

Available Data on Disability in Singapore

1. The Committee examined the available data on disability according to the different age cohorts.

Pre-Schoolers Statistics (Ages 0 – 6)

2. In the last three years, KK Women's and Children's Hospital diagnosed an average of 1,260 children a year with some patterns of developmental problems¹. In addition, based on records from the Disability Information and Referral Centre (DIRC), the Child Guidance Clinic and other private institutions also diagnose a small number of cases² (about 40) annually. Thus there are about 1,300 cases diagnosed annually for children aged from 0-6 years. Between 2000-2005, there were 241,359 births³. Hence, the disability prevalence rate for the pre-school cohort is at least 3.2%, based on those who are diagnosed.

School-Goers Statistics (Ages 7 – 18)

3. For this age group, the Committee reviewed the data from the Ministry of Education. The data showed the number of students with special needs in mainstream and special education (SPED).

4. As of September 2006⁴, there were a total of 8,730 children with special needs between the age of 7-18 years old (4,007 and 4,723 students with special needs in mainstream and SPED schools respectively and 144 children not in school). An average of 12 children per cohort do not attend school due to medical reasons. Together, this works out to be an incidence rate of 1.5%.

5. In comparison to the pre-school rate, it appears low. The Committee is of the view that this is an underestimate. The lower rate could be because fewer cases of disabilities might have been detected in the past as compared to now. In addition, some of the older children with special needs might have dropped out of mainstream or SPED schools.

Statistics of PWDs Age 19 and Above

6. The Committee faced difficulties obtaining data on adult disability figures. This is because there is no single point where adult PWDs could register themselves. This difficulty is further compounded by the following factors:

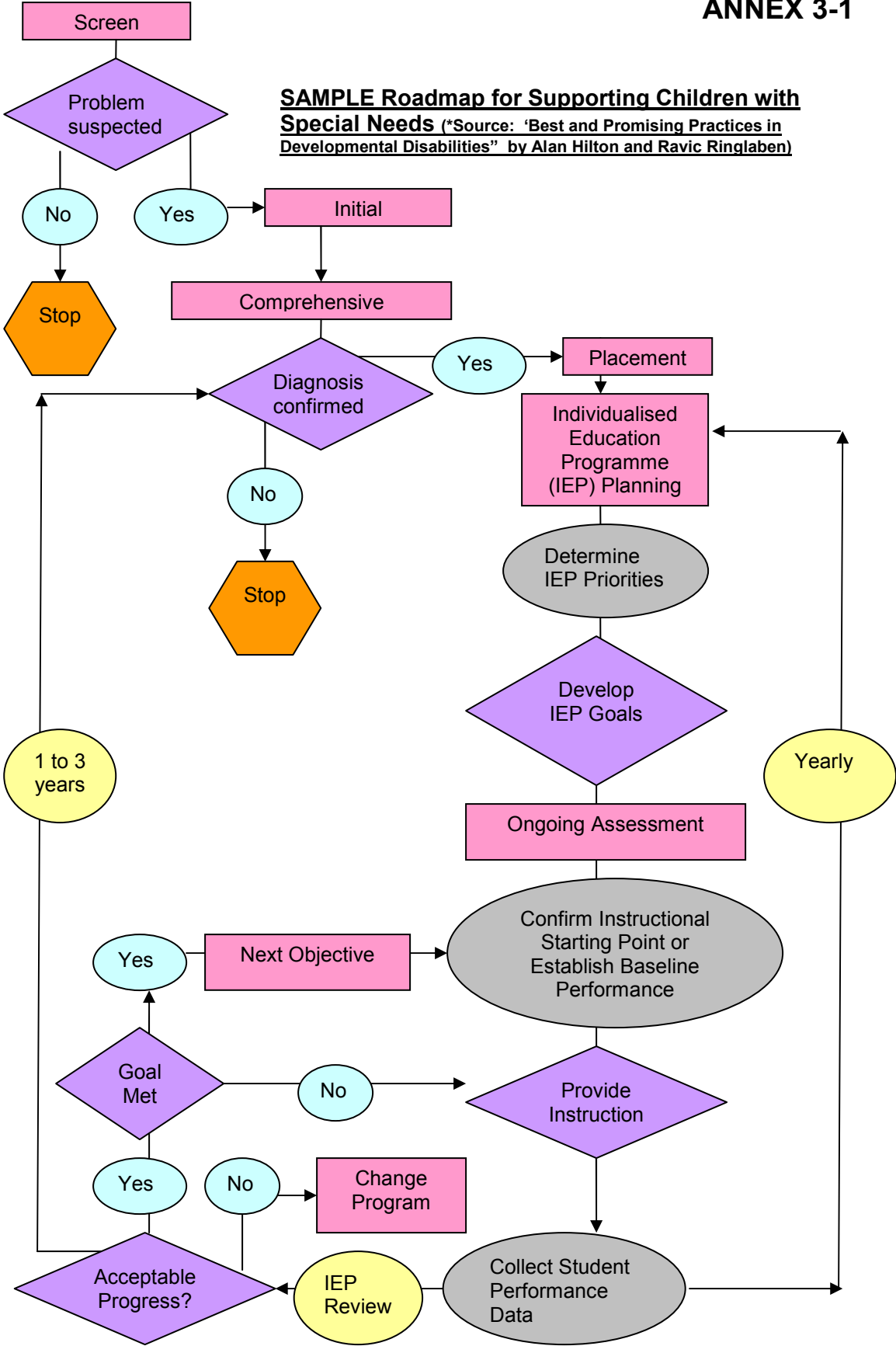
¹ An additional 100 children are diagnosed at CDU annually with behavioural problems (Annex 3-5). Behavioural problems are not disabilities and can be intervened if given the proper family counselling.

² Under MCYS' definition of disability

³ Source: Singapore Department of Statistics

⁴ Data in SPED schools based on September 06 monthly returns from the schools.

- a. Acquired disabilities due to diseases and accidents are not tracked by the hospitals. A large number of these PWDs remain unreported, unless they require services under the purview of NCSS. Therefore, only data of service users are captured.
- b. Not all acquired disabilities are permanent. Some adults with acquired disabilities may recover.
- c. Lack of data on the mortality figures of PWDs makes it difficult to establish the number of living PWDs.



