public education.**

Enhance variety of good quality qualifications in social service sector vocations

26. The Committee acknowledges that it is important to develop our local talent pool of social service professionals to ensure local manpower supply. To achieve this, there should be more training places provided for those interested in working in the social service sector. The Committee recommends **working with public and private institutions of higher learning to enhance the variety of good quality degree and post-graduate programmes in the social service sector vocations**. Besides providing pre-employment training, there should also be continuing training for professionals and skill enhancement for those already in the sector.

Review appropriate ratio of foreign workers

27. The Committee recognises that there remain some jobs in the disability sector that cannot be sufficiently filled by local manpower. Overseas recruitment could be one of the measures in helping to supplement the local supply. Hence, the Committee recommends that **the ratio of foreign workers be reviewed** to allow the disability sector to tap on the foreign manpower pool.

Strategic Thrust 2: Enhance Use of Technology to Capability Build the Disability Sector

Implement a Technology Masterplan on the use of Assistive Technology (AT) and Information and Communication Technology (ICT)

28. To enable more persons with disabilities to be active and independent in the community, more manpower will be required to provide a range of care options. To alleviate the demands on manpower, it is important to develop technological solutions alongside human resources. Currently, there is no national blueprint that guides the development and usage of AT and ICT in enhancing the capability of the disability

sector. The Committee recommends **the development of an AT and ICT Masterplan for the disability sector** which forms the strategies, resources and infrastructure to maximise the potential of AT and ICT in enabling independence among the persons with disabilities.

29. To dovetail with the AT and ICT Masterplan for the disability sector, the Committee also recommends **the development and implementation of an Education Technology Masterplan for SPED schools** to optimise the use of technology in SPED teaching and learning, including daily living applications.

Set up an independent national-level resource centre on AT and ICT

30. From the focus group discussions, the Committee recognises the need to generate greater awareness for the use of AT, enhance targeted training for social sector professionals and to review the current funding options to encourage more widespread use. Funding for these will be further discussed in Chapter 8 on Cross-Cutting Issues III: Community Integration and Accessibility. Therefore, the Committee recommends the setting up of an independent national-level resource centre on AT and Accessible ICT. This centre will serve to promote the adoption and use of AT and ICT by persons with disabilities through the provision of consultancy support and knowledge transfer to VWOs to, in turn, provide AT and ICT services to persons with disabilities.

CONCLUSION

31. The Committee would like to see the disability sector grow in terms of professionalism and develop expertise in the various skill sets over the next five years, especially in the areas of AT and ICT. With greater accessibility to AT and ICT, persons with disabilities will be enabled to live more independently and productively and lead lives with greater dignity.

CHAPTER 8
CROSS-CUTTING ISSUE III: COMMUNITY INTEGRATION AND ACCESSIBILITY

INTRODUCTION

1. Adequate measures need to be in place to ensure that persons with disabilities (PWDs) have access to transportation, the built environment and to information and communications, so that they are able to live independently and participate fully in all aspects of life. This allows them to attend school, travel to work, attend care services and engage in social and recreational activities. Coordination of services to achieve better customer-centric management and quality of services should also be enhanced.

EFFORTS OVER THE LAST FIVE YEARS

2. To improve the accessibility of the transportation system, the Ministry of Transport (MOT) and Land Transport Authority (LTA) are working towards making all public buses wheelchair-accessible by 2020. Existing Mass Rapid Transit (MRT) or train stations were retrofitted with barrier-free features such as providing lifts to train platforms and installing tactile guidance. Taxi stands were also retrofitted to include ramps and colour-contrasting "decision" tactiles. Caring Fleet, a VWO-dedicated transport provider, was set up in 2010 with funding support from the Singapore Totalisator Board. Together with the Handicaps Welfare Association (HWA), both VWOs provide specialised and dedicated accessible transportation for wheelchair-users and persons with limited mobility.

3. To improve the accessibility of the physical environment, the Building and Construction Authority of Singapore (BCA) has mapped up an Accessibility Master plan to address both new and existing buildings. The Code on Barrier-free Accessibility was reviewed and strengthened to expand its scope of provision from buildings to the entire built environment. To tackle the problem of abuse, alteration or removal of accessible features approved for the use by persons with disabilities, the Building Control Act was amended and enforced since 2008 to ensure continued compliance with the Accessibility Code by building owners.

4. The public sector has taken the lead in improving the existing built environment. In 2006, LTA began a $60 million islandwide initiative to provide barrier-free road facilities to meet the needs of the elderly, the less mobile, the wheelchair users as well as families with young children in prams, with priority given to road facilities within a 400m radius of all MRT and LRT stations. This islandwide programme to make pedestrian walkways, taxi and bus shelters, and all public roads barrier-free was completed in February 2011. In 2011, the Town Councils completed upgrading all HDB precincts with accessible features. To date, almost 99% of the Tier 1 public sector buildings[43] have achieved at least basic accessibility. To encourage voluntary upgrading, a $40 million Accessibility Fund was introduced in 2007 to incentivise the upgrading of existing private buildings.

5. The BCA is also promoting the adoption of Universal Design features to meet the needs of all age groups and different abilities, including persons with disabilities, through seminars and publications and launched the Universal Design Awards for Built Environment in 2007 to recognise and encourage such efforts. As part of the outreach programme, BCA also set up the "Friendly Buildings" portal, a one stop information centre which publishes a list of buildings rated according to the BCA's Accessibility Rating System. The information on the level of friendliness of the buildings and their accessibility features provide a "know-before –you –go" guide to users.

6. To improve the accessibility of information and communications, MCYS set up the Assistive Technology Fund (ATF) in 2003 to provide financial assistance of up to $10,000 per person with disabilities for the purchase of assistive technology (AT) devices to support them in mainstream education or open employment. In addition, the Emergency Short Messaging Service (SMS) Helpline was established in 2008 to offer persons with hearing and speech impairment another avenue of communication between these users and the Police in times of emergencies. The Ministry of Information, Communications and the Arts (MICA), the Media Development Authority (MDA) and the Ministry of Community Development, Youth and Sports (MCYS) also announced its intention to provide subtitling for key national programmes and television broadcasts.

[43] Tier 1 public sector buildings are buildings owned and/or managed by public sector agencies that are more commonly accessed by members of the public. These include government office buildings, polyclinics, community clubs, bus interchanges and markets.

7. Focus group discussions were conducted with VWOs and persons with disabilities to gather their views on accessibility issues and what they felt was needed over the next five years.

Need for accessible and affordable transport

8. Participants singled out high transport costs as one of the reasons affecting the ability of persons with disabilities to participate in society. They appealed for transport subsidies and public transport concessions to be extended to persons with disabilities to help defray the costs. While recognising the achievements in making public transport barrier-free accessible, caregivers also highlighted the need for specialised vehicles for persons with disabilities who were unable to access public transport services due to their disabilities.

> *"While we are offering sports activities for persons with disabilities, they could not attend training due to transport issues. It is a gap and obstacle. Sports activities are not as essential as going to schools and are something extra. Persons with disabilities just stay at home as it is not a must to attend training and sports events."*
>
> *"The extent of transport concession to students and elderly should also be made available to persons with disabilities regardless of the distance travelled."*
>
> *"...(provide) dedicated transport especially for those with moderate severe disabilities who cannot use public transport... transport itself is a big issue..."*

Greater inclusion of persons with sensory impairment

9. Participants working with persons with sensory impairment indicated that more should be done to include persons with sensory impairment within the community. Close captioning of TV programmes, provision of interpretation services at subsidised rates, making public transport announcements accessible to persons with sensory impairment were some examples that were quoted which could enhance the integration of persons with sensory impairment (Refer to Annex 1-4a for details).

"Currently, there are difficulties in accessing information. Braille materials are not readily available. I think perhaps more can come into consideration to help persons with sensory impairments. For example, having captioning, interpreting services, Braille, descriptive videos, access to soft copies, this means having to deal with publishers to get copyright so that the info can be modified."

"More can be done to ensure that important communication, e.g. during times of national emergency, evacuation, reaches the person with disabilities. There is a need to enhance the communication channels for persons with disabilities in public services (e.g. hospitals), transport and buildings."

RECOMMENDATIONS

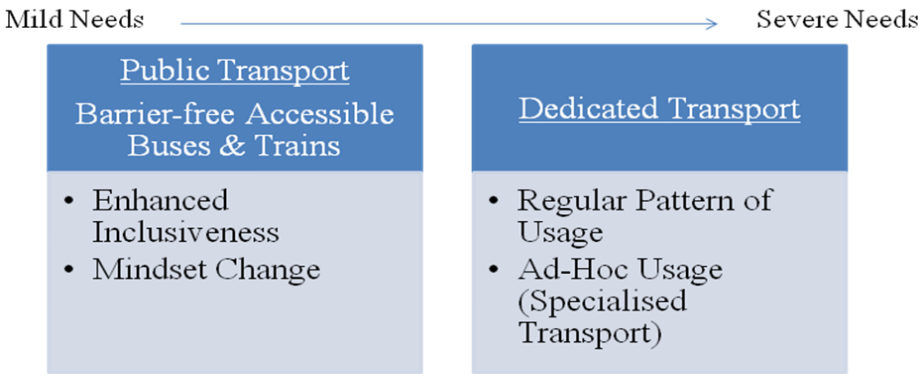
Strategic Thrust 1: Improve Accessibility

Appropriate and affordable means of transportation

10. Depending on their condition and usage patterns, persons with disabilities may use either public or dedicated transport. Barrier-free accessible *public transport* would serve the transport needs of persons with milder disabilities and who are able to commute independently. *Dedicated transport* is needed to meet the needs of moderate to severely disabled commuters who either require customised/motorised wheelchairs and/or display challenging behaviour. While most commuters of dedicated transport make regular commutes, there is also a smaller number of commuters who require specialised transport on an ad-hoc basis for medical appointments, leisure activities and to access disability services.

11. The diagram below illustrates the Committee's two-pronged approach in addressing the transport issue (ie. dedicated and public transport). Since the transport needs of persons with disabilities and seniors are similar, the Committee agrees that this issue should be viewed collectively to address the transport concerns of both seniors and persons with disabilities.

FIGURE 8.1: TRANSPORT NEEDS OF PERSONS WITH DISABILITIES



12. There are several issues that concern the provision of dedicated transport for persons with disabilities and seniors:

a. *Higher Complexity and Smaller Numbers* – From an operations standpoint, there is a need for dedicated transport but the operations are more complex and the number of passengers is low. Persons with disabilities who need dedicated transport usually require a longer time to board and alight from vehicles, e.g they may need to use hydraulic lifts for boarding and alighting. Furthermore, the person with disabilities passengers may require customised or modified wheelchairs which are bigger and heavier than standard wheelchairs. Such wheelchairs also cannot be folded and stored in the vehicle trunks when travelling. Therefore, this limits the number of persons with disabilities who can be ferried each trip. Using bigger vehicles to ferry wheelchair-bound passengers is also not a viable solution since this would considerably increase the amount of time needed for the journey, which may exhaust the persons with disabilities before they reach their destination.

b. *High costs* – The small number of passengers per trip, plus the cost of vehicle customisation and modification as well as the costs of maintaining such customised vehicles translate into high costs to run dedicated transport.

c. *Lack of scalability* – Most commuters who use dedicated transport regularly commute from their homes to care services, schools or workplaces. They can make use of scheduled services, such as the ones provided by VWOs providing the service, or transport operators for the disabled such as Caring Fleet and HWA. As the current system is decentralised, many VWOs own their own vehicles and look after the transport needs of their own clients. This has certain disadvantages at the systemic level. The VWOs find it hard to have replacement vehicles or bus drivers as needed, and the overall cost of each VWO maintaining their own individual vehicles is higher than if there was centralised maintenance to reap economies of scale. Such decentralisation also impedes the ability for Caring Fleet and HWA to scale up their operations to a more optimal size to bring overall costs down.

13. To address these three issues, the Committee recommends **developing a few major dedicated transport providers, in conjunction with meeting the needs of the elderly sector, to better cater for customised needs of persons with disabilities for work, school, care in community facilities or recreation**. Not many VWOs providing eldercare and disability services have the scale and capability to run their own fleet of vehicles. It is also not economical for smaller VWOs to do so. By addressing the transport issue collectively, the combined demand for dedicated transport services by persons with disabilities and seniors would help the current dedicated transport providers to scale up their operations. This proposed centralised transport model would enable the major dedicated transport providers to pool resources together for vehicle modification and maintenance, driver and vehicle replacement to reap the benefits of economies of scale. This could also result in lower costs.

14. To further enhance affordability of dedicated transport, the Committee recommends **providing targeted transport subsidies to alleviate the high transport cost for those accessing VWO services on a regular basis.**

15. In the area of public transport, while the Committee acknowledges the efforts made to make the buses and trains more barrier-free accessible, it recognises that more can be done. The Committee recommends **enhancing public transport infrastructure to be more inclusive and accessible to persons with disabilities, including those with sensory impairment.** Examples to improve the public transport system for persons with disabilities include an alert system for visually impaired bus commuters to be aware of the bus number when the bus arrives and upon arrival of their destination; as well as expediting the full implementation of wheelchair-accessible public buses before 2020.

16. Public transport concessions are given to different groups of individuals such as students, senior citizens and males serving their National Service. Such concessions are presently not provided to persons with disabilities. To promote independence and participation of persons with disabilities in activities and to facilitate social inclusion, the Committee **requests public transport operators to provide transport concessions for persons with disabilities as a demonstration of their corporate social responsibility**. These concessions would also help persons with disabilities to defray the rising transport costs.

17. Apart from working on the "hard ware" to make public transport accessible to persons with disabilities, efforts should also be spent on improving the "soft ware" such as mindsets and attitudes of public transport commuters towards persons with disabilities. For example, during the rush-hour traffic, fellow commuters can offer a helping hand to wheelchair-bound passengers getting onboard and alighting from buses and trains. In order to effect such a change in mindset and attitude, the Committee recommends **enhancing public education initiatives to promote inclusiveness and graciousness towards persons with disabilities among public transport commuters.** Such mindset should also be propagated in other context, such as the acceptance and support on the use of guide dogs to help persons with visual impairment negotiate their way in public places.

18. The fore-going recommendations were made based on the Committee's observation of the transport situation for persons with disabilities and feedback from stakeholders. To aid the implementation of these recommendations, the Committee recommends **commissioning a study to better understand the transport needs for commuters with disabilities for both public and dedicated transport and to research on international best practices so as to improve the transport accessibility and universality for persons with disabilities.**

Enhance affordability of assistive technology

19. Currently, the provision of AT is primarily targeted at helping persons with disabilities in mainstream education or open employment. The Committee recognises the importance of AT devices as essential enablers to assist persons with disabilities in school, both SPED and mainstream schools, and also in their daily lives beyond education and employment. AT devices provide creative solutions to help persons with disabilities overcome challenges such as mobility difficulties and communication and become more independent and productive. They are costly to acquire and maintain as there are a limited number of suppliers and the majority of these AT devices are often imported.

20. Therefore, the Committee recommends **enhancing the existing Assistive Technology Fund (ATF) by i) increasing the quantum of subsidies provided to each eligible PWD and ii) extend the Fund to all persons with disabilities requiring AT**. The increase in subsidies would enable persons with disabilities to purchase replacement AT devices such as wheelchairs and hearing aids, when necessary.

21. Since the ATF is meant to help low income persons with disabilities and caregivers defray the cost of purchasing AT devices, non-needy persons with disabilities would not qualify for ATF subsidies. To reduce this financial burden, the Committee recommends **allowing the use of Medisave to defray the cost of procuring, upgrading and maintaining assistive devices, such as orthotics and prosthetics, devices and implants for persons with physical disabilities, visual and/or hearing impairment.**

Greater access to information and communications

22. There is also a need to improve the accessibility features in the current public transport system as well as emergency signals in buildings to communicate important announcements to persons with sensory disabilities. The Committee recommends that **signage and communication features in public transport, amenities and buildings should be improved and ensured to be accurate and up to date**. Some strategies can include improving the signage and communication features in public places such as hospitals, shopping centres, libraries and MRTs to assist persons with disabilities in commuting independently and responding to emergencies. Existing signage should be reviewed to ensure that they are accurate and up to date.

23. The Committee also notes the importance for persons with sensory impairment to have access to educational information and resources in public institutions such as libraries and museums. Currently, there are difficulties in assessing such information as Braille materials and audio aids are not readily available. While places like museums are barrier-free for persons with disabilities with mobility issues, more can be done to accommodate those with sensory impairment, for example having Braille text, audio guides and tactile paths. The Committee therefore recommends **that accessibility to information in public institutions through the use of alternative format materials such as audio aids, descriptive videos, Braille and closed captioning should be improved.** This will allow persons with sensory impairment to have access to educational and cultural resources.

24. To address the feedback that persons with disabilities with hearing impairment have difficulties communicating their needs to healthcare professionals and other relevant authorities, the Committee recommends **providing interpreter services in public institutions such as hospitals, the Housing Development Board, the Central Provident Fund Board and courts to persons with hearing impairment.** Professionals too should be trained in basic sign language to assist communication with persons with hearing impairment.

Strategic Thrust 2: Enhance Local Coordination of Services

25. To update VWOs and service providers on the latest happenings and new initiatives in the sector, the National Council of Social Service (NCSS), the umbrella body for VWOs, organises Disability Network meetings twice every year.

26. However, the Committee recognises that this is insufficient. There should be a formal platform or network between service providers to come together to share best practices, concerns, feedback and experiences in client management. Such a platform or network serves as a means for closer collaboration among VWOs and grassroots, taps on the knowledge and expertise of service providers on ground issues and challenges and in doing so, identifies service gaps which may then be brought to the attention of the government and policy makers. The end result would be a greater collaboration between stakeholders in developing new services, running existing programmes and sharing of best practices. This would improve the overall coordination and quality of services.

27. Thus, the Committee recommends **developing a community enabling and coordinating network among service provider and community grassroots within each Community Development Council (CDC) boundary.** The network would perform the following functions so as to promote social inclusion, enhance co-ordination of services and identify current service gaps within the local community to:

a. Promote integration of persons with disabilities;
b. Engage all families with persons with disabilities;
c. Serve as a community node to identify gaps in services;
d. Collaborate and coordinate to provide services; and
e. Enhance barrier-free accessibility.

CONCLUSION

28. With the above recommendations, the Committee hopes that persons with disabilities can live in an environment that is more disabled-friendly and accessible. persons with disabilities would have greater access to appropriate and affordable transport services, assistive technology devices, information and communications. They would be better integrated into society and participate in all aspects of life.

CHAPTER 9
CROSS-CUTTING ISSUE IV: PUBLIC EDUCATION AND VOLUNTEER MANAGEMENT

INTRODUCTION

1. The Enabling Masterplan aims to enable persons with disabilities (PWDs) to live with dignity, be empowered and have the opportunity to fully and effectively participate in society as integral members. In line with this, under the purview of the Enabling Masterplan, a series of recommendations have been made to review policies and public services to promote inclusion, commit additional resources and implement appropriate measures to minimise barriers to the participation of persons with disabilities in society.

2. The Committee recognises that community acceptance and volunteerism are essential pillars for the inclusion of persons with disabilities into society. A community that is supportive of efforts made by persons with disabilities to integrate into mainstream society and welcomes their participation is a necessary complement to the programmes and services that have been put in place to enable persons with disabilities. However, an attitude of inclusiveness should not be taken for granted or presumed to prevail – it needs to be nurtured in every strata and every sector of society, including education, employment, transport, health, and community – through sustained, pervasive public education initiatives.

3. In addition, a robust community involvement framework will encourage the community to step forward in greater numbers and volunteer to contribute to and support persons with disabilities. The expertise and energy of volunteers are invaluable complements to social sector professionals and formal programmes in making a positive difference to persons with disabilities; hence, greater emphasis needs to be placed on attracting the services of volunteers and deploying their skills in meaningful ways.

EFFORTS OVER THE LAST FIVE YEARS

4. In 2008, the Centre for Enabled Living (CEL) was set up with a vision of building an inclusive society where persons needing care had access and opportunities to live life with dignity. CEL aimed to promote understanding and acceptance of persons needing care as integral members of society. Beginning with the Enabling

Week in 2009, CEL has been conducting annual public education campaigns to lay the foundation for effecting a mindset change among the Singapore public.

5. VWOs serving the disabled have also been running public education campaigns, e.g. the "I Accept" campaign by the Society for the Physically Disabled (SPD), aimed to generate greater awareness of the challenges faced by people with disabilities, and encourage the public to accept disabled people as equal members at the workplace, in school, and in the community. Among other things, for the past two years – in 2010 and 2011 – SPD, with the support of SMRT, had put up a series of advertisements in SMRT's stations and trains to urge members of the public to show support and consideration to persons with disabilities.

6. Volunteerism has also been on the rise in recent years. According to the 2010 Individual Giving Survey (IGS)[45] conducted by the National Volunteer and Philanthropy Centre (NVPC), the incidence of volunteerism[46] in 2010 rose above 20% for the first time since the survey started in 2000. Some 23% of survey respondents[47] were current volunteers[48], up from 17% in 2008. Volunteer hours also rose from 45 million hours in 2008 to 89 million hours in 2010.

RECOMMENDATIONS

Desired Outcome

7. In line with the aims of the Enabling Masterplan, the Committee would like to see the implementation of a sustained and pervasive public education framework to foster an inclusive society where persons with disabilities are able to participate in work, family and community life to the best of their abilities.

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[45] The full report for the 2010 Individual Giving Survey (IGS) can be downloaded from the National Volunteer and Philanthropy Centre website at: http://www.nvpc.org.sg/Library/Documents/ResearchReports/NVPC_IGS_2010_media_updated_16Nov2010.pdf Retrieved on 10 January 2012.

[46] Volunteering is defined as activities done out of one's own free will to help others without expecting financial payment. Excluded are compulsory community work such as Community Involvement Programme (CIP) – except where it exceeded the compulsory hours- and Corrective Work Order.

[47] 1,518 individuals aged 15 and above who are Singapore residents and non-residents (excluding tourists) were surveyed.

[48] Current volunteers are defined as people who have volunteered in the past 12 months.

8. The Committee further envisages that more effort be made to tap on volunteers as a community resource for the disability sector, for the benefit of persons with disabilities.

Strategic Thrust: Fostering an inclusive society through public education

9. According to a 2009 study by SPD[49]:

- 43% of the respondents agreed that "it is harder to communicate and deal with people with disabilities compared to non-disabled people".
- 47% agreed that "people with disabilities are dependent and need people to help them all the time, which can be troublesome".
- 53% agreed that they did not "have enough knowledge to help people with disabilities".

Such findings indicated that the public perceived that interacting with persons with disabilities would pose a challenge for them.

10. At the same time, while public feedback received through feedback@disability.cel.sg indicated that while some awareness about persons with disabilities had been created, more needed to be done to inculcate tolerance, empathy, and understanding in the wider population, to facilitate the appropriate participation of persons with disabilities.

11. Suggestions were received to raise awareness of persons with disabilities through publicity in the mass media, as well as by providing more opportunities for the able-bodied to interact with persons with disabilities, e.g. through increased mainstreaming in the national education system and educational tours to special schools.

12. On the ground, VWOs in the disability sector have been organising their own initiatives to encourage the public to be more empathetic towards persons with

[49] The survey, conducted in Oct 2009, aimed to establish the level of acceptance of people with disabilities among Singaporeans. 513 Singaporeans responded to the survey.

disabilities. However, as these VWOs represent different disability groups, the natural tendency is to place greater focus on advocating for the constituents they serve. However, with the range of disabilities encompassing physical, sensory, intellectual and so on, it is not realistic to expect VWOs representing all these different groups to mount their own national public education campaigns, let alone sustain it long enough for inclusiveness to become ingrained in the public consciousness.

Enhance public education initiatives to promote an inclusive society

13. Indeed, a laissez-faire approach involving a multitude of VWOs, each carrying out its own public education efforts on behalf of its own constituents in an un-coordinated manner, may simply flood the public space with competing and confusing messages. This is especially so as inclusiveness is a subjective construct that means different things to different people.

14. Hence, the Committee recommends that **CEL takes on a central co-ordinating role to drive public education on inclusiveness**. It will **define an overarching message on 'inclusiveness' as a guiding principle** for public education – establishing a common understanding of the term, including a working definition; the behaviours associated with inclusiveness; and even words and images that denote inclusiveness or promote the acceptance of persons with disabilities as dignified individuals. This common vocabulary would then serve to underpin public education efforts, so that as far as possible, the public receives complementary messages.

15. Arising from its role in messaging, CEL will be responsible for developing a national public education framework, as well as developing and driving national public education campaigns in consultation with key stakeholders.

16. At the same time, the Committee recognizes that organisations on the ground have valuable insights into and understanding of the respective areas within which they operate as well as their constituents. It therefore recommends adopting a **decentralised approach to promoting inclusiveness**, with CEL playing coordination and oversight roles vis-a-vis public education initiatives by the ground to create synergies. It will also engage relevant stakeholders to carry out such initiatives, and provide them with the planning guidance and resources to do so.

17. An attitude of inclusiveness needs to be nurtured in every strata and every sector of society – the actions of the man-in-the-street, employers and Human Resource (HR) personnel, insurance companies, policy makers, educators, students, parents etc. can remove or erect barriers to inclusiveness. CEL can enhance outreach

by leveraging on organisations that have an established base of relevant constituents – membership organisations, umbrella bodies, professional and industry bodies, and so on. Examples include ministries; parent-teacher groups; the labour movement, employment-related organisations like TAFEP and SNEF; youth groups like the National Youth Council and YMCA; and the People's Association, with its wide outreach to the community at large. An Enabling HR Network, similar to the Enabling Employers Network, can be set up to promote inclusiveness in the workplace. This Network will drive public education campaigns in this area and identify target audiences, e.g. HR graduates.

18. At the same time, while widespread outreach and awareness are important, to ultimately inculcate a mindset of inclusiveness, it is equally important to create impactful communications that have traction. Compared to campaigns directed at the "general public", targeted communications approaches, being tailored for specific audience segments, can engender deeper engagement or encourage the adoption of specific inclusive behaviours.

19. At a practical level, it is not feasible to engage all segments of society simultaneously with this approach. Hence, the Committee recommends that the CEL, as the central coordinating agency, ***identify key target audiences for which public education is required***. It will also be responsible for ***developing audience-specific communications programmes for the key target audiences identified***. This communication matrix will then serve to guide ground implementation.

20. At the same time, the Committee recognises that CEL does not at present have the capability to undertake the functions required of the central coordinating agency. Hence, there is a need to capability-build CEL and provide it with adequate resources and access to relevant skills.

Strategic Thrust: Tapping on Volunteers as a Community Resource for the Disability Sector

21. While significant gains were made in both incidence of volunteerism and hours volunteered, the Committee believes that more can be done to tap on volunteers as a community resource for VWOs in the disability sector.

22. The IGS 2010 revealed that volunteerism in the social service sector ranked 3rd in terms of volunteer participation at 20%, behind religious organisations (47%) and education (24%). "Social service" itself is a broad term, encompassing children and youth services, family services, eldercare services, as well as disability services.

Promote the use of volunteers as a community resource for VWOs in the disability sector

23. To encourage more people to volunteer in the disability sector, the Committee recommends the **implementation of a sustained community outreach programme to raise awareness of the need and scope for volunteerism in the disability sector**.

24. There currently exist various organisations in the community that encourage volunteerism. These include organisations such as NVPC, YMCA, Rotary Club, Lions Clubs Singapore, and religious bodies and their affiliates, for which community service/ service to mankind is a central tenet. In addition, many schools run Community Involvement Programmes (CIP) or service learning programmes.

25. According to IGS 2010, the rate of volunteerism is higher among individuals who participated in CIP compared to those who did not – 35% versus15%. Thus, the CIP can serve both as a means of recruiting volunteers for the present[50], as well as support efforts to build a strong volunteer base for the future.

26. The study also found that 80% of former volunteers and half of all non-volunteers will participate if their employer organised volunteering activities. This speaks well for the potential of workplaces as a source of volunteers.

27. The Committee also believes that it is important to **encourage VWOs to enhance their ability to attract, retain and deploy volunteers**. It recommends two strategies:

[50] IGS 2010 does not include hours spent in CIP as part of volunteer hours, unless these exceed the compulsory hours.

a. Explore the possibility of including more disability VWOs in NVPC's Volunteer Coordinator (VC) pilot[51] to build volunteer management capability

In its 2008 publication "Engaging Ad Hoc Volunteers: A Guide for Non-profit Organisations", NVPC urged non-profit organisations (NPOs) to engage "ad hoc or episodic volunteers". According to the IGS 2010, the hours put in by current volunteers who volunteer "occasionally" i.e. less frequently than once a month had jumped from an average of 16.15 hours/ year in 2006 to 45.39 hours/year in 2010 (conversely, the hours contributed by more frequent volunteers have held flat over the same period). However VWOs may need to enhance their volunteer management systems if they are to make the best of the occasional volunteer.

At the same time, the IGS 2010 also looked at people who had stopped volunteering[52]. Although no figures were given, chief among the reasons were "tired/ burnout", "organisation stopped calling on my services" and "too much responsibility". This pointed to possible difficulties in volunteer management faced by VWOs.

