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**Rural-Remote Services for Children  
with Disabilities**



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**SE Asia Connections**

- America Peace Corps (1973-1975-KB)
- SEA-Regional Consultant for Special Education
- SEA-Regional Consultant for Distance Learning
- U.S. Fulbright Scholar – May-Dec, 2000
  - UNIMAS-
    - E-learning
    - Research on Disabilities Among Indigenous (Batang Ai)
- UNIMAS-USF Partnership -2002-current
  - Special Interest Group on Disability Studies
- Research Study- Kapit 2008-ongoing
- SEAMEO Special Education Needs Center-

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**Rural-Remote Mind Set!**

- 35 students in my high school graduating class
- 7 miles from the high school
- 45 miles from the nearest movie theatre
- Nearest Hospital 50 miles away
- Employment- farming-manual labor
- 15 years Mountains of North Carolina
- 8 months upper Sg.Tutong/Batang Ai
- 5 months Kapit- Sg. Baleh

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**Questions to be Considered?**



- Difference between URBAN-RURAL ?
- Do urban children have an advantage to services?
- Cost effective to provide services R-R areas?
- What does it mean to live Rural/Remote?
- What can/should be done to improve services to children living in R-R areas ?

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**Vision 2020???**

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## Urban Advantages

- KFC-McDonalds-(Polo Local) 😊
- Employment-varied and numerous opportunities
- Education- type and quality of schools
- NGOs for disabilities and social services
- Health and Hospitalization
- Diagnostic Services
- Transportation
- 21<sup>st</sup> century access to ICT and infrastructure

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## Urban Disadvantages

- Housing more expensive
- Crowded
- Urban Poverty
- Costs for services are higher
- Pollution- (water-air-etc)
- Lack of natural resources- (increased costs)
- Increased crime
- Others????

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## Rural-Remote Disadvantages

- Limited access to employment opportunities and income.
- Limited access to professional services
- Inadequate and insecure housing and services
- Sanitation and unhealthy living conditions
- Little or no social protection mechanisms
- Limited access-adequate health/education opportunities.
- Sometimes isolating environments
- Access to consistent-effective-reliable ICT

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## Rural-Remote Advantages

- No McDonalds, KFC- Malls → 😞
- Less pollution –water-air-etc
- Less crowded
- Natural Resources
- Less crime- relatively
- Community inter-dependence and reliance
- Fresh food
- Quiet serene settings (perhaps)

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May 27, 2007

## World Population became more Urban than Rural

2010- over 51%  
2050- over 6b living in cities/towns

## World Population Data

7,010,983,182  
13:12 GMT- May 03, 2012

### MALAYSIA

Population- 28,728,607 (July 2011 est.)

### SARAWAK-- 2,420,009 (2010)

- Kuching- (pop.579,900)
- Miri (pop. 263,000)
- Sibu (pop. 254,000)
- Bintulu (pop. 176,800).

## IS MALAYSIA BECOMING MORE URBAN

	2000	2010
Population density (people per sq. km) in Malaysia	82.3	83.7
Population in largest city in Malaysia	14.4	14.6
Population in the largest city (% of urban population) in Malaysia	7.7	7.9
Population in urban agglomerations of more than 1 million (% of total population) in Malaysia	8.9	9.0
Population in urban agglomerations of more than 1 million in Malaysia	2.41	2.48
Rural population growth (annual %) in Malaysia	-1.2	-1.4
Rural population (% of total population) in Malaysia	30.6	29.6
Rural population in Malaysia	8.20	8.2
Urban population growth (annual %) in Malaysia	3.1	3.4
Urban population (% of total) in Malaysia	69.4	70.4
Urban population in Malaysia	18,784,313	19,350,412

## Specifically: What Happens to these Rural Citizens?



## Or these Urban Citizens???



### Single Mothers-Kapit (Sebli, 2010)

- Iban-single mother and grandmother-Kapit
- Suggests single mother are disabled
- 97% working mothers are:
  - Widows/divorced/deserted/ young mothers
    - Husband leave debt, work/remarried?
  - Employment limited productivity
  - 80% lack confidence in Welfare system
  - 33% - are women 50-60s
  - 50% - are physically/emotionally abused
    - Extreme poverty/illness/sexually harassed
  - Lack Child Care services
  - Children with Disabilities?????

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## Providing Services

Malaysia's overall-System is Good Improvement????

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### Service Delivery System-Malaysia

(Bong,2009)



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### Ministry of Health, Malaysia (URBAN ???)

**Services:** Early assessment by multidisciplinary team, Occupational therapy, Physical rehabilitation / physiotherapy, Speech therapy, Hearing therapy / audiology, Follow-up treatment, Dietitian, and Psychotherapy.

•*Step 1:Initial Assessment* - specialists to determine the child's type of disability. .

•*Step 2 : Confirmation of Disability* -Submit the 'Children with Special Needs Registration and Placement' Form - (required for educational welfare services).

•*Step 3 : Detailed Assessment* referred to the multidisciplinary unit - made up of physiotherapists, occupational therapists, speech therapists, audiologists, clinical psychologists, counselors and dietitians.

•*Step 4 : Treatment Planning* – Who does this medical planning?

•*Step 5 : Treatment Begins* – Where does this begin???

•*Step 6 : Follow-up Treatment and Re-assessment* -purpose of finding proper placement in pre-school / special school / vocational school

•*Next Step* : - register to enter the Special Education Program . Children who do not meet the entrance criteria for the Special Education Program or who have severe disabilities will be referred to (Social Welfare Department) .

