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Comments on Senate's proposed legislations on Inclusive Education and Establishment of Inclusive Education Learning Resource Centers for Children and Youth with Special Needs (CYSN)[1]

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We greatly commend and thank the Senate for coming up with initiatives that seek to promote inclusive education and establish education learning resource centers for children and youth with special needs. Based on a number of PIDS studies concerning people (including children) with disability, we provide the following recommendations and insights.

It is imperative that the government and other stakeholders support CYSN in their daily life as the constraints they face have profound effect on their capacity for learning. First, PWDs are in great need of healthcare services. The study by Reyes, Reyes and Arboneda (2017) highlights PWD's lack of access to appropriate services. The needed interventions by individuals with disabilities include treatment and pharmacologic management, services of trained health care providers and specialists, and access to clinic facilities within a reasonable distance.

Delays in development, which includes a child's language, motor, cognitive and social skills, should be monitored during routine child health examinations with their pediatrician, with the focus of assessing whether the child is meeting his/ her developmental milestones. Early identification of a disability can lead to early intervention services. Studies have supported improved language and communication skills in those who are deaf and hard of hearing that received early intervention services (Moeller, 2000). Similarly, early intervention services in those with autism demonstrated improvement in their cognitive, language and social development including gains in their functional skills (Remington et al., 2007), (Eikeseth, Klintwall, Jahr, & Karlsson, 2012). While the cost of early detection and intervention programs can be expensive, studies have found an overall positive economic return over the span of individual's life (Cidav et al., 2017). Unfortunately, many children are brought to medical attention for urgent or sick consultations wherein the focus would be on the presenting illness such as a cough or ear infection, rather than their overall development. Routine assessment of the child's developmental milestones allows the medical provider to identify delays early on and make appropriate treatment recommendations. Early intervention during childhood leads to immediate and sustained benefits for both the child and the family (Karoly, Kilburn, & Cannon, 2005). Continued efforts to promote routine monitoring of development and early detection is needed.[3]

PhilHealth presently provides coverage for newborn screening, which detects certain genetic, metabolic and endocrine related disorders that can potentially result in death and disability if not addressed early on

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[1] These insights reflect the views of the authors and do not necessarily reflect those of the Institute.

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[3] Lifted from Reyes, et al (2017)

during the infancy period. PhilHealth also covers the newborn hearing screen to allow for early detection and intervention services for those who are hearing impaired. However, the hearing tests conducted in the newborn period only detects congenital hearing loss (i.e. hearing loss present at birth). Periodic routine hearing and vision screens during the early childhood period are recommended so as to detect conditions not present at the time of birth, such as hearing loss resulting from frequent ear infections. A strategy that allows for a large proportion of children to be evaluated is to embed these screenings in the school setting, such as when children enter the first grade. This strategy is strongly deployed in the US, where a majority of states have implemented these routine screenings. Presently, San Remigio receives auxiliary medical services through their affiliation with a local medical school. This is beneficial to the community as they are able to access increased medical services in their area while simultaneously providing the medical students with increased clinical exposure and experience in a community setting. Expanded utilization of the medical and nursing students in these communities in providing preventive care services can be accomplished through conducting routine vision and hearing screenings in the school setting (Reyes et al, 2017).

Healthcare, transportation and housing have been found to contribute to the additional costs of those with disabilities (Dumais, Prohet, & Ducharme, 2015). The proposed PhilHealth expansion for children with disabilities aims to provide coverage for habilitative/rehabilitative therapy services. Despite increased coverage, the physical access to therapy services in regards to distance to the facility and cost and availability of transportation, as well as access to therapy providers (physical therapists, speech therapists and occupational therapists) remain barriers to care and treatment. Strengthening and broadening the relationship with academic health institutions by extending beyond medical and nursing students to reach the allied health tracks may allow for auxiliary therapy services to be provided by students in the fields of physical therapy, speech therapy and occupational therapy (Reyes, et al, 2017).

In addition to access to therapists, access to physicians trained in the complex care of PWDs continues to be a significant barrier to care. It is estimated that 40–50% of individuals with autism in the US receive at least one psychotropic medication (Weeden, Ehrhardt, & Poling, 2010). With the significant number of individuals who require medications for their disability, it is important to provide training for local medical providers on the pharmacologic interventions for various disabilities as well as support in the management of behavioral and mental health conditions. During the survey, one of the physicians reported that he is unable to prescribe certain medications due to the cost-prohibitive nature of acquiring
and maintaining an S2 license. The S2 license allows a doctor to prescribe certain narcotics and psychotropic medications, some of which are required in the care of PWDs. Included in this list are medications such as diazepam, which can be administered when the patient has a breakthrough seizure lasting several minutes. Increased training on the use of psychotropic medications and improved coverage for licensures/ prescription coverage is needed. Furthermore, when PWDs are prescribed medications, these medications are generally taken as a chronic/ maintenance medication. The daily cost of medications, which are often more than one medication being prescribed, leads to increased health care related expenditures for these individuals. PWDs may also have limitations with their activities of daily living, and the need for an aide or full-time caregiver to assist with their needs poses even greater costs. Expanded coverage to cover for medications as well as nursing/ caregiver support would be beneficial for PWDs, particularly for those who have more significant limitations.[4]

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[4] See Reyes et al (2017)

Many people with disability (PWD) rely on assistive devices (wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, orthotic devices, hearing aids, computer or electrical assistive devices, voice recognition programs, screen readers, and screen enlargement applications, automatic page-turners, book holders, and adapted pencil grips) for them to carry out their daily life activities like moving around and communicating with people around them. While some can afford to buy the assistive devices that they need, many PWDs come from poor families which are unable to provide the assistive device needed. It is therefore important to support CYSN by providing them the assistive devices that match their needs. It is important to avoid the mistake of providing assistive devices that do not suit the needs of PWD beneficiaries (Agbon and Mina, 2007). On a broader view, there is a need to improve PWD's access to basic facilities, infrastructures and transportation as this remains a major challenge. Implementation and compliance to Republic Act No. 10070 or the Magna Carta for Disabled Person must therefore be reviewed (Agbon and Mina, 2017).

