Executive Summary

INTRODUCTION

1. Prime Minister Lee Hsien Loong’s vision in 2004 to build an inclusive society with many peaks of success has inspired many who call Singapore home. It is said that the maturity of a society is reflected in the way it treats and supports those who are disadvantaged. It is on these premises that the Enabling Masterplan is built upon, focusing on a very special group of people in our country – those with disabilities and who should be supported to reach their full potential and be included as part of Singapore.

2. Disability affects not only the individuals concerned. It also affects their family members and others who care for them. Many persons with disabilities (PWDs) do not reach their full potential in life because of barriers that arise from their physical environments, attitudes of society and the lack of education and employment opportunities.

VISION

3. Our vision is for Singapore to be an inclusive society where PWDs are given the opportunity to become equal, integral and contributing members of society. Children with special needs will receive effective intervention and education services to maximise their potential and opportunity to eventually work and contribute to society. There will be equal opportunities for PWDs in employment. More PWDs will achieve self-reliance through work.

4. PWDs will be appreciated and respected for their differences, and will live with dignity in the community. Families will be empowered to care for their disabled members. Parents are reassured as they age and eventually pass on, that care will be forthcoming for the well-being of their special needs children. The physical environment will be barrier-free. PWDs who are enabled through the efforts of the community will, in turn, help their families and contribute back to society.

5. The public, people, and private sectors will work together with PWDs and their families to achieve our vision. The disability sector will bring out the best of the “Many Helping Hands” approach where each party will contribute in the area it is best at.
APPRAOCH

6. To achieve this vision, the Committee has adopted a life stage approach (from birth to adulthood) when reviewing services and programmes in the disability sector.

7. The Committee has also consulted extensively. We sought the views of PWDs, families, Voluntary Welfare Organisations (VWOs), professionals and practitioners in the field, and employers. We deliberated on the feedback and benefited from the valuable insights from the ground.

ENABLING MASTERPLAN 2007-2011 KEY RECOMMENDATIONS
More Effective Leadership through Setting up of an Office on Disability

8. Disability issues are becoming increasingly complex. They cut across different disciplines and will require more than the traditional helping hands of MCYS, NCSS, VWOs and families. The existing landscape in which the Ministry of Community Development, Youth and Sports (MCYS) and the National Council of Social Service (NCSS) take the lead in all disability issues does not appear to fully maximise the expertise of each Government ministry to support and include PWDs in Singapore. Many persons with disabilities can in fact be educated and trained to work and contribute to society. Therefore, it is important to have greater involvement of other government ministries and industry players in disability issues.

9. The Committee recommends the setting up of a national office on disability. It is proposed that the office could be placed under the purview of a coordinating Minister. The office will have senior leaders from MCYS, the Ministry of Education (MOE), the Ministry of Health (MOH) and the Ministry of Manpower (MOM), reflecting the inter-ministry approach needed. The office will facilitate the realisation of the shared vision articulated earlier. It will develop and implement the national strategy for disability, and work with relevant ministries, NCSS, VWOs, and the private sector. The office will have the mandate and resources to manage disability issues holistically, focusing initially on early intervention, education and employment. It will be responsible for tracking the implementation of the accepted recommendations in this masterplan. MCYS will serve as secretariat.

10. The Committee firmly believes that early intervention, education and employment are critical areas that must be addressed if more PWDs are to be enabled to lead independent lives and become contributing members of society. Thus the office on disability is to be supported by a governing panel on early intervention and education, and a panel on employment.

11. The Committee recommends that an Early Intervention and Education panel be set up within this office with senior leaders from MOE,
MCYS, MOH, NCSS and the relevant VWOs and other stakeholders. The Panel will be responsible for creating a quality education system appropriate to the child’s needs and abilities, and maximise his potential and employability. It is proposed that **MOE and MOH take ownership and lead in integrating education and the supporting therapy services with active consultations from the other stakeholders.** MCYS and NCSS will provide social service support to the children and their families, an area which is equally vital for successful child outcomes.