As the VC pilot project is still underway and no VWO in the disability sector has participated as yet, there is potential for VWOs to tap on the VC pilot to build their volunteer management capability.

b. Review practices in volunteer reimbursement

In both IGS 2008 and 2010, the incidence of volunteerism was lowest among those aged 65 years and above, at 11% and 10% respectively[53] . While the survey did not offer an explanation for the phenomenon, there is reason to believe that cost may have a part to play as some seniors have limited income. In fact, in the 2007 publication "Engaging Senior Volunteers: A Guide for Non-profit Organisations", NVPC had suggested that NPOs consider paying senior volunteers for transportation and meals in the form of token allowances or reimbursements.

[51] The volunteer coordinator (VC) pilot project was mooted by the National Volunteer and Philanthropy Centre (NVPC) in 2008 to help VWOs increase the number of new volunteers and retain existing volunteers by improving the quality of their volunteer management systems and volunteer engagement efforts.

[52] This question was addressed to all former volunteers.

[53] The overall incidence was 16.9% in 2008 and 23.3% in 2010.

Currently, there is no uniform practice among VWOs as to whether – or how much – to reimburse volunteers. However, such a practice may provide an incentive for persons who would like to volunteer – regardless of age – but are deterred by the monetary costs; it may also signify to volunteers that their labour is not taken for granted.

At the same time, this practice also does not preclude volunteers choosing to donate the reimbursements or allowances received to the VWO should they choose to do so.

28. Persons with disabilities volunteering alongside able-bodied volunteers and undertaking meaningful tasks that benefit their fellow persons with disabilities send out a strong signal that the disabled are in fact enabled and capable of helping themselves and others. The Committee therefore feels that it is important to **encourage persons with disabilities to volunteer for VWOs in the disability sector**. For a start, such VWOs may be the same as the ones providing care to the person with disabilities; indeed, it is encouraging to see physically disabled or visually impaired people helping to raise funds for their respective VWOs on Flag Day.

29. However, such activities by the person with disabilities should be voluntary and in no way associated with the provision of services. The person with disabilities should not feel coerced into volunteering or worry that he would be given less care or lower priority for care if he does not volunteer.

30. Ultimately, an inclusive disability sector would be as open to recruiting volunteers from among persons with disabilities as the able-bodied. The Committee recognizes that deploying and managing volunteers with various forms of disabilities would pose an operational challenge, e.g. a facility for the intellectually disabled may not be wheelchair-friendly. That said however, issues of this nature would have to be dealt with on a wider scale in all sectors of society as Singapore pushes for inclusiveness for persons with disabilities.

CONCLUSION

31. The process of changing attitudes and mindsets is a long-drawn one, but over the next five years, the Committee hopes that through sustained public education, the message of inclusiveness will make inroads into the public consciousness and gain traction with increasing numbers of people.

32. At the same time, through better volunteer management and outreach to increase awareness of volunteerism in the disability sector, the Committee hopes to see more volunteers contributing their passion and skills alongside social sector professionals and formal programmes in this sector.

CHAPTER 10
CROSS-CUTTING ISSUE V: SPORTS AND HEALTHY LIFESTYLE

GOAL

Persons with Disabilities will achieve greater integration through more focus on healthy lifestyle and sports. There will be sports opportunities created for recreation, rehabilitation, development and excellence in the disability sector. There will be increased collaboration between health promotion providers and education establishments. Our society will understand the needs of persons with disabilities and be proactive in including them into mainstream society.

INTRODUCTION

1. Sports, nutrition and sexuality education are important to the overall health development of persons with disabilities (PWDs). Leading a healthy lifestyle will ensure that persons with disabilities enjoy longer term good health and be able to participate more actively in the local community.

2. Persons with disabilities often face difficulties in engaging and maintaining health promoting habits. Their participation is limited by non-supportive environments, poor attitudes and a lack of knowledge to modify programmes to meet their specific needs[54].

3. Research has shown that persons with disabilities experience higher rates of obesity, multiple chronic illnesses and lower levels of recommended physical activity (i.e. three times per week)[55]. In terms of nutritional health, there is considerable

[54] *"Health Promotion for People with Disabilities: The Need for a Transitional Model in Service Delivery" (11 August 2011) Retrieved from* http://www.ncpad.org/programming/fact_sheet.php?sheet=115&view=all on 27th July 2011.

[55] Shemesh and Levi-Nakmoli (2006), Hebrew. Ministry of Health report "People with Disabilities in the Community".

evidence suggesting that individuals with additional support needs are more likely to have nutritional-related ill health than the general population. There is also less attention paid by professionals on the risk of nutritional deficiency faced by the special needs population[56].

4. There is also very little acknowledgement that all people have sexual feelings, needs and desires regardless of their physical or mental disabilities. As a result, many persons with disabilities do not receive sexuality education either at home or in school and may engage in sexual activity without realising their risks of pregnancy and sexually-transmitted diseases. In school, staff are often not well equipped with the skills in educating students with special needs in sexuality education and the management of sexuality-related incidents.

CURRENT SITUATION

5. Accessibility to sports for persons with disabilities has been enhanced over the years by efforts of organisations such as the Singapore Disability Sports Council (SDSC) and Special Olympics Singapore. For example, SDSC's sports programmes today include the *Learn-To-Play Sports Programme* which inculcates an active lifestyle, *High Participation Sports Programme* which increases awareness and participation in disability sports and *High Performance Sports Programme* for opportunities to compete overseas for example, the Commonwealth Games, the Association of Southeast Asian Nations (ASEAN) Para Games and the Paralympics.

6. There is little guidance in the planning and promotion of healthy lifestyle, nutrition, sports and sexuality education in the SPED curriculum and adult disability programmes. In sports, there are ongoing but uneven efforts by SPED schools to incorporate physical education (PE) lessons into the school curriculum but they lack structure, resources and support. Efforts to level up the quality of teaching adapted-PE in SPED schools are also limited to a one-time Adapted Physical Education & Sports training course for teachers conducting lessons for the Intellectual Disability

[56] Scottish Government (2011) "Healthy Eating in Schools – Supplementary guidance on diet and nutrition for children and young people with additional support needs".

(ID) population. These can be further strengthened and expanded to include the other disability types. Similar to SPED schools, efforts to engage adult persons with disabilities in healthy living and sports are unstructured and left to the discretion of those planning the activities.

7. Currently, sexuality education as part of school curriculum is only available in some SPED schools and sexuality workshops for teachers are conducted in an ad-hoc manner. Unlike mainstream schools which adopt a standardised sexuality education package by MOE, SPED schools have shared that they do not have any fixed curriculum content. Content is developed based on an individual teacher's own research and reference from websites and books. There is a lack of standardisation and no common reference point for teachers to draw resources from for sexuality education.

CONSULTATION WITH VARIOUS STAKEHOLDERS

8. The Committee consulted caregivers in a focus group discussion to better understand their needs and the gaps in the services. 22 caregivers with children of school-going age participated in the focus group discussion.

9. Feedback was given that children with special needs should be given the opportunity to participate in Co-Curricular Activities (CCA) and sports and games. Caregivers felt that more after-school activities and enrichment classes could be made available during the school holidays as school facilities were not being used and hence underutilised. They suggested that they could be opened to commercial vendors to promote and conduct sports and enrichment activities in school.

> *"Actually during school holidays the school's badminton or basketball court and the school classroom and therapy rooms are kept from access as well…So I mentioned that they can actually try to (open up the premises)...I think all the special schools also closed during school holidays. It actually put out the notice on the premises so we actually ask for permission to come in. Alright,*

and the building is like a commercial building… (that can be opened for commercial vendors to rent)."

"*In the normal school, we can (gain access to mainstream schools during the school holidays)...there are enrichment classes in the school. But the special kids they don't have admission to the school. I don't think all the time they are willing to stay at home during the holiday...we should have enrichment classes for the special kids as well. Parents will be willing to pay…"*

10. VWOs also gave feedback during a community outreach group session that the capability of outdoor educators in handling persons with disabilities could be strengthened. Extending outdoor activities e.g. Outward Bound Singapore adventure programmes to persons with disabilities require up-to-date training opportunities and practical guidance for outdoor educators in managing persons with disabilities effectively.

RECOMMENDATIONS

Strategic framework for Sports and Holistic Health Development for persons with disabilities

11. The Committee would like to see persons with disabilities integrated at all levels of society. The division between disabled and non-disabled sports remains distinct and there is no bridging between sports events organised for the general population and sports events for persons with disabilities to promote an inclusive sporting community. The lack of inclusiveness is reiterated by how sports events run for the disability sector are almost always attended by only persons with disabilities and their families. The Committee recognises the importance for sports events to be inclusive and that participation should be by both mainstream/able-bodied and persons with disabilities.

12. Persons with disabilities, like the general population, should be given access to sports and games, whether for recreation, rehabilitative or competitive purposes. The Committee proposes strengthening efforts by continually creating a range of sporting opportunities that are accessible and inclusive to persons with disabilities, using the following Disability Sports Framework:

a. Sports for All

b. Sports for Development

c. Sports for Excellence

13. The Committee is of the view that emphasis should first be placed on "Sports for All" under the Disability Sports framework. Agencies and schools are encouraged to promote Sports for All activities such as carnivals, learn-to-play programmes, and other non-competitive activities that will be suitable and beneficial for persons with disabilities[57]. Leisure is an important aspect of one's life. It allows one to expand his/her horizons through the development of his/her interests, whilst at the same time giving him/her the opportunity to meet and interact with others holding similar interests. It also develops his/her self-esteem, confidence, emotional and psychological well-being. Leisure takes on an additional significance for persons with disabilities who generally do not experience ease of access into mainstream education or work, and is a key area through which to build bridges towards the inclusion of persons with disabilities within the mainstream.

[57] "*Gloucester's Hockey Inclusion Project, Sport for people with learning disabilities, Anabel Unity Sale*" http://www.communitycare.co.uk/Articles/2008/09/01/109268/Gloucester39s-hockey-inclusion-project.htm

Accessed on 26th May 2011, Cited on 26th May.

sportscotland (2011) "Sport and People with a Disability: Aiming at Social Inclusion", (Research Report no.77) [Pp 49-54]

14. The Committee also recognises the importance of competitive sports for persons with disabilities who perform well in sports who can strive for the next tier, which includes developmental sport training for participation in National Championships and National Disability Leagues. To further promote inclusiveness, the Committee suggests assigning able-bodied coaches to train persons with disabilities, such as having National Sports Association (NSA) coaches train persons with disabilities to become excellent athletes who are able to participate in regional and international competitions such as the ASEAN Para Games or Special Olympics.

15. The Committee proposes that **a holistic approach be adopted for health promotion for persons with disabilities, where emphasis is placed on the physical, social, mental and emotional wellbeing of all persons with disabilities and the community that they live in**[58]. Please refer to Annex 10-1 for overseas models for promoting healthy lifestyles and physical activity for people and/or students with special needs. As healthy living should start when one is young, the promotion of healthy lifestyles and development of positive lifestyle habits should be instilled during the school years. A holistic SPED curriculum should therefore also incorporate a healthy lifestyle component, where emphasis is placed on physical, social, mental and emotional wellbeing of all students, staff and school community. Children with special needs, like their counterparts in mainstream population, should be given the opportunity to participate in CCA, sports and games.

16. Persons with disabilities, like the mainstream population, should be equipped with the necessary knowledge and skills for self-care and healthy development from young. The Committee proposes that **the health promotion school approach for mainstream schools be extended to SPED schools.** The Committee is of the view that areas of nutrition, mental health, sports and games and sexuality education are inter-related and should be encompassed in a holistic health framework[59] and incorporated into the SPED curriculum. The Committee recommends that **a comprehensive and structured healthy lifestyle framework (CHERISH) and**

[58] Oregon Office on Disability and Health (2004) "Healthy Lifestyles for People with Disabilities", *Californian Journal of Health Promotion*, Vol 2, pp 42-54.

[59] Department for Children, Schools and Families (2007) "Introduction to the National Healthy Schools Programme"

action plan with emphasis on holistic health development and sports for all be developed, funded and implemented. This should include: a) incorporating into the SPED curriculum nutrition, mental health, sports and games, and sexuality education; b) providing opportunities for participation in CCA, sports and games; and c) creating a range of sports opportunities that are accessible and inclusive to persons with disabilities. Please refer to Annex 10-2 for more details of the CHERISH framework. The framework will allow customisation for application to the different disability groups. Using the health promoting school framework, the Committee hopes that the self-assessment process by schools will help enhance the health outcomes of students in SPED schools as it covers all aspects of healthy lifestyle. A collaborative approach among Health Promotion Board (HPB), Ministry of Education, SDSC and other relevant agencies is suggested.

CONCLUSION

17. The awareness of healthy lifestyle and cultivation of interest in sports should begin in the early years, for people with or without disabilities. The Committee envisions that with the above recommendations, persons with disabilities will be able to access sports and health programs like anyone else and enjoy overall well-being and greater participation in mainstream society.

GOING FORWARD

- *Plans are nothing; planning is everything*

Dwight D. Eisenhower

1. The Steering Committee is confident that the government will accept most of the recommendations presented in this report as they represent the hopes of many caregivers and persons with disabilities. This Enabling Masterplan is a result of extensive deliberations among members of the steering committee. Members of the steering committee represent the diverse views from the People, Public and Private sectors. The discussions were often robust, with members providing their unique perspective towards an issue, and guided by the principles and a common vision. While members took a consensus building approach, ultimately, the Committee believes that this Masterplan reflects the voice of the parents, caregivers and persons with disabilities.

2. The test of any plan is in its implementation. Once a commitment is made to implement the recommendations, we must ensure that the goals of the Masterplan can be gradually achieved over the five years. Communicating the Masterplan recommendations and the progress of implementation to stakeholders regularly is very essential. We note that this had been done through networking sessions and briefings by NCSS. Moving forward, more can be done to sustain interest and maintain channels of communication with the implementing agencies. CEL plans to engage the stakeholders on a regular basis to convey the updates. Currently, the Standing Committee on Disability chaired by the Permanent Secretary of MCYS addresses and coordinates disability issues, as well as tracks the implementation of the Enabling Masterplan 2007-2011. NCSS represents the people sector in the Standing Committee. We urge the Standing Committee to continue to closely monitor and provide regular public updates on the status of implementation of the Masterplan 2012-2016 recommendations. We hope that by taking in additional perspectives, the deliberations of the Standing Committee will be further enriched and benefit the disability sector as a whole.

3. Finally, it is our belief that a truly inclusive society does not come about through polices and services. Our hearts and minds will need to embrace diversity and share responsibility for children with special needs and persons with disabilities as a society. We hope that more companies and individuals who have the means can step forward to contribute to this vision. More can come forward to contribute their time and expertise. This will be truly remarkable.

4. This Committee is grateful for all the caregivers, persons with disabilities and professionals in the disability sector who had come forward to give their views. The Committee is inspired by the courage displayed by the many caregivers and persons with disabilities who shared about their journey and struggles. Their views were invaluable to the discussions and ensured that the recommendations are grounded on real needs and are relevant.

ANNEX 1-1
SUMMARY OF RECOMMENDATIONS
ENABLING MASTERPLAN 2012-2016

S/N	RECOMMENDATIONS	LEAD AGENCY (S)
Chapter 2 - Early Intervention		
Strategic Thrust 1 – Enhance Early Detection Network		
1.	Establish a network of early detection touch points in the community with the support of different stakeholders (including staff involved in primary healthcare, childcare, preschools and family service centres), and provide funding for a nationwide developmental screening program for children at ages 9 months, 18 months and 24-30 months.	MOH
2.	Ensure early referral for intervention for medically at-risk infants diagnosed at the hospital level. This can be achieved through the following: a) Establishing a list of disability types and resources that enable doctors to make timely referrals for intervention services; and b) Broadening the Medisave framework to encompass some of the more essential early intervention support services.	MOH

Strategic Thrust 2: Enable Access to More Early Intervention Services		
3.	Enhance the network of community-based early intervention and family support services through the following: a) Developing clusters of private and public agencies to support children (0 to 3 years) with developmental needs; and b) Studying the feasibility of an early childhood (aged 0-3 years) stimulation programme, where community agencies are equipped with knowledge and skills to enhance child development as well as to empower parents with such knowledge to help their children with developmental needs.	NCSS
4.	Enhance current early intervention services through the following: a) Implementing a development support programme for children with special developmental and learning needs in mainstream preschools; b) Providing funding for children who can benefit from extended intervention in Early Intervention Programme for Infants and Children (EIPIC) (prior to school placement); c) Enhancing the management and care of children with developmental disabilities and their associated medical conditions at EIPIC centres: – Ensure EIPIC staff are trained in the following: cardiopulmonary resuscitation, management of choking and seizure, and the administration of medication as authorised by parents. – Study how associated medical conditions can be addressed and supported in EIPIC centres so that children can be enrolled into and attend EIPIC; and d) Studying and developing integration models for nursery and pre-school children that can be implemented in the longer-term.	MCYS MCYS MCYS, NCSS MCYS

Strategic Thrust 3: Enhance Caregiver Relief and Support		
5.	Equip caregivers to become active partners in early intervention by equipping them with resources, information, early intervention skills and knowledge.	CEL
6.	Establish an advisory panel to advise on matters relating to standards of and professionalism in early intervention. This panel will advise MCYS and NCSS on the following: a) Baseline standards and best practices guidelines for EIPIC services; b) Professional standards, service and staffing models; c) Interventionist training and professional development; and d) Monitoring of child and family outcomes.	MCYS, NCSS
Chapter 3 – Education		
Strategic Thrust 1: SPED Governance		
7.	Institute a governance structure led by MOE and supported by NCSS, comprising representatives with proven track records from special and mainstream education, disability groups and families. The structure is to provide leadership in policy and programmes, including but not limited to, the selection and appointment of special education leaders and school management committee members, human resource matters, quality assurance, admission and placement of students and curriculum.	MOE
8.	Set up an appropriate platform similar to the MOE **COM**munity and **PA**rents in **S**upport of **S**chools (COMPASS) initiative for families with special needs children attending special schools and mainstream schools to give feedback to policy makers and have their views represented**.**	MOE

9.	Study and address the implications of including children with special needs within the Compulsory Education Act with the aim of including them under the Act by 2016.	MOE
Strategic Thrust 2: Capability Building and Human Resource		
10.	Set up of an HR Steering Committee under the proposed governance structure. The HR Steering Committee will establish a framework and policies to promote the attraction, development and retention of professional staff. These will include policies covering core areas such as staffing, compensation and benefits, and training and career development. It will address specific concerns raised by leaders and teachers in special education, such as: a) The need for pre-service teacher training including the review of Diploma in Special Education (DISE) and availability of degree courses and pathways for SPED teachers in Singapore; b) Developing a roadmap incorporating training in (i) general education; (ii) special education; and (iii) disability specialty; and c) The bases and merits for SPED teachers to be treated equitably as their peers in MOE in compensation, professional development and accountability.	MOE
Strategic Thrust 3: Quality Curriculum		
11.	Fund and staff a SPED curriculum unit comprising MOE, special education and disability experts to carry out the following: a) Develop a core curriculum framework and platform to share expertise and resources; and b) Assist and provide resources and expertise for SPED schools to customise curriculum and pedagogy for school-specific teaching and learning initiatives.	MOE

12.	Replicate the success of vocational education by extending vocational training and resources by MOE to all SPED schools, in a way that best serves the needs of the students. Accordingly, to extend the SPED school exit age to 21 years for SPED students who can benefit from additional formal training in work preparation and readiness and such extension should not be limited to only those who can be work-certified.	MOE
13.	Develop a structured caregiver engagement programme which equips family caregivers to better support the learning of students with special needs.	CEL
Strategic Thrust 4: Planned and Purposeful Integration		
14.	Enhance the integration of students with special needs through a multi-pronged approach involving the following: a) To fund and put in place a structured education support system for students with special needs in all Institutes of Higher Learning (IHLs), such as the Institute of Technical Education (ITE), polytechnics, and universities, as well as to model and localise an appropriate system; b) To study and address the limitations of the Allied Educators Scheme in supporting students with special needs in mainstream schools; c) To increase the number of Special Education (SPED) school students in the existing satellite school model practised by Pathlight School and Canossian School; d) To amend the MOE school recognition awards masterplan to reward mainstream schools which include students with special needs; and e) To conduct an in-depth study of integrated school models such as the international schools and overseas integrated school models in countries such as USA, UK, Finland, Australia and Japan and thereafter pilot recommended model(s) as appropriate.	MOE

Chapter 4 – Employment		
Strategic Thrust 1: More Training Opportunities and a Continuum of Work and Employment Options.		
15.	Provide more training opportunities and a continuum of work and employment options by doing the following: a) Sheltered workshops are to continue to provide work and employment opportunities to persons with disabilities. However, a clearer and more stringent placement process is to be instituted in all sheltered workshops so as to ensure the appropriate right-siting of clients. To ensure appropriate right-siting of clients and for this recommendation to be successfully implemented, there must be sufficient capacity at Day Activity Centres to cater for those who need services; and b) To develop a diversity of sheltered work and employment models so as to create more sustainable supported work and employment opportunities for persons with disabilities.	MCYS, NCSS
16.	Allocate adequate resources to assist both sheltered workshops and sheltered enterprises in securing contracts and enhancing their sustainability. Industries with potential to provide sustainable contracts for persons with disabilities should be identified and targeted.	MCYS, NCSS
Strategic Thrust 2: Engagement and Sustenance in Employment		
17.	Enhance the Open Door Fund (ODF) to better encourage and support employers in hiring persons with disabilities. a) Enhance the ODF Apprenticeship Scheme to broaden the training and employment pathways for persons with disabilities in niche industries where mainstream training is not available; and b) Review the application process of the current ODF to make it more user-friendly and attractive to employers.	MCYS

18.	Set up a taskforce involving MCYS, MOF, MOM and the Enabling Employers Network to study the provision of incentives (including and not limited to tax and workfare) and legislation to promote and sustain the employment of persons with disabilities.	MCYS
19.	Improve existing employment support and facilitation services for persons with disabilities entering open employment by doing the following: a) Formally including employment support services and Continuing Education and Training (CET) for persons with disabilities who are entering or are already in the workforce in the mission and work plans of the MOM and employment-related agencies such as the WDA, ITE, NTUC Learning Hub and Singapore National Employers Education (SNEF); b) Obtaining resources and expertise to build up the capability of employment facilitation services, including the training of job placement professionals/job coaches for persons with disabilities; c) Establishing a committee with the support of WDA and NCSS, to set standards and build capability for the whole spectrum of employment support services; and d) Developing and resourcing job support services beyond 6 months to meet the varying needs of persons with disabilities.	NCSS, MCYS

Chapter 5 – Improving the Care Sector for Adults with Disabilities		
Strategic Thrust 1: Fundamental Shift in Mindset		
20.	Adopt an enabling care philosophy that empowers persons with disabilities in adult disability services to the extent possible.	MCYS
Strategic Thrust 2: Widen Range of Care Options and Improve Accessibility of Adult Care Services		
21.	Widen the range of care options through the following: a) Developing Group Homes in the community for persons with disabilities who have low or no family support but are able to live independently with support; b) Developing home-based care services for persons with disabilities and where possible, to ride on the eldercare framework; and c) Introducing a Foreign Domestic Worker grant to make care arrangements for persons with disabilities affordable beyond current levy concessions.	MCYS
22.	Improve accessibility of services for persons with disabilities and for their caregivers through the following: a) Encouraging Day Activity Centres to provide for various types of disabilities; b) Enabling persons with disabilities to use eldercare facilities and services where appropriate; and c) Increasing the capacity of Day Activity Centres, Homes and Hostels to meet current and future demand on a timely basis, and to ensure geographical spread of services.	MCYS

Strategic Thrust 3: Improve Quality of Care		
23.	Enhance the quality of adult disability services through the following: a) Enhancing the service models of Day Activity Centres, Homes and Hostels to better equip service providers to cater to the needs of their clients. The new model should consider tiered funding based on severity levels, introduction of professional and para-professional manpower, and enhancing the programming of adult services; and b) Setting up a regulatory framework and/or standards of care as well as a Quality Assurance Framework for institutional, community and home care services.	MCYS, NCSS
Strategic Thrust 4: Secure Productivity Gains and Effective Delivery of Services		
24.	Develop anchor players in the care sector (both eldercare and adult disability care sectors) to achieve economies of scale and enhance professional capacity and capability.	MCYS
25.	Widen and deepen the use of technology to enhance quality of services and safety in adult disability services.	MCYS

Chapter 6 – Cross-Cutting Issue I: Caregiver Support and Transition Management		
Strategic Thrust 1: Enhance Access to Existing Programmes and Services		
26.	Build the capability of Centre for Enabled Living, (CEL) to be the coordinating agency for caregiver support services. These services are in the areas: a) Implementing a signposting system to help caregivers access appropriate support services proactively which include: i. Developing templates to guide caregivers with care planning and transition planning for their children as they progress throughout their life stages; ii. Working with families to help them develop and review individualised care plans which are disability-specific for their children, from the point of referral to early intervention services and subsequent transition points; iii. Centralising all referrals for disability-related services under CEL; and iv. Adopting various approaches to enhance outreach and engagement. b) Enhancing the financial and legal security of persons with disabilities by: i. Making the existing range of such measures accessible to more families, including reviewing the affordability of the services by the Special Needs Trust Company; ii. Providing more resources for caregiver education on existing legal and financial security measures for persons with disabilities; and iii. Studying feasible ways of extending the Medishield to persons with disabilities.	MCYS

27.	CEL to take the lead in ensuring that all persons with disabilities, including children with special needs and their caregivers, are adequately supported with access to information and services at the point of diagnosis, and at various transition points and developmental phases throughout the continuum of the life of a person with disability. CEL should be resourced so that it can implement the following: d) Developing an effective common platform that can be used across agencies and ministries to facilitate appropriate placements and the periodical review of progress throughout the continuum of a person with disabilities' life through working with different stakeholders; e) Setting up a case coordination system across transition points and developmental phases throughout the continuum of a person with disabilities' life; and f) Building a shared national database to enhance transition planning as well as the coordinated flow of information between agencies and ministries.	CEL
Strategic Thrust 2: Build Caregivers' Capability		
28.	Build caregivers' capability systematically through the following: a) The development of a core competence training roadmap by CEL for caregivers; b) Early employment training for foreign domestic workers; and c) The study and review of the quantum and scope of the caregiver training grant.	CEL MCYS

Strategic Thrust 3: Enhance Care Options for Caregiver Relief and Support		
29.	Develop a range of alternative respite care options to relieve/ enhance caregivers' ability to care through the following: a) Increasing respite care options available to give caregivers short-term and temporary relief from their caregiving duties by exploring and making available more options for short term stay-in respite care; b) Establishing more dedicated child care and student care services and siting them within or in close proximity to EIPIC centres and SPED schools; and c) Reviewing the Integrated Child Care Programme to better cater to children in EIPIC, especially those with more challenging needs and severe disabilities.	MCYS
30.	Increase resources for caregiver support groups (including self-help and mutual support groups) and psycho-emotional support services.	MCYS
Chapter 7– Cross-Cutting Issue II: Capability Building – Manpower and Technology		
Strategic Thrust 1: Develop an Overarching HR Plan to Manage Manpower and Ensure Productivity Gains		
31.	Develop a framework in conjunction with the eldercare sector (for economies of scale) to train and secure allied health and social care manpower. This includes riding on the eldercare infrastructure and enhancing the therapy hubs to secure skilled allied healthcare manpower.	MCYS

32.	Manage manpower requirements to ensure an adequate supply of professionals in the social service sector through the following: a) Enhancing the attractiveness of the social service profession as a long term career option for school leavers, mid-career professionals, and existing social service professionals by doing the following: i) Conducting regular job evaluations to ensure competitive salaries and benefits; ii) Developing a career roadmap incorporating training opportunities for development and progression; iii) Cultivating and deepening the pool of senior-level professionals in the disability sector for the purposes of role modelling and mentoring; iv) Allowing short-term sabbaticals for long service social service professionals; and v) Enhancing the image of social service professionals through public education; b) Working with public and private institutions of higher learning to enhance the variety of good quality degree and post-graduate programmes in the social service sector vocations; and c) Reviewing the quota for foreign workers for the social service sector.	MCYS, NCSS
Strategic Thrust 2: Enhance Use of Technology to Capability Build the Disability Sector		
33.	Implement a Technology Masterplan on the use of Assistive Technology (AT) and Information and Communication Technology (ICT) as well as an Education Technology Masterplan which will dovetail to optimise the use of technology in special schools (e.g. teaching and learning, assistance in daily living activities).	MCYS

34.	Set up an independent national-level resource centre on AT and accessible ICT to promote the adoption and use of AT and ICT. The centre can promote services such as: a) Providing consultancy support and knowledge transfer to voluntary welfare organisations (VWOs) to, in turn, provide AT and ICT services to persons with disabilities; and b) Supporting the government in fulfilling its obligations under the United Nations Convention on the Rights of Persons with Disabilities relating to technology by engaging relevant industry clusters to implement accessible technologies and best practices for inclusion.	MCYS

Chapter 8 – Cross-Cutting Issue III: Community Integration and Accessibility		
Strategic Thrust 1: Improve Accessibility		
35.	Provide appropriate and affordable means of transportation through the following initiatives: a) Developing a few major dedicated transport providers, in conjunction with meeting the needs of the elderly sector, in order to better cater to the customised needs of persons with disabilities for work, school, and care in community facilities or recreation; b) Providing targeted transport subsidies to alleviate the high transport cost for those accessing VWO services on a regular basis; c) Enhancing public transport infrastructure to be more inclusive and accessible to persons with disabilities, including those with sensory impairment; d) Requesting public transport operators to provide transport concessions for persons with disabilities as a demonstration of their corporate social responsibility; e) Enhancing public education initiatives to promote inclusiveness and graciousness towards persons with disabilities among public transport commuters; and f) Commissioning a study to better understand the transport needs of commuters with disabilities for both public and dedicated transport and to research on international best practices so as to improve the transport accessibility and universality for persons with disabilities.	MCYS
36.	Enhance affordability of assistive technology by enhancing the existing Assistive Technology Fund (ATF) and allowing the use of Medisave to defray the cost of procuring, upgrading and maintaining assistive devices, such as orthotics and prosthetics, devices and implants for persons with physical disabilities, visual and/or hearing impairment.	MCYS