Focus Group Discussions on Enhancing Early Intervention and Education Services for Children with Special Needs (PARENTS)

Introduction

NOTE: PLEASE LET PARTICIPANTS HAVE 10 MINUTES OR SO TO COMPLETE WRITTEN SURVEY FIRST

Good evening.

First of all, I want to thank you for your time in coming here to participate in this focus group session.

We know that it is not easy to BE A PARENT OF A SPECIAL-NEEDS CHILD. FIRST, WE NEED TO SET EXPECTATIONS THAT WE DO NOT REPRESENT THE GOVERNMENT BUT WE WILL REPRESENT THE COMMON FINDINGS TO MCYS. NOT ALL RECOMMENDATIONS MAY BE ACCEPTED BUT WE WILL DO OUR BEST TO PRESENT THE KEY ONES TO MCYS.

I'm (Name) and this is (Name). We are conducting this discussion on behalf of THE SUBCOMMITTEE ON EARLY INTERVENTION AND SPECIAL EDUCATION. This sub-committee is led by Ms Denise Phua, who is herself a parent of a special-need child.

The Ministry of Community Development, Youth and Sports formed this sub-committee as it hoped to review current service gaps in the disability sector. The feedback from our discussion will be invaluable as it will assist our sub-committee in coming up with some recommendations to the Government.

We would like to hear from you. At the same time, we would also try our best to keep the discussion to within 2 hours. Hence we would like to apologise in advance, if we have to stop you at times.

I would like to assure you that any information that is shared in this discussion will be kept strictly confidential. We will not tag any person's name to his/ her opinions. Your views are certainly important to us. However, as we will be talking to many other families from various backgrounds, we will only be able to show the Ministry the broad findings and the more pressing concerns. Hence, not all suggestions may be incorporated.

At any time during the discussion, please feel free to let me know if you are not clear or need more information on any terms or meanings that are discussed.

SECTION 1:

CONCERN ON CURRENT EARLY INTERVENTION/ EDUCATION SERVICES

SECTION 1:INTROS/TOP 3 CONCERNS

- What are your TOP 3 CONCERNS about the EIPIC/ SPED services that your child is currently receiving?

E.g. waiting list, no place to go after EIPIC/SPED, cannot find job etc

SECTION 2:

TO ENSURE EXCELLENCE IN EDUCATING AND HELPING CHILDREN WITH SPECIAL NEEDS, WHAT SHOULD WE – PARENTS AND/OR SERVICE PROVIDERS:

- START doing that is currently not being done?
- CONTINUE to do?
- STOP doing?

SECTION 3:

SUPPORTING SERVICES

- What support services do you think would be beneficial to your child/ the caregiver?

Closing of Focus Group

We have come to an end of our discussion. I sincerely want to thank all of you for coming to participate in this discussion. The information that you have provided is extremely valuable. We will be submitting the broad findings and recommendations from all the discussions to the Ministry so that it can inform them in future policy-making. Again, we will not put in any individual details or names to the findings. The report will be out EARLY 2007.

Thank you once again for your participation. We greatly appreciate your help.

Focus Group Discussions on Enhancing Early Intervention and Education Services for Children with Special Needs (SERVICE PROVIDERS AND PROFESSIONALS)

Introduction

NOTE: PLEASE LET PARTICIPANTS HAVE 10 MINUTES OR SO TO COMPLETE WRITTEN SURVEY FIRST

Good evening.

First of all, I want to thank you for your time in coming here to participate in this focus group session.

We know that it is not easy to provide services for children with special needs, especially when they have their individual and personalized needs. This is why we hope to understand your centre's needs better through this focus group discussion.

I'm (Name) and this is (Name). We are conducting this discussion on behalf of the SUBCOMMITTEE ON EARLY INTERVENTION AND SPECIAL EDUCATION. This sub committee is led by Ms Denise Phua, who has recently been tasked by government to chair a sub-committee looking into early intervention and education issues.

The Ministry of Community Development, Youth and Sports formed this sub-committee as it hoped to review current service gaps in the disability sector. The feedback from our discussion will be invaluable as it will assist our sub-committee in coming up with some recommendations to the Government.

We would like to hear from you. At the same time, we would also try our best to keep the discussion to within 2 hours. Hence we would like to apologise in advance, if we have to stop you at times.

I would like to assure you that any information that is shared in this discussion will be kept strictly confidential. We will not tag any person's name to his/ her opinions. We also ask that members of the group keep the sharing confidential.

I NEED TO SET SOME EXPECTATIONS. Your views are certainly important to us. However, as we will be talking to many other families from various backgrounds, we will only be able to show the Ministry the broad findings and the more pressing concerns. Hence, not all suggestions may be incorporated.

At any time during the discussion, please feel free to let me know if you are not clear or need more information on any terms or meanings that are discussed.

Moderator Guide (FOR SERVICE PROVIDERS/ PROFESSIONALS) | Prompters

SECTION 1:

INTRODUCTIONS – NAME, ROLE, KEY PERFORMANCE INDICATORS, SINGLE BIGGEST CHALLENGE IN PERFORMING YOUR ROLE

- What is your current role in your organization?
- What are the Performance Indicators/Measures, used to evaluate if you or your organization are doing a good job?
- What is the single biggest challenge in performing your role?

Can be numeric or qualitative

SECTION 2:

TO ENSURE EXCELLENCE IN EDUCATING AND HELPING CHILDREN WITH SPECIAL NEEDS,

- What should we START doing that is currently not being done?
- What should we CONTINUE to do?
- What should we STOP doing?

SECTION 3: SUPPORTING SERVICES

- What support services do you think would be beneficial to the child with disabilities and their caregivers?

Closing of Focus Group

We have come to an end of our discussion. I sincerely want to thank all of you for coming to participate in this discussion. The information that you have provided is extremely valuable. We will be submitting the broad findings and recommendations from all the discussions to the Ministry so that it can inform them in future policy-making. Again, we will not put in any individual details or names to the findings. The report will be out in early 2007.