12. **The other panel would be an Employment Panel co-led by the MCYS and MOM/ the Singapore Workforce Development Agency (WDA).** It should comprise employer representatives, key industry players, relevant ministries and statutory boards, NCSS and relevant VWOs. MOM’s leadership will ensure the vital link to employers and industries so that the training and supply of PWD manpower will match the demands of the industries. Employment will be made on a business case basis, and PWDs should be remunerated competitively according to their productivity. WDA will assist in facilitating employment and training for industry. MCYS and NCSS will take ownership of social service support to PWDs in employment, and lead in breaking down attitudinal barriers in employment. MCYS, NCSS and the relevant VWOs will advise the panel on the suitability of jobs and job training for PWDs.

13. There are overlaps in elderly and disability issues. Seniors become frail as they age and disabilities can set in. PWDs themselves age and join the ranks of the seniors. As there should not be a duplication of functions and strategies, we propose that where elderly and adult disability issues overlap, such as in the areas of accessibility in the physical environment and transport, it should be addressed as part of the elderly framework. **MCYS should coordinate and ensure synergy, as both the elderly and disability portfolios come under the Ministry.**

14. To further strengthen the Many Helping Hands approach, the Committee recommends active corporate involvement and philanthropy.

*Early Intervention and Education*

15. In early intervention and education, the Committee believes it is timely to turn the focus from primarily building capacity in previous years to developing quality and excellence. **The Committee has identified six strategic thrusts** underlying the suite of recommendations presented for more effective early intervention and education of children with special needs. These are: *leadership revamp; planned and purposeful integration; quality programme and staff; empowerment of family caregivers; transition management and funding of enabling services.*

16. **The Committee recommends that instead of the social-service sector, MOE and MOH should take leadership in integrating needs and**
services in education and therapy support of children with special needs. Working closely with local and overseas disability experts from either the VWOs or other appropriate agencies, they will be in a position to better identify, evaluate and develop effective and scalable early intervention and special education models. MCYS and NCSS can continue to play a complementary role in providing social service support to the children and their parents. All these, put together well, will make that crucial difference in ensuring successful child outcomes.

17. There should be greater integration between the hitherto separate mainstream and special school systems. The Committee proposes the formal adoption of a Continuum of Education Models that encourages optimal physical, social and academic integration, instead of the traditional segregated ‘special school’ or ‘mainstream school’ model. In the longer term, for the purposes of inclusion and greater cost-effectiveness, best-practice models such as ‘special schools within mainstream schools’ should be encouraged and given official support. Formal partnership agreements between mainstream and special schools to target specific integration areas should form a regular feature in the education scene. Official recognition and tangible support should be given to mainstream schools which undertake sustained inclusive efforts in partnering special schools.

18. To ensure consistent quality of programmes and staff, the Committee recommends the development of a shared framework for school/ programme excellence. Curriculum units should also be put in place to install curriculum frameworks and enhance the quality of the curricula used in the various early intervention centres and special schools for the best achievable education outcomes.

19. Children should be systematically assessed before being placed into either mainstream or specialised settings. They should be adequately prepared before they transit to employment or tertiary institutions. To this end, the age limit for special school should be extended up to the age of 21 for those who can benefit.

20. Early Intervention services are expensive but essential. The Committee supports the principle of means testing but recommends that the Government should review the funding of the Early Intervention Programme for Infants and Children (EIPIC) services. Due to the higher cost of early intervention, it is proposed that every citizen child should receive a fixed basic subsidy, with an additional means-tested subsidy for the needy.
21. The Committee recommends a fundamental shift in the employment paradigm to one based on industry needs and business case. It supports the notion that PWDs must be given optimal opportunities to be prepared and trained for sustainable employment.

22. A structured “value-chain” employment framework should be adopted as follows:

   a. Assessment / Placement – Vocational assessment and job placement are crucial in ensuring job fit for the PWDs. The current structure of one centralised vocational assessment and job placement centre is inadequate given the wide span of disabilities. The Committee recommends separate Vocational Assessment / Job Placement programmes for those on the autism spectrum disorder; intellectual disabilities; and physical, sensory and other disabilities respectively.

   b. Training – The training programmes for PWDs should be based on industry requirements and where possible, lead to recognised certification. This will enhance the employability of PWDs. The Committee recommends that skills training should be with employment training bodies like the National Trade Union Congress’ Skills Development Institute. The Institute can partner relevant VVOs for support and transition management of the PWD clients. The Committee also endorses the recent initiatives of the Infocomm Development Authority and the Standards, Productivity and Innovation Board (SPRING Singapore) to fund industry-relevant training in information technology and food manufacturing for PWDs. It looks forward to more of such training initiatives.

   c. Support – The ENABLE Fund would be renamed “The Open Door” Fund. This would reduce confusion at the ground with the ComCare Enable scheme, which is not a disability-linked scheme. The criteria for “The Open Door Fund” should be relaxed to allow more companies to participate and hire PWDs.