37.	Improve access to information and communication with persons with disabilities through the following: a) Improving signage and communication features in public transport, amenities and buildings, and ensuring that they are accurate and up to date; b) Improving accessibility to information in public institutions through the use of alternative format materials such as audio aids, descriptive videos, Braille, and closed captioning; and c) Providing interpreter services in public institutions such as hospitals, Housing Development Board, Central Provident Fund Board and courts to persons with hearing impairment.	MCYS
Strategic Thrust 2: Enhance Local Coordination of Services		
38.	Promote integration of persons with disabilities by developing a community enabling and coordinating network among service providers and community grassroots within each Community Development Council (CDC) boundary. The network will serve as a community node to identify gaps in services, collaborate and coordinate service provision, and enhance barrier-free accessibility.	MCYS

Chapter 9 – Cross-Cutting Issues IV: Public Education and Volunteer Management		
Strategic Thrust 1: Fostering an Inclusive Society through Public Education		
39.	Enhance public education initiatives to promote an inclusive society.	CEL
Strategic Thrust 2: Tapping on Volunteers as a Community Resource for the Disability Sector		
40.	Promote the use of volunteers as a community resource for VWOs in the disability sector through the following: a) Implementing a sustained community outreach programme to raise awareness of the need and scope for volunteerism in the disability sector; b) Encouraging VWOs to enhance their ability to attract, retain and deploy volunteers; and c) Encouraging persons with disabilities to volunteer for VWOs in the disability sector.	CEL

Chapter 10 – Cross-Cutting Issues V: Sports and Healthy Lifestyle		
Strategic Framework for Sports and Holistic Health Development for Persons with Disabilities		
41.	Develop, fund and implement a comprehensive and structured healthy lifestyle framework (CHERISH) and action plan with an emphasis on holistic health development and sports for all. This should include: a) Incorporating into the SPED curriculum nutrition, mental health, sports and games and sexuality education; b) Providing opportunities for participation in Co-Curricular Activities (CCAs), sports and games; and c) Creating a range of sports opportunities that are accessible and inclusive to persons with disabilities.	MCYS

ANNEX 1-2A
ACKNOWLEDGEMENT
ENABLING MASTERPLAN 2012-2016

Name	Designation
Steering Committee Chair	
Mr. Chua Chin Kiat	Chairman, Centre for Enabling Living/ Board Member, Agency for Integrated Care
Steering Committee Deputy Chair	
Col. Ong Ann Kiat Milton	Commander, Imagery Support Group, Ministry of Defence
Subcommittee Chair	
(i) Early Intervention Subcommittee	
Assoc. Prof Winnie Goh	Senior Consultant, Child Development Unit of KK Women's and Children's Hospital
(ii) Education, Employment and Healthy Lifestyle Subcommittee	
Ms. Anita Fam	Vice President, Asian Women's Welfare Association/ Board Member, National Council of Social Service
(iii) Adult Care and Caregiver Support Subcommittee	
Mr. Conrad Campos	President, Movement for the Intellectually Disabled of Singapore

Name	Designation
Members	
Ms. Ong Toon Hui	Deputy Secretary, Ministry of Community Development, Youth and Sports
Ms. Tina Hung	Deputy Chief Executive Officer, National Council of Social Service
Dr. Wong Meng Ee	Assistant Professor, Early Childhood & Special Needs Education, National Institute of Education, Singapore
Ms. Judy Wee	Vice President, Disabled People's Association (Singapore)
Ms. Agatha Tan	Executive Director, Society of Moral Charities EIPIC
Ms. Terry Theseira	Principal, Canossian School
Mr. Leng Chin Fai	Director, Fei Yue Community Services
Mr. Abhimanyau Pal	Executive Director, Society for the Physically Disabled
Ms. Patricia Koh	Head, Special Educational Needs, PAP Community Foundation (HQ)
Ms. Monica de Silva-Lim	General Manager, Little Wings, NTUC First Campus Co-Operative Limited
Mrs. Lucy Chew-Quek	Vice President, Association for Early Childhood Educators (Singapore)

Name	Designation
Dr. Kenneth Poon	Assistant Professor, Early Childhood & Special Education, National Institute of Education, Singapore
Mr. Keh Eng Song	Chief Executive Officer, Movement for the Intellectually Disabled of Singapore
Mr. Alvin Lim	Chief Executive Officer, Bizlink Centre Singapore Limited
Mr. Royson Poh	Senior Assistant Director, Technology & Vocational Training, Society for the Physically Disabled
Mr. Yew Teng Leong	President, Rainbow Centre
Dr. Francis Chen	President, Association for Persons with Special Needs
Ms. Denise Phua	President, Autism Resource Centre (Singapore)/ Supervisor, Pathlight School and Eden School Boards
Mr. Shantha de Silva	Chairman, Enabling Employers Network
Mr. Koh Juan Kiat	Executive Director, Singapore National Employers Federation
Mr. Frankie Thanapal Sinniah	President, Singapore Disability Sports Council
Mr. Ang Wei Neng	Advisor, School Management Committee, Grace Orchard School

Name	Designation
Mr. Tim Oei	Chief Executive Officer, Asian Women's Welfare Association
Mr. S Tiwari	Executive Director, Thye Hua Kwan Moral Society
Ms. Serene Chia	Head Services, Singapore Red Cross Society
Mr. Patrick Yeo	Chairman, Adult Services Sub-Committee, St Andrew's Autism Centre
Dr. Chua Hong Choon	Chief Executive Officer, Institute of Mental Health

Resource Persons	
Ms. Charlotte Beck	Senior Director, Elderly and Disability Group, Ministry of Community Development, Youth and Sports
Ms. Denise Low	Director, Social Sector Planning Unit, Ministry of Community Development, Youth and Sports
Mr. Kenny Tan	Head, Social Programmes 3, Ministry of Finance
Mr. Tang Hui Nee	Educational Psychologist, Child Development Unit, KK Women's and Children's Hospital
Dr. May Lim Sok Mui	Senior Occupational Therapist Department of Child Development, KK Women's and Children's Hospital

Name	Designation
Dr. S. Mariam Aljunied	Principal Specialist, Educational Psychology, Education Programmes Division, Ministry of Education
Dr. Chong Shang Chee	Head, Child Development Unit, National University Hospital
Mr. Musa Fazal	Director, Child Care Division, Ministry of Community Development, Youth and Sports
Ms. Vivienne Ng	Deputy Director, Clinical and Forensic Psychology Branch, Ministry of Community Development, Youth and Sports
Dr. Chong Suet Ling	Lead Specialist, Educational Psychology, Special Education Branch, Education Programme Division, Ministry of Education
Mrs. Choo Lee See	Senior Director, Employment Facilitation Division, Workforce Development Authority
Ms. Cheong-Lim Lee Yee	Deputy Director, Educational Institution Outreach Department, Youth Health Division, Health Promotion Board
Mr. Mark Lim	Assistant Director, Strategic Programmes, Infocomm Development Authority of Singapore
Dr. Ho Han Kwee	Director, Primary and Community Care Division, Ministry of Health

Name	Designation
Dr. Jason Cheah	Chief Executive Officer, Agency for Integrated Care
Dr. Wong Loong Mun	Chief Care Integration Officer, Agency for Integrated Care

Contributing Members of Subcommittees	
Mr. Roland Teo	Manager, Employment Placement Division, Bizlink
Ms. Geraldine Chan	Principal Manager, Employment Facilitation Division, Singapore Workforce Development Agency
Ms. Winnie Lewis	Senior Manager, Employment Facilitation Division, Singapore Workforce Development Agency
Ms. Ng Wan Sin	Senior Consultant, Technology and Planning Group, Infocomm Development Authority of Singapore

Representatives of Appointed Members	
Mr. Alvin Nathan	Member, Enabling Employers Network Representative for Mr Shanta de Silva
Mr. Lee Yew Cheong	Manager, Singapore National Employers Federation Representative for Mr Koh Juan Kiat
Mr. Ben Ang	Executive Director, Singapore Disability Sports Council (until 31 Dec 2011) Representative for Mr Frankie Thanapal Sinniah

Name	Designation
Mr. Francis Lee	Deputy Director, Employment Facilitation Division, Singapore Workforce Development Agency Representative for Ms Choo Lee See

Secretariat – National Council of Social Service (NCSS)	
Mr. Chan Whee Peng	Director, Membership and Service Management Division
Ms. Rae Lee	Deputy Director, Service Development Division
Ms. Rebecca Tan	Assistant Director, Service Development Division, Children Disability Services
Mr. Jeffrey Chin (till 31 Jan 2012)	Assistant Director, Service Development Division, Adult Disability Services
Ms. Lynette Sim	Senior Service Development Manager, Service Development Division, Children Disability Services
Ms. Yeo Jia Yeh	Senior Service Development Manager, Service Development Division, Adult Disability Services
Ms. Tan Yan Yan	Service Development Manager, Service Development Division, Children Disability Services
Ms. Charis Chua	Service Development Manager, Service Development Division, Adult Disability Services
Ms. Hah Yu Wei	Service Development Manager, Service Development Division, Adult Disability Services
Ms. Poh Yu Shan	Senior Executive, Service Development Division, Adult Disability Services

Name	Designation
Ms. Dilys Tan	Senior Executive, Service Development Division, Children Disability Services
Ms. Chia Shi Xian (till 31 Jan 2012)	Senior Executive, Service Development Division, Children Disability Services

Secretariat – Ministry of Community Development, Youth and Sports (MCYS)	
Ms. Wong Kuan Ying	Director, Disability Division
Ms. Tan Bee Lan	Senior Assistant Director, Disability Policy, Disability Division
Ms. Koh Tieh Ling	Assistant Manager, Disability Policy, Disability Division
Ms. Geraldine Kuah	Disability Policy Officer, Disability Division
Ms. Leong Wanyi	Disability Policy Officer, Disability Division
Ms. Seow Hui Hong	Disability Policy Officer, Disability Division

ANNEX 1-2B
TERMS OF REFERENCE
ENABLING MASTERPLAN 2012-2016

Terms of Reference - Steering Committee

The Steering Committee aims to develop the 2012-2016 Enabling Masterplan to enhance the potential of persons with disabilities by:

1. Reviewing programmes, services and strategies in the following key domains:
   - Early Intervention;
   - Education, Employment and Healthy Lifestyle; and
   - Adult Care and Caregiver Support.
2. Identifying key priority areas and recommendations on changes in policies and approaches, taking into account recommendations made by the respective Sub Committees; and
3. Identifying mechanism to follow up on the recommendations.

Terms of Reference - Subcommittees

The Subcommittees aim to:

1. Review the policies, programmes and services in its relevant landscape;
2. Review the implementation of EM 2007 – 2011 recommendations;
3. Identify gaps in its landscape;
4. Set goals to be achieved by 2016 (i.e. end of FY16);
5. Identify the lead agency to be accountable for each goal;
6. Recommend the necessary changes in policies, programmes and services in its landscape; and
7. Recommend mechanism to follow up on the recommendations.

ANNEX 1-3
FINDINGS FROM THE CENTRE FOR ENABLED LIVING'S (CEL) EMAIL FEEDBACK

a. Early Intervention

Feedback and Recommendations	Verbatim Comments
a) One of the public shared that inclusive preschool was important for children with special needs.	*"An inclusive preschool is important for children with special needs."*
b) Need for more EIPIC centres as the waitlist is long.	*"More placings for the IEP program. Currently, very limited pre-schools and long waiting time of up to 1 year."*
c) To have one centralised registration which stores the child's particulars.	*"At present, when applying for EIPIC schools, parents can only make one choice due to lack of school facilities and places. The queue can be between 6 - 9 months - which I feel is too long. If the parent decides to choose another school, he has to reapply and queue all over again. I cannot understand the rationale for this policy. Parents have to make time to reapply and exposed to another round of anxiety. With the latest technology available, is it not possible to just have one registration exercise and store the child's particulars until he is ready/eligible."*
d) To conduct classes for parents/caregivers who are keen to start early intervention.	*"Since there is a shortage of trained professionals, do consider conducting classes for parents/caregivers who are keen to start early intervention. One trained professional teaching 20 or more care givers is more productive and beneficial for both parent and child. This stop-gap measure is better than nothing. Currently, there is the Henan Programme which cost between $1,500 to $2,000. Only a subsidy of $250 is provided - please consider increasing this amount as it is not*

Feedback and Recommendations	Verbatim Comments
	enough for the middle income group. EPIC has got to be reviewed for effectiveness and affordability. Usually additional therapies are required for a truly holistic intervention for these children. Therefore additional financial burden for parents."
e) Need to ensure adequate supply to meet rising demand e.g. through education or foreign talent.	*"In Singapore, for physical therapy, we had to make an appointment at the government hospitals far in advance, where the slots are also limited and need to be juggled with schooling times. As for speech therapy, I believe the wait/supply at government facilities is even longer, and we thus resorted to using a private speech therapy service.* *I believe more can be done in at least the following:* *- Ensuring adequate supply to meet rising demand e.g. through education or foreign talent* *- Holistic care/provision of services e.g. all types of therapists/early intervention programme needs under 1 roof/point of contact* *- Earlier detection, especially for lower income families where recognition of symptoms may not be that apparent."*
f) To provide holistic care for persons with disabilities, e.g. all types of therapists/early intervention programme needs under one roof/point of contact.	
g) To do more in early detection.	
h) To issue a handbook with information on traits of various special needs and resources available to parents with children with special needs. The handbook needs to be accessible.	*"A hand book containing important information such as traits of various special needs (especially the non physical ones), places to go for help and early intervention centres would be useful. The hand books should be given to all new parents, situated in all educational institutions and work areas. It does not have to be given only to parents with children with special needs. Making the hand book accessible is key."*

c. Special Education

Feedback and Recommendations	Verbatim Comments
a) One of the public highlighted that SPED schools practice stringent selection criteria and were selective in their admission as compared to mainstream schools, which is contrary to government policy. Suggests SPED schools to cater smaller classes for children with mild intellectual disabilities and behavioral issues.	*"There is such a strong deviation in the approach adopted by these SPED schools which contradict to our government policies. These SPED schools practise stringent selection criterias in the ground and deprive the poor children the opportunity to study and have a proper special education. We felt that these SPED schools were rather selective in their admission as compared to mainstream schools.* *We would like to suggest that SPED Schools should cater a smaller class for children with mild intellectual disability and behavioural issue to learn and study, not limited to Autistic children only. The SPED Schools can design different curriculum for different ability students. If such arrangement can be implemented, the SPED Schools can admit more special needs children with mild intellectual disability and behavioural issue instead of rejecting them."*
b) To have a department with team of Allied Educators (AEDs), rather than one or two in each school.	*It looks like there is a lot of work for an AED to handle. It may be more effective having an AED department with a team of AEDs in each school instead of deploying one or two.*
c) To extend SPED school hours from half day to full day programme with additional focus on Independent living skills (ILS) training. The level of ILS training shall be conducted consistently and gradually enhancing from basic to mid and higher level before graduation at the age of 18 years old.	*"To extend SPED school hour from half day to full day program with additional focus on ILS training. This is to provide more time and individualise training to enforce ILS and good habits. The level of ILS training shall be conducted consistently and gradually enhancing from basic to mid and higher level before graduation at the age of 18 years old. This is in line with the government plan to convert all mainstream schools into a full day session."*

Feedback and Recommendations	Verbatim Comments
d) One public raised her concern whether the AEDs have the relevant qualifications and skills to take care of students with Autism, ADHD, Dyslexia or with Co-morbidity.	*"Are such personnel trained to interpret psychological reports, Speech Therapy Reports,(these reports contain many medical jargons)and provide follow up actions? Otherwise, how are they going to follow up with the cases and to facilitate teaching and learning partnership with parents, teachers and the child with special needs? I understand that the AEDs are only Diploma holders and given only one year of training and they are expected to take care of students with Autism, ADHD, Dyslexia or with Co-morbidity. Compared to Educational therapists in the private centres who are taking in degree holders (and even post grad qualification), for example, Dyslexia Association of Singapore. Or even with our government Allied Health personnel working in the child development clinics in KKH, NUH who are highly qualified doing similar tasks as the AED but in the hospital settings."*

d. <u>Transport and Accessibility</u>

Feedback and Recommendations	Verbatim Comments
a) To remove all steps at and leading to MRT stations, and to install lifts at pedestrian bridges near public amenities.	*"Please remove all steps outside MRT stations, and in corridors and passageways leading to MRT stations.* *Please install lifts at busy overhead pedestrian bridges especially those near MRT stations, shopping malls, hawker centres, wet markets, places of worship, parks, hospitals, and clinics."*

Feedback and Recommendations	Verbatim Comments
b) Difficulty in using handicapped toilets that are located within male/female toilets as caregivers, who might be of the other sex, are unable to enter such toilets to help persons with disabilities (PWDs).	*"Just like to highlight some of the difficulties encountered when finding some of the handicapped toilet in the public area. Some of handicapped toilet are situated in the female toilet and the male toilet. It is not an individual toilet situated outside the female/male toilet.* *For handicapped which required assistance when using the toilet, the handicapped persons have difficulties in using the toilet if their caregiver is of opposite sex. Eg, if the handicapped person is a male and caregiver is a female, which toilet can they use? The handicapped toilet situated inside the male toilet or the handicapped toilet situated inside female toilet?"*
c) To provide concessions on public transport for persons with disabilities above the age of 18 who have graduated from special schools and must now travel on full adult fares.	*"Please consider concession rates on public transport for those with disability, like Down's after 18 years old. Graduated from special school and now travel with full adult fares."*
d) To place wheelchair logo on all MRT trains instead of just selected trains, as the slots usually allocated for their wheelchairs are often taken up by able-bodied commuters.	-

Feedback and Recommendations	Verbatim Comments
e) One of the public shared that Wheelchair Accessible Bus (WAB) routes should be used by WAB buses only, and Persons in Wheelchair (PIW) should be allowed to board first at the bus stop.	*"Making all WAB – Wheelchair Accessible Bus Services to have 100-percent WAB [presently WAB Services don't have 100-percent WAB]* *Allowing PIW to board first at the bus stop. Otherwise, the PIW can't board the bus, after everybody boarded due to no space to park the wheelchair.* *[presently PIW is allowed to board first at the interchange only]"*
f) To upgrade all lift buttons at HDB blocks to be person with disabilities- and elderly- friendly, i.e. bigger buttons, lower button position, 'soft' touch buttons' for those with weaker arms/hands.	*"Upgrade all lift buttons at HDB blocks that were originally built with lift landing at all floors to be person with disabilities-, PIW and Elderly Folks Friendly, i.e. bigger buttons, lower button position esp for PIW and 'sensor' touch/ 'soft' touch buttons' for those with weaker arms/hands."*
g) To build a barrier free access into HDB estate, such as shop houses, medical and dental clinic (e.g. remove ramp at the front of the clinic)	*"Most of these shop houses have a kerb which prevents PIW from entering them. These should be factored into HDB's upgrading programme, i.e. build a barrier free access into these shop houses. For the Medical Clinics and Dental Clinic, which are more important to PIW, as an interim measure MOH, thru SMA can send out an advisory to medical and dental clinic [which are normally in the same shop] to have removable ramp, at the front or rear of the clinic."*
h) Government to subsidise private ambulances to provide hydraulic lift at normal rate.	-
i) To provide every person with disabilities or elderly who are unable to walk, with a free electric driven wheel chair to improve their mobility. These citizens should be	*"I would like to suggest MCYS provide every S'pore citizen with disability or elderly who are unable to walk, with a free electric driven wheel chair to improve their mobility. These citizens should be assessed bi-yearly and continue to use their electric*

Feedback and Recommendations	Verbatim Comments
assessed bi-yearly and continue to use their electric driven wheelchair for as long as they require. MCYS should appoint a contractor to service their wheel chairs at regular intervals free-of charge.	*driven wheelchair for as long as they require. MCYS should appoint a contractor to service their wheel chairs at regular intervals free-of charge. By having this initiative, MCYS will be helping these groups of people achieve some independence whenever they require to travel from place to place."*
j) To increase awareness of "Supplemental Evacuation/Rescue" solutions in the event of fire and to increase the availability of the solutions/products substantially. The Evac-Chair, which is a solution to the problem of fire safety for the disabled and would enable the wheelchair bound to be assisted down steps.	*"I think we overlook the issue of having barrier-free egress routes in the built environment for emergency evacuation.* *The Fire Safety Act places a legal duty on those who manage premises to ensure adequate means for escape for all building occupants. But evacuating 'people with reduced mobility' (PRM) from multi-storey buildings can be a difficult task. In Singapore, some of the high rise buildings are equipped with fire fighter lift which are designed to be operated in fire conditions and can be used to evacuate PRM. However, in most cases PRM are expected to remain within the building in a refuge or place of safety or can be assisted out of the building by fellow occupants. In Singapore there is the expectation that the SCDF will be able to rescue PRM located in refuges or place of safety. While the fire brigade may be able to rescue PRM taking refuge in places of safety, there are several examples where this has tragically not been the case, for examples the WTC, where PRM left in places of safety, were not able to be rescued. The Lakanal House fire in the UK which claimed the lives of six residents who were trapped by smoke in their 14 storey apartment also serves to demonstrate that the fire brigade may not always be able to rescue people seeking refuge in perceived places of safety. When there is a major power outage, the fire brigade will be busy in attending to the rescuing of people trapped inside the lifts. It is likely that the resources of the fire brigades will be over stretched and they may not have enough*

Feedback and Recommendations	Verbatim Comments
	manpower in attending to the PRM who are at the upper floor of the buildings waiting to be rescued. Yet stakeholders here have the expectation that the SCDF will be able to rescue them in all emergencies. *The FSSD Standing Committee has put in place measures in the built environment for the evacuation of the 'people with disabilities' (PWD), but is it enough in ensuring a safe escape route for everyone?* *In my view, the governing principle is that in every emergency, saving lives must receive priority. Time is of the essence. Self Help is the key. Thus, every high-rise above the reach of the local fire department's aerial ladder truck or sky lift must be self reliant both for prevention and control of fires, and for safe evacuation of all occupiers. It is the stakeholders responsibility for the safety of all occupants. When balancing Economy with Responsibility, greater weight must be given to Responsibility! By providing adequate Supplemental Evacuation and systems for evacuation with self help, either to the ground or to safe zones, more people will be able to get out of the danger zone more quickly and relatively safely prior to the arrival of the response team; the fire department when arrive at the scene can devote their time in concentrating on controlling and extinguishing the fire. The fire-fighters will also assist in the evacuation if people are still in the building.* *I think the people here need to have a mindset change to have ownership of their own safety , rather than depending on Government regulation, this is what I think the Committee may try to instill into the stakeholder and people to have safety culture in their own workplace to start with, but what is culture ? can culture be measured ? When I introduced the concept of Supplemental*

Feedback and Recommendations	Verbatim Comments
	Evacuation to stakeholders here, they would normally ask, is this a Requirement from the Authority (SCDF, MOM, WSH Council, BCA etc etc)? If not, they are not interested even though they have no solution to their ERP, except relying on SCDF intervention. *Hence, I think our common aim should be to increase the awareness of "Supplemental Evacuation/Rescue" solutions to ERP and to increase the availability of the solutions/products substantially, such that, if an emergency arises, there will always be a solution/product available. For example, recognising that in the event of an emergency, the mobility of able-bodied individuals can be impaired by panic and anxiety, echoes the importance of not only ensuring Evac+Chair (evacuation chairs) are provided for those individuals that require them, but also that fire wardens or assigned individuals are properly trained in how to operate them. The more people who are trained in using the "Supplemental Evacuation/Rescue products" the better as this will minimise risk and improve accessibility. It is for this reason that I am expressing my views through Feedbacks, so that, in the event of any emergencies arising, it is extremely reassuring to know that, our buildings have the necessary equipment and skills to potentially save lives."*
k) To install 2 lifts at each MRT station.	*"To have 2 lifts, one lift is still in service when the other breaks down /or during lift maintenance."*
l) To have covered walkway from the nearest bus stop/MRT stations to all hospitals.	*"Covered walkway from the nearest bus stop to all hospitals and if possible from the nearest MRT station to the hospital."*

e. <u>Assistive Technology</u>

Feedback and Recommendations	Verbatim Comments
a) One of the public shared on an Israeli developed technology, MinDesktop, which connects brain waves to a computer interface. It would enable the disabled to use the computer through thought alone.	*"I came across this article and want to share with you, hoping that some day in the future you can acquire this tool for use by the disabled in Spore and that these dear enabled people will be enabled like the rest of us to live more fulfilling lives in our more gracious society and blessed country."* http://www.israel21c.org/technology/mind-controlled-computing-for-the-disabled
b) To allow dyslexic students to use Assistive Technology in their learning and during exams.	*" Can we learn from US who allows students using technology such as Word Processor with Spell Check for assignments, text-to-speech and speech-to-text applications helping Dyslexic students to read and learn more independently. ...students are given time extension during tests and exams. However, time extension does not help them to check for spelling mistakes.* *It is a generally accepted practice to allow students special equipment to overcome whatever impairments they may have. For example, spectacles for students with myopia, hearing aids and wheelchairs for students with respective impairments etc. In the same light, students with Dyslexia should also be allowed to use AT in their learning.* *The use of AT may raise a concern of fairness, as correct spelling is an area of training for the students, and students with AT may seem to have an unfair advantage over others. While this is a genuine concern, it should be worked around rather than not allowing the use of AT at all, which would, in the first place, put students with Dyslexia in an unfair position."*

f. Legislation

Feedback and Recommendations	Verbatim Comments
a) To enact legislation to promote inclusion of persons with disabilities in employment.	*"I send in many applications in the website and no even one reply me… My experience is that handicapped guys like me are unable to compete with the normal guys if there is no help rendered.* *We need something solid and legislative to help people like to be part of the mainstream."*
b) To adopt American Disabilities Act and localize it to Singapore's context.	-

g. Concessions and Subsidies

Feedback and Recommendations	Verbatim Comments
a) To provide concessions for persons with disabilities in public amenities and recreational places. (e.g. swimming pools, zoos and bird parks)	*"Please consider concession rates for these Singaporeans when they take up healthy lifestyle at Down Town East, public swimming pools, zoo, bird park and other facilities. Currently they have to pay full adult fares too."*
b) To provide subsidies for those who are able to take up private skills like Arts.	*"Please consider subsidies for those who take up private skiills like art, etc."*
c) To provide more subsidies to parents of children with autism, with cap on the amount based on specific needs.	*"For 3 afternoons (3 hours) a week (including transport), I pay a total of $205 a week, which amounts to $820 a month, not counting additional therapies that I also pay for out of pocket.*

Feedback and Recommendations	Verbatim Comments
d) One of the public feedback that the subsidy of $300 for 4 selected private schools is insufficient.	*Considering that families with typical children receive an education that is largely subsidised so that their parents do not pay the real cost of education, it is essentially unfair that parents of autistic children are bearing the full cost of our children's education, however limited it is (because we cannot pay for more).* *...we should be given a decent subsidy to offset some of these costs with a cap on how much we can receive based on our specific requests. By the way, CEL's subsidy of $300 for 4 selected private special needs schools is hardly decent, considering how much we actually pay for these schools.* *... should really take a look at support programmes offered in real first-world countries, where families are able to obtain full financial support for services that range from therapies for their children to respite for the caregivers."*
e) To review the Pilot for Private Intervention Providers (PPIP) scheme to include more special needs schools on the list so that more children could benefit from the government base subsidy of $300 and means testing. Subsidies should be person-based and not centre-based.	*"... urge to relook into the PPIP scheme so that more special needs schools will be eligible for it and parents will be able to enjoy the subsidies. Normal kids attending normal childcare, market rate (get subsidies)..special needs kids attending special school, higher school fees, need more therapy(ST/OT etc) yet parents are not getting any help."*
f) To extend subsidies for EIPIC and PPIP to children with special needs who attend extra speech and language therapy or behavioral medicinal treatment.	*"I will like the government to strongly consider allowing this subsidy scheme to be extended for child needing "extra" speech & language therapy or Behavioral medicine treatment.* *This is essential as not all Autistic children can fully benefited from the government aided EIPIC since Autism is really a spectrum disorder (affecting*

Feedback and Recommendations	Verbatim Comments
	every child with different level of magnitude and severity) and thus no one EIPC curriculum can cover all the needs of an autistic child. *And also in view of the fact that many speech and language centers are run privately and the charges are rather exorbitant. Aside to that, KKH (Child development unit) could only offer limited help due to resources constraint."*
g) To provide transport subsidies for persons with disabilities, especially persons with hearing impairments.	*"The fare for bus and MRT transport is increasing, I believe that it has varying impacts on different people especially mostly affected those with low income. The deaf are most affected socially among the categories of the disabilities because they are most mobile.* *I would like to appeal that the deaf can be given concession cards to maintain our mobility. To make programme simple and trouble-free, we can be included as part of senior citizen fares."*
h) To review the Taxi Subsidy Scheme to subsidise persons with disabilities going for medical appointments.	*"Taxi subsidy for disabled for medical appointment With the comfort delgro taxi fare hike, it is time to review the Taxi subsidy for disabled to include also for medical appointments."*
i) To have tax relief and rebates for parents.	*"Need for tax subsidies"*
j) To provide financial assistance to parents with children with special needs.	*"Even the upper end of the average wage earners will have problems financing the needs of these children. The cost for providing even the basic needs for these children can eat up more than 30% of the salary. What will happen when parents grow old, retire and do not have any more income? Government not only has to take care of the children but their parents as well."*