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### Medical Support and Outreach

90% of the population (MOH,2012)

- Health Clinics- type-size determined by population served
- Mobile Services/Village Health Teams- Road/river/foot/helicopter sites
- Flying Doctor Service---
- Village Health Promoter Program- community-based service in rural locations by **trained volunteers**
- Oral Health Program
- Home-Based Health Records- tracking immunization of children

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## Delivering Rural Health

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### Ministry of Education Provisions

- **Special Schools** :vision/hearing disabilities (Urban-residential)
- **Special Education Integration Program** -learning, hearing and vision disabilities. Normal primary and secondary school, as well as in technical/vocational secondary schools .The Special Education Integration Program is managed SDOE while the MOE-SPE-policies and content.
- **Special Education Program Curriculum**: National Curriculum and the Alternative Curriculum. Special education students participate in extra-curricular activities with normal students.
- **Assessment of Special Education Students**: All special education students sit for public examinations except for those who are following the Alternative Curriculum.
- **Special Education Rehabilitation Program**: - Students are assessed for reading writing and mathematics skills using the IPP3M .

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### Admission to Special Education School Program

1. Ages no less than 5 years (for Preschool Program)
2. Ages 6+ to 14+ years (for Primary School Program) – 6years
3. Ages 13+ to 19+ years (for Secondary School Program) -5 years
4. Extended by 2 years
5. Certified disabilities by medical doctor
6. Can manage themselves (self-care) without the assistance of others.

• **All Special Primary Schools** are academic-based. Facilities provided at primary school level include hostel facilities and free meals. Students that are under the Special Education Integration Program can take either the national curriculum or the alternative curriculum. **Secondary education** provides either the academic-based or vocational-based choices

• **Special Education Services Center** : Established in 1999 for the purpose of providing one-stop specialist services to parents and students with special needs. This center functions to support agencies involved with special needs. Services provided include: Audiological services, sign language classes, therapy activities, parent counseling, toy library and resource material.

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### Registration: Special Education (MOE-2012)

- Step 1: Start** – Parents/suspect the child of having a disability.  
**Step 2: Confirmation** - Certification of the child's disability by medical professionals in gov. hospital/health center or private clinic .  
**Step 3: Registration** - SED (Jabatan Pendidikan Negeri) in order to receive education. - and with the Social Welfare Department (SWD).  
**Step 4: Eligibility** - SED responsible for obtaining placement. Children not meeting SED-MOE requirements referred to SWD.  
**Step 5: Placement** - Placement in Special School/Special Education Integration Program at nearest school or Special Education Program.  
**Step 6: Probation Period** - Students who have been placed in the MOE Program will be given a 3 month probation period .  
**Step 7: Confirmation** - After the probation period, students who are successful will be confirmed in the program. Unsuccessful referred SWD for Community Based Rehabilitation .

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## Rural Education Services

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### Ministry-Women, Family, & Community Development- Registration, Intervention, Childcare, Rehabilitation

*Among many other Services.....*

**Community-Based Rehabilitation**-CBR is a community development strategy for persons with disabilities to obtain rehabilitation within their family and community whereby they are given the equal opportunity for rehabilitation and interaction with society. Activities include gross motor skills, fine motor skills, language development, social development, self-care, pre-Reading/Writing/Math skills, creativity, sports and recreation.

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### Effective R-R Models Common Threads!

- Consistent Site- Based delivery
- Expert Itinerant Teachers
- Consistent Mobile Resources
- Change of Mindset- sorrow to development
- Clear National Policy for Rural-Remote Services
- Operational definition of Rural/Remote
- Infusion of Technology- and ICT services.

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## Use of Technology

Smart Schools as of 2009 7,800 schools- wonder if special needs children needs were included?

E-barrio-UNIMAS successful project-  
<http://www.unimas.my/ebarrio/>

## Education Inequity (TFM, 2012)

- 1 in 8: in Standard 1 below targeted literacy levels ( 2010-MOG)
- 1 in 4: standard 4-do not meet numeracy rate (ECO, 2010)
- 4 in 5 educated up to SPM level
- 3-5 heads poor families have primary ed. or less (WB, 2010).
- Does this apply to Urban-Rural or both?

**Socioeconomic factors-** Poverty deprives adequate health care, nutrition, housing, access to preschool, other challenges

**School System Factors-** certain schools lack the capacity to meet needs. Leaders and teachers trained to meet challenges –

**Prevailing Ideologies-** High need schools/communities cannot overcome the massive obstacles therefore investments not cost effective.

## Needs for Rural/Remote Services

- Who is Disabled?
- Lack of infrastructure( roads, electricity)
- Medical and Education Records
- Proper facilities- transportation to services
- Leadership-who provides???
- Residential/Boarding Schools
- Teachers Quarters and compensation
- Materials for Teaching

## Considerations

- MOE- provide the leadership in serving children with disabilities in rural/remote areas- Why?
- Increased graduation of Teachers specifically trained in special education and equitable placements to serve all children
- Conduct comprehensive "CHILD-FIND" for disabilities and not reply only on outreach- Go to the kampongs- longhouses- rumahs!
- Staff Development on site- not in urban areas-designed for R/Remote
- Consistent data collection- data influences funding and decisions!
- Government adopt and APPLY clear and consistent definition on rural/remote
- Enhancement of PWD Act- apply to all children regardless of residence with consequences !
- Recognize the diversity of rural/remote cultures- each will require specific problem-solving- ONE SIZE does not fit ALL!
- Continue and enhanced use of ICT- More and reliable smart schools and e-barrio concepts-