23. The Committee recommends setting up of an Employers’ Network. The network will comprise employers who have successfully employed PWDs as well as those who will champion the employment of PWDs. The Singapore Human Resource Institute would also be involved to advise on employment practices and guidelines. The Singapore National Employers Federation has agreed to be the secretariat.
Empowering the Family

24. The family must always be the first line of care and support to ensure the best outcomes for PWDs. To enhance families’ capability in caregiving, the Committee recommends a training grant for caregivers to attend specialised training. The Committee also recommends that the foreign domestic worker levy concession be extended to PWDs who cannot independently carry out activities of daily living and need additional caregiver assistance.

25. Parents are concerned and want to plan for the financial security of their children with special needs. A Parents’ Workgroup on Enhancing the Financial Security of Persons with Special Needs had submitted its recommendations to the Government in October 2006. The Committee endorses the Parents’ Workgroup’s recommendations. The recommendations were, inter alia, to provide free financial planning and legal education to parents of children with special needs, to set up a non-profit special needs trust, to allow the Central Provident Fund (CPF) to be used as a savings mechanism for children with special needs, to ensure basic health schemes such as Medishield and Eldershield to cover and accord benefits to PWDs on an equal footing with the non-disabled and to establish a one stop body on financial security.

Community-Based Services and Residential Care

26. There are families who face difficulties in caring for their disabled family member especially when the primary caregivers age or have passed on. The Committee notes that this is one of the pressing concerns raised by the Parents’ Workgroup. While institutionalisation should be the last resort, the Committee acknowledges that there must also be alternative care options available to these families. The Committee recommends more residential options for PWDs who require the necessary help. This includes setting up of Group Homes and Hostels.

Disability Sports

27. The Committee has identified three strategic thrusts for sports for PWDs: sports excellence; sports for all; and sports for rehabilitation. The Committee recommends increasing the resources allocated to the Singapore Disability Sports Council (SDSC) to enhance its capability to promote sports for all, sports excellence and sports for rehabilitation. SDSC should be supported by the Singapore Sports Council (SSC), the Singapore National Olympic Council (SNOC) and MCYS, MOH, MOE and NCSS.
**Barrier-Free Accessibility**

28. To enable PWDs to participate fully in all aspects of life, obstacles and barriers to accessibility in the built environment need to be eliminated. This should apply to private and public buildings, indoor and outdoor facilities including schools, institutions of higher learning, medical facilities and workplaces, and private buildings. Services and programmes can only be accessed by PWDs if there is a barrier free transport system. **The Committee recommends that the Government expedites the implementation of the wheelchair-accessible public transport system, which is to be fully achieved only in 2013.** If it is not possible to do so, the Government and NCSS should study how to develop an affordable and viable alternative transport arrangement for PWDs in the interim.

**Public Education**

29. In addition to physical barriers, there are also social barriers to overcome. Flawed perceptions of PWDs must be corrected. **The Committee recommends that MCYS’ Disability Awareness Public Education (DAPE) campaign should be sustained as a year round programme.** The Community Development Councils (CDCs) and grassroots bodies should be involved to enhance the outreach in the community.

**Manpower Management**

30. **The Committee recommends that the Government should build up the supply of skilled manpower for disability services.** MOE should work with institutions of higher learning to step up training places at the polytechnics and universities. Government can tap on experts in the disability-specific centres of excellence recommended in paragraph 31 below to hone the skills of professionals to teach and support PWDs. To further augment the efforts, MCYS and NCSS should consider introducing training awards to attract talent to the sector. Interim measures such as overseas recruitment should also be considered. NCSS should conduct regular reviews of their salary guidelines for VWOs to ensure that salaries are competitive.