Feedback and Recommendations	Verbatim Comments
k) To provide subsidies for working mothers with children attending special schools.	*"..appeal for working mother subsidy (granted to childcare) to be granted for special school too. This grant will be very helpful to the parents with special children. It just seems odd that special needs children who needs more help, gets less help from government. They should be getting equal help and not less."*

h. Public Education

Feedback and Recommendations	Verbatim Comments
a) More awareness in schools and society on special-needs children - through TV and radio stations.	*"More awareness in schools and the society on special-needs children through TV and Radio stations."*
b) More public education and awareness needed for autistic individuals. Government to take responsibility in helping caregivers and perform its role in educating individuals with special needs.	*"Many adults with autism now live sequestered in their homes, when they can be contributing to society. But they will not be able to do so without a society that is willing to learn how to accommodate them. Employers and the public need to be properly educated about autism so our autistic children will not grow up to become adults who are confined to the homes.* *... how can we can expect employers and the public to treat us and our children with true empathy when the government fails to take responsibility in helping caregivers and perform their role in educating individuals with special needs?"*

i. Training

Feedback and Recommendations	Verbatim Comments
a) To train more special needs teachers in mainstream schools with the objective of taking in more special needs students in the mainstream school system.	*"Train more special-needs teacher in our mainstream school with the objective to take in more special-needs children."*
b) To train preschool teachers to aid in early intervention and be able to identify and help children with special needs.	*"Suggest more teachers to undergo training in early intervention. Teachers need to know how to identify children with special needs and meet their needs well. There is an increase in the number of children with special needs. However, most of them are not detected until they reach primary school age. We have to work harder to ensure that we meet the needs of such children at a younger age when early intervention would be most effective."*
c) Need to train children with special needs to prepare them for working life.	*"Looking ahead, will something be done in terms of adult training to prepare them for working life - they do not want to be a burden to parents and state forever. They just want to have the dignity to be self-sufficient."*
d) To have a ILS Training Institute (ITI) to provide additional 3 years of ILS training up to 21 years old for lower functioning clients who need more assistance and training.	*"For those students not able to acquire the necessary ILS by age of 18, they should be a separate ILS Training Institute (ITI) to provide additional 3 years of ILS training up to 21 years old. This is to cater the lower functioning students that need more assistance and training. This is analogy to post secondary ITE education with a primary objective to equip the PWID with ILS."*
e) To establish a dedicated ILS Training Centre (ITC) to provide continuing trainings and enrichment courses for adults with intellectual disabilities after	*"To establish a dedicated ILS Training Centre (ITC) to provide continuing trainings and enrichment courses for adult IDs after graduating from SPED School and ITI. This centre can also provide training to students and caregivers who*

Feedback and Recommendations	Verbatim Comments
graduating from SPED School and ITI. This centre can also provide training to students and caregivers who want additional training over weekend or during school holiday. The training programs can include enrichment courses (e.g. drawing, speech and drama, computer, baking, and sport activities) to encourage social and healthy lifestyle.	*want additional training over weekend or during school holiday. The training programs can include enrichment courses (e.g. drawing, painting, pottery, drum, piano, dancing, singing, speech and drama, computer, baking, etc) and sport activities (e.g. cycling, skating, swimming, tai chi, taekwondo, yoga, soccer, basketball, badminton, bowling, etc) to encourage social and healthy lifestyle."*
f) To consider 80% co-funding from Government on Applied Behavior Analysis courses from certified centers as the fees are very high.	*"The cost for ABA is very high and cost parents between $2 to 4K per month for these 121 lessons conducted by trained teachers. KK hospital recommends ABA for parents. I have been puting my children on ABA for the past 1 year now and have seen good improvements in his learning ability and behaviour. Many parents I spoke with echoed the same observation in improvements.* *As the cost for ABA is extremely high and I like to suggest these:* *1) 80% co-funding from the Government on ABA from certified centre* *2) Tax relief and rebates for Parents."*
g) Increase undergraduate and diploma programmes in our local universities and polytechnics to train professionals in area of special needs.	*"We need to train our locals in the area of special needs. Please open more undergraduate and diploma programmes in our local universities and polytechnics. This would help in increasing the number of professionals."*
h) Suggestions to enhance the Caregivers Training Grant.	*"From 1 April this year, caregivers have to co-pay $10 when they register for courses under CTG... suggest this $10 be refunded to the caregiver who turns up.*

Feedback and Recommendations	Verbatim Comments
	CEL further implemented a quota to the number of CTG applicants for each course, also from April 2011. These courses are for earnest caregivers trying to train themselves to help the children, and the number of CTG-approved courses are very limited. I suggest scrapping this quota of CTG applicant. *Let parents and caregivers decide which courses (public, VWO or privately run) to attend, rather than limited to pre-approved courses.* *Each time a caregiver wants to use the CTG, she has to fill in the CTG application form. Actually, the government departments have our data. I suggest we simplify the application process and do away with unnecessary form filling."*

j. Insurance

Feedback and Recommendations	Verbatim Comments
a) Lack of insurance coverage for persons with disabilities.	*"Almost all Insurance companies are reluctant to cover this group of people and those willing wants to charge exorbitant premiums with many exclusions and limited liabilities. Another financial burden with limited benefits."*

k. <u>Others</u>

Feedback and Recommendations	Verbatim Comments
a) To set up a special unit to look into how persons with disabilities can make a respectable contribution to society.	*"Setting up a special unit to identify our strength and weakness so that we can make respectable contribution to society."*
b) Increase the employment intake in hospitals and healthcare related places for professionals managing children with special needs.	*"Increase the employment intake in hospitals or any healthcare related places for these graduates to work in."*

ANNEX 1-4
FINDINGS FROM FOCUS GROUP DISCUSSIONS

MANAGEMENT AND EXECUTIVE DIRECTORS OF VOLUNTARY WELFARE ORGANISATIONS

a. Early Intervention

Feedback and Recommendations	Verbatim Comments
1) Assessment and Curriculum	
a) Standardise assessment and national curriculum framework. Educational pathways for professionals to be included within the national curriculum framework.	*"National curriculum framework for EIPIC"* *"Make available training vote for staff training in EIPIC just like in MOE"* *"Standardised assessment tool"* *"Educational body to work closely with MCYS to chart the professional growth of teachers in EIPIC"*
2) Additional Resources	
a) MCYS to apply MOE funding policies or for MOE to take over EIPIC for better continuum of services.	*"EIPIC and ICCP can be returned to MOE"* *"MCYS adopt MOE funding model for EIPIC (ie full funding)"*
b) Extend funding for persons with disabilities beyond 6 years 11 months old.	*"....let student in EIPIC beyond 6 years and 11 months (especially if waiting to enter SPED/mainstream)"*
c) Lower teacher to child ratio.	*"Therapist/child ratio 1:75. Parents requesting for more therapy"* *"Improve teacher to child ratio"*
d) Revise salaries of teachers to attract and retain staff.	*"More funding for EIPIC Centres (to increase teacher/therapists' salaries – leading to better staff retention and better service quality)"* *"Salary revision for teachers and therapists"*

Feedback and Recommendations	Verbatim Comments
	"Funding does not take into account training needs of staff" *"I find myself hiring someone who is cheaper but lower calibre and then we spend man-hours trying to beef up this person only to lose her in a year or less. This is constantly a struggle and conflict." (AWWA)*
e) Provide transport subsidy.	*"More bus subsidies should be given to needy families"* *"Provide transport subsidies such as school buses, EZ Link cards"* *"Provide transport subsidy for EIPIC children who require contract transport service"*
3) Caregivers Support and Respite	
a) Need for more caregivers support and respite options.	*"More childcare for severe children by VWOs or mainstream childcare (especially during school holidays)"*
4) Manpower	
a) Professionalise the sector by raising the image of teachers and introduce higher academic courses in early intervention.	*"Higher academic courses (degree or masters) in EIP"* *"Raise professional image of staff in the disability sector"* *"Train experienced mainstream teachers to become special educators"* *"Upgrade the status of EIPIC staff"*
b) Reduce foreign worker levy to boost recruitment of foreign personnel.	*"MOM to lower foreign worker levy for social services sector and to increase number of foreign workers in the sector"*

Feedback and Recommendations	Verbatim Comments
5) Integration	
a) Train mainstream teachers to work with children with special needs.	*"More relevant training for mainstream teachers to help support students with special needs."*
b) Increase community's awareness on the need to integrate children with special needs in the society.	*"Recognise the importance of early intervention as well as transition and integration of persons with disability in mainstream society as a potential workforce."* *"Integrated intervention for children in EIPIC who are also in mainstream preschool."* *"More EIPIC staff supporting SCAS-like integration programs (beyond the current scope)"*

b. <u>Special Education</u>

Feedback and Recommendations	Verbatim Comments
1) Professionalism and training of SPED School Teachers	
a) Enhance training and retention of teachers.	*"Manpower, turnover and retaining of teachers is a challenge. Due to challenges posted by the nature of the disability. For example, it might be physically challenging and therefore tiring on the staff."*
2) Governance issues	
a) Review school governance structure to enhance accountability by school/ VWO's board members.	*"I think it's the issue of accountability, lack of accountability to schools, VWOs. We need to drive quality framework in a way that decision makers have to be held accountable including board members."*
3) Transition Planning and Post School Options	
a) Need for more vocational training and post-SPED options to meet the needs of students with varying degree of disabilities.	"*There is a need for more vocational training options for our SPED students. For example, not everyone is doing F&B."*

Feedback and Recommendations	Verbatim Comments
	"It's beyond vocation…for adults with moderate to severe autism. I'm sorry I'm speaking for people with autism... what are the post school options?"
b) Extend exit age beyond 18 years old for students who do not qualify for national certification programmes.	*"We need to review the age eligibility criteria. I'm talking about 21 years & above to stay on even if they cannot qualify for national certification."*
c) Enhance transition process for children with special needs across their lifespan.	*"I think there should be a sector wide planning led by the government to ensure that there is transition planning beyond SPED schooling."* *"There's a need for support for SPED students who are transiting to higher institution like ITE or Poly."*
4) Curriculum	
a) Need to develop standardised curriculum. To tap on MOE's teaching resources to stay current.	*"There ought to be a standard curriculum by which all SPED students ought to learn. We need guidance in this."*
5) Additional Resources	
a) Greater funding support from MOE to improve facilities and manpower needs.	*"There should be greater funding & support from MOE to have equivalent facilities and benefits as MOE schools. Facilities such as AT devices can be provided. For example the secondary school per cap is not enough."* *"There are lot of support so far, but greater support and funding from MOE for existing and future training programmes to beef up quality."*
Need for more physical space for learning and training.	*"There is a lack of physical space for training and, learning & development."*

c. <u>Employment</u>

Feedback and Recommendations	Verbatim Comments
1) Vocational Training Pathways	
a) Widen the range of training and employment options.	*"...there are people who are out of SPED schools and without vocational training, so they are now the young adult has no idea on how to pursue life after that."* *"Maybe more areas [of vocational training]. If you are looking in SPED schools now, there are only a few areas: landscape… and that is tailored more for APSN."* *"Vocational training must be geared to the final ability of the clients to find employment."*
b) Extend vocational training to all Special Schools. Vocational Training programme to include soft skills and work habits.	*"....for MINDS, our schools are totally out in the vocational education…perhaps because they don't see potentials there… but so far we managed to place 60 odd mostly from MINDS* [in open employment]*."* *"While we focus on vocational training, I think we also have to have some generic skills ....the curriculum we need a balance.. soft skills, skills that allow them to be in open employment anywhere, plus some vocational training so that should they want to move on to other jobs, there are some skills that they can still use."* *"...we need to train them in soft skills in the SPED schools so that there is some overlap there."* *"Therefore the ultimate wish list is that all SPED schools should ideally have a curriculum that prepares students for employment, be it sheltered, open or supported employment. Soft skills and to a certain extent hard skills. Work habit skills, not so much the technical skills, and the soft skills."* *"That's what a lot of them lack – work habit skills."*

Feedback and Recommendations	Verbatim Comments
c) Include vocational training component in sheltered workshop.	*"You already have the vocational training within the schools systems. .... there should be an arm within the sheltered workshop system to have a vocational training system."* *"Many of them [in sheltered workshop] already left the school system long ago, so they never had the opportunity for vocational training."* *"Actually it also boils down to the funding. To have the appropriate funds to supplement this training."*
2) Job Support	
a) Extend job support services for clients and fund job coaches within job placement and support programme.	*".... for Ubi Hostel, before we discharge or graduate the trainee, to say that they are ready and sustain on the job is actually one year. Because 6 months after they are comfortable in the environment, they will start to act up."* *"One year is about good because they can stabilise in the job and the job can accept them, the environment and all these."* *"MINDS experience is the same for persons with intellectual disability. Because ours is moderate level, so they need higher support."* *"I think the duration would depend on the client. Because those who are more adjusted can use less, those who are more adjusted need less time."*
3) Sheltered Employment	
a) Establish a centralised agency to source and dispatch jobs. Model can be applied to sheltered workshop contracts, social	*"We help each other out and groom the people we are serving. After all we are trying to groom the same group of people – people with disabilities. Certain organisations provide certain things so we want other*

Feedback and Recommendations	Verbatim Comments
enterprises and even inter-VWO employment.	*things we help each other out for a start. I think that work."*
b) More incentives to encourage employment of persons with disabilities	*"Because so far we only have this Open Door Fund and enhanced Open Door Fund. Would there be other incentives that we can suggest to in a way push the employer to employ more disabled people?"* *"There are many companies out there who are not even considering hiring disabled. And what are the kind of incentives that we can, the government can offer?"* *"Probably can see what other components can go into it besides money. Can it be more than just fund?"* *"Maybe a more sustainable* [way] *to entice them rather than a one-time off kind of thing."*

d. <u>Adult Care</u>

Feedback and Recommendations	Verbatim Comments
1) More resources for community based programmes	
a) More resources for Day Activity Centres (DACs) to continue the training from special schools.	*"Parents had a cultural shock when their children transit from SPED schools to DACs. The subsidies for SPED schools are not there as they grow older."* *"The funding for DACs is much lower than that of SPED schools. The DACs should continue the rehabilitation of persons with disabilities (PWDs) who transited from SPED schools. If we do not continue with the rehabilitation, our clients with cerebral palsy and multiple disabilities will deteriorate and lose their reading/writing abilities."*

Feedback and Recommendations	Verbatim Comments
b) More resources (such as manpower and expertise) to support persons with disabilities with high needs.	*"Behavioural intervention is a vicious cycle. When clients have challenging behaviours and staff cannot handle, it is very tempting to put them at home and tell caregivers not to send their children to DACs for the next few days.....but we are not solving their problems. We need to increase the manpower and quality of manpower."* *"There is a shift of client profile to challenging behaviours. The manpower model does not look into the client profile and challenging behaviours.*
c) More resources to develop enrichment programmes (arts, music, drama, etc) to maximise the potential of persons with disabilities and purchase additional services outside funding norms.	*"Persons with disabilities have other potentials that are waiting to be developed. We can explore more development pathways and options for Persons with disabilities in DACs. We have seen in overseas models that Persons with disabilities are trained in musicals and dramas."* *"The therapy provided in the model is also very restricted. Drama, art and music therapy is important but they are not supported in the model. Parents have to fork out extra money for their children to undergo such therapies that are outside our model."* *"The schools have curriculum enhancement fund for their Co-curricular activities. Can the DACs and other community-based services have this kind of funds to buy such therapy services to provide services in a holistic approach?"* *"Each child in MINDSVille@Napiri Children's Home has an additional of $1,000 per month to purchase additional services, but not for adults. There should be an innovation fund that is flexible to pay for Persons with disabilities' services outside the funding norms."*

Feedback and Recommendations	Verbatim Comments
2) More Community–Based Support and Respite Options for Caregivers	
a) Widen the range of care options according to the severity/ preference of persons with disabiltiesand/or their caregivers, e.g. home care.	*"Aftercare services are essential for longer hours as well as even on weekends. ....aftercare services will be at community centres so that they are like satellites closer to the neighbourhood."* *"Respite service should not be provided in just the [residential] home setting. We have to think of better respite care models, maybe more of an outreach model for respite care. Caregivers do not want their children to stay in the residential homes and live with other residents for a few days. We have to make the mode of delivery for respite care attractive for the parents to receive such services."* *"There should be a wide range of care options according to the severity of Persons with disabilities to cater to the Persons with disabilities' or caregivers' preferences."*
b) Need for greater outreach to caregivers and caregiver support framework must be robust enough to cater to the varying stages of needs and emotional support.	*"Caregivers are often drained out as both parents will need to work and fulfil their care-giving duties. These caregivers provided feedback that there is no tangible respite service for caregivers."* *"We have to move beyond means testing and subsidies to look at the respite scheme. .... we should encourage families/caregivers to continue looking after them. There must be community support such as subsidies for respite."*

e. <u>Accessibility</u>

Feedback and Recommendations	Verbatim Comments
1) Enhance accessibility to services and information for persons with sensory disabilities	
a) Enhance the integration of persons with sensory disabilities through measures such as captioning of TV programme, provision of subsidised interpretation services and signages to convey important announcements.	*"In US, the government provides free interpreter services for the deaf. In school, interpreter services are provided to facilitate communication.* *"Currently, there are difficulties in accessing information. Braille materials are not readily available. I think perhaps more can come into consideration to help persons with sensory impairments. For example, having captioning, interpreting services, Braille, descriptive videos, access to soft copies, this means having to deal with publishers to get copyrights so that the info can be modified."* *"More can be done to ensure that important communication, e.g. during times of national emergency, evacuation, reaches the persons with disabilities. There is a need to enhance the communication channels for persons with disabilities in public services (e.g. hospitals), transport, buildings."*
a) Improve the awareness and affordability of assistive devices.	*"Not many persons with disabilities know there are such devices to help them. Agencies are not aware that they need to have such devices."* *"SAdeaf receives many requests for interpreter services, but yet there are still many of them who are not using the services. Deaf students in Universities need interpreter services, but cannot afford to fork out the extra money as they are already struggling with their school fees."*

f. Financial Assistance

Feedback and Recommendations	Verbatim Comments
1) Financial Assistance	
a) Review means testing criteria and higher tax incentives for caregivers.	*"Persons with intellectual disabilities have higher needs and the expenditures incurred are much higher and should have a higher subsidy as compared to a mainstream person."* *"Should we consider a different tier of mean-testing for person with disabilities alone, or for the families of the person with disabilities?"* *"Currently, the tax relief for a person with disabilities is about $5,000, but the expenditures are much more. Parents are looking for greater tax relief to help them."*

g. Transport

Feedback and Recommendations	Verbatim Comments
1) Transport	
a) Extend transport concessions to persons with disabilities and widen transport options for persons with disabilities with severe disabilities.	*"...persons with severe disabilities cannot take bus and MRT. They need to travel on vehicles that are more spacious. ....we can also look at other modes of transport for the more severe ones."* *"Persons with disabilities should get subsidised concession cards for public transport. The monthly income of persons with disabilities is not enough to cover for their transport."* *"The extent of transport concession to students and elderly should also be made available to Persons with disabilities regardless of the distance travelled."*

Feedback and Recommendations	Verbatim Comments
	"Some clients cannot attend the services provided by St Andrew's Autism Centre due to a lack of transport."
b) Extend LTA Cares Fund to subsidise persons with disabilities for social and recreational activities.	*"While we are offering sports activities for persons with disabilities, they could not attend training due to transport issues. It is a gap and obstacle. Sport activities are not as essential as going to schools and are something extra. Persons with disabilities just stay at home as it is not a must to attend training and sports events."* *"Many of them are locked up in homes like prisoners because of accessibility issues, not only on transport, but also manpower. Staff and volunteers will need to be engaged to bring these persons with disabilities out of their own homes. Once they are wheelchair-bound, they are being confined in their own homes."*

h. <u>Insurance</u>

Feedback and Recommendations	Verbatim Comments
Insurance coverage for persons with disabilities	
Need for insurance coverage for persons with disabilities	*"There is a need to ensure that persons with disabilities are insured, it's about being enabling and inclusive."*

i. <u>Other Feedback</u>

Recommendations	Feedback
Public Education	Need to create more awareness to bring about changes in the mindset of public to be more receptive to persons with disabilities.

Recommendations	Feedback
Sign-Posting	Need for more support and clarity for parents on the types of services available for their children. A roadmap could be designed to provide the 'sign-post' for different life stages which could also reflect the agencies providing the various services.
Research and Statistics on Prevalence Rate of Disabilities	To set up a research institute to coordinate research and implement national policies to better meet the needs of persons with disabilities.There is also a need for more information on the prevalence rates of various disabilities to support and provide information for policy planning.
Extension of Medisave for Purchase and Maintainance of Medical Equipment	To allow persons with disabiltiiesto tap on Medisave to purchase costly medical equipment and to pay for related maintenance costs e.g**.** for cochlear implants**.**
Additional Resources for Mainstream Kindergartens and Childcare Centres	Need for more resources to support mainstream kindergartens and childcare centres serving children with special needs.

PERSONS WITH DISABILITIES ON EMPLOYMENT ISSUES

a. Job Search

Feedback and Recommendations	Verbatim Comments
a) Some participants preferred to go through mainstream job agencies instead of Job Placement and Job Support (JP/JS) agencies. Some participants also indicated that they were not aware of the services of JP/JS agencies. However, participants who had utilised the services of JP/JS agencies felt that they had benefitted.	*"Some of our members, people with Muscular Dystrophy are graduates...and they will apply jobs through the mainstream sources instead of relying on Bizlink or SPD. These will be their second option. ....when they can't get any potential employers or when they are running out of sources. They will then go to Bizlink."* *"Maybe because their scope may match their qualification better as compared to Bizlink where they may not have that scope, especially for graduates."* *"For Jobstreet, Jobs DB, all these not worth it… it is better for you to go to agencies like Bizlink, SPD or AWWA."* *"I've tried Jobstreet before but when I got an email from the company, they rejected me, totally reject."*
b) ODF job portal did not meet the needs of persons with disabilities	*"For open door portal there is not much jobs in there."* *"I applied a few jobs on the Open Door Fund, none of the company call me up for interview or whatever."*

Feedback and Recommendations	Verbatim Comments
c) Difficulty in finding open employment due to lack of acceptance by some companies.	*"Training is one thing. Whether employer wants to give you an opportunity to work is another."* *"When you send out a CV and it does not mention that you are disabled. With your qualification and experience, you will get an interview. But the moment they see you on a wheelchair, then straight away you know there is negativity. I had one interview where they mentioned 'Why you didn't mention that you are disabled?"* *"I'm a diploma graduate, an engineer. So at first I tried to look for a job on my own. I can hardly get it. So for an alternative, I tried Bizlink. Bizlink did match my requirements, but the salary is below what I expected... In the end, I decided (to stay on), because it is for experience and exposure."*

Feedback and Recommendations	Verbatim Comments
e) Suggestions to enhance job search process: i) Allow persons with disabilities to register with multiple JP/JS instead of only one. ii) Link JP/JS to mainstream job agencies to expand the range of jobs available. iii) Educate employers about the capability of persons with disabilties. iv) Encourage the government to take the lead and employ persons with disabilities. v) Increase opportunities for internship – allow companies to test out persons with disabilities before committing to employment.	*"I was told that because resources are scarce, you cannot register at both sites... My concern of course when you look for jobs, more agency look for you is better. I think it's just weird... Since funding will be given if this person is placed. You can't place me in 2 places right?"* *"If they (JP/JS) can join or merge with JobsDB or Jobstreet, like if there are anything they come across, like people with disabilities looking for jobs, they can refer them to SPD or Bizlink."* *"One of the things (problems) that JP/JS face is that a lot of employers have this mentality that the disabled can only do cleaning jobs, admin jobs, data entry... those are very low-skilled jobs. The employers that come in already has this mindset... many of us have higher education. So when we go there to look for jobs, they won't be able to match us to the kind of jobs that we want."* *"....the state must take action to protect people with disability to be gainfully employed because local employers must be educated like MNCs are educated to engage people with disability gainfully. Employment must come from the state first. Government sector."* *"...especially you go there you try out whether you fit into the job, if you can the company will employ you."*

b. <u>Job Support</u>

Feedback and Recommendations	Verbatim Comments
a) Support needed and duration depends on the person with disabilities and the disability type.	*"I think it depends on clients and their perspective... Like some people might be more sensitive than others..., maybe the social worker can call...But if the person obviously needs help, and the presence of the social worker or the support is important, because then the boss or colleagues know that this person will need a mentor and the rest may want to help."* *"...In terms of support wise, whether 6 months or longer, it really depends on a case-by-case basis... for some individuals they don't need it at all, because you (JP/JS) just needs to link us up, that's all and the rest we do ourselves..."*
b) Importance of job support for persons with hearing impairment. Support need not be related to employment.	*"The biggest barrier faced by Deaf is communication. Sometimes it leads to misunderstanding. There is a need for us to confide in.. not at work, but social cultural. SADeaf visit my office then give advice for my problem then I understand my problem and overcome then I try to lessen the misunderstanding with my colleagues."*

Feedback and Recommendations	Verbatim Comments
c) Implement schemes to increase employability of persons with disabilitiesSuggestions include:	
i) Giving allowances to persons with disabilities for food and travel during the first month of work to help them tide through the first month.	*"I am not too sure if there is a scheme or not. For the first job and before you get the first pay, the person with disabilities has to spend on transport. It is a high cost. Is there a scheme or incentive, like a pre-transport scheme. So once they get the first pay, they would be able to move on."*
ii) Setting an employment quota for persons with disabilities.	*"...Government come up with policies like a company of how many staff, how many should be*
iii) Topping-up of the salary of persons with disabilities by the government as their productivity might be lower due to their disability. This would encourage employers to employ persons with disabilities.	*"At the end of the day, for companies, bottom line is everything. If the company make money, they will employ people. How about the government or some board say that employ a disabled and we help you with the salary. Like half is paid by government or something. It's like a perk, more incentive for them to… get cheap labour if you can call tha, yet they get one person to help them. I know they can tap on funds and that kind of thing, but this is totally different from funds. It's salary that affects their bottom line… These are (for) people who want to work."*

c. <u>Training</u>

Feedback and Recommendations	Verbatim Comments
a) Mainstream training programmes for persons with physical and sensory disabilities were not disabled friendly and the training fees were too high.	*"One of the areas is definitely cost. For us, persons with disabilities , for us to go back to study some more, it's a matter of cost. If we are not even employed, how do we upgrade ourselves?"*
b) Lack of on-the-job training.	*"The staff there teach me how to wash plates."* *"The manager at my workplace teaches us how to do the work. Sometimes I need help I ask my colleagues. My colleagues are helpful and thoughtful".* *"I see how they do and just follow."* *"It was not easy also. There was no proper coaching. Whether you sink or swim, it's up to you."*
c) Job opportunities not forthcoming even with relevant training.	*"...I do some upgrading on my own, I go back to the company and say 'look I have all these certificates'. They tell me 'Sorry, I want higher than that. So from there I stop."* *"Training is important but someone must be willing to employ them and include them in the training process and on the job training."*
d) JP/JS agencies to help persons with disabilities get appropriate training and support via mainstream education institutions.	*"JP/JS can also come in to help to get the right training... to tap on the current resources... There are alot of SPUR programmes available. Why can't I access them?"* "*I must say that SPD has done a good job so far in terms of training. More VWOs should do more training and maybe perhaps they could link up with institutions like Polytechnics or universities... to run concurrent programmes that they would run for diploma programmes".*

d. <u>Social Emotional Support</u>

Feedback and Recommendations	Verbatim Comments
a) Participants with ID preferred to return the parent organisation for emotional support and social activities.	*"I sometimes go to Woodlands {EDC} for football."* *"If I have problem, sometimes I try to solve myself. But if I have big problems I go to my training officer. Sometimes I go to volunteers also."* *"I don't know where to go for support. Should I go to APSN or should I go to NCSS? I also do not know what kind of support is available."*
b) Need for companies' management to understand the challenges of persons with disabilities and communicate beliefs to staff. One participant highlighted the importance of the person with disabilties' attitude as well.	*"The boss is very good. Even if my friend change job, I want to stay back."* *"I face the experience when they look at me, they can't accept but I encourage them that I can do it. I have to prove it to them."* *"It's a 2-edged sword. Definitely you need to open up to your colleague. Of course whether your colleagues will accept you or not, that is another thing. ...It's just how you approach it."* *"When a disabled goes into a company, it all boils down to attitude. An able-bodied can go into a company and still have conflict. Old colleagues may not like him. SO it's about the attitude of the person. Doesn't matter if you are able-bodied or not."*
c) Extend LTA Care Fund to subsidise persons with disabilities for social and recreational purposes.	*"The LTA Care Fund only provide for school, travelling to school, travelling to company (work)... Some of us work from home. If I want to travel once in a while to look for friend... it is quite a challenge to take public transport sometimes... must have some subsidy on social life transport... to extend the Care Fund even further for more needs"*

e. Transport

Feedback and Recommendations	Verbatim Comments
a) Request for more seat-less cabins on MRT to improve accessibility to workplace.	*"If they can provide more of this (seat-less cabins), wheelchair is very free to go in as there are no chairs to obstruct."*

f. Assistive Devices

Feedback and Recommendations	Verbatim Comments
a) Lack of knowledge of assistive devices that could assist them. c) Lack of support from employer in the use of assistive devices.	*"I don't use devices. I don't have this kind of devices. I don't know where to get it. If I have, I will use it."* *"Some companies they don't have internet to access it (assistive technology). It needs internet to be downloaded into the computer. So some companies they don't have internet so it's quite a difficult situation. I'm totally dependent on the zoom text. The company is unwilling to invest in getting the equipment and hardware to use zoom text."*

g. Public Education

Feedback and Recommendations	Verbatim Comments
a) Need for greater public education to promote the employability of persons with disabilities.	*"I think companies should be more open to the disabilities."* *"I think NCSS maybe can help us. More or less, approach those companies to be more open. It must be somebody who can go to that level and say ok how to sell the disabled."*