Thank you once again for your participation. We greatly appreciate your help.

WRITTEN SURVEY ON ENHANCING EARLY INTERVENTION AND EDUCATION OPPORTUNITIES FOR CHILDREN WITH SPECIAL NEEDS (PARENTS)

Thank you for showing your interest to participate in this focus group discussion. Prior to the start of the discussion, we need you to spend some time to fill up this short questionnaire. All information gathered from this discussion will be kept strictly confidential.

1. What is the age of your child / children with special needs?

--	--

 Years old

--	--

 Years old

--	--

 Years old

2. What is your child’s special need?

- Intellectual disability
- Autism spectrum disorder
- Physical disability
- Hearing impairment
- Visual impairment
- Multiple disabilities, please state: (_____)

3. Which voluntary welfare organisation(s) is/are your child(ren) receiving service from right now ?

The questions below may be sensitive to some. Please accept our apologies for having to pose them to you. These questions are important to give us a have better understanding on how we can help special needs children much better. We need you to complete the sentences below if you agreeable to participate in the focus group discussion.

Core Services.

4. On a scale of 1 (Worst) to 10 (Best), how would you rate the services that your child is receiving now? Please explain.

5. What are your TOP 3 CONCERNS for your child?

6. What other support services would be beneficial to your child/ caregiver?

TO ENSURE EXCELLENCE IN EDUCATING AND HELPING CHILDREN WITH SPECIAL NEEDS, WHAT SHOULD WE – PARENTS AND/OR SERVICE PROVIDERS:

7.

- START doing that is currently not being done?

8.

- CONTINUE to do?

9.

- STOP doing?

**WRITTEN SURVEY ON ENHANCING EARLY INTERVENTION AND EDUCATION
OPPORTUNITIES FOR CHILDREN WITH SPECIAL NEEDS
(SERVICE PROVIDERS AND PROFESSIONALS)**

Thank you for showing your interest to participate in this focus group discussion. Prior to the start of the discussion, we need you to spend some time to fill up this short questionnaire. All information gathered from this discussion will be kept strictly confidential.

7. Name (Optional):

8. Designation (Optional):

9. Which organisation are you working in (Optional)?

10. What type of special needs children does your organisation cater to?

- | | |
|---------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Multiple disabilities, please
state: (_____) |
| <input type="checkbox"/> Physical disability | |
| <input type="checkbox"/> Hearing impairment | |

11. What is the age group of children that your organisation caters to? (Can tick more than one)

- | | |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 0 to 4 years old | <input type="checkbox"/> 16 to 18 years old |
| <input type="checkbox"/> 5 to 6 years old | <input type="checkbox"/> Older than 18 years old |
| <input type="checkbox"/> 6 to 12 years old | |
| <input type="checkbox"/> 12 to 16 years old | |

12. What is your professional role in your organisation?

- | | |
|-------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Others (pls specify) _____ |
| <input type="checkbox"/> Educator (Head of Programme,
Teacher, Aide) | |
| <input type="checkbox"/> Therapist | |

13. Please describe how your effectiveness in your role is currently being measured?

(eg. No of hours of therapy, No of children graduating)

14. In your honest opinion, if we are to provide EXCELLENCE in educating and helping children with special needs,

a) What should we START doing that is currently not being done?

b) What should we CONTINUE to do?

c) What should we STOP doing?

15. What do you think are the TOP 3 THINGS that can be done to improve the landscape of educating children with special needs in Singapore? (Please list them in order of importance/urgency)

A)

B)

C)

16. What do you think are some of the important CONSIDERATIONS OR CONSTRAINTS that might prevent improvements from happening?

A)

B)

C)

Samples of Verbatim Comments on Key Issues Captured at Focus Group Discussions and Surveys

Broad Classification of Issues	Samples of Verbatim Comments (EARLY INTERVENTION)
Need for Clarity of Options and Education Pathways Available for Students with Special Needs	<p><i>“Maybe we should look at a roadmap for special needs children. Give parents some idea where they are moving to. Right now it is a hit-and-run situation. Most parents try to find the best places. Also need trained professionals to educate and advise.”</i></p> <p><i>“There is no centralised system to get information.”</i></p> <p><i>“Different VWOs are currently working on their own.....we as parents are totally lost in what the child needs....a coordinated approach between the VWOs...right now all running independently...esp for the earlier years it is very unclear...”</i></p>
Government Funding for Early Intervention	<p><i>“Private fees too high for average family. Subsidised fees – long wait and inconvenient for working parents to send kids to different agencies for different therapists and interventions.”</i></p> <p><i>“Stop cutting funds. Stop using ‘return on investment’, Stop discriminating special kids.”</i></p> <p><i>”</i></p> <p><i>“Stop means testing.”</i></p>

Broad Classification of Issues	Samples of Verbatim Comments (EARLY INTERVENTION)
<p>Inconsistent Quality of Programmes and Staff</p>	<p><i>“I have been waiting for two years for speech therapy service.”</i></p> <p><i>“Early intervention is very important. Shorten the queue and speed up the diagnosis process.”</i></p> <p><i>“My son is two years old, diagnosed with Global Developmental Delay. There are no speech and occupational therapists provided in the school. The biggest complaint is that once my child was accepted into special school, the hospital stopped the therapy service immediately.”</i></p> <p><i>“(Need) clearer articulation of outcomes of programmes.</i></p> <p><i>“Ensure Best Practice Models across spectrum of professionals who educate and help children with special needs.”</i></p> <p><i>“Establish a critical mass in every field of special education, rather than having many centres offering similar programmes with limited resources.”</i></p> <p><i>“Constraints = therapists and professionals leaving public sector when they are at their most experienced and trained.”</i></p>

Samples of Verbatim Comments on Key Issues Captured at Focus Group Discussions and Surveys