Moving on to their education, one of the key challenges for promoting inclusive education is ensuring access of CYSN living in remote areas. Mobility is a key challenge for CSN and this is exacerbated by poverty. Legislators must consider including (in addition to the Inclusive Learning Resource Centers and Inclusive Childcare Centers) a mobile facility or possibly another modality like a home-based alternative learning program that fits the special needs of those in remote areas and those without means for transportation. The current proposal to have mobile SPED teachers go and find children and youth with special needs in various areas is well-received. It is highly desired that this group would also look into the possibility of providing or administering home-based or community-based learning programs to CYSN with special circumstances (Section 7.c in SB 329).

Capacitating not only SPED teachers (or those who will man the learning resource center) but also regular/non-SPED teachers in handling special education or in providing educational needs of children with special needs is crucial for ensuring access to education that is relevant to their needs regardless of their location. If all regular schools are capacitated to address the needs of CYSN, it is more likely that all CYSN is able to access basic education as they need not go to city centers where SPED facilities are located. Another possible realignment is to enhance the Alternative Learning System (ALS) or mobile teacher program of DepEd and putting up more SPED facilities that caters all type of disabilities. Potentially, the LGUs can be tapped for partnership in the provision of regular venues for ALS teachers to handle their classes. With all those possible programs, better learning environment for children with disabilities becomes possible.

There is also a need to view the problem in a more holistic way. CYSN's ability to access government's interventions like provision of basic education is largely affected by their family's circumstances. If the family of a CYSN is forced to choose between being able to provide food on the table and bringing the CYSN to the learning center, it is likely that the family would choose the former over the latter. Addressing poverty among families of CYSN is therefore imperative in the promotion of inclusive education. Single parents of CYSN may also face the same circumstances. Another possible program that DepEd can do with the Department of Health (DOH), Department of Social Welfare and Development- Area Vocational Training Center (DSWD-AVRC), and TESDA is to develop learning modules on basic health care and entrepreneurial skills. These can be provided to PWDs who have acquired basic skills for employment. These modules can also be designed for parents/guardians of PWD children to enhance their livelihood opportunities.

PWDs have varying situations and severity of disability. While some children and youth can easily be mainstreamed in regular schools, there may be others that benefit from a different, customized learning modality. It is therefore essential that CYSN be diagnosed properly to determine the appropriate approach for educating them. The proposed legislation must add provision on appropriate screening of children with special needs to ensure early detection of disabilities and accurate placement of children in SPED classes and/or effective formulation of any individualized modules, if necessary (Section 10, SB 329).

In mainstreaming children and youth with disability, there is a great need to raise awareness in schools to help these become "PWD-friendly." To ensure the holistic development of CYSN, teachers, staff and non-PWD students in schools that accept CYSN must learn and understand the situation and provide an environment that is conducive.

Apart from access, another key challenge for achieving inclusive education is the lack of capacity to cater to a diverse set of CYSN. It may take some time before the system (inclusive learning resource centers) becomes fully operational. For instance, it may be difficult to produce all the manpower needed to man the learning resource centers. Yet the needs are urgent especially that early intervention is crucial in the development of CYSN. Hence, it might be useful to examine avenues for partnership with private sector providers of special education while the preparations are ongoing. These providers may already have established sets of interventions that can address the learning needs of CYSN. For instance, the LGU can provide funding support (through the Special Education Fund) for the interventions provided to poor CYSN. This is also another way to address gaps in the future in cases where the inclusive learning resource centers may lack the capacity to adequately provide a particular program or treatment. A study can be done to examine the feasibility of such partnership between the government and existing private providers and to determine the effective and appropriate arrangement.

We highly recommend the conduct of continuing research to ensure that interventions are effective. The outcome of such research must inform not only the design of physical education and therapeutic recreation program (such as that which was noted in Section 12 in SB 329) but also other needed interventions that may go beyond education or teaching. Such study must also be utilized in determining key aspects like the number of educators to deploy and facilities for each area and the appropriate modalities of teaching, among others. It is important that specific numbers (e.g. at least three SPED centers in big school divisions as proposed in SB 434) are not specified in the law so that there is flexibility should the need to adjust arise. The installation of a periodic review or monitoring and evaluation and transparent database is also highly recommended so that efforts can be monitored and improved, if necessary.

With respect to whether the responsibility of accepting children with special needs in basic education should rest only on public schools, we recommend to extend this to private schools given that mechanisms are in place to ensure that all schools develop their capacity to provide basic education services to such children. In cases where provision is really not feasible, there has to be a well thought out referral system to ensure that basic education becomes truly inclusive.

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