CAREGIVERS OF PERSONS WITH DISABILITIES

a. Respite Care

Feedback and Recommendations	Verbatim Comments
Need for respite care provided by trained personnel.	*"You have to handle a child for 24 hours. Very tiring to look after a child with special needs…"* *"It would be good if there are trained personnel, nurses, or teachers to provide respite for caregivers."* *"If mum is sick... it is very hard to get extra help from outsiders, not even from relatives sad to say... if there's a place whereby we can drop our child for a few hours, that could help..."* *"Even if a mother or father is staying home full time, you need a break away from your child... Sometimes we need to take a break, go for a holiday... if we can put our son at a respite centre... I think the measure to put our son in a respite centre is very good... in fact it should be one of the top priorities now..."*

b. Support for Caregivers in Employment

Feedback and Recommendations	Verbatim Comments
Need for support for caregivers in their caregiving duties so that they could continue to work.	*"One problem is that families may have double income originally. Once the child is diagnosed, it becomes half the income as one parent usually quits his/her job to care for the child..."*

c. Caregiver Training

Feedback and Recommendations	Verbatim Comments
Need for more training courses for caregivers in caring for adults with disabilities.	*"Caregivers need more training as child grows up... Do not restrict courses to VWOs; open it up to private and individuals also."*

d. Psycho-Emotional Support

Feedback and Recommendations	Verbatim Comments
Need for more psycho-emotional support.	*"My wife and I are seeing counsellors… I highly recommend you guys if you find yourself in a very stressed level… if there are certain things you cannot solve or at wits' end... seeing the counsellor is very useful... there should be more such services…"* *"Can try to garner more parental support, and try to help each other… set up something and link us up…"*

e. Integration and Social Support

Feedback and Recommendations	Verbatim Comments
Need for adequate social interactions for persons with disabilities through life, to inculcate their social skills for better integration within the community.	*"More help in this area would be good… it would help teach a child what is appropriate and what is inappropriate... more mechanisms to in place to help correct inappropriate behaviour."* *"There is this lack of activities…especially during weekends…we need to continue to engage them and otherwise they will not be able to progress."*

f. Financial Planning and Support

Feedback and Recommendations	Verbatim Comments
a) Suggest having programmes to help caregivers to plan their finances and address their financial concerns.	*"How do we change it to a small problem.. You have got to start planning now… With the help of MOF and insurance professionals to help manage our funds."* *"We do not know how much to pay how to pay if we were to put her in a home… I think the government should also consider giving people with special needs concessions passes for transport… for medical needs."*
b) Unable to procure insurance due to their medical conditions which has also diminished the person with disabilities'' opportunities for employment.	*"A national medical insurance is closed to a citizen of Singapore who happens to be born disabled. In Singapore, if you are born disabled, you are a second class citizen, you are even worse than a PR."* *"I have got 3 or 4 employers that turned down interviews just because of insurance problems. My mom is already 59 and my dad is 61, they need their Medisave for their old age… if I am going in to use their Medisave and wipe it out. .what is going to happen to them?"** **By a caregiver who is a person with disabilities*

g. Capacity and Capability Building

Feedback and Recommendations	Verbatim Comments
a) Need for more adult disability programmes to increase accessibility of services.	*"It was so difficult to get a place...You try to approach everybody, but there are seldom vacancies..."* *"Right now the facilities are not there... it is not even appropriate sometimes."*
b) Need for more care staff, such as therapists to enhance the effectiveness of the programmes.	*"Help our children to be more independent, to regulate. We need more therapists… the starting point should have been done a long time ago, all the occupational therapists, the speech… the psychologists… the psychiatrist… the counsellors. The money that the government spends to provide this kind of help and support, it helps the teachers here to continue to teach, it helps us parents when we take care of them at home, it really helps the siblings when they have to deal with their siblings on a day to day basis."*

CAREGIVERS OF PRESCHOOLERS

a. Respite Care

Feedback and Recommendations	Verbatim Comments
Some parents indicated that they were more comfortable for foreign personnel to provide respite care only if they were sent for training and certified by the Government or a professional body.	*"It depends if these people are properly trained. Even in hospital, some nurses are not as well trained. My son almost lost his life as a result of neglect by hospital. I would be comfortable with the hire of foreign personnel only if the helper is certified by a professional body or the Government says that they are certified and that they would be sent for training. Quality assurance is needed."*

b. Financial Assistance

Feedback and Recommendations	Verbatim Comments
a) Some parents indicated that the maid levy placed a strain on them with the hardship of decreased income and increased medical and therapy costing.	*"Respite. It would be good if there is a trained personnel, nurse, teacher to provide respite for caregivers. What about families with several kids? Not fair to neglect other children in family without special needs. KKH respite service exists but funding is getting smaller – why is there no funds? Many parents had to resort to hiring maids but have problems. It is difficult to find a domestic helper who can manage the needs of a special kid and it is expensive to hire a suitable one."* *"I am lucky because I have my mom to help. I only have one child and she is not so serious but I am already so tired. You have to handle a child 24 hours. Why is there still a levy? Very tiring to look after a child with special needs."*
b) Set up of an Enabling Fund for flexible use. (e.g. purchase of equipments for therapy purposes)	*"Lack of subsidies for therapy equipment: Sometimes, therapists may recommend things that*

Feedback and Recommendations	Verbatim Comments
	child needs. E.g. special shoes that are very expensive. Tools or equipment are not subsidised. Why is this so? Special shoes may cost $400, and this is not realistic. I have already lost my job and equipment and tools are not subsidised." *"Children are also growing, so some equipment (e.g. braces) has to be changed regularly to suit the child's growth and these are not subsidised. My child is only six year old. When he is 16, he would have changed many braces for his legs. Each change costs a few hundreds. He receives service at the school but there is no subsidy."* "*Our society is currently not balancing those who are academically normal or gifted and those with special needs. Typical child in a good school is given a laptop in class to use but child with special needs cannot get special equipment? What are we teaching our children? Values propagated in school? Special needs children have less economic value?"* *"We could start an 'Enabling Fund' for our special kids that can be used for everything, example: transport. For people who are fined in Court, why not the money just donate to the fund? With proper treatment she can become normal, even go to school normally. Why should she be denied help just because of money? We need to be creative to find ways to help the children. It is a resource allocation problem, not a lack of resources."*
c) Mean testing did not take into account the high expenditures of persons with disabilities (e.g. expensive equipment needed for	*"I still get charged for $900 after subsidy, after means testing. I had to withdraw child after she got means tested. I could not afford the difference even after $300 subsidy, and after I have gotten a*

Feedback and Recommendations	Verbatim Comments
therapy and medical costs).	*job. But I have something positive to share. I got my son to be mainstreamed in a private pre-school centre. School had the heart, wanted to help but fearful that they were not equipped. Eventually took child in for nine months and didn't charge her. Teachers don't have special training but child integrated very well. Were willing to even pick up sign language. Other children became very tolerant and accepting, other parents are also very supportive. This sort of story needs to be retold to teach others."* *"I have two children with special needs and the subsidy for two special children is the same."* *"Parents earning above certain level do not qualify for certain subsidies. Why is means-testing even being utilised for this small group of people especially when the burden is the same e.g. expensive equipment?"*
d) Suggest tapping on Central Provident Fund (CPF) or Child Development Account (CDA) to pay for the $5000 start up fees for SNTC. Also to extend CDA to include children who were born before the launch of CDA in 2008.	"*Open up CPF to be used for Trust fund. Parents don't have extra cash."* "*SNTC trust fund, deposit $5,000, admin fee $1500, maintenance $200 per year. For low income families who really need this more, coming up with the basic $5,000 is already so difficult. If government doesn't want to pay, maybe can use CDA for this? This can be extended to SNTC. However as child is only child born in 2007, not eligible for CDA. Until now, the CDA account still cannot be opened."*

c. <u>Service Planning</u>

Feedback and Recommendations	Verbatim Comments
a) Some parents indicated that some children with special needs were unable to attend services due to health conditions.	*"Parents like Mr Mah may slip through the cracks as his daughter is not enrolled in a centre/school. I have a friend who slips through the crack. My friends' kids are too ill to attend schools. They are in bad situation because there is no subsidy. They are of ages two to three. One child has a heart condition and cerebral palsy and she needs stimulation but there is no where that she can go to. They are not Singaporeans. If the child is oxygen dependent, they can't attend Rainbow Centre either. My friends mentioned that she contacted another school several times and had no follow up. Some children are in situations where they cannot attend centres/schools so they are not registered, their parents do not have as much access to information or benefits."*
b) Need for a more coordinated inter-ministry approach to support children with special needs. MOE should take the lead in providing quality education for their children.	*"The Government cannot base everyone on perceived benefits. I understand the cost of providing special education is four times more. But we are a first-world country but the help for special kid feels is not matched up to the level. I have 1 son in a special school and 1 son in an EIPIC centre. Kids do not have Individual Education Plan (IEP). I have gotten a place for OT (occupational therapy) in KKH but only offered eight spots – son will need therapy for life. What happens after? Son is too high functioning for special schools but not suitable for mainstream, if cannot get into Pathlight by 8 years old – where will he go? Everything is left to the parent."* "*Parents should not go around begging to let their children go to school. A lot of work is being done by*

Feedback and Recommendations	Verbatim Comments
	parents alone now. Can't the Government tell the mainstream schools to welcome special needs children? Spoke to one principal who said they would welcome special needs children even though they don't have special needs teachers. Education and value system – character development. No one is paving the way for them right now. Future is uncertain. All they need is a welcome, conducive environment for the child to integrate into society. Government needs to look into long-term education, social integration. Some parents don't know what to do with the child – what happens after parents die?" *"My girl not in school. How the government ensure that my girl can survive up to school years? Why we deny her the chance due to money. I am not poor but not rich to pay for the treatment. Government should involve MOH, not just MCYS to look into needs, rather than NCSS listening to us."* *"Integration: no point in opening another Pathlight. For children to benefit, satellite classrooms could be a possibility. This has to be funded by MOE, who must take the lead. Bishan Park Secondary School was a success as* ***MOE*** *came in with a lot of funding. 40 babies are born with Down Syndrome a year – that's enough for 1 class already. Additional resources should be funded by MOE.*"

Feedback and Recommendations	Verbatim Comments
c) Mandatory education for children with special needs and appropriate allocation of national resources.	*"Education should be made mandatory for children with special needs. Along with it, there should be appropriate allocation of national resources. The government had yet to endorse the UN agreement on the Rights of Persons with Disabilities and if it would be symptomatic of the commitment from the Government."*
d) Lack of clear educational pathways for children with special needs.	*"When the child is five year old, the teacher should advise the parent, prepare parent two years in advance on where the child could go, be it a mainstream school. My case is a last minute. It is only when we ask, then they start talking about it."* *"Chartering education path for special needs child should be included in Masterplan. Should have cognitive differentiation. Different paths for different cognitive levels. Like natural pathways to follow. Normal education has this: primary to secondary to JC to university."* *"Parents need longer preparation time so they can work towards it, maybe like two years before, to inform parents of options so they can work towards it, review a year later."*
e) Lack of special schools for high functioning children with special needs.	"*Students who get into Pathlight can access mainstream education but there is only one school like that. Can we have more schools like that? There is only one Pathight School and you can't even get into the waiting list."* *"Son is too high-functioning for special schools but not suitable for mainstream. If cannot get into Pathlight by eight year old- where would he go? Everything is left to the parent."*

Feedback and Recommendations	Verbatim Comments
f) Set up satellite classes in mainstream schools to allow integration.	*"there is no point boxing them into different schools, maybe satellite class (must be funded by MOE) in mainstream school is a more viable model. Bishan Park School with autistic students mingles with mainstream, but for academic lessons, they will have separate class."*

d. Subsidy Policy for Mainstream and Special Education

Feedback and Recommendations	Verbatim Comments
Some parents indicated that the subsidy policy for mainstream setting and special schools contradicts. (e.g. working mums get more subsidies for mainstream kindergarten/childcare centre, while for EIPIC, the higher the family income, the lower the means tested subsidies.	*"One problem is that families may be double income originally, once the child is diagnosed, it becomes half the income as one parent usually quits his/her job to care for the child. The $3,500 cap is not helping as the loss of income is immediate. It is important to invest in caregivers as they become caregivers for life."*

e. Insurance Coverage

Feedback and Recommendations	Verbatim Comments
No Medishield or insurance coverage for conditions that are not linked to their disabilities.	*"Medishield – the people who need the most coverage is excluded. Everything is covered, except congenital. You can't go Government nor private. My company which has 5,000 staff, NTUC I-Medishield, automatically covers parents' children. If a company could that for 5,000 staff, why is it that the Government can't do it for the nation?"* *"I have to remortgage my house and sold my car in order to have my child receive therapy."*

f. Quality of Services

Feedback and Recommendations	Verbatim Comments
Lack of access to therapy and speech-language therapists.	*"On regularity of therapy, sometimes when the PT/OT is sick, session is cancelled and my child will miss his therapy. My child receives only three times of therapy (half an hour per week). Some sessions are not long enough, certain types of therapy not regular enough. Sometimes, you only get to see a speech therapist once in three months."*

g. Public Education

Feedback and Recommendations	Verbatim Comments
a) Need to increase society's awareness of children with special needs to promote integration.	*"public education and awareness. I have to call up many schools to let them assess my child to gain a place. There is this perception as if my child is an 'alien' even before looking at her. Why are these children deprived of a chance to learn and integrate with other children? Need to raise public awareness with these school professionals too."* *"Public education is important because normal children need to be made aware that these special needs children exist as well. Normal children can provide social stimulation and help special needs children to improve e.g. communication. Normal children will become more responsible as well. My son experienced this."* *"Normal children should learn tolerance and to give them a chance to learn from special children. If everyone embraces it, burden is shared, less fearful of it leads to highly resilient society. It is not difficult. Special children learn by looking at how normal children interact. It is not difficult. You*

Feedback and Recommendations	Verbatim Comments
	don't need to important foreign talent. You need to skill the doctors, nurses, teachers and let the child lead you. Instead of calling it the "Enabling Masterplan", the Government could call it the "Discovery Plan", as the children had a lot of positive qualities and talents untapped. Look at the child holistically." *"Integration is the most important thing. I have seen it firsthand with his child, really helps to develop the potential. Integration acts will really help Singapore as a whole, especially if we want to live as one. Is whatever that was discussed going to be brought up to the Minister?"*
b) Need to increase awareness and support at hospitals post diagnosis.	*"The Enabling Masterplan is not well known. There is a need to find a platform to publicise this so people know where to find info. Activate social workers so parents don't scramble around. Is it possible to attach a social worker to follow up with parents right from the start of diagnosis and provide help and link up to resources?"* *"I gave birth in a private hospital and did not know how to get help. Subsequently, I went through polyclinic to get referral. There was no brochure to get help. My child was suspected to have Down Syndrome but I was not told how to seek help. Nobody told me what was happening. I only knew from informal sources. There was no pre-prepared information. Such information should be available for new parents of children with special needs so they can seek concrete plans to help their children."* *"Private hospital may not even know where to get help from."*

h. Role of Centre for Enabled Living (CEL)

Feedback and Recommendations	Verbatim Comments
Some parents indicated that the role of CEL was mainly administrative and message forwarding.	"CEL is a message forwarding agency."

i. Training

Feedback and Recommendations	Verbatim Comments
a) Need for more courses for caregivers and grants for caregivers to attend courses run by non-VWOs.	*"Government, NCSS and paramedical professionals emphasise the importance of caregiver is very important as they would be the ones to teach their children and their well-being. However, there is very little done for caregiver or targeted at them, in terms of subsidy and training for caregiver. After you have attended the ARC, there is no other programme to be trained even when kids grow up. Variety of courses available is very small. Caregivers need more training as child grows up. Don't restrict courses to VWOs, open it up to private also."*

Feedback and Recommendations	Verbatim Comments
b) Application for Caregiver Training Grant (CGT) is bureaucratic and restrictive, and grant of $200 is insufficient.	"*On administration, for $200 per year for caregiver, I get the sense that government is suspecting that we take the money to casino. So many restrictions in the ways it can be used. Previous problem is couldn't attend a pre-approved course as agency missed the deadline for CTG, raised it many times to the relevant agency, then to another who pushed it back to the first agency which I approached. Variety of courses available is very small. Caregivers need more training as child grows up. Don't restrict courses to VWOs, open it up to private also."*

CAREGIVERS OF SCHOOL-GOING CHILDREN

a. Vocational / Post-Sped Options

Feedback and Recommendations	Verbatim Comments
a) Inequality in treatment for children who were able to attend vocational training and those who did not qualify.	*"…if we are still under training* (i.e. vocational training) *as in the MOE system, the funding is about $2300 to $3000 per student, that is why we can afford to have an external vendor to come in. If you are not under the MOE system, the funding is so much reduced and we can see that obviously the quality of the programme, teacher student ratio, everything is very much reduced. The teacher to student ratio for sheltered workshop is 1:25, and for MOE schools 1:12. My concern is how to have a seamless transition for people who don't even make it to the MOE system…Naturally this is the way, hence the sudden drop of the quality of the programme can be disappointing. If only they can balance it up..."*
b) Vocational training programme should be modified (e.g. use of appropriate tests and greater flexibility) to better suit the needs of children with special needs.	*"…I thought this test is not suited to everybody across the board...basically WPLN is a mainstream working adult test.…so I think that needs to be reviewed and given more time, so we can have more of special needs to benefit from them."* *"The first day orientation they all asked her what she want to do, I told the teacher she opt for food lab. Not housekeeping, but the teacher tell them it's ok 'cause the teacher say they will prep them all in cooking and housekeeping and you will decide where she want to be. Actually not true you know, she when she halfway through she didn't want housekeeping then she change to food lab. The school said cannot, you will have to finish the whole year. I said it is wasting our time and she was not keen you know. They said cannot, the system you will have to follow through the*

Feedback and Recommendations	Verbatim Comments
	whole year. Then now is like you waste one whole year. I don't know what to say, but you can't change but don't know why. I explained to the teacher, I explained to the one who is in charge. Once you are in housekeeping that's it. You stuck there for 1 year and finish it. I also don't know what will happen to the other students also."

b. <u>Financial Concerns</u>

Feedback and Recommendations	Verbatim Comments
a) High costs in supporting children with special needs (transport, medical, therapy).	*"…It is not uncommon for mothers to quit their jobs and to pay a lot for the child… you know my elder boy pays $13 per day, but the younger one pays $300 plus, plus the school bus and then the therapy money. And then you know the therapy money, the private therapies are so expensive and I think one of the reasons that I think is they tend to choose expensive places and I think they are more on subsidizing the brand…so is there any way to help....I don't know."* *"…unfortunately the MRI scans were a $1500 which I noted the private one at paragon for my son which they charge $300 to about $700…But because his doctor or surgeon is there, we make it a point to go back to the same place…"*
b) Government to provide long-term financial support for the special needs population, such as dollar-for-dollar matching or tax relief for parents.	"*If the government gives 1 for 1 dollar matching to the most, to the future most able segment of the society, why is there nothing given for SNTC?...not given all special needs children are in SNTC. Only the very privileged ones are."*

Feedback and Recommendations	Verbatim Comments
c) Some parents indicated that education is a basic right of all children and that means testing should not be applied to children with special needs especially since children in mainstream education are not subject to means testing.	*"…in fact in the beginning, when we lived in Georgia the kids were treated equally including Zubin and at that time we had three children now we had four but Zubin was treated equally like the other two… in fact for him, a special bus came and we don't pay anything extra for this. A bus came with just three special kids on the bus to bring him to school and this school was even further away than the school that was meant for us so we are and we are not like you know not American citizens. We are residents as well as we are paying income tax to get the benefit."*

c. <u>Before- and After- School Care Services</u>

Feedback and Recommendations	Verbatim Comments
a) Need for more affordable before and after school care services.	*"I have a special kid and I come from a low income family. I tried to find after school care services for my kid for a year. My wife cannot work, and my business is not doing well. My kid's expenditures is quite high but I only earn around $400-$500 every month...it has been 3-4 years now and I'm still unable to find a place…"*
b) School activities and enrichment classes to be made available during school holidays.	*"....I want to stress that no matter how fantastic the school can be, it only last for four hours. Or maybe two hours, the child does not become non-autistic or non-disabled…So it's like, there is no continuum of care. For the continuum of care, not just through the years it has also in a year. In a year there is also 40 weeks of school...what happens to the other 12 weeks? My wife has gone through a period whereby she has taken half-day leave in November to December to help me out in the coaching of our child...*"

Feedback and Recommendations	Verbatim Comments
	"actually during school holidays the school's badminton or basketball court and the school classroom and therapy rooms are kept from access as well…So I mentioned that they can actually try to (open up the premises)...I understand the constraints but they can actually try to...I think all the special schools also closed during school holidays. It actually put out the notice on the premises so we actually ask for permission to come in. Alright, and the building is like a commercial building…(that can be opened for commercial vendors to rent)." "*In the normal school, we can (gain access to mainstream schools during the school holidays)...there are enrichment classes in the school. But the special kids they don't have admission to the school. I don't think all the time they are willing to stay at home during the holiday...we should have enrichment classes for the special kids as well. Parents will be willing to pay…"*

d. <u>Direction and Help in Navigating the Landscape</u>

Feedback and Recommendations	Verbatim Comments
a) Need for more support in navigating the disability landscape, especially for those with medical needs.	*"…we struggled a great deal for us to find services, for us to find the right kind of services as well as the right places to go… I look around as in special needs schools and all that, and I think epilepsy kind of falls through the cracks. I only know in Rainbow because in one of the psychological assessments, they said that he had traits of ASD, because of that it is okay we can now go in. And if he didn't have that he did not have any school to go to and that is my challenge…."* "*…I think we need a case manager. Yes a special needs family needs a case manager. We need to attend all our needs, a case manager. That will hold the hand of a caregiver… Because you see, these cases are seen by them all the time. They are able to better direct the plan (for child) as to what services are appropriate, (allow parents to be aware of) what are the danger signs up ahead…as a parent you could do nothing about special needs. I don't have any history background and suddenly I am in this whole thing I knew nothing and the answers to make the decisions on what services that my son is supposed to have, I have no idea."*
b) Need for a centralised point for caregivers to obtain information on the disability sector and to improve communication between schools and parents.	*"Is there any information or website or whatever that you know can provide us with the information? Most of the times like you know, if you are new you just enrol the kids to school but the main information you want to get it from is from the schools. But the schools didn't tell us, then how do we know? Even the next five plans, for example you are you putting into these fine plans, how does all plans come as concrete?"*

e. <u>Support in Mainstream Schools</u>

Feedback and Recommendations	Verbatim Comments
a) Inadequate support in mainstream schools for children with special needs.	"*In school, I think that the teachers are quite stretched. ...and the retention rate sometimes is not very good...I have 2 special needs children myself and I can imagine facing them how many hours a day and there is only so much you can take... And I think the retention rate is very important also a lot for allied educators are in the mainstream, and my child is going to P1 next year and I am very worried you know..."* *"...just imagine one mainstream teacher takes care of seven students and out of the forty students we can see that some are diagnosed with ADHD, some dyslexic, and others who are undiagnosed but with special needs... the allied educators, they are more than often being channelled to help the academically weak students and not special needs students... seems like the support that I see in mainstream is very, very, little..."*
b) Inadequate training for special needs teachers.	*"the training of teachers for special needs teachers at APSN I am partly involved in some of these as well. Because I do part-time work in NIE sometimes and it is a touch and go kind of thing it is not really detailed. They don't have much exposure in all the various disabilities. And disabilities is so wide for the entire spectrum and the small number of hours is not going to give you enough experience..."*

Feedback and Recommendations	Verbatim Comments
c) Some parents felt that the current enrolment of children with special needs in mainstream schools was based on principals' discretion.	"*One question is first of all does the principal understand the hardship and the needs we want. If the school is going to compete as a ranking, you know the normal stream they all compete about being the top school. I can tell you, those principals that don't understand the needs of the special needs they will not take them in…*" "*And it all depend on the principals, I tell you this system will not work. So I think we have to review, the organization will have to review this selection why that the principal must be the one that can make the decision."* "*When I tried getting my girl into the mainstream school, I was turned away by 5 principals. They don't want to talk to me, they say they have no facilities and why even would they want to call it school for the handicapped?"*

f. <u>Supervision over Sped Schools and Disability Services</u>

Feedback and Recommendations	Verbatim Comments
a) More support from government to provide supervision over SPED schools and private services to ensure quality.	"*…for me going to the private side and seeing these therapists is they are, they are all young that is why they are bad…because there is no proper supervision as in to what kind of quality services they use are monitored, they are often qualities sealed as in to what they look into and you worry as parents, the danger zone is out there but you have no choice you are forced to have something because you don't have the support there within the government side.*"

Feedback and Recommendations	Verbatim Comments
	"*Most of the time I know that all the schools are always raising funds. You know these poor teachers work seven days a week, they must sell these do these do that and raise the extra dollar for the benefit of our children. Sometimes I feel bad, because is like what are we doing? We do our best as parents, we just want one ministry of say special education to be the one governing all these schools*."
b) Need for seamless dissemination of information and better coordination between MOE and SPED schools.	*"…So, I invite them to come in, I say you have a seat, I went to take out all his school documents and I showed it to him and he was so surprised. He said "How come we do not know? " Then he said he is turning 7 next year, so if I don't register, I can get charged under neglected." Then I was not happy, I tell you, I was so angry you know… that is why I want to know why spastic school send me here for me to have a clear vision whether it is really, it is linked between the special school and MOE. If not other parents like me suddenly people knock at the door oh you have neglected your child, your children never go to school."*

Feedback and Recommendations	Verbatim Comments
c) Shortage of therapists in SPED schools.	"*the challenge that we faced was first of all, the school has done fantastic, but they are short of therapist and that is the main issue because sometimes we have this term you know this year we went for this conference they said hey you will have a individual face to face, like every week we will have half an hour but when I see my son progressing, next term or next year they said sorry, we will not have an individual case to case and we will have to approve. Well sometimes you find that your kids are progressing well then the next term oh, there's no therapy or the therapy design then you will know that such kids you know they need progressive training and keep on training them. Well, but when you reach certain seen improvement, there's no therapy the progress drops then you need to start over again…"*

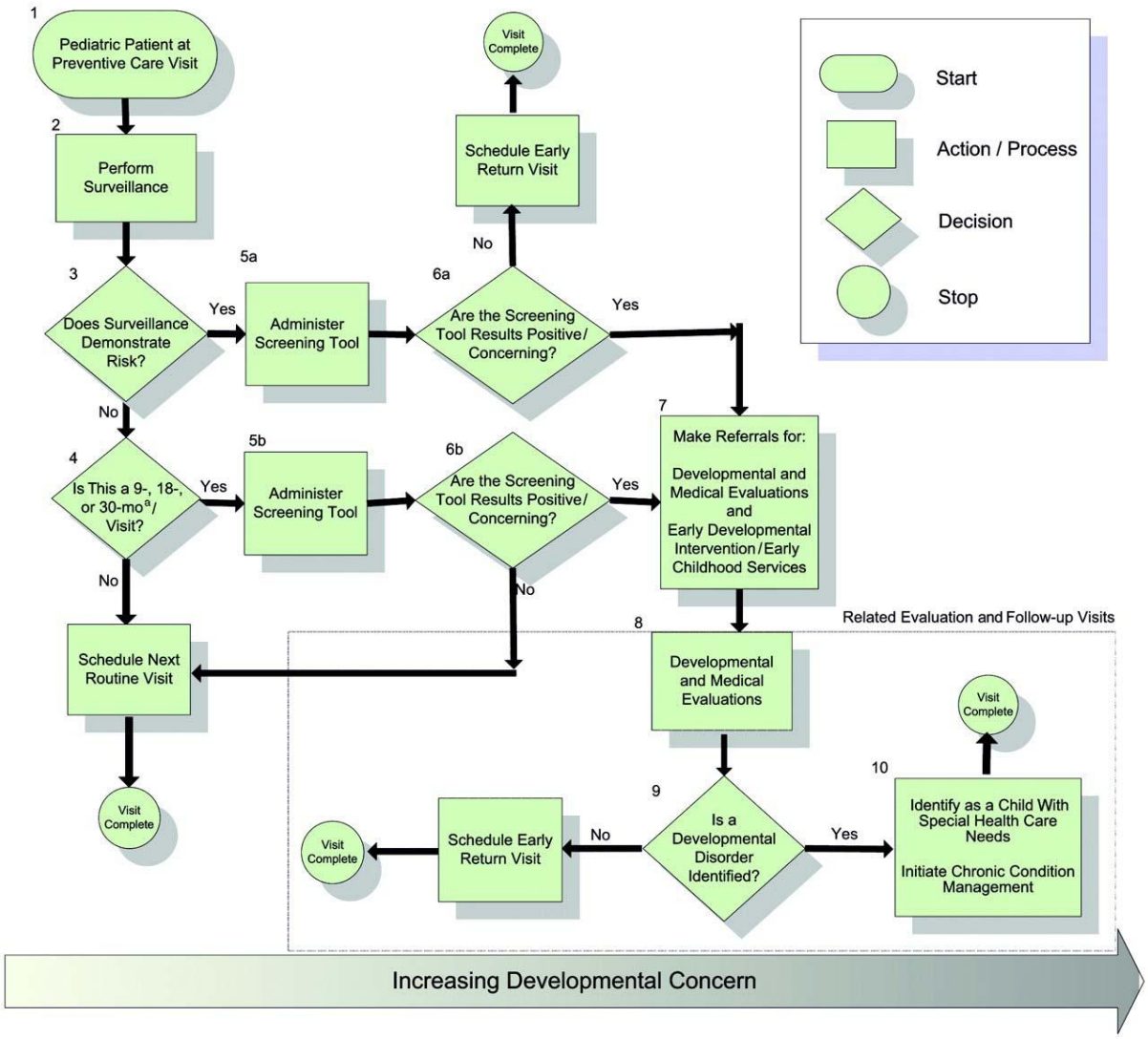
g. <u>Integration</u>

Feedback and Recommendations	Verbatim Comments
To have a buddy system for older mainstream students to bond with children with special needs, e.g. combining physical education, music and art lessons with the mainstream school students.	*"build a social bonding and that is what our special kids need. Children with special needs need to feel socially accepted and included..."*

h. <u>Insurance</u>

Feedback and Recommendations	Verbatim Comments
Some parents felt that it was unfair that children with special needs could not be covered under insurance schemes, especially travel insurance.	*"I want to buy travel insurance for this boy, my son but he has this condition. They said: "No no we don't accept this child to buy insurance. I said why, I am not asking for medical insurance, I am asking for travel insurance you see and that's all. Then they said no. Since your son have medical problem, no coverage no insurance company wants to cover. I think that is not fair. I really feel it is not fair."*

ANNEX 2-1
ALGORITHM FOR DEVELOPMENTAL SURVEILLANCE AND SCREENING[60]

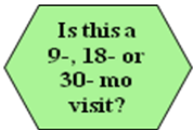


[60] Excerpted from: American Academy of Pediatrics; Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. PEDIATRICS. 2006;118(1):405-420. Website assessed on 28 Dec 2011 - http://www.medicalhomeinfo.org/how/clinical_care/developmental_screening/implementing/

1. Developmental concerns should be included as one of several health topics addressed at each pediatric preventive care visit throughout the first 5 years of life.