Broad Classification of Issues	Samples of Verbatim Comments (SPECIAL SCHOOLS)
Leadership Issues	<p><i>“Education should be all the same yet special schools have to rely on the good nature of charity.”</i></p> <p><i>“It is the right of the child to education but our children’s schools have to raise funds and our children’s education is charity.”</i></p> <p><i>“Stop treating us as social service and more like schools.”</i></p> <p><i>“Coordination of services....each one doing their own thing...conducting their own seminar....so much going on...information overload....basically its an issue of funding...all of them trying to do good...is there a way to better utilize resources...”</i></p> <p><i>“Each and every one surviving on their own. No common dialogue. What are we trying to achieve for different group. We are all in our little world...addressing our needs. So there is no cohesive effort from start to finish as a whole professions.”</i></p> <p><i>“... anybody can be an (VWO) Executive Committee (EXCO) member or remain as an EXCO member... Currently there is no system of check and accountability. My apology for being so overly direct but it is a big hindrance toward the progress of special education...” (Special School Principal)</i></p> <p><i>“Whatever assessment should be done by educators. NCSS staff do not see the need of what should be assessed and not be assessed. Rightly they should come with the expertise, i.e. MOE.”</i></p> <p><i>“Professional matters like assessment, outcome and curriculum should be monitored by MOE and not NCSS.”</i></p> <p><i>“...difficulties in changing mindsets about who should be responsible for the education of children with special needs”</i></p> <p><i>“Key word here is professionalism. Right now there is very little structure. The ministry would be more capable to come up with better structure if educators are involved.”</i></p> <p><i>“Running of school is by Board of the VWOs. They are all volunteers and they make important decisions for the school but they are not educators or have a good grasp of special education.”</i></p>

Broad Classification of Issues	Samples of Verbatim Comments (SPECIAL SCHOOLS)
<p>Inconsistent Quality:</p> <ul style="list-style-type: none"> • Programme • Staff • Curriculum 	<p><i>“Create a national institute (nationally funded) to (a) train professionals (b) train leaders in the field (c) institute best practices including HR processes”</i></p> <p><i>“(Stop) having our children as ‘training grounds’ to totally new and inexperienced teachers”</i></p> <p><i>“(Stop) child minding! Effect programs/holistic that will build them up – educationally; - that leads to self help, independence, work..”</i></p> <p><i>“If a child moves from one school to another, is there continuity? Can there be some way in which to set up a curriculum?”</i></p> <p><i>“SPED curriculum to be linked directly (but differentiated) to national curriculum”</i></p> <p><i>“Teachers: ...guess work...we need input on school curriculum.”</i></p> <p><i>“(Start) Standardize curriculum and assessment. A lot of it is tailored to child, but still need for standardised testing, so that there is a benchmark. Being creative and yet knowing that pedagogy is structurally sound.”</i></p> <p><i>Therapist: “We do things beyond our own expertise. Eg curriculum planning because of lack of manpower. I’ll be best serving children if doing the actual intervention”</i></p> <p><i>“Ensure expertise in special schools. More focus is needed in special education.”</i></p> <p><i>“On the quality of the therapist, if you go to the private therapists, I also question whether they are qualified. It would be good if there is some form of accreditation for them.”</i></p> <p><i>“As untrained teachers, our knowledge is little and we are not trained and do not have much experience, so we tend to teach subjects and content with less focus on problems, perception and gross motor skills.”</i></p> <p><i>“Parents knowing that teachers with high qualifications are teaching at special schools will feel more assured.”</i></p>

Broad Classification of Issues	Samples of Verbatim Comments (SPECIAL SCHOOLS)
Transition and Education Roadmaps	<p><i>“Different VWOs are currently working independently on their own. We as parents are totally lost in what the child needs.”</i></p> <p><i>“I wonder whether part of the problem because we belong to different organizations. When we visited some places where my students had transitioned to, they say the children are not prepared, despite the fact that my school had previously trained them. Different settings result in children not prepared for certain things”</i></p> <p><i>“My son is 8 years old. He has William’s syndrome, we are not sure where the child is headed for, can provide excellent education but where would that take the child, what are the jobs that would be available. We can’t plan for our son, unlike how we can plan for our other children who are normal. There is no road map.”</i></p>
Call for More Structured Integration with Mainstream Peers	<p><i>“They need a sense of inclusiveness. Other kids and adults don’t understand children with special needs. Awareness could be created such that special kids can participate in mainstream programmes e.g. art/sports.”</i></p> <p><i>“Special classes need not be in the same school but they could be co-located so they get exposure to each other. Now it is segregated and they have no opportunities to interact.”</i></p> <p><i>“Better networking is needed between service providers so as to provide better transition. This should not be restricted to just paperwork.”</i></p> <p><i>“Because we use different approaches in different schools, the transition is not smooth when a child transits from one school to another school.”</i></p>
Nurturing of Special Abilities	<p><i>“My child was always rock bottom in the mainstream class. She’s now in special school but I don’t think her potential has been realised. She has special talents but her ability is actually in between both extremes of mainstream and special schools which don’t cater to her needs and abilities.”</i></p> <p><i>“They may not be academically inclined but they have special abilities and can participate in social activities and programmes but these programmes don’t accept her especially programmes for older kids.”</i></p>

Samples of Verbatim Comments on Key Issues Captured at Focus Group Discussions and Surveys

Broad Classification of Issues	Samples of Verbatim Comments (MAINSTREAM SCHOOLS)
Inconsistent Quality of Support	<p><i>“Root of the problem is teachers do not know what ASD is. Teachers need to be trained.”</i></p> <p><i>“My son is visually impaired with very low vision. Right from the beginning, we updated the school and had spoken to the principal but every year, I find that I have to repeat everything again.”</i></p> <p><i>“I tell the teacher every year that my son is dyslexic and I keep giving documents every year but I don’t know what happens to them.”</i></p> <p><i>“PE for her in P1 and P2 was good but in P3, the teacher got frightened to see a kid in wheelchair and since the maid was there, she asked the kid to play with the maid.”</i></p> <p><i>“There is currently no consistent structure for handling cases and ensuring that information is preserved during transitions, i.e. teachers on maternity leave, postings, resigning. Even if the structure exists, it is broken because it relies heavily on Educational Psychologists who are often not available (demand greater than supply).”</i></p>
Call for More Structured Integration with Mainstream Peers	<p><i>“Have more mainstream schools to accept children like him. There should be a campaign for awareness of autism because they look normal but they can be annoying.”</i></p> <p><i>“Stop thinking that because a person is on the wheelchair means that he/she does not want to be involved in PE.”</i></p>