2. ***Developmental surveillance*** is a flexible, longitudinal, continuous and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance: eliciting and attending to the parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations of the child's development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and proactive factors, and maintaining an accurate record and documenting the process and findings.

3. The concerns of both parents and child health professionals should be included in determining whether surveillance suggests the child may be at risk of developmental delay. If either parents or the child health professional express concern about the child's development, a development screening to address the concern specifically should be conducted.



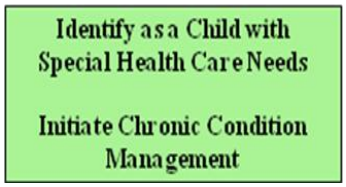
4. All children should receive developmental screening using a standardized test. In the absence of established risk factors or parental or provider concerns, a general developmental screen is recommended at the 9-, 18- and 30-month visits. Additionally, autism-specific screening is recommended for all children at the 18-month visit.

5a and 5b. ***Developmental screening*** is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental

6a and 6b. When the results of the periodic screening tool are normal, the child health professional can inform the parents and continue with other aspects of the preventive visit. When a screening tool is administered as a result of concerns about development, an early return visit to provide additional developmental surveillance should be scheduled

7-8. If screening results are concerning, the child should be scheduled for developmental and medical evaluations. ***Developmental evaluation*** is aimed at identifying the specific developmental disorder or disorders affecting the child. In addition to the developmental evaluation, a medical diagnostic evaluation to identify an underlying etiology should be undertaken. ***Early developmental intervention/ early childhood services*** can be particularly valuable when a child is identical to be at high risk of delayed development, because these programs often provide evaluation services and can offer services to the child and family even before an evaluation is complete. Establishing an effective and efficient partnership with early childhood professionals is an important component of successful care coordination for children.

9. If a developmental disorder is identified, the child should be identified as a child with special health care needs and chronic condition management should be initiated (see No. 10 below). If a developmental disorder is not identified through medical and developmental evaluation, the child should be scheduled for an early return visit for further surveillance. More frequent visits, with particular attention paid to areas of concern, will allow the child to be promptly referred for further evaluation if any further evidence of delayed development or a specific disorder emerges.



10. When a child is discovered to have a significant developmental disorder, that child becomes a child with special health care needs, even if that child does not have a specific disease etiology identified. Such a child should be identified by the medical home for appropriate chronic condition management and regular monitoring and entered into the practice's children and youth with special health care needs registry

ANNEX 2-2
CHILD AND FAMILY OUTCOMES[61]

Child Outcomes

The outcomes address three areas of child functioning necessary for each child to be an active and successful participant at home, in the community, and in other places like a child care programme or preschool.

1. **Positive social-emotional skills** refer to how children get along with others, how they relate with adults and with other children. For older children, these skills also include how children follow rules related to groups and interact with others in group situations such as a child care center. The outcome includes the ways the child expresses emotions and feelings and how he or she interacts with and plays with other children.

2. The **acquisition and use of knowledge and skills** refers to children's abilities to think, reason, remember, problem solve, and use symbols and language. The outcome also encompasses children's understanding of the physical and social worlds. It includes understanding of early concepts (e.g., symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, the acquisition of language and communication skills, and early literacy and numeracy skills. The outcome also addresses the precursors that are needed so that children will experience success later in elementary school when they are taught academic subject areas (e.g., reading, mathematics).

3. The **use of appropriate behaviour to meet needs** refers to the actions that children employ to take care of their basic needs, including getting from place to place, using tools (e.g., fork, toothbrush, crayon), and in older children, contributing to their own health and safety. The outcome includes how children take care of themselves (e.g., dressing, feeding, hair brushing, toileting), carry out household responsibilities, and act on the world to get what they want. This outcome addresses children's increasing capacity to become independent in interacting with the world and taking care of their needs.

[61] Extracted from: Early Childhood Outcomes Centre retrieved from http://www.fpg.unc.edu/~eco/ on 30 Dec 2011.

Family Outcomes

The following five outcomes were identified as desired outcomes for all families participating in early intervention:

1. Families understand their child's strengths, abilities, and special needs
2. Families know their rights and advocate effectively for their children
3. Families help their children develop and learn
4. Families have support systems
5. Families access desired services, programs, activities in their community

ANNEX 3-1
EXIT AGE FOR STUDENTS IN SPECIAL EDUCATION
REVIEW OF OVERSEAS MODELS

Overview: Maximum Age for Special Education

1. In Belgium, the age which students with special needs graduate from SPED schools is 21 years but this is extended if suitable sheltered jobs/homes are unavailable[62]. In Ontario, Canada[63], the exit age is also 21 years. School boards are responsible for providing for the enrolment and placement of students up to the age of 21. In Holland[64], the exit age is 20 years.

2. In the United Kingdom (UK)[3], the exit age is lower than Belgium, Ontario or Holland. Further education is funded up to the age of 19. This includes funding for placement in specialist residential colleges[65] or making adjustments such as hiring an interpreter or purchasing adaptive equipment. In the United States of America (USA)[66], the exit age is set between 21 to 22 years. Students who are unable to graduate with a high-school diploma remain in high school up to the age of 21 or 22 for instruction in vocational and living skills.

[62] UNESCO, 1996. Legislation pertaining to special needs education.

[63] The Education Act. Retrieved from:
http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900306_e.htm on 19 Sep 2011
(Note: Laws differ for each province/territory in Canada. Ontario is the most populous province, with 39% of the country's population).

[64] The Equality Act. Retrieved from:
http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/DG_4001076 on 19 Sep 2011.

[65] Specialist residential colleges are colleges which cater especially to students aged 16 and above with disabilities, offering further education in living and work skills, care and accommodation.

[66] Data Accountability Center, Office of Special Education Programs, 2009. Part B data notes.

3. Students generally leave school upon completion of their secondary/high school certification (where achievable) or upon reaching the maximum age for special education, whichever is earlier.

Case Studies

National Miaoli Special Education School, Taiwan

4. Taiwan has a Vocational Senior High School Programme which caters to junior high school graduates up to the age of 22 with moderate to profound intellectual disability, some coupled with other disabilities. Their curriculum involves academics, sports, careers education and preparation for employment. The school has links with 53 companies to offer students work experience placements and post-graduation job placements.

Post-18 options in USA

5. For students with significant disabilities, they are required to receive extensive ongoing support in more than one major life activity so as to participate in integrated community settings.

6. Students remain in high school until 21 or 22, past the usual age of 18. Students participate in alternative state assessments and graduate with a high school certificate, rather than a diploma. If they are not able to graduate from high school, they will continue to receive support and instruction in vocational and living skills from high school staff but also attend activities/classes in universities, community colleges and community-based programmes.

Benedictine School in USA

7. In Benedictine School, transition classes are available for students aged 18 to 21 with mild to severe intellectual disabilities, multiple disabilities or autism. Students attend one to three days of lessons, and the remaining days are for vocational placements. Lessons include classes on essential life skills, functional skills and career education.

Post-18 options and provisions in Australia

8. The Futures for Young Adults Program provides advice and support from transition planners, for persons aged 18 to 21 with moderate to high or complex support needs as they make the transition to post-school options. Planners also look into suitable options to continue support post-21 years. Educational options for the students, with advice from disability liaison officers in the tertiary institution and various grants available, include:

1. University
2. Technical and Further Education courses – industry-specific courses
3. Short courses – as a taster of potential education or employment options
4. Employment
    - Disability Employment Network: assists job seekers with disabilities in preparing for and securing jobs, including ongoing support if necessary
    - Australian Apprenticeships[67]: financial support for employers training apprentices with disabilities (e.g. for workplace modifications or wage support)
    - Specialist and community-based choices: such as transition to employment and community access and support programmes

Statistical Studies on Post-School Outcomes

9. Florian et. al (2000) looked at post-19 outcomes for UK pupils with profound and complex learning difficulties: 39% remained in their secondary school; 19% studied in further education colleges and 24% attend part- or full-time social service day centres. Front-line professionals suggest that further education may not be suitable for all students; some may benefit more from reinforcement of work/social skills. Local education authority funding is for youths up to age 19, but a disabled student's allowance is available for additional expenses due to disability.

[67] Australian Apprenticeships – Structured approach to apprenticeships, where training and employment are combined and can lead to nationally recognised qualifications. For traditional trades and a range of industries, including: agriculture and horticulture, business services, hairdressing, etc. (See http://www.australianapprenticeships.gov.au for more information).

10. In USA[68], students with special needs aged 17 to 21 who left school in 2009, 62% graduated with a high school diploma, 15% graduated with a certificate (not amounting to a diploma), 15 % dropped out of school, 5% transferred to a regular education class.

Lessons from Overseas Practices

11. There are some similarities amongst the overseas practices of post-school options for students with disabilities. First, all the schools catered to students who have moderate-severe disabilities, besides those who are higher functioning. The average exit age is 21 years old. Secondly, these programmes not only considered the needs of the varying levels of disabilities but also other aspects contributing to the quality of life. Programmes are more holistic when there is emphasis on inclusion, integration, and independence in each component of academics, vocational training, life skills, and preparation for employment. The following table shows the details of the components found in the research.

Overseas Practices of Post-school Options for Students with Disabilities

No.	Component	Details
1.	**Enrolment**	ID, including severe or profound disability, or multiple disabilities or autism.
2.	**Exit Age**	Does not stop at 18 but extended to 20-22 years.
3.	**Financial Support**	To assist persons with disabilities with placement in specialist residential colleges or making adjustments (e.g. purchasing adaptive equipment) or simply for (extra) allowance incurred due to disability. May also be financial support for employers training apprentices with disabilities (for workplace modifications or wage support).

[68] OSEP (Office of Special Education Programs, USA) Data Table 4.3: Number of students ages 14 through 21 with disabilities served under IDEA, Part B, in the U.S. and outlying areas who exited special education, by exit reason, reporting year, and student's age: 1999-00 through 2008-09.

No.	Component	Details
4.	**Differentiated Tracks**	a) Differentiated tracks for those academically-able and less-able. • Students who can graduate from mainstream → high school diploma • Students not in mainstream but takes *alternative state assessments* → high school certificates (if pass) • If unable to graduate from high school, students continue to receive support and instruction in vocational and living skills but also attend activities or classes in communities, colleges or community-based programmes. b) Wholesome curriculum which include sports, career and enrichment classes besides academics (languages and mathematics).
5.	**Emphasis on Independence Training**	As mentioned in point (4), students receive support in more than one major life activity like self-care or mobility so as to participate in integrated community settings. This is especially so for students on the non-academic track.
6.	**Pre-Vocational Skills Training**	All students will go through pre-vocational training to prepare them for vocational training after post-school graduation. Such classes may be conducted within the school and also in community settings. Students also receive vocational placements to experience the actual community settings.
7.	**Employment Support**	Schools link up with companies to offer students with work experience placements and post-graduation job placements.
8.	**Transition Support**	To help students transiting from school to work: • Transition planners for advising and supporting issues on further educational options, financial and employment. • Also looks into support post-21 years moderate to severe support needs. • Assesses if students are ready to start work immediately or if students require support in community accessibility.

No.	Component	Details
9.	**Strong Inclusion Element** (Tied with Public Education)	Inclusive secondary post-secondary education and meaningful programmes set up to help persons with disabilities cope in mainstream settings. Programmes were designed to facilitate meaningful participation. Classes or vocational placements are conducted in integrated settings as part of curriculum. Also serves to educate community and help persons with disabilities form friendships in a supportive environment.
10.	**Support for Students with Significant Disabilities**	Ongoing strong support or individualized support from high school staff to assist students who face more difficulties in learning.
11.	**Support for Further Education and Post-Graduation Options Available**	Besides support from transition planners to assist students move on to further education, educational options for persons with disabilities with lower function are also available. For instance, short courses as a taster, technical courses offered at a range of levels, and disability enterprises similar to sheltered workshops.

12. The model which we envision in Singapore is one that empowers students with disabilities, be they mild or severe, with life skills and vocational skills for independent living. Independent living was a common wish of parents in the Focus Group Discussions conducted. All of the eleven components mentioned above are inter-related to helping our persons with disabilities feel included in our society.

13. As mentioned in the earlier study quoted by Florian et. al (2000), some students may benefit more from reinforcement of work skills or social skills rather than further education. This finding is not surprising as each individual with disabilities has different learning needs and potential. In the overseas practices, we found that the service models took into consideration the different needs and potential of students with disabilities and rendered more support for them as well. The later stage of special education tends to emphasise the extension of life skills and vocational training for the students, ideally with inclusion elements in the programmes. Differentiated tracks could be set for students with varying abilities. Transition support services are an integral part of the programme to help students transit to post-school settings as they approach graduation.

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ANNEX 3-2
CASE STUDIES OF OVERSEAS SCHOOL MODELS FOR STUDENTS WITH SPECIAL NEEDS

Hong Kong

1. In Hong Kong, all primary one students in mainstream schools are assessed by teachers for special education needs (SEN). Identified students are then referred for professional assessment. There is a student support team within the school that formulates plans for meeting the SEN of the student comprising senior school staff, school counselor, student's teachers and parents. The student is then provided with external support or referred to a special school as necessary. In general, students with severe SEN are placed in special schools for intensive support, as recommended by specialists and with the consent of parents, while other students with SEN are placed in mainstream schools.

2. Students with SEN are given assistance according to their level of abilities. Those assessed with mild or transient learning difficulties fall into Tier 1 and receive quality teaching in regular classes. Difficulties are pinpointed and addressed by varying teaching methods or assessment modes. For Tier 2, students with persistent learning difficulties receive additional support such as small group teaching. Those with severe learning difficulties receive intensive and individualised support. Teachers will draw up an Individual Education Plan (IEP) in consultation with parents and specialists.

3. In addition, the School Partnership Scheme allows special schools to partner with mainstream schools to share resources and expertise on addressing the educational needs of SEN students in mainstream schools. It also offers short-term programmes for students in mainstream schools who need extra support.

Case Study: The University of Hong Kong (HK)

4. The Centre of Development and Resources for Students (CEDARS) is responsible for promoting an inclusive campus for students with physical and mental challenges. This is achieved using a three-pronged approach: supportive service, community support and campus awareness.

5. CEDARS provide a comprehensive and tailored personal service by working with various units in the University to eliminate structural and other barriers to student participation. An induction meeting for students with disabilities is held at the start of the academic year to understand their specific needs. Services extend from academic and financial support in the form of equipment aids and scholarships to assistance with accommodation and transport. Individual counseling is also provided by the Counseling and Person Enrichment Section of CEDARS to help students on areas such as managing life stress, personal growth, relationship and university adjustment and to learn the skills, attitudes, and resources necessary to succeed in both the university environment and pursue productive, satisfying and psychologically healthy lives. Assistance in career guidance, job search and preparation for interviews is also given, with support from external job providers.

Taiwan

6. In Taiwan, special education is conducted in two types of schools: special education schools and regular schools. Special education schools are mainly for students with moderate to severe disabilities, whereas regular schools operate on a blended model. They are further grouped into five types of schools based on disability types. Although the schools are seemingly disability-specific, a Special Education Law was passed in 1997 to encourage schools to enroll students regardless of disabilities. Each school provides different types of curriculum based on guidelines provided by the Ministry of Education, usually specifically catering to the needs of the type of disability.

7. Special education classes in regular schools are based on an integrated system. The classes for physically and mentally disabled students are grouped into five types that are generally based on degree of integration into regular classes.

8. In some instances, students are assisted by itinerant teachers. They study in regular classes and have separate sessions with trained specialists. Students who are home-schooled due to their disabilities are attended to by itinerant teachers and therapists. There are also resource classes within regular schools, who operate on a blended system for integration. Another option involves having special classes within regular schools. The third option is special schools which are primarily for students with moderate to severe disabilities. Special schools are generally disability-specific.

United Kingdom (UK)

9. UK adopts a step-by-step approach in catering to the special needs of the students. Schools introduce increasing levels of support to meet the students' needs as indicated in their Individual Education Plans (IEP). While it is not mandatory for teachers to write an IEP, parents must be kept informed of the provisions in place for the students.

10. The first level, called the School Action, provides additional help at the school level such as use of specialized equipment. The second level, called the School Action Plus, is when an external professional comes in to provide additional help. The third level is regarding a statutory assessment and statement of SEN. A thorough assessment of child's SEN by local authorities is done in consultation with parents, teachers, specialists, and essentially an IEP is produced.

Case Study: University of Edinburgh (UK)

11. The Student Disability Service ensures that students with disabilities are adequately supported during their studies. An initial consultation is first done to ascertain the nature of the disability. From this, the Advisor will be able to determine the relevant stage of the support process via a needs assessment, and the next step that needs to be completed.

12. The service encourages proactive and responsible learning. It aims to help students with disabilities achieve this goal and work as independently as possible through a range of supports. A student is advised to discuss any specific academic and exam requirements with a Disability Advisor. The advisor will then create a Personal Learning Profile that caters to individual needs, and is communicated to all relevant staff within the University. Financial assistance is also available for students that require additional support during their studies.

13. Student Support Assistants can provide further support at University. The service promotes communication with caregivers to ease the transition to university and to ensure that every student is adequately supported.

Case Study: Darlington Education Village (UK)

14. The Darlington Education Village is made up of three schools – a special school, a primary school and a secondary school. Consolidated resources allows for the provision of better facilities and a more inclusive environment. Regular classes and special education have different teaching modules catering to the different learning needs of each pupil, with the support of teaching assistants.

15. In the special school section, students are given support according to their disabilities, with specialized environments, resources and staff. For students with profound and multiple learning difficulties, parents and specialists are actively involved in the learning process.

16. For students aged 14 to 16, they are prepared for transition to the working world. Accredited courses with a range of applied and academic nature are available for students to study according to their abilities and interests. There are also courses on developing personal and social skills for adult life.

17. For students beyond 16 years, they have the option of continuing on with an academic curriculum until age 19. They are also trained in their vocation skills, with external work placements being arranged for students for familiarization with actual settings to prepare for transition to the working world. To cultivate their independence, students attend a residential camp where they plan and cook all their meals and learn to live with their peers.

Australia (New South Wales)

18. The Early Learning Support team is formed a year before a child enters primary school to select the best placement option and plan a smooth transition. It comprises parents, staff from both preschool and primary school, and other professionals as required. The School Learning Support team plans and evaluates whether the relevant resources and facilities are in place for the child's educational needs to be met. It comprises child, parents, school principal or representative, teachers, school counselor and others as required.

19. In regular classes, support teachers trained in special education and teacher aides assist in classroom teaching as well as personal support. Support teachers for learning assistance identify and implement education plans for students with SEN, giving short-term intensive instruction for students outside of class, and training other teachers in SEN.

20. For support classes within regular schools, intensive individualized learning programs in separate classes are provided to allow students to be integrated into regular school activities. Classes are generally differentiated by disability types. Each support class is staffed with one teacher and one teacher aide.

21. In special classes, classes are differentiated by disability with individualized programmes. Special schools are more specialized and equipped with disability-friendly equipment and facilities for students who require an intensive level of support. Therapy is generally conducted within the school but provided externally by the Department of Ageing, Disability and Homecare. Therapists are also responsible for training teachers in activities that can be used during regular class time.

Canada (Ontario)

22. In Canada, parents or school staff will refer the child to a committee called IPRC (Identification, Placement and Review Committee) that is set up by the school, which decides on the most inclusive placement appropriate for the child. The school board is then responsible for designing an individual education plan (IEP) for each student identified as having special needs. The IEP details the students' strengths and needs, and the special education programmes in place to address them.

23. There are six placement options for students. Students may attend lessons in regular classes with indirect support, where teachers receive consultation sessions with specialists, or regular classes with resource assistance, where the student receives specialized instruction from a qualified special education teacher within the classroom, individually or in a small group. Another type of assistance in a regular class involves the student receiving specialized instruction from a qualified special education teacher outside the classroom for less than half the school day. In special classes, the teacher to student ratio is smaller compared to that of mainstream settings. Therapy services are usually provided by external professionals who train teachers to continue therapy lessons in class.

24. Students can also attend special education classes. The first type consists of partial integration where the student receives specialized instruction in a separate class for more than half the school day but is integrated into a regular class for at least one period daily. The second time is full-time where the student receives specialized instruction in a separate class for the full school day.

25. In special schools, there are more specialized facilities and resources and the focus is more on developing life skills and independence. This is generally for students with severe disabilities who require specialized support and resources.

Case Study: Thompson Rivers University (Canada)

26. TRU has an Open Learning Scheme that introduces distance learning for students with disabilities. This is accomplished through increased disability awareness and the facilitation of student independence, self advocacy and personal responsibility through Disability Services. An assessment by a Disability Service Advisor will determine the type of accommodations and support required, while ensuring it adheres to the University's academic standards and the essential requirements of the course/or programme.

27. On campus, Disability Services works with students with disabilities to provide a range of services and accommodations tailored to their individual needs. The department assists in providing equal access to educational opportunities at Thompson Rivers University by reducing the physical, attitudinal, and systemic barriers for students.

United States of America (USA)

28. The USA has been perceived to have the least restrictive environment. Special education is stipulated by the Individuals with Disabilities Education Act. It is defined as placing child in regular classes with non-disabled children as far as possible. To achieve this, supplementary aids and services are provided within the regular class. Segregated special classes/schools are avoided as much as possible unless supplementary aid is inadequate. Schools are to offer different choices of alternative placements. Placements are then reviewed annually based on the child's IEP.

29. Supplementary aids and services in the regular class include modifications to content[69], delivery and assessment method of the curriculum. Direct materials and services can be provided to support the child. Staff are supported with training, consultancy with specialists and extra preparation time so that they can be better equipped with managing special needs children in an integrated class. Special education teachers are required to hold a Bachelor's degree and a recognised certification in special education.

Case Study: UC Berkeley (USA)

30. UC Berkeley has designed the Disabled Students' Program (DSP) which is committed to ensuring that all students with disabilities have equal access to educational opportunities at UC Berkeley. Services are individually designed, and based on the specific needs of each student as identified by Disability Specialists.

31. Academic accommodations are determined by an individualised assessment of each student by DSP Specialists. Disability Access Services provides information and assistance to the campus community and individuals with disabilities who require access to participate in University-sponsored non-course related programs or activities. The Disabled Student Grant is a financial aid grant administered by DSP to assist eligible students with disability-related equipment not covered by other funding sources or already available on campus.

[69] The IDEA specifies that "*Special education* means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability", and that *specially designed instruction* means "adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—

(i) To address the unique needs of the child that result from the child's disability; and

(ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Hence, content adaptation is possible but only when student's IEP provides for this, and must meet state education standards.

32. The Disabled Students' Residence Program encourages students to live independently. DSRP staff members assist students in hiring, training, and using personal assistants. Staff also acts as resources linking the new students to campus and community services and events.

33. DSP also provides funding for a range of Auxiliary Services that students may need in order to offset the effects of their disabilities. At the beginning of each semester, students meet with their Specialists to determine which services will be necessary for particular courses. The TRIO/Student Support Services Project is designed as a critical component of DSP's services for undergraduate students to promote retention and graduation. The Project provides supplemental support services to students whose disabilities are particularly challenging.

Singapore

Case Study: United World College, South East Asia (Singapore)

34. This school has in place a Learning Support Programme for students not making progress in the regular classroom. Staff work with parents to plan and review how to meet the student's special educational needs (SEN). Staff may suggest assessment by an external professional where necessary. Specific support in core academic subjects, in-class or separately will be provided as appropriate. Other support services may include learning skills training. There are twelve full-time and six part-time learning support staff members. 90% of these staff members have training in education or special education. There is also one learning support therapist with training in occupational therapy. Staff members will coordinate information on the student's needs and convey this information to the relevant teachers.

Case Study: Singapore American School (Singapore)

35. The Special Services Programme is for students with difficulties functioning successfully in school. Staff or parents can request a Special Services Meeting involving teachers, counselors and/or speech therapists as appropriate. A students-at-risk intervention plan is drawn up, similar to an IEP. Difficulties are categorized according to type and severity. Two to three academic support teachers are assigned to the designated Inclusion Classes in each grade. Support teachers assist students either

within the classroom or separately, by pre-teaching, re-teaching or supplementing the materials taught in class. Support is provided during core academic subjects and as an elective[70].

Effectiveness of Special Education

36. The research literature supporting the efficacy of placement in special education schools for children with special needs is varied. While some research shows that inclusion in mainstream can foster active participation in learning and create opportunities for social engagement and interactions with peers for children with special needs (Hunt et al, 1994; Cross, Traub, Hutter-Pishgahi & Shelton, 2004), there are other studies which show that children with special needs in mainstream settings may underachieve and under-perform in their learning, and there is increased bullying and social isolation (Warnock, 2005; Frederickson et al, 2007). Commentators, e.g. Hocutt (1996) highlighted that pedagogy is more crucial than the mere placement of a child with special needs in determining academic or social success. She highlighted that special education is definitely crucial and necessary but at the same time, students can still benefit and be successful from mainstream settings should there be adequate resources given to support them and the teachers.

Overall Findings

37. From the literature review, there is strong indication that schools should adopt a multi-disciplinary approach to supporting learning needs of special needs students within a regular school. The element of inclusion is strong as special needs students are then given education within a mainstream school.

38. The multi-disciplinary team consists of mainstream teachers, itinerant support teachers and resource teachers, therapists and sometimes the school board/ management staff. The team will look into the individual educational needs of the special needs child and also support the parents and child through regular dialogues. On the other hand, itinerant support staff and therapists educate and train mainstream teachers on learning support within the mainstream classrooms. The teacher to student ratio per disability type was also given standards as to what is optimal for each child. We should consider taking reference from the US model.

[70] Middle school students (ages 11 to 13) choose elective subjects such as learning a foreign language, but where recommended by teachers, this can be replaced by academic support where support teachers help students to consolidate their learning.