Broad Classification of Issues	Samples of Verbatim Comments (MAINSTREAM SCHOOLS)
<p>More Individualised Curriculum</p>	<p><i>“We emphasise on winning all the time in Singapore. In my child’s school, everyone takes part. Even though we don’t win, my child gets the confidence he needs just by participating in the activity.”</i></p> <p><i>“Academically they need to perform but confidence is shattered from the marks they get. All I want is for my child to be in mainstream for the benefit of not being segregated.”</i></p> <p><i>“Stop appreciating only academics. Our kids try very hard but that’s not recognised yet they are always compared with the normal kids.”</i></p> <p><i>“Current focus is one size fits all (eg PSLE and O Level exams). Can we allow a more individualised curriculum and an assessment system that caters for that?”</i></p>

ANNEX 3-5

Pattern of Developmental Problems seen during Pre-School Age in 2004⁵

Initial Diagnosis	Initial Categorisation ⁶				No. of Cases
	A	B	C	D	
Autistic Spectrum Disorder	75	228	63	2	368
Speech & Language Problems	5	85	206	26	322
Global Developmental Delay	79	104	23	2	208
Learning Problems/Disabilities	0	18	80	2	100
Behavioural Problems	0	9	59	24	92
Aspergers Syndrome	1	23	56	5	85
Cerebral Palsy / Motor Delay	11	21	31	1	64
Environment-related Delay	2	8	7	36	53
Attention Deficit Hyperactivity Disorder	0	19	12	1	32
Intellectual Disability	5	14	1	1	21
Syndromic Disorders	9	10	3	1	23
Hearing Impairment	1	3	3	0	7
Visual Impairment	0	0	0	0	0
TOTAL	188	542	544	101	1375
PERCENTAGE(%)	14	39	40	7	100

⁵ Source: Child Development Unit (both NUH & KKH), Jan 2004 to Dec 2004.

⁶ Category A is the most severe and Category D is the least severe.

Pattern of Developmental Problems seen during Pre-School Age in 2005⁷

Initial Diagnosis	Initial Categorisation ⁸				No. of Cases
	A	B	C	D	
Autistic Spectrum Disorder	40	216	84	1	341
Speech & Language Problems	2	66	261	31	370
Global Developmental Delay	47	106	27	1	181
Learning Problems/Disabilities	0	40	86	5	131
Behavioural Problems	2	9	69	28	108
Aspergers Syndrome	0	0	20	0	20
Cerebral Palsy / Motor Delay	3	14	35	4	56
Environment-related Delay	0	0	2	36	38
Attention Deficit Hyperactivity Disorder	0	6	46	4	56
Intellectual Disability	1	16	0	0	17
Syndromic Disorders	6	3	2	0	11
Hearing Impairment	0	1	0	0	1
Visual Impairment	0	0	0	0	0
TOTAL	101	477	632	110	1330
PERCENTAGE(%)	8	36	48	8	100

⁷ Source: Child Development Unit (both NUH & KKH), Jan 2005 to Dec 2005.

⁸ Category A is the most severe and Category D is the least severe.

Categorisation of Developmental Problems amongst Preschool Children⁹

The four categories are used for local funding purposes and are not internationally accepted classification.

a. Children with the low-prevalence high-severity developmental problems:

These are children with mental retardation, global developmental delay, severe cerebral palsy, classical autism, and multiple handicaps. They require early placement in special schools where they receive appropriate special training and education. The role of CDU is mainly assessment, diagnosis, followed by family counselling and management planning. There will be minimal commitments in intervention and therapy for these children at the level of CDU, except for some parental guidance sessions before they are enrolled into the appropriate schools. The medical staff will continue to provide medical treatment to these children if they subsequently present with developmentally related medical problems, such as self-injurious behaviour and hyperactivity.

The initial projected number of children in this category was about **20%**, and it was also reflected in our experience in the earlier reports. As we gain experience and confidence, together with concurrent improvement in social, community and educational supports through our collaborative and advocacy efforts with MCYS, NCSS and MOE and with the families, the number of children in this category has declined to between **10-12%** among the annual new referrals. This has been most encouraging as it has wide implications on the needs to build more special schools for these children if the proportion remains high or keeps increasing. This is clearly the most significant benefit of the early childhood intervention programme under the CDU.

b. Children with high-prevalence moderate-severity developmental conditions, fair prognosis with early intervention and therapy:

These are children with severe attention deficit hyperactivity disorder, high-functioning autistic spectrum disorder, severe learning disability, and other moderately severe motor, sensory and behavioural problems

c. Children with high-prevalence low-severity developmental conditions, good prognosis with early intervention and therapy:

These are children with inattention, mild learning disability, speech and language delay, problems in special senses (hearing and visual problems), mild cerebral palsy with intact intelligence, and other mild behavioural problems.

Children in **b)** and **c)** have normal intellectual capabilities but are limited by their individual developmental and behavioural disabilities. They should never be sent to

⁹ Child Development Unit 2007

special schools. The challenge is early identification of these developmental differences so that they can be successfully integrated into regular pre-school education like their peers, through appropriate intensive intervention and therapy. They should be well prepared to proceed with mainstream education. The combined efforts of the child development and rehabilitation service, the schools, and the families are crucial in ensuring the success of the treatment programs for these children.

Children in categories **b** (approximately 40%) and **c** (approximately 30-35%) constitute between 70-75% of the annual referrals.

d. Children with developmental delay and behavioural problems with no apparent biological basis, excellent prognosis with early intervention **(10-15%)**:

These are children with definite developmental and behavioural problems and they are entirely environmental in nature (nurture). Their problems are reversible when detected at early age, but the children will remain at-risk if the adverse environmental factors are not corrected. The parents should have the primary responsibility for the well-being of their children. However, they need guidance and assistance in dealing with a child with developmental problems.