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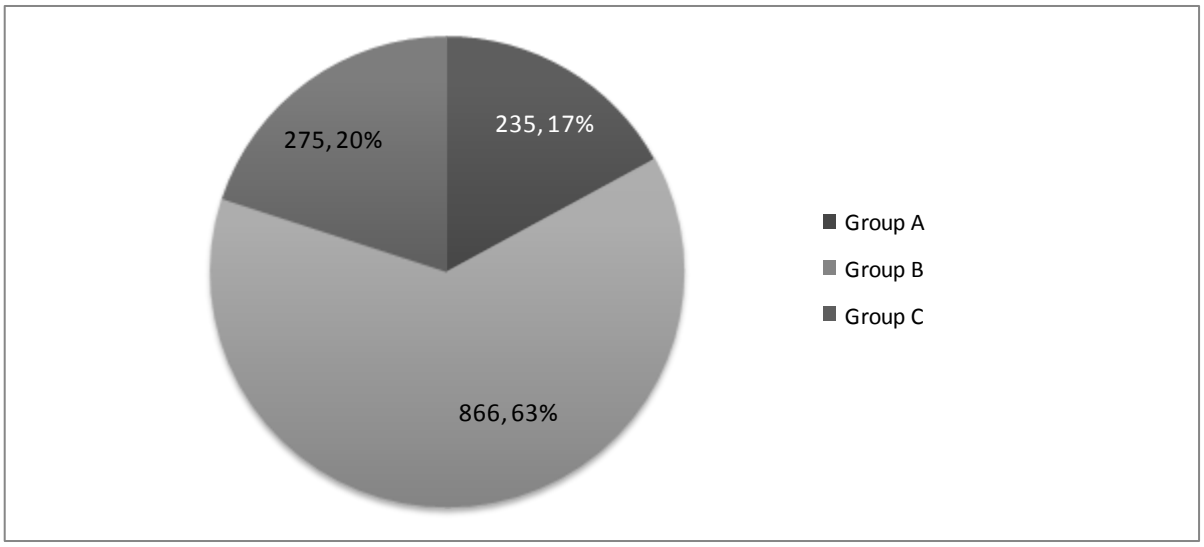
ANNEX 4-1
EXCERPTS FROM THE REVIEW OF SHELTERED AND PRODUCTION WORKSHOPS (2009)

1. MCYS and NCSS conducted a review of the sheltered and production workshops in 2009. It was found that persons with disabilities attending workshops could be grouped into three categories based on their level of productivity and support needs as shown in the figure below:

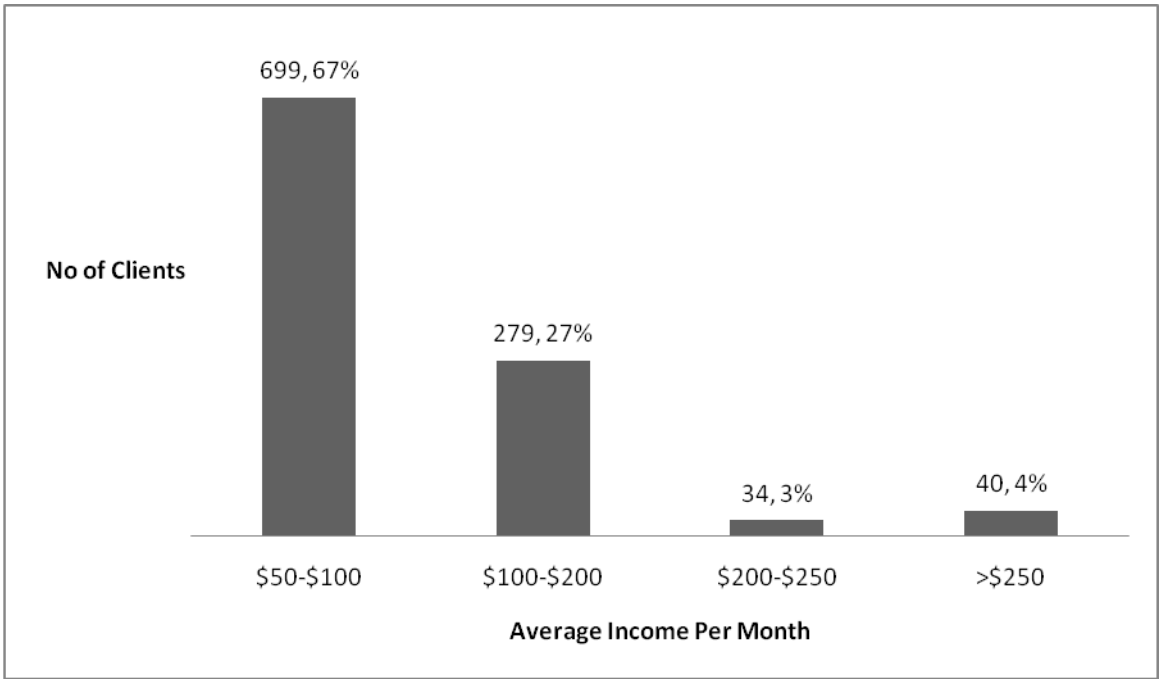
- Group A: potential to be trained and placed in open employment
- Group B: limited or no potential for open employment but productive in sheltered workshop
- Group C: no potential for open employment and limited productivity in sheltered workshop

Clients Grouped According to Potential and Productivity.
(Based on Workshops' Self-Reporting, 2009, n=1376)



2. With reference to the following figure, 93% of workshop attendees earned an average of less than $200 a month while 4% earned more than $250 monthly.

Income Distribution of Sheltered Workshop Clients
(Based on FY2010 Results; n=1,052)



ANNEX 4-2
SOCIAL ENTERPRISE (SE) MODELS OVERSEAS

A. EXCERPT FROM REPORT ON STUDY TRIP TO TAIWAN AND HONG KONG ON SOCIAL ENTERPRISES (15-19 AUGUST 2011)

Objectives of Trip

1. In August 2011, the National Council of Social Service (NCSS) participated in the Ministry of Community Development, Youth and Sports (MCYS)-initiated study trip to Taiwan and Hong Kong to understand factors contributing to the success of social enterprises and the growth of the social enterprise sector. The study trip included visits to successful social enterprises providing employment to the needy disadvantaged and meetings with various government agencies and intermediaries to understand their role in supporting the sector. A copy of the trip itinerary is provided in Annex 1.

2 NCSS had participated in this study trip as it had envisaged the development of *sheltered enterprises* to provide more sustainable employment and income for higher productivity persons with disabilities (PWDs) in the sheltered workshops, as part of the recommendations from the review of the sheltered workshops[71]. In this regard, the objectives of the trip were for NCSS to learn about the best practices adopted by government agencies, intermediaries and social enterprises and identify enablers of growth which could potentially be replicated in the local context, especially in the area of supported employment for persons with disabilities

[71] In 2009, MCYS and NCSS embarked on a review of the sheltered workshops. The findings revealed that the sheltered workshops were not serving a homogenous group of PWDs. There were three groups of PWDs with differing levels of productivity within the sheltered workshops. Sheltered workshops have not been able to provide differentiated employment required to match the productivity levels of the different groups of PWDs. Sheltered workshops were envisaged as a potential supported employment model for higher productivity PWDs.

Key Learning Points

Leadership from government in supporting the social enterprise sector

4 In Taiwan, there is legislation to protect disabled persons. Other than making it legally mandatory for government agencies and private corporations to hire a small percentage of disabled employees in their workforce, the Government also provides support for the sheltered workshops through various regulations under the 'Physically and Mentally Disabled Persons Protection Act[72]'.

5 Under the 'Priority Purchase of Products Manufactured and Service Provided by Welfare Institutions or Groups for Physically and Mentally Disabled Persons Regulation', Government agencies are required to allocate at least 5% of tenders to social enterprises and sheltered workshops of non-profit organisations (NPOs). There is also the provision of premises (e.g. operation of the bakery by the "Children Are Us Foundation" at the Council of Labour Affairs Executive Yuan in Taiwan) and subsidies for manpower costs.

6 In Hong Kong, as part of the Government's policy to promote and enhance the employment opportunities for persons with disabilities, a start-up grant (through the "Enhancing Employment of People with Disabilities through Small Enterprise" Project) was launched by the Social Welfare Department (SWD) to provide seed funding for NPOs to create social enterprises employing persons with disabilities. The seed funding is given in the form of a non-recurrent grant to social enterprises to assist them in paying the necessary initial operating expenditure and initial operating expenses for the preparatory business and marketing team.

7 A Marketing Consulting Office (Rehabilitation) (MCO(R)) was set up under the SWD to provide (i) business development, (ii) consultancy and training, and (iii) marketing and promotion for social enterprises which had applied and benefitted from the grant.

[72] Under the "Physically and Mentally Disabled Citizens Protection Act", it stipulates that the Government and private institutions whose number of employees is not less than 50 and 100 respectively to employ the disabled, and the number of disabled employees should not be less than 2% of total employees for government institutions, and 1% of total employees for private institutions.

Case Study: Tung Wah Groups of Hospitals Jockey Club Rehabilitation Complex, Hong Kong

The Tung Wah Groups of Hospitals is one of the largest charitable organisations in Hong Kong. In collaboration with Hong Kong and China Gas Co. Ltd (Towngas), Tung Wah set up a social enterprise, Cook Easy, to create employment opportunities for PWDs. This partnership was facilitated by the HK Social Welfare Department. The service provides delivery of fresh and pre-prepared food packs to families, as part of Towngas's mission to encourage middle class families to enjoy healthy home-cooked meals, conveniently and easily. PWDs are involved in the processing and preparation of food items.

Niche areas key to sustainability

8 While it was noted that the social enterprises provided quality products and services to remain competitive in the open market, what was notable was that the more successful social enterprises tended to have niche markets. The niche market aimed at satisfying specific market needs, in terms of the type and quality of products, price range, and the demographics that is intended to impact. The market niche enabled the social enterprises to enhance their sustainability due to their competitive advantage.

Case Study: Mental Care Connect Company, Hong Kong

MentalCare Connect Co. Ltd. is the first social enterprise operating rehabilitation product retail chain stores in Hong Kong, providing employment opportunities for persons recovering from mental illness. Mental Care developed a market niche by operating a rehabilitation retail network in hospitals, which significantly revamped the then market model where traditionally all merchandise, was only be bought via direct sales from related distributors. To ensure diversity in its businesses, MentalCare Connect has also started a rehabilitation product online shop.

Importance of job coaches and social workers to support unique workforce

9 Successful social enterprises also acknowledged the importance of having job coaches and social workers to provide job support and counselling on a needs-basis for its unique workforce. However, many echoed the difficulty in balancing the need for sustainability of its businesses with the additional costs of providing job coaches and social workers.

10 As many of the social enterprises were started by their parent NPOs, they overcame this challenge by relying and tapping on job coaches and social workers deployed by their parent NPOs to provide job support and counselling for their employees.

Case Study: Sunshine Social Welfare Foundation, Taiwan

The Sunshine Social Welfare Foundation provides services and care for persons with burns and facial injury, and disabilities. One of its social enterprises is the Sunshine Car Wash, which provides employment opportunities for burn victims and persons with mental, intellectual disabilities and hearing impairment. The social enterprise employs specialised job coaches to manage employees with different needs. Other than ensuring psychosocial needs of employees are met, the job coaches also conduct job analysis and redesign to make sure that the tasks assigned to employees are simple and within their capacity.

Committed and passionate management

9 Many successful social enterprises were typically operated by individuals with strong business acumen, have a strong passion for the social service sector and a good understanding of the needs of its unique workforce. However, it was noted that NPOs faced challenges in attracting such talent.

Committed and passionate management

11 The successful social enterprises were typically operated by individuals with strong business acumen, have a strong passion for the social service sector and a good understanding of the needs of its unique workforce. However, it was noted that NPOs faced challenges in attracting such talent.

Conclusion

12 The study trip reinforced the importance of developing alternative supported employment models for persons with disabilities who are capable of higher productivity but not suitable for open employment. Moreover, with adequate leadership and support at different levels, there is a possibility that persons with disabilitiescan optimise their employment potential. More importantly, the study trip also enabled the NCSS study team to glean important insights on critical success factors, namely the leadership from the government in supporting the social enterprise sector and the provision of job coaches to support the unique workforce, that could be possibly be replicated in the Singapore context.

B. OVERVIEW OF SOCIAL ENTERPRISE (SE) MODELS IN AUSTRALIA, EUROPEAN UNION AND HONG KONG

Country/ Model Component	Overview
Australia	• According to FASES[i] (Finding Australia's Social Enterprises, 2010), the sector is mature, sustainable and diverse. • The most cited function indicated by SEs in the survey is to create a chance for people to participate in the community. • **30.7% of surveyed SEs indicated persons with disabilities as targeted beneficiaries.**
European Union	• About **33% of Work Integration Social Enterprises (WISE) target** persons with disabilities and may also employ other groups like ex-offenders. • There are 39 types of WISEs in the 12 European countries as found by the research conducted by European Research Network. • In Portugal, there are insertion companies and sheltered employment for vulnerable groups[ii]. • Most generate paid work and to help vulnerable groups fight unemployment, with limited profit redistribution.
Hong Kong	• The **Hong Kong (HK) government takes the lead in promoting SEs and providing a one-stop website with information on SEs**. • More focus on developing SEs in recent years as a channel to help the disadvantaged be self-reliant and alleviate poverty. • No central agency coordinating all SE services. • No official statistics on number of SEs; estimated 187 SE projects in 2006[iii]. • Different governmental agencies administer varying funding schemes to promote or develop SEs. • **Consultancy & training support provided by government, community and private companies.** Existing resources are used to help SEs (e.g. services for Small & Medium Enterprises).

Country/ Model Component	Definition of Social Enterprise
Australia	As defined by FASES for purpose of research: • Led by economic, social, cultural or environmental mission consistent with a public or community benefit. • Trade to fulfil their mission • Derive a substantial portion of their income from trade • Reinvest the majority of their profit/surplus in the fulfilment of their mission
European Union	• WISEs are "autonomous economic entities whose main objective is the professional integration of people experiencing serious difficulties in the labour market" (Davister, et al, 2010)[iv]. • Davister et.al (2010) found that **WISEs operates on 4 main modes of integration, with the creation of permanent self-financed jobs being the most similar to social enterprises** for the purpose of this literature review. • No fixed definition due to the variety of WISE in the EU of 12 countries.
Hong Kong	• No official definition but key features identified – SEs should meet commercial objectives, social objectives and reinvest profits into the business or community to meet the social objectives. • Can be categorised into social firms, social co-operatives and community economic development projects.
Model Component/ Country	**Agencies Involved**
Australia	• No central agencies involved or government's facilitation services.
European Union	• Institute of Employment and Professional Training (IEFP) acts as a training organisation and defines the training or labour contract between clients and insertion companies. • Private and public companies may be involved in technical and financial support, depending on their willingness to assist. • In Portugal, the National Federation of Cooperatives of Social Solidarity is a supporting umbrella structure for insertion companies which are promoted by cooperatives of social solidarity.

Model Component/ Country	Agencies Involved
Hong Kong	• Key government agencies involved in developing SEs: Social Welfare Department (SWD), Home Affairs Department (HAD) • Agencies involved in spearheading services and partnerships: Hong Kong Council of Social Service, HK General Chamber of Social Enterprises • Other private partnerships: HSBC bank, SME Mentorship Association Limited. • The Marketing Consultancy Office (Rehabilitation) of SWD is entrusted to promote "SEPD" – Support the Employment of People with Disabilities Limited. • Both SEPD and SE render support to facilitating SEs and promoting SEs and persons with disabilities in HK.
Model Component/ Country	**Financial Support/ Income Stream**
Australia	• No government financial support noted. Income Stream: • SEs rely on a combination of paid and unpaid workers/ volunteers, earned income and others to fulfil missions. • 63.2% reported reinvesting all profits, while 23.7% reinvested 50% or more. • SEs also rely on hours in-kind from external organisations for accounting or legal support services or corporate volunteering programmes. • Younger SEs (<5 yrs) were found to be more reliant on debt finance, philanthropic grants and contributions from individual members. • SEs trade predominantly in local and regional markets. And earned income included contracts with government that were competitively secured.

Model Component/ Country	Financial Support/ Income Stream
European Union	• IEFP (Portugal) does NOT finance the wages of administrative and management staff. • **IEFP funds training for target clients, acts as a training organisation, and provides technical support in collaboration with public and private companies.** • IEFP may provide a loan without interest or provide subsidies. • For payment of workers, **IEFP co-funds the wage costs and contributions to social security due by employers, up to 80% of the national minimum wage.** This happens during the professionalization phase. • There is a specialised team to monitor and follow-up with each client's integration process.
Hong Kong	• **Seed funding for SEs:** 1. By SWD in 2001: "Enhancing Employment of People with disabilities through Small Enterprise" Project. Provides seed money to the creation of small enterprises by NGOs for persons with disabilitiesto enjoy genuine employment in a supportive environment (ceiling grant is HKD$2 mil per business for a maximum of 2 years). 2. By HAD: "Enhancing Self-Reliance through District Partnership Programme" for a period of 2 years (ceiling grant is HKD$3mil. Per business and maximum funding period is 3 years). Other schemes involved in the start-up of SEs: 3. By Labour & Welfare Bureau: "Community Investment and Inclusion Fund" provides seed money to community groups, NGOs or private companies to develop projects that aim to build social capita. Minimum funding is HKD$20K with no pre-set maximum funding yet. Maximum funding period is 3 years.

Model Component/ Country	Financial Support/ Income Stream
	4. By Developmental Bureau: "Revitalising Historic Buildings through partnership scheme". NGOs can submit proposals to use selected historic buildings for services or SEs. A one-off grant is given to cover cost of major renovation and charge a nominal fee for the rental. Funding ceiling of the grant is HKD$5 mil per building/ project for a maximum of 2 years.
Model Component/ Country	**Consultancy & Training Support**
Australia	• No information found • Some SEs are branches of larger organisations and may reinvest some surpluses/ profits back. However, it also suggests that these **SEs may receive some support from their parent organisation** but the forms of support are unclear.
European Union	• Every worker has an individual integration plan which may involve training with a maximum duration of 6 months. • IEFP (Portugal) accredits training with goal of developing personal, social and professional skills of clients served.
Hong Kong	• **Support from tripartite: government, community agencies and private companies**. • Support given for SMEs also extended to SEs, not just to SEs for persons with disabilities. **Mentorship and advisorship services** from 1. SME Mentorship Programme 2. Me**et-the-Advisors Business Advisory S**ervice (by trade & industry dept) 3. SME Mentorship Progress 4. Employees Retraining Scheme of Employees Retraining Board 5. Ad Hoc Committee on Social Entrepreneurship Training 6. Social Enterprise Resource Centre 7. HKCSS-HSBC Social Enterprise Business Centre[v]

Model Component/ Country	Promotion & Information of Products and Businesses
Australia	• No government-led propaganda of SEs. • No central directory on SEs in Australia to promote purchase of SEs. • Government is an important but not dominant or main purchaser of goods and services from SEs. • However, it was found that **government contracts represented 29.5% of annual income** amongst the group that disclosed financial information in the research. • This may indicate that **government agencies are strong supporters of SEs in Australia, and playing a part in the viability and sustainability of SEs in Australia.**
European Union	• The **Portugal government launched a Social Employment Market** in 1996 to promote employment of disabled, drug addicts and etc. • Volunteer resources do not seem to be very significant for Portugal WISEs.
Hong Kong	1. Information on SEs – www.social-enterprises.gov.hk managed by Home Affairs Department. Includes funding schemes, directory of SEs, lists of events to promote SEs, and sources of support. 2. Social Enterprises Support Unit is established to strengthen support services of SEs and enhance public awareness. 3. Implements the SE Partnership Programme – a platform to enhance and facilitate partnership through matching forum and mentorship scheme (to last at least 9 months and meet at least 3 times). 4. Events like trade fairs, district market fairs, forums and Social Enterprise Summit (last held in 2010). 5. **SE Awards** – recognition to SE with social impact in HK and share best practices. 6. **SE Friends** – recognition to local organisation/ individuals who have lent support to SE in HK 7. **SE Bazaar** – first bazaar organised in 20-11 to promote growth of SE 8. **SE Training** – 2 types: SE Practical Training Program by Centre for Entrepreneurship by The Chinese University of HK, and SE Training programme at management level by Hong Kong School of Professional and Continuing Education (HKUSPACE).

[i] FASES is a research project of a joint initiative of Social Traders and the Australian Centre for Philanthropy and Non-profit Studies (ACPNS) at Queensland University of Technology (QUT).

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[iv] Davister, C. et al (2010). *Work Integration Social Enterprises in the European Union: AN overview of existing models.* Retrieved from http://www.emes.net/fileadmin/emes/PDF_files/PERSE/PERSE_04_04_Trans-ENG.pdf on 12 August 2010.

[v] HKCSS-HSBC Social Enterprise Business Centre. Retrieved from http://www.hsbc.com.hk/1/2/cr/community/projects/sebc on 22 November 2011.

ANNEX 7-1
EXCERPTS FROM "ASSISTIVE TECHNOLOGY IN SINGAPORE– NEEDS, CHALLENGES AND UTILISATION" BY SOCIETY FOR THE PHYSICALLY DISABLED, 2011

Background of Study

1 To review the needs, challenges and current use of Assistive Technology (AT) in Singapore in VWOs, SPED Schools and in community and workplaces.

2 AT refers to the application of technology to assist people with disabilities to overcome their limitations so as to perform their daily activities. AT devices are grouped into either low or high-technology. The SPD paper focused on high-technology AT devices. In addition, users of hearing aids were excluded.

Methodology and Sampling Size

3 118 individuals were selected at random participated in focus group discussions. They included:

- Students with disabilities in mainstream schools
- Teachers, therapists, and caregivers
- Adults with disabilities who are in employment or seeking employment

4 There were 719 respondents for the SPED schools survey and included:

- Principals
- Teachers
- Therapists
- Caregivers/Parents and Students

5 In addition, face-to-face interviews were conducted with 50 current AT users such as:

- Adults with disabilities who are in employment or seeking employment
- Students
- Adults in the community

Findings

6 The awareness of the benefits and use of AT was low in both focus group discussions and the SPED schools survey. Relevant findings from the SPED school survey respondents who are parents included:

- 68% had never heard of AT
- 48% are unaware of the type of AT that may benefit their child
- 93% indicated an interest to find out more about AT if there was a device that could help their child

7 Amongst the AT users, there was also a lack of awareness of the eligibility criteria and the availability of funding. 34% of teachers and 37% of therapists in SPED schools said that they used AT devices as part of their work. Reasons cited for this low usage include no training on how to use and include AT in the classroom, insufficient IT support in school, and no technical support for AT. Only 6% of the parents surveyed reported that their child used AT.

8 All groups felt that there was a need for trained professionals to prescribe AT devices.

9 By contrast, results from face-to-face interviews of AT users showed a high utilization of AT. This demonstrates that individuals who own their devices use it in all settings.

10 AT users also reported a perceived increase in participation, competence, confidence, productivity and independence, and lowered rate of frustration.

11 The abandonment rate amongst AT users was also low (9%). 91% of the devices purchased were still being used. All respondent groups attributed the high cost of acquisition, maintenance and repairs as one of the main reasons for not considering AT. They also remarked that government funding for AT is insufficient to meet their AT needs.

- 46% of parent respondents in the SPED school survey said one of the reasons they were not using AT was the high cost
- AT users in face-to-face interviews also cited the cost of the AT devices as a challenge
- 6 out of 8 focus group discussions centred on the theme of expensive AT

12 From the face-to-face interviews, AT users expressed that they still experienced challenges after they receive subsidies. Lack of cash, lack of awareness of funding criteria, and lack of knowledge of resources were cited as challenges in the process of acquiring AT.

Recommendations

13 The study made the following recommendations:

- Raise the level of awareness through various public awareness activities;
- Targeted training for professionals working with people with disabilities so that use of AT would increase;
- Review the Government's current funding limit and eligibility criteria for AT; and
- Develop an ecosystem to support and sustain on-going developments and use of AT for persons with disabilities.

ANNEX 10-1
OVERSEAS MODELS FOR PROMOTING HEALTHY LIFESTYLES AND PHYSICAL ACTIVITY FOR PEOPLE AND STUDENTS WITH DISABILITIES

National Healthy Schools Programme –

Department of Health and Department for Children, Schools and Families, UK

1. The Every Child Matters agenda was introduced to promote positive outcomes of children from birth to age 19 to stay safe and healthy and eat and drink well. The National Healthy Schools Programme (NHSP) is a long-term initiative formed to make a difference to the health and achievement of children and young people. Through the programme, schools are able to work towards the five outcomes[73] of the agenda and put their ideas into practice.

2. The four core themes of NHSP include: Personal, Social and Health Education (PSHE), Healthy Eating, Physical Activity and Emotional Health and Wellbeing. In meeting the criteria of each theme, schools achieve the National Healthy School Status[74]. The Government of UK wants *every* school to be working towards the National Healthy School Status. To facilitate the process, a Whole-School Approach (WSA) (Refer to Figure 1) is adopted as it is recognised that being healthy involves the entire school community – young children, staff, parents/caregivers and governors.

3. The WSA recognises the importance of identifying children and young people with special educational needs, specific health conditions, social and emotional learning difficulties and disabilities in the process of needs analysis. Lead professionals would be required to contribute to the support needed for vulnerable children to ensure that their needs are met.

[73] The five outcomes are: i) Be healthy; ii) stay safe; iii) enjoy and achieve through learning; iv) make a positive contribution to society; and v) achieve economic wellbeing.

[74] The National Healthy School Status requires schools to meet criteria in four core themes. The criteria consider not only taught curriculum but also the emotional, physical and learning environment that the school provides. To-date, more than 70% of the schools had acquired the status.

Healthy Lifestyles Curriculum – Oregon Office on Disability and Health

4. The Healthy Lifestyles Curriculum was developed by a team of professionals with disabilities from the Oregon Institute on Disability & Development (OIDD) of Oregon Health & Science University (OHSU), with inputs from a series of focus groups with people with disabilities (PWDs) in Oregon. Participants were asked to discuss on what health meant to them and together with a review done on existing curricula, the curriculum was formed, with components captured in the Healthy Lifestyles Wheel (Refer to Figure 2).

5. Using the Healthy Lifestyles curriculum, ten free 2.5-day workshops were conducted for people with various disabilities in Oregon and Southwest Washington. Workshops were conducted in collaboration with Centres for Independent Living (CILs), which are non-profit resource centres providing services to enhance independent living forpersons with disabilities.

6. The workshops were segmented into four parts. The first segment introduced the Healthy Lifestyle Wheel and encouraged participants to self-define health. The second segment focused on spiritual health and living one's values. The third segment touched on the four remaining components of the health wheel – physical, social and emotional health and meaningful activities and the last segment encouraged the development of personal goals and strategies for accomplishment. To keep participants engaged during the workshops, tailored physical activities i.e. non-impact aerobics (NIA), yoga, massage were taught by instructors who had experience working with persons with disabilities.

7. Support groups were formed to provide peer support following the workshops. During the sessions, participants shared on their success or obstacles faced while achieving goals. Volunteer speakers were also invited to sessions to share on topics such as nutrition, stress management, healthy cooking and budgeting skills.

Gloucester's Hockey Inclusion Project (HIP): Sports for People with Learning Disabilities

8. The Hockey inclusion project (HIP) is run by Tact, a charity that supports people with learning disabilities. Every week, the project runs three hour-long hockey sessions in Gloucestershire. Each player pays a small token (£2-3) to take part in the

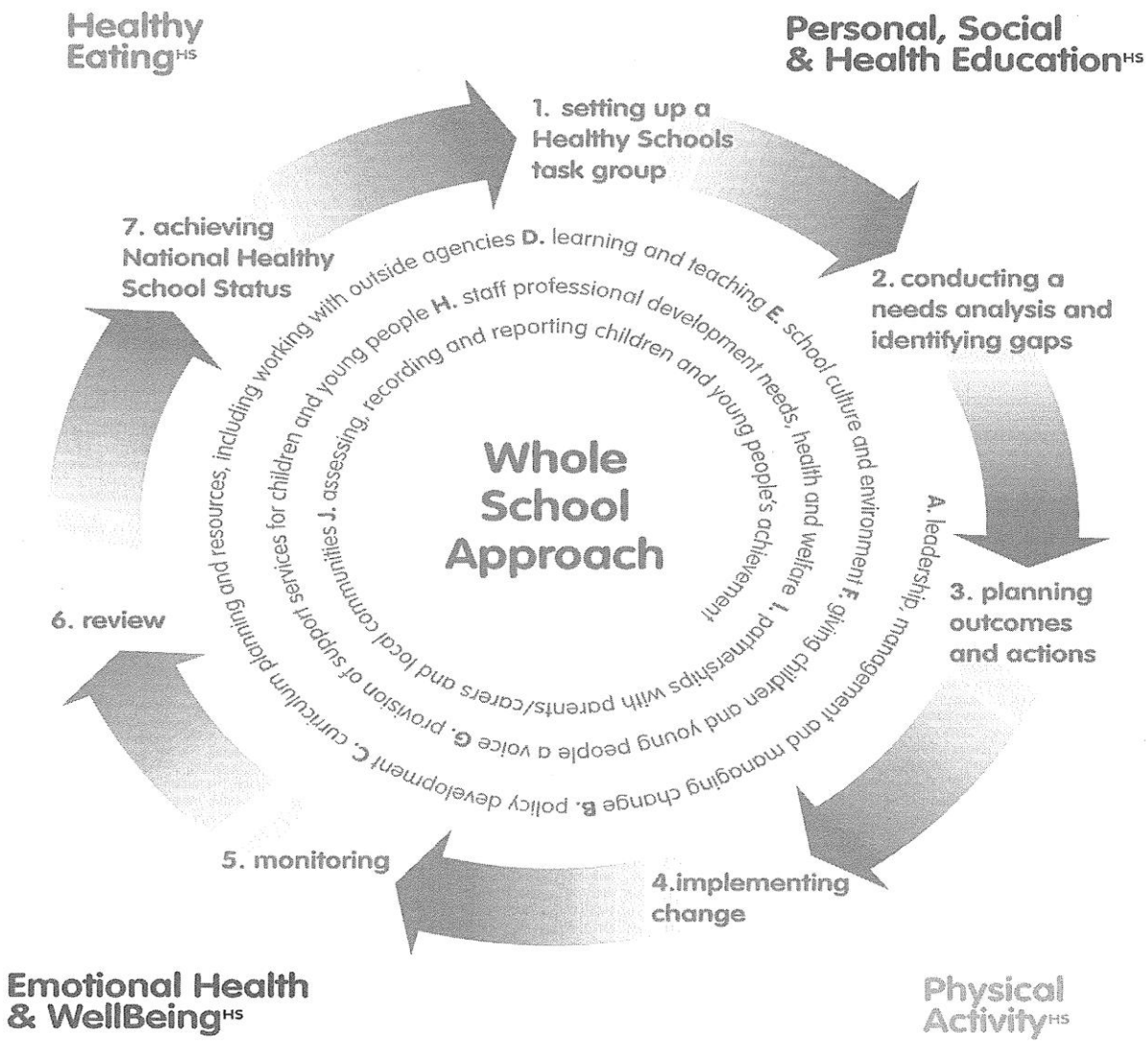
sessions, which are held in sports centres. The HIP is an adapted version of the sport, so persons with disabilities can compete safety and fairly. This stimulates the disabled players and helps them become used to working as a team, whilst improving their health.