ANNEX 3-6

Some Core Competencies of Key Players in Early Intervention and Education of Children and Youths with Special Needs

Strength/Competency:	MCYS	MOE	MOH	NCSS	WDA	VWO
Medical diagnosis and Assessment			◆			◆
Screening/Early Identification at General Practitioners, Polyclinics			◆			◆
Screening/Early Identification at Pre-Schools and diagnosis and assessment of special educational needs at Schools		◆				◆
Teacher Training – Disability Focused		◆				◆ (some VWOs)
Curriculum Development		◆				
Therapist and Psychologist Training – Disability Focused			◆			◆ (some VWOs)
Specialist Therapists' Training			◆			◆ (some VWOs)
Case Management			◆	◆		◆
Pedagogy		◆				
Social/Family Support						◆
Fund Raising				◆		◆
Public Awareness/ Advocacy	◆			◆		◆
Medical Research on Intervention Approaches			◆			
Medical Support			◆			
Disability Policy Co-ordination	◆					
Vocational Training		◆			◆	◆

Summarised Notes of Focus Group Discussions with Employers from Seven Sectors

Table 4-1A: Employers’ Concerns, Barriers, Employers’ Desired Solutions, Other Issues (By Industry)

Industry	Employers’ Concerns	Barriers in employing PWDs	Employers’ desired solutions / suggestions	Other issues
Financial Services	<ul style="list-style-type: none"> • Infrastructure and accessibility • What can we do to keep the PWDs on as long as possible and have them get more productive • Banking sector is extremely competitive and does not allow for mistakes. The idea is to move them forward and include them instead of demeaning them. It is important to build up the self-esteem of PWDs so that they are strong enough to handle the banking environment. 	<ul style="list-style-type: none"> • Mindset • PWDs do not actively write in, so in fact, the challenge is to find more potential PWDs to employ • Fire drill • Understanding of skills and competencies of PWDs and what are their limitations that require necessary measures? 	<ul style="list-style-type: none"> • Internship (6 mths – 1 yr) • Exchange programmes (3-4 wks at a time) – can rotate between banks or between bank and training • Orientation of the banking industry for PWDs • Home-based work • Outsource to PWDs (win-win since not included in headcount) • Career fair • Have database for employers to pre-screen PWDs and have access to employable PWDs • The database can reflect those who are more ready and employers can start with these first. • The database can also be used to do a gap analysis of the skills and educational background of PWDs. 	<ul style="list-style-type: none"> • Hesitation to move forward unless there is collaboration with VWOs to have PWDs come in to see the banks and for the banks to see their needs because neither the PWDs nor the banks are ready. • Demand for jobs such as filing and reception is falling – cannot ask banks to recreate jobs just for PWDs

Industry	Employers' Concerns	Barriers in employing PWDs	Employers' desired solutions / suggestions	Other issues
			<ul style="list-style-type: none"> Educate the whole company before employing PWDs 	
Manufacturing	<ul style="list-style-type: none"> Would we need to divert resources to supervise them? This can be tough considering the tight manpower budget. Thus, there is a fear to commit the supervisory resource. Physically disabled with special skills set (e.g. design and drawing) – do we have these in Singapore? Temperament of PWDs – training of supervisors to handle this. An experience with a staff who became disabled saw that the person may be emotionally unstable and may therefore need counseling. Sustainability – can it work out? (the 'soft' aspect) The industry can open up and create more opportunities but how can our people take care of them? 	<ul style="list-style-type: none"> Safety – can't be too close to machinery. Need supervision or could be dangerous. Productivity rate – supervisors may end up getting stressed to meet target. As there is a need to meet production fast, fear is that PWDs may not be as capable. In summary, safety and competency level. Having to convince the operations/management side to accept hiring PWDs Not sure where to get the PWDs to employ Accessibility – do not want to create more burden for existing workforce 	<ul style="list-style-type: none"> Internship for about 2-3 months might be helpful. <p><u>Government Funding</u></p> <ul style="list-style-type: none"> Government funding is not necessary as it is better to give the responsibility to the employer. It could be for a fixed period to help employer and employee gauge job performance. Thereafter, funding is not necessary. It may be used to help defray medical expenses or transport or insurance (premiums are normally higher for PWDs). This would be transparent to both parties. It is important to treat them fairly, but who is to pay for the 'extras'? In this sense, funding could come in helpful. It should not be given directly as wages. 	<ul style="list-style-type: none"> In the interior designing company, it is project based and they are always rushing for time. The nature of the business is that they cannot afford to fail/delay. Moreover most of the job is done at night as clients want to maintain their usual business operations in the daytime. Thus, it may not be so convenient for PWDs to work in this line. Overall, a mindset change is needed. It was noted that with routine jobs, it tends to be difficult to retain the young and non-PWDs. As for foreign workers, they are only allowed to stay for 4 years, after which, all the training invested in them would have literally gone to waste.

Industry	Employers' Concerns	Barriers in employing PWDs	Employers' desired solutions / suggestions	Other issues
Food & Beverage/ Logistics	<ul style="list-style-type: none"> • Need to consider the concerns of the rest of the staff as they are not trained so they get stressed in worrying about whether or not the PWDs can be stressed • Not knowing about the background of PWD (e.g. smoker) plus candidate even lied during the interview • Employing a PWD should not mean a non-PWD going out of job. • Some of them need special guidance first, so need to let them go through the work at some kind of 'halfway house' so that they can get better pay when they go out. 	<ul style="list-style-type: none"> • Need bigger space to do packing of food in the actual shop because of high pilferage risk if it were to be done elsewhere. 	<ul style="list-style-type: none"> • Set up a training centre (something like a 'halfway house') • Move more low-skill jobs back to Singapore instead of relocating them overseas. <p><u>Government Funding</u></p> <ul style="list-style-type: none"> • Instead of 50% for 3 months, perhaps can fund 20% over 6 months, so that there is no sudden dip or impact felt. • It could be hard to tell or decide within 3 months on whether or not to keep the staff. 	<ul style="list-style-type: none"> • When we first had them, it was a challenge. It was a lot of effort training from the basics. At first we couldn't communicate with one of them at all. Training him to clear the table took almost half a year. • Don't expect them to be as productive as the non-PWDs but they may feel they deserve more. After all, the cost of living is very high in Singapore. • Visits by Bizlink may not be very helpful since PWD may not even remember the person visiting, so there is no trust there.
Retail			<p><u>Government Funding</u></p> <ul style="list-style-type: none"> • The funding given can be used more for retention, i.e. the money does not go the company, but it should always go back to the PWD, e.g. as incentives for the staff to stay or for training. 	<ul style="list-style-type: none"> • Tapping on ENABLE fund to solve manpower issue and to benefit PWDs at the same time by providing them with a job