Come 'n' Try Sessions

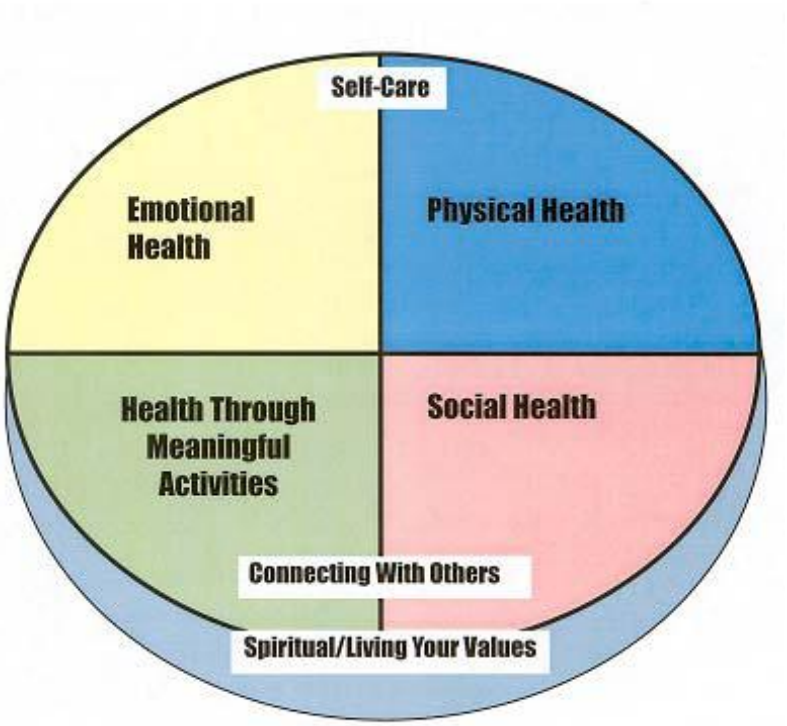
9. The aim of Come 'n' Try Sessions is to expose young people in Scotland with a disability to a range of sporting activities and provide a fun and enjoyable day. The Come 'n' Try sessions are organized by branches of Scottish Disability Sport throughout Scotland including Aberdeenshire, Lothian, Tayside, Forth Valley and North Lanarkshire. Participants are offered a range of sporting activities (volleyball, netball, football and basketball) to choose from over the course of a day, and parents are encouraged to join.

10. There are several good practice criteria of the Come 'n' Try Sessions. One of which is to emphasize on fun and enjoy where children are able to try a variety of different sports. The programme also aims to create a positive environment for parents and other family members who can see the benefits of disabled people participating in sporting and recreational activities.

Whole Schools Approach Model



Healthy Lifestyles Wheel*



*adapted from Scandurra, 1999

ANNEX 10-2
CHERISH FOR SPED

Introduction

1. The World Health Organisation (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An extensive amount of evidence indicates that health is a major factor affecting the learning capacity of a person[75].

2. A school is a special setting where people live, learn and work. WHO first initiated the concept of health promoting schools (HPS) in the Ottawa Charter for Health Promotion in 1986. A health promoting school, broadly defined, is a place where all members of the school community work together to provide students with an integrated and positive experience and structure which promote and protect their health[76]. This includes the following six factors:

- Health School Policies
- School's Physical Environment
- School's Social Environment
- Community Links
- Action Competencies For Healthy Living
- School Health Care and Promotion Services

[75] Allensworth D (1997). Improving the health of youth through a coordinated school health programme. *Promot Educ*, Vol 4,pp.42-7.

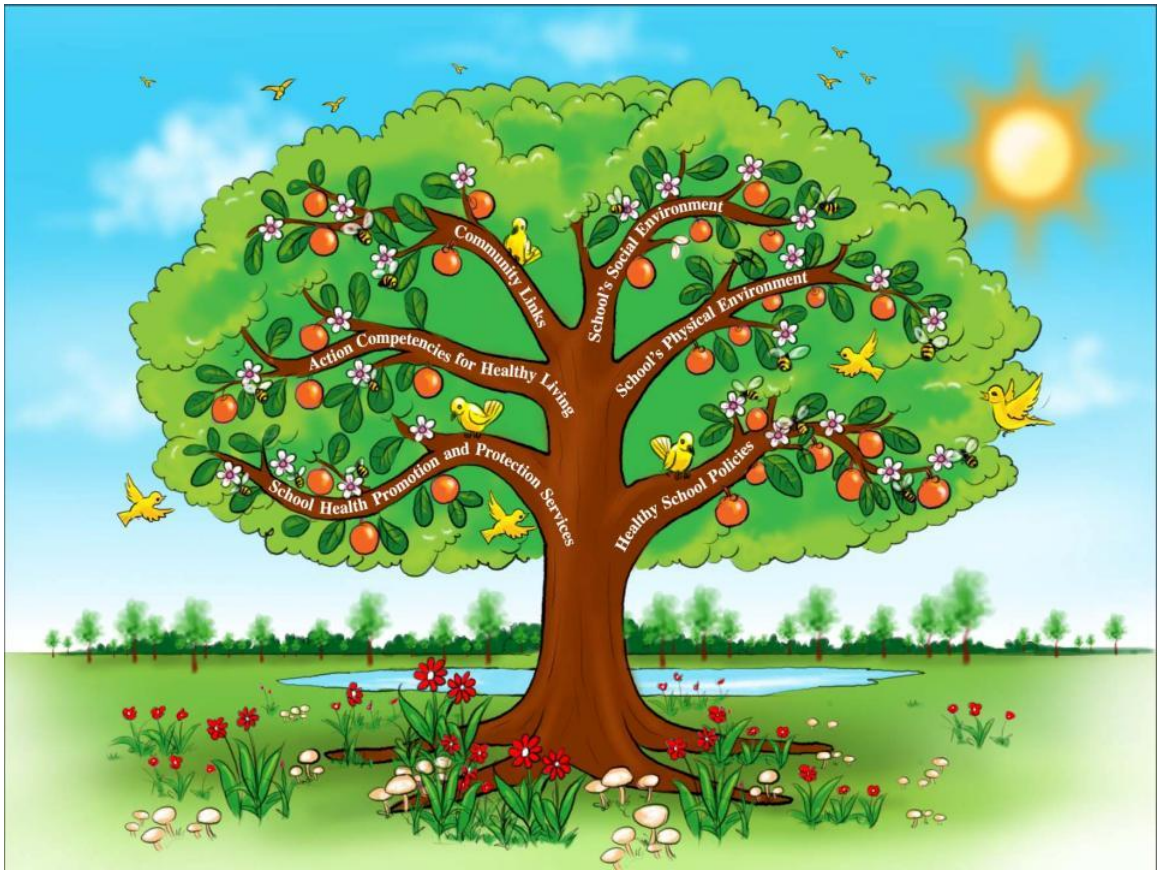
[76] Health Promoting Schools: A Framework for Action. World Health Organization Western Pacific Region.

Health Promoting School

3. Health promotion in schools is not just about encouraging children to eat well and to exercise; it encompasses a much broader holistic approach which includes promoting the physical, social, mental and emotional wellbeing of all students, staff and the school community[77].

4. The concept of a health-promoting school can be envisaged as a nurturing tree[78]. The roots of this "TREE" provide a strong foundation, deeply grounded in evidence. Its sturdy trunk connotes the unwavering strength and support the school provides in health promotion and protection to its surrounding communities. The branches which provide shade represent the six key factors that are fundamental to a positive and healthy learning environment for students and the school community.

Concept of a Health-Promoting School



[77] Strengthening the health and wellbeing of children and young people. http://www.ltscotland.org.uk/healthpromotingschools/index.asp.

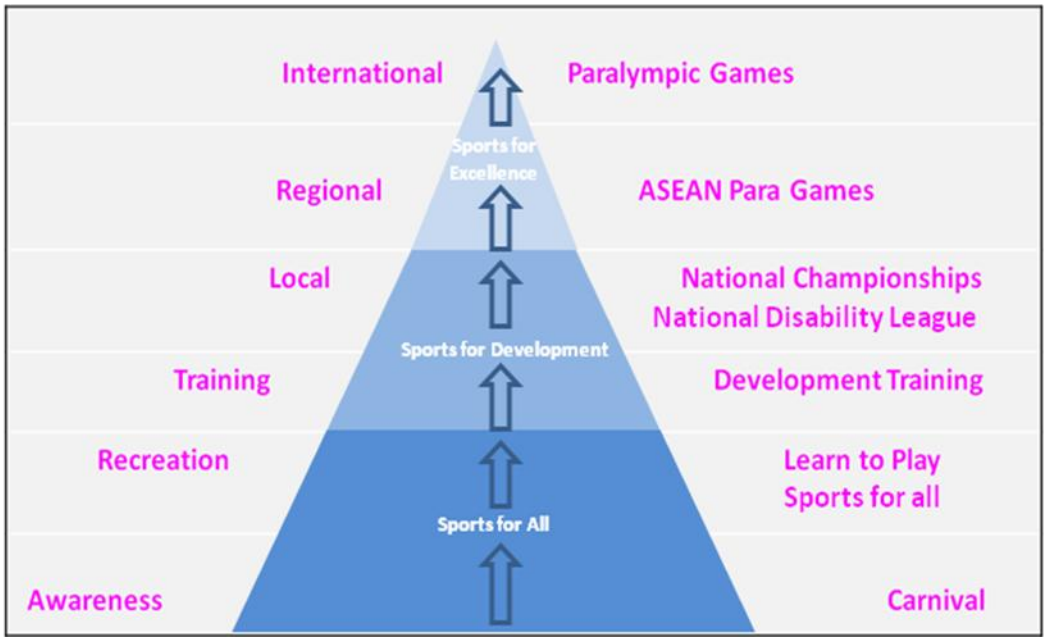
[78] Health Promoting Schools: A Framework for Action. World Health Organization Western Pacific Region.

Disability Sports Framework

5. The Singapore Disability Sports Council (SDSC) is the organisation in Singapore which reaches across all disability groups, offering a wide range of sports at both elite and non-elite levels.

6. The Disability Sports Framework outlines the path which the disabled in Singapore are able to progress from one level to next in the area of sports.

Disability Sports Framework*



***It allows athletes to progress from one level to the next**

CHERISH Checklist for SPED

7. This checklist is compiled based on the World Health Organisation's recommendations on the healthy settings approach to health promotion and is adapted for special schools, pending further review and discussion. It focuses on 6 criteria of the health promoting school framework. Under each core area is a list of suggested interventions.

8. While this list is by no means exhaustive, it is nonetheless a helpful tool for self-assessment, and for the user to explore areas for further intervention.

9. As the checklist is written for the various special schools which are heterogeneous, users are reminded to adapt the framework according to their own needs.

10. This document focuses on student and staff health and well-being. Users are encouraged to prioritise and look at specific areas for intervention, rather than trying to embark on everything all at once.

11. The self assessment has six criteria, derived from the six key factors illustrated by the "TREE":

CHERISH Checklist for SPED Schools

Health School Policies	School policies should be documented and clearly defined in approved practices which influence the school's actions in promoting health and well-being of its students, staff, family and the wider community.
School's Physical Environment	The school should provide a safe, secure, clean, sustainable, conducive and healthy environment for learning.

School's Social Environment	The school's social environment should foster good relationships among and between students, staff, parents and the wider community.
Community Links	There should be connections and partnerships between schools, families, communities, organisations and other stakeholders.
Action Competencies For Healthy Living	There should be formal and informal curricula for students to gain age-related knowledge and life skills.
School Health Care and Promotion Services	The school has access to and provides health care and promotion services.

SPED Health Promotion Grant

12. Schools who submit their checklist to HPB will be entitled to get the SPED Health Promotion Grant. HPB will co-fund 80% of the school's health promotion programmes/activities up to a maximum of $1,000 per school. This will help the school to organise health promotion activities for both their students and staff and also to work towards in becoming a health promoting school.

CHERISH for SPED

Checklist

Criteria 1 : Healthy Policies These are clearly defined in documents or in accepted practices which influence the school's actions in promoting the health and wellbeing of its students, staff, family, and wider community, and enhancing the educational and developmental outcomes of students.	**Response**

0	**1**	**2**	**3**	**4**
Not considered	**Being considered**	**Action: Planning**	**Action: Implementation**	**Action: Review**

Intervention activities		**0**	**1**	**2**	**3**	**4**	**Not sure**	**NA**	**Remarks**
1.1 Role & Position of Health Promotion in School's Operation	• Health is included in the school's vision/mission/philosophy. • There is a group of identified teachers and staff involved in planning, implementing and reviewing school's health policies and health promotion. • Personnel working on school's health promotion should come from various backgrounds, for example principal, teacher, parent volunteer, expertise from the community, etc.								

	• There are funds set aside for health promotion activities for students and staff.								
1.2a Existence of Health Policies which are communicated to relevant stakeholders (teachers, parents, students)	**HEALTHY FOOD** <u>For schools that have a canteen:</u> • School ensures that food is prepared in a hygienic environment. • School has a policy (whenever applicable) to ensure that healthy food is provided to students in the school. This should include: - Selling of HCS drinks and HSS snacks - Selling of at least 2 different types of fruit - Inclusion of vegetables in meals • School has taken steps to make healthy food available at school's events (e.g., Family Day, outings) • School has taken steps to encourage parents to provide healthier food should they want to contribute/bring food into the school (e.g., pre-packed meals for their children)								

	• Policy on healthy food is made known to stakeholders. • Staff acts as role model for students by not consuming unhealthy food within the school. <u>For schools which require students to bring their own meal:</u> • School has taken steps to encourage parents to provide healthier snacks for students to bring to school. • School has taken steps to make healthy food available at school's events (e.g., Family Day, outings) • School has taken steps to encourage parents to provide healthier food for daily consumption and for special events (e.g., birthday celebrations) • Policy on healthy food is made known to stakeholders. • Staff acts as role model for students by not consuming unhealthy food within the school.								

1.2b	**TOBACCO, ALCOHOL AND SUBSTANCE ABUSE** • School has a no smoking policy within the school compound. • No smoking policy is made known to stakeholders.								
Criteria 2 : Physical Environment The physical environment refers to the building, grounds, play space and equipment in and surrounding the school. It also refers to basic amenities such as sanitation, water availability, waste disposal and air cleanliness.									
0	**1**	**2**	**3**					**4**	
Not considered	**Being considered**	**Action: Planning**	**Action: Implementation**					**Action: Review**	
Intervention activities			**0**	**1**	**2**	**3**	**4**	**Not sure**	**NA**	**Remarks**
2.1	**SAFE, STIMULATING AND WELCOMING PHYSICAL ENIRONMENT** • Provide a clean, pleasant and stimulating environment to ensure students are physically active and engaged in learning. • Set up medical care, emergency and safety policies and procedures.								

	• Promote practices that support recycling of materials and sustainable energy-efficient environment. • Ensure there are no mosquito breeding spots. • Ensure there are no environmental hazards. • Have a conducive staff lounge and pantry. • Have student recreation corner(s).								
2.2	**ADEQUATE SANITATION AND WATER** • Toilets are washed at least once a day and kept clean and dry. Toiletries (e.g., liquid soap and toilet paper) and hand-drying facilities are available and easily accessible.								
2.3	**UPHOLDS PRACTICES WHICH SUPPORT A SUSTAINABLE AND ENERGY-EFFICIENT ENVIRONMENT** • School practices recycling. • School practices energy conservation with measures put in place towards energy conservation.								

2.4	**ENCOURAGES STUDENT TO KEEP SCHOOL FACILITIES AND THE ENVIRONMENT CLEAN** • School encourages students to keep their school and environment clean. • School encourages staff to keep the school and environment clean.								
Criteria 3 : Social Environment The social environment of the school is a combination of the quality of relationships among and between staff and students. It is influenced by the relationships with parents and the wider community.									**Response**
0	**1**	**2**	**3**					**4**	
Not considered	**Being considered**	**Action: Planning**	**Action: Implementation**					**Action: Review**	
Intervention activities			**0**	**1**	**2**	**3**	**4**	**Not sure**	**NA**	**Remarks**
3.1	**PROMOTES THE MENTAL, EMOTIONAL, FINANCIAL AND SOCIAL RESOURCES OF STUDENTS AND STAFF** • Strategies to promote a safe, supportive school environment that									

	encourages the psychosocial development of the students • Provisions are made for students who may need help in the following areas: - Abuse - Relationship issues (e.g. Families and peers with conflictual relationships, serious parenting problems) - Grief and loss - Mental health problems (e.g. depression, eating disorders, anxiety disorder) - Self-harm behaviour • Counselling services and referral systems are available for students with varying degree of needs. • Tone of the environment in the classroom promotes learning and engagement of students. • Conducive area designated for counselling. • Support for learning is provided for students with social and emotional needs. • Programme/support is provided to integrate <u>new</u> students (e.g. from EIPIC to SPED school, transferred students) into the school.								

	• Provisions are made to integrate <u>returning</u> students (e.g. after absence due to disciplinary problems, illness, family issues) into the school. • Efforts are made to help these students access the educational provisions that are appropriate to their learning needs. • Strategies to address emerging at-risk behaviours (e.g. gambling and cyber addiction). • Programmes for conflict resolution are available for students (e.g. peer mediation programme). • Measures to help staff members seek help when they feel stressed are available.								
3.2	**CREATES AN ENVIRONMENT OF CARE, TRUST AND FRIENDLINESS WHICH ENCOURAGES STUDENT ATTENDANCE AND INVOLVEMENT** • Actively discourages physical and verbal violence among students. • Promotes friendly and prompt settlement of conflict and violence among students.								

	• Actively discourages physical and verbal violence among staff. • School's management encourages friendly and prompt settlement of conflicts among staff. • School's management actively discourages physical and verbal violence of staff by parents. • Encourages mutual support and care among students. • Encourages mutual support and care among staff.								
3.3	**PROVIDES A FULLY INCLUSIVE ENVIRONMENT IN WHICH ALL INDIVIDUALS ARE VALUED AND DIFFERENCES ARE RESPECTED** • School has a policy of equal treatment of all students and staff, regardless of their background. • School has a policy of equal opportunities for all staff in terms of staff development. • School gives consideration to the different needs of staff when allocating resources.								

3.4	**RESPONSIVE TO THE EDUCATIONAL NEEDS OF TEACHERS AND PARENTS AND HOW THESE CAN INFLUENCE THE WELL-BEING OF STUDENTS** • School has a policy to ensure teachers are given opportunities to embark on professional development training. • School believes in parent-school collaborations in the development of a child and has made provisions for such opportunities within the school year (e.g., parents' education session on parenting skills and health education.). • School has in place a channel for communication with parents, and this is made known to parents (e.g., termly newsletter or emails and meet-the-teacher session.). • School provides health tips/information to educate parents from time to time.								

Criteria 4 : Community Links

Community links are the connections between the school and the students' families plus the connection between key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances the HPS, facilitates partnerships and provides students with a context and support for their actions.

0	1	2	3	4
Not considered	**Being considered**	**Action: Planning**	**Action: Implementation**	**Action: Review**

	Intervention activities	**0**	**1**	**2**	**3**	**4**	**Not sure**	**NA**	**Remarks**
4.1	**FAMILY AND COMMUNITY INVOLVEMENT IN THE LIFE OF THE SCHOOL IS FOSTERED** • A parent-teacher association or parents working group is established to work closely with the school on health/development issues for the students. • Parents are encouraged to participate actively in the formulation and review of school health policy and health related activities. • School involves parents in health education and health promotion activities (e.g., including health related homework requiring parents to work closely with the child.).								

	• School engages professional experts from the community to assist in health education activities for the students and/or parents.								
4.2	**PROACTIVE IN LINKING WITH ITS LOCAL COMMUNITY** • School participates in health related local events to expose students in health promotion activities or health promotion resources. • School engages in networking activities with its community in promoting school health.								

Criteria 5 : Action-Competencies for Healthy Living This refers to both the formal and informal curriculum and associated activities where students gain knowledge, understanding, experiences and life skills which enable them to build competencies in taking action to improve the health and wellbeing of themselves and others in their community and beyond.										
0	**1**	**2**	**3**					**4**		
Not considered	**Being considered**	**Action: Planning**	**Action: Implementation**					**Action: Review**		
Intervention activities			**0**	**1**	**2**	**3**	**4**	**Not sure**	**NA**	**Remarks**
5.1	**CURRICULUM APPROACHES HEALTH ISSUES IN A COHERENT AND HOLISTIC WAY TO BUILD COMPETENCIES FOR STUDENTS FROM WHICH THEY CAN TAKE ACTION** • School approaches health education in a way which ensures that all students have a basic understanding of the key health topics by the time they leave school. • The following key health topics are covered by the school: a. Personal Hygiene - 8 Steps of handwashing									

	- Basic hygiene manners - Social responsibility b. Food & Nutrition - Healthy Diet Pyramid (Concept of balance, variety and moderation) - Different food groups, its importance and sources - Healthier Food Choices and Healthier Choice Symbol c. Oral Health - Steps to proper toothbrushing - Importance and frequency of toothbrushing d. Safety - Danger zones at home, in school and at play - Safety tips at home and play e. Mental & Emotional Wellbeing - Identifying emotions - Coping with stress - Coping with anger								

	- Self-esteem f. Smoking - Harmful effects of smoking g. Drug Use - Harmful effects of drugs h. Environmental Health - Importance of recycling - Importance of energy conservation - Importance of keeping the environment clean i. Growth and Development - Difference between boys and girls - Changes during growth - Touch : what is acceptable and what is not j. Eye Care - Myopia : what it is - Importance of good eye care habits								

	k. Physical Activity - Importance of regular physical activities • School's curriculum includes health education. • School's curriculum includes daily opportunities for physical activities. • School's curriculum promotes physical and emotional development of students. • School attempts to observe students' understanding and ability to internalise healthy habits and shared these with parents. • School uses a variety of approaches to teach health education ensuring that it is appropriate and engaging for the students so as to maximise learning among the students. • Students are given opportunities to share their health knowledge with other students, within school or within the community.								

5.2	**NON-CURRICULUM APPROACHES HEALTH ISSUES IN A COHERENT AND HOLISTIC WAY TO BUILD COMPETENCIES FOR STUDENTS FROM WHICH THEY CAN TAKE ACTION** • School creates awareness and promote their non-curriculum activities (E.g. through carnival, health fair, roadshow.) • School includes a range of sports in their non-curriculum activities. • School collaborates with organisations to conduct these non-curriculum activities. (E.g. Learn to Play Sports for all by SDSC) • School provides opportunity for their students to be trained in sports which they have interest and talent in. • School encourages students to take part in local, regional and international games competition.								

5.3	**TEACHERS ARE ADEQUATELY PREPARED FOR THEIR ROLE AS KEY PARTICIPANTS IN HEALTH PROMOTION** • School provides opportunities for teachers to be trained with basic knowledge on key health issues related to children (e.g., through training courses or workshops provided by Health Promotion Board)								

	• Senior school personnel are trained in the concept of health promoting pre-schools and health promotion planning. • School has set up a health resources database/corner to facilitate easy access and sharing of health resources among teachers. • Use of health resources is tracked. • Health resources are evaluated for its effectiveness. • School provides opportunities for teachers to learn necessary knowledge and skills for their personal health and wellbeing.								

Criteria 6 : School Health Care and Promotion Services These are the local and regional health services which have a responsibility for child health care and promotion, through the provision of direct services to schools and in partnership with schools.											
0	**1**	**2**	**3**					**4**			
Not considered	**Being considered**	**Action: Planning**	**Action: Implementation**					**Action: Review**			
Intervention activities			**0**	**1**	**2**	**3**	**4**	**Not sure**	**NA**	**Remarks**	
6.1	**BASIC PREVENTION AND PROMOTING HEALTH SERVICES WHICH ADDRESS LOCAL AND NATIONAL NEEDS ARE AVAILABLE TO STUDENTS AND STAFF** • School supports and ensures smooth operation of health screening services provided by the authorities: - Vision screening - Oral health education - Health screening • School has a system to record students' health records for its own reference (e.g., allergies).										

	• School has trained teacher/has established links with partners/community member to provide counselling and support services for socially and emotionally distressed students when necessary.								
6.2	**HEALTH NEEDS ASSESSMENT** • School collects information on students and staff demographics (e.g. age, gender, ethnicity or others) • School collects medical information of students from their parents at school entry (e.g. allergies, medical conditions, disabilities) • Conducts fitness assessment for students (e.g. NAPFA test) and staff (e.g. Sports for Life assessment) • Basic health screening is offered (e.g. blood pressure, blood sugar, blood cholesterol, Body Mass Index) for all staff on a regular basis (at least once every 1-3 years) • Conducts a lifestyle and health practices survey among students and staff on an annual basis to gather information about their lifestyle habits, behaviour changes (e.g. physical activity, eating habits and smoking habits) and interests								

6.3	**LOCAL HEALTH SERVICES CONTRIBUTE TO THE SCHOOL'S HEALTH PROGRAMME** • School is proactive in tapping on the resources and expertise of local health services for its health promotion efforts.								

ANNEX 11-1
LIST OF ABBREVIATIONS

AHP	Allied Health Professionals
ADECI	Advanced Diploma in Early Childhood Intervention
ADHD	Attention Deficit Hyperactivity Disorder
ARC	Autism Resource Centre
ASD	Autism Spectrum Disorders
AT	Assistive Technology
ATC	Assistive Technology Centre
ATF	Assistive Technology Fund
ASEAN	Association of Southeast Asian Nations
AWWA	Asian Women's Welfare Association
BCA	Building and Construction Authority of Singapore
CCA	Co-Curricular Activities
CDC	Community Development Council
CDU	Child Development Unit
CEL	Centre for Enabled Living
CET	Continuing Education and Training
CIP	Community Involvement Programme
CHERISH	CHampioning Efforts Resulting in Improved School Health
COMPASS	**COM**munity and **PA**rents in **S**upport of **S**chools
CSR	Corporate Social Responsibility
CTI	Centre for Training and Integration
CTG	Caregivers Training Grant

DAC	Day Activity Centre
DAS	Dyslexia Association of Singapore
EEN	Enabling Employers' Network
EIPIC	Early Intervention Programme for Infants and Children
FDW	Foreign Domestic Worker
HDB	Housing and Development Board
HPS	Health Promoting School
HPB	Health Promotion Board
HWA	Handicaps Welfare Association
ICT	Information and Communication Technology
ICCP	Integrated Childcare Programme
IGS	Individual Giving Survey
IHL	Institute of Higher Learning
ILTC	Intermediate and Long-Term Care Sector
IMH	Institute of Mental Health
ITE	Institute of Technical Education
LTA	Land Transport Authority
MCYS	Ministry of Community Development, Youth and Sports
MICA	Ministry of Information, Communications and the Arts
MINDS	Movement of the Intellectually Disabled Singapore
MND	Ministry of National Development
MOE	Ministry of Education
MOH	Ministry of Health
MOM	Ministry of Manpower
MOT	Ministry of Transport

MRT	Mass Rapid Transit
NCSS	National Council of Social Service
NHSP	National Health Schools Programme
NIE	National Institute of Education
NPO	Non-Profit Organisation
NSA	National Sports Association
NTUC	National Trade Union Congress
NUH	National University Hospital
NVPC	National Volunteer and Philanthropy Centre
ODF	Open Door Fund
PE	Physical Education
PWD	Person with Disabilities
SDSC	Singapore Disability Sport Council
SEED	Sustainable Enhancement for Eldercare and Disability Services
SNEF	Singapore National Employers Federation
SNSS	Special Needs Savings Scheme
SMRT	Singapore Mass Rapid Transit
SMS	Emergency Short Messaging Service
SNTC	Special Needs Trust Company
SPD	Society for the Physically Disabled
SPED	Special Education
UN	United Nations
VA/JP	Vocational Assessment and Job Placement
VC	Volunteer Coordination
VCF	VWO Capability Fund

VWO	Voluntary Welfare Organisation
WDA	Singapore Workforce Development Agency
WHO	World Health Organisation
WIS	Workfare Income Supplement
WSA	Whole-School Approach
WSQ	Workforce Skills Qualification
YMCA	Young Men's Christian Association