Industry	Employers' Concerns	Barriers in employing PWDs	Employers' desired solutions / suggestions	Other issues
Hospitality	<ul style="list-style-type: none"> • Infrastructure and accessibility • Largely depends on the type of disability. Different disabilities have different capabilities 	<ul style="list-style-type: none"> • Lack of skills in PWDs – time taken to train them <i>and</i> make allowance for disability • Safety – cannot be too close to machinery. Need supervision or could be dangerous. 	<ul style="list-style-type: none"> • Set up a training centre that teaches PWDs very specific skills (eg.laundry or stewarding) 	<ul style="list-style-type: none"> • Fear of manpower shortage with the coming of integrated resorts – poaching of current employees into IRs that would probably pay better salaries
IT	<ul style="list-style-type: none"> • Appropriate skill set must be present in any employee • The disability should not cause too much inconvenience to the employer • There is a concern of safety for the PWDs – employer does not want to take unnecessary risks to endanger safety of PWD • Disability employment agencies need to be more professional and must seek out employers 	<ul style="list-style-type: none"> • Physical barriers – accessibility at buildings and toilets • Lack of professionalism of existing VWOs that provide PWD labour supply • Lack of sufficiently trained PWDs 	<ul style="list-style-type: none"> • There should be more support for any job placement agency for PWDs • Alternatively, private companies can take over job placement role for PWDs • Better publicity to promote abilities of PWDs. Eg. Yellow Ribbon Project • Counselling and hand-holding for employers after employing PWDs • There should be ample opportunities for PWDs to perform contract jobs for IT 	<ul style="list-style-type: none"> • IT sector should not limit itself to employing those with only physical disabilities • Make assistive technology more rampant in society to enable PWDs to work

Industry	Employers' Concerns	Barriers in employing PWDs	Employers' desired solutions / suggestions	Other issues
			<u>Government Funding</u> No need for government assistance for salaries of PWDs, sends wrong signal to the rest of society.	

ENHANCING THE FINANCIAL SECURITY OF PERSONS WITH SPECIAL NEEDS

Parents Workgroup Report (October 2006)

Summary of Key Recommendations

In mid-July 2006, the Ministry of Community Development, Youth & Sports (MCYS) appointed a Parent Workgroup to gather views, analyse and recommend initiatives to enhance the financial security of persons with special needs in Singapore.

After 2 months of consultation with close to 100 parents, the Workgroup identified several key issues and proposed the following broad recommendations for immediate follow-up in order that the current situation does not get worse.

Key Recommendation 1: In recognition of the low level of awareness and knowledge toward financial planning, the Workgroup recommends that the Government considers the provision of **Free Financial Planning and Legal Education** to all families with special-needs children.

Key Recommendation 2: The Workgroup also proposes that the Government reviews and re- designs the current basic health schemes such as the MediShield and ElderShield or other new schemes so that persons with special needs would be able to enjoy the same level of benefits as non-disabled persons. This is in recognition that many persons with special needs are not able to purchase health insurance due to exclusion clauses.

Key Recommendation 3: Efforts should be made to educate parents on the merits of taking up Basic Financial Protection especially upon their early demise. The Workgroup proposes that financial assistance be extended lower-income families to acquire basic protection.

Key Recommendation 4: In addition to basic protection, the Workgroup recommends that the CPF be utilised as a savings mechanism for their child with special needs. Parents or other family members should be encouraged to contribute toward the special-needs person's CPF account through Tax Relief. Donors can be encouraged by Tax Exemptions to contribute to CPF accounts of special-needs persons of their choice. Government can also consider topping up through Progress Packages in good economic-performing years. As the CPF was not designed with persons with special needs in mind, the Government could consider modifying it to make it more attractive for persons with special needs.

Key Recommendation 5: In addition to the CPF as a savings mechanism, **a non-profit special needs trust** could also be established as another mechanism for families to pool resources to further help themselves.

Key Recommendation 6: There is general apprehension over the lack of follow-up to the issues raised on the financial security of persons with special needs. Therefore, **a one-stop umbrella body focusing on financial security issues of persons with special needs** should be established.

Key Recommendation 7: Throughout the consultations, **pertinent issues pertaining to employment and the lack of caregiving options were raised**. The Workgroup would like the respective sub-committees of the recently appointed Enabling Masterplan Steering Committee to analyse and address these pressing concerns.

ANNEX 5-2

Highlights of Issues Raised at Focus Group Discussions for the Sub-committee on Residential, Community and Caregiving Support

Focus Group Profiles

1. Six discussions were conducted in the period of Oct to Nov 06, they are:

- 4 with persons with disabilities
- 1 with caregivers
- 1 with service providers

Date	Type of Participant	Disability
17/10/06	Persons with Disabilities (PWD)	Visual (acquired and congenital)
18/10/06	Caregivers (Parents and Siblings)	Intellectual, Physical, Autism, Visual & Multiple
26/10/06	PWD	Physical (acquired and congenital)
1/11/06	PWD	Hearing
7/11/06	Service providers from Homes, Day Activity Centres (DAC) and DIRC	Intellectual, Physical, Autism, & Multiple
10/11/06	PWD	Physical (acquired)

2. Consultations with parents were also made through the Parents Workgroup for Enhancing the Financial Security of Persons with Special Needs.

Issues Raised

3. Below is a summary of key issues raised and collated from the above consultations.

	ISSUE RAISED	RAISED BY
A	COMMUNITY SUPPORT	
1	<p>The need to increase access to Day Activity Centres</p> <ul style="list-style-type: none"> ▪ Some see the need to extend DAC for longer operating hours because of work, while others are okay with current operating hours as they have maids or family members to take care of the dependents. 	Caregivers

	ISSUE RAISED	RAISED BY
	<ul style="list-style-type: none"> ▪ The needs for short-term transitional training for those who can proceed to sheltered or open employment and long term for those who are unable to but need to be meaningfully occupied. ▪ Meanwhile, professional expertise needs to be built up for DAC staff to handle emotional and behavioural challenges. 	<p>Service providers</p> <p>Caregivers</p>
2	<p>The need to live in own home as long as possible with family and support services</p> <ul style="list-style-type: none"> ▪ Home-help is critical especially in terms of home consultancy, modification, personal care, therapy and medical care. 	<p>Caregivers and Persons with disabilities, PWD (visual and physical)</p>
3	<p>The need for well adjustment to community living and referral to the appropriate support</p> <ul style="list-style-type: none"> ▪ Emotional and social supports are crucial for both family and PWDs during the initial 1 to 2 years after acquiring the disability. There are difficulties accepting and adjusting to new needs, especially in daily living, finding new jobs, as well as facing family, friends and the public. ▪ Counsellors need to be sensitive and trained to increase awareness of the needs and issues of PWDs. 	<p>PWD (acquired physical)</p> <p>PWD (hearing)</p>
4	<p>Integrate into mainstream society through assistive technology and infrastructure</p> <ul style="list-style-type: none"> ▪ Assistive devices and enhancement of facilities in public places are necessary to reduce mobility and communication constraints, this is especially critical when the need to call for help during emergency arises. ▪ Assistive devices are key to integrating PWDs into society in areas of mobility and communication. Unfortunately, many are currently available overseas but too expensive. 	<p>PWD (hearing, visual and physical)</p> <p>PWD (hearing, visual and physical)</p>
B	RESIDENTIAL SUPPORT	
5	Allow the option to live within individual's means in the community	

	ISSUE RAISED	RAISED BY
	<ul style="list-style-type: none"> ▪ After acquiring a physical disability, there was either difficulty finding a job or needing financial adjustments to be re-employed at a lower salary. As such there may be a need to sell purchased flats and move to rental units so as to be able to live within their own means. Unfortunately there is a current policy for two and a half years of debarment before this can be done. ▪ Prefer to live in units with others in the community rather than be congregated with the elderly or disabled, HDB should adopt the distribution quota similar to that of different ethnic groups. 	<p>PWD (acquired physical)</p> <p>PWD (acquired physical)</p>
6	<p>The need for respite and residential care to maintain health and social well-being</p> <ul style="list-style-type: none"> ▪ While parents perceived that siblings should not be burdened to take care of the dependent with disabilities after they passed on, sibling felt that there is an obligation to take care of their disabled sibling in the absence of parents. ▪ Parents can stay together with PWDs in the initial period and withdraw when PWD is ready to stay alone or with other PWDs. ▪ Concern that dependents are not able to adjust to an institution for short-term respite. Short-term respite at institution is also costly and the staff are not equipped with skills to handle their behaviours. Hence they have sought respite by leaving their children with fellow-caregivers established through a support group. ▪ Concern about the difficulty to handle too many persons with challenging behaviours under one institution, may be very taxing to staff. MINDS' pilot home for children with challenging behaviours will be a good model to learn from. 	<p>Caregivers</p> <p>Caregivers</p> <p>Caregivers</p> <p>Service providers</p>
C	CAREGIVING SUPPORT	
7	<p>The need for social well being of caregivers</p> <ul style="list-style-type: none"> ▪ There is a need to hear success stories from other caregivers. 	Caregivers
8	<p>The need to gain knowledge and skills in caregiving role</p> <ul style="list-style-type: none"> ▪ Will be good to train caregivers as trainers for new caregivers. 	Service Providers Caregivers

	ISSUE RAISED	RAISED BY
	<ul style="list-style-type: none"> ▪ Current services do not provide training for caregivers to handle the emotional and behavioural challenges such as tantrums and disruptive or inappropriate behaviours. ▪ Lack of caregiving options and the need for financial planning education. 	<p>Caregivers</p> <p>Caregivers (through Parents workgroup)</p>
9	<p>The need to access better referral services</p> <ul style="list-style-type: none"> ▪ CDCs currently lack understanding of disability-related issues, especially in the areas of job matching and financial help. 	PWD (physical)
10	<p>The need for financial capability to access services in the future</p> <ul style="list-style-type: none"> ▪ Possible usage of CPF monies/ Medisave to pay for rehabilitation and therapy fees, as well as medical and dental treatments. There can also be a dollar-to-dollar contribution from government and the community. ▪ Average and above-average income families who want to save more for the dependents upon their demise need a trust fund. These families may be asset-rich but cash-poor. A non-profit Trust Agency will help to ensure distribution of monies according to Care Plans they desire. ▪ Family with dependents with disabilities incur higher expenditure than those without. Means Test framework should consider different funding tiers and criteria to make medical and social services more affordable. ▪ Need for maid subsidy for families with dependents who are adults with disabilities. 	<p>Caregivers and PWD (acquired physical)</p> <p>Caregivers (through Parents workgroup)</p> <p>Caregivers</p> <p>Caregivers and PWD (physical)</p>
D	OTHER ISSUES	
11	<p>Prevent falling out of support system in the continuum of services</p> <ul style="list-style-type: none"> ▪ Generally supportive of a centralised database system, confidentiality is not a concern as long as case management is 	Caregivers

	ISSUE RAISED	RAISED BY
	the primarily purpose rather than generating statistics.	
12	<p>The need to travel in a barrier-free environment outside of one's own home</p> <ul style="list-style-type: none"> ▪ There are currently many accessibility issues to be addressed, especially at critical places eg. hospitals, polyclinics, and train stations. There are also misuses of disabled-friendly facilities such as disabled toilets. Designs of disabled-friendly facilities fail to follow guidelines and their owners refuse to upgrade and accommodate despite feedback from users with disabilities, as such there is a need for a centralised body for ground feedback and enforcement of building and accessibility code to ensure quality and maintenance checks. Public education is important to raise public awareness of the correct use of disabled-friendly facilities. 	PWD (visual, acquired and congenital physical)