31. **The Committee also recommends that the Government works together with NCSS and relevant VWOs to develop expertise in disability in Singapore.** These would include developing expertise in the VWO sector, among local professionals and academics as well as tapping on foreign experts. **There should be centres of excellence for the different disability groups to ensure there are advances and best practices in education, therapy and services.** Such centres can reap good benefits that will not only support the PWDs, but also potentially grow a viable disability and special education industry to benefit our economy.
CONCLUSION

32. The Committee has gone beyond the 3P (People, Private and Public Sectors) approach to a 5P approach (People, Private and Public Sectors as well as Parents and PWDs themselves). This gave all stakeholders a voice at a national platform. The key recommendations are described in greater detail in the ensuing chapters.

33. The Committee’s goal is to address the challenges faced by PWDs while creating opportunities for them so that PWDs will be fully included in our society.
CHAPTER 1

Definition of Disability and Prevalence Rate of Persons with Disabilities in Singapore

INTRODUCTION

1. The definition of disability and the determination of the disability prevalence rate are important in framing any discussion on disability in Singapore.

DEFINITION OF DISABILITY

2. The 1988 Advisory Council for the Disabled (ACD), chaired by the then Minister for Education, Dr. Tony Tan, defined persons with disabilities (PWDs) as “those whose prospects of securing, retaining places and advancing in education and training institutions, employment and recreation as equal members of the community are substantially reduced as a result of physical, sensory and intellectual impairments”. The ACD formulated this definition by examining existing international definitions. One source was the International Labour Organisation’s 1983 recommendation on Vocational Rehabilitation and Employment of Disabled Persons. Another source was the World Health Organisation’s (WHO) interpretation of impairment, disability and handicap in 1980.

3. In 2004, the Ministry of Community Development, Youth and Sports (MCYS) refined the ACD’s definition to include “developmental” disability. The definition of PWDs henceforth became “those whose prospects of securing, retaining places and advancing in education and training institutions, employment and recreation as equal members of the community are substantially reduced as a result of physical, sensory, intellectual and developmental impairments”. This is Singapore’s current definition.

Medical and Socio-Functional Approach

4. The Committee notes that there are two components in Singapore’s definition:

   a. The core definition\(^1\) of what constitutes disability; and

\(^1\) The core definition takes after a medical model. Specifically, physical disabilities include impairments such as amputations and the effects of polio; sensory disabilities are defined as hearing impairment with the loss of hearing for sounds below 12 decibels, and visual impairment with eye-test scores of less than 3/60 (blindness) or less than 6/18 (low vision); intellectual disabilities are defined as those with an IQ of 70 & below; and other developmental disorders
b. The level of functionality of the person, not only by medical standards, but more holistically with regard to his overall social functionality.

5. The Committee examined the current definition used by Singapore against the prevailing definitions used by other countries and also by international organisations. Two apparent approaches were observed: a medical definition and a socio-functional definition of disability. The medical definition is based strictly on a medical diagnosis. It is highly objective. However, it has been criticised for promoting the view of a disabled person as dependent and needing to be cured or cared for.

6. The Committee observes that under the socio-functional approach, disability is viewed as a result of physical, institutional and attitudinal barriers present within society. The model accepts that PWDs are part of the economic, environmental and cultural society. These barriers prevent an individual from integrating into society. The WHO adopts this model under the International Classification of Functioning, Disability and Health 2002 framework.

7. The Committee notes that Singapore’s current definition uses the medical criteria as the base, and builds on top of that, an examination of the socio-functional limitations. The Committee endorses such a definition. The medical perspective ensures sufficient rigour in determining what constitutes a disability while the socio-functional perspective emphasises the need to address economic, environmental and cultural barriers.

Inclusion of Developmental Disabilities

8. The Committee endorses the expansion in Singapore’s definition of disability since 2004 to include developmental disabilities. This is in keeping with international trends given the rise in the cases of developmental disabilities worldwide. The American Community Survey\(^2\) did not include a category on developmental definitions in its 1996-1998 Survey. It was subsequently introduced in the 1999-2001 Survey. The rise in developmental disabilities in Singapore has been most notable for autism spectrum disorders (ASD).

PREVALENCE OF DISABILITY IN SINGAPORE

9. Collecting statistics of the number of PWDs in Singapore has remained a challenge till today. The Committee notes that as of July 2006, about 9,000

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\(^{2}\) The American Community Survey is a new nationwide survey designed to provide communities a fresh look at how they are changing. It is a critical element in the Census Bureau’s re-engineered 2010 census plan.
PWDs were using government-funded services. This does not form a reliable base upon which to determine prevalence rates. The last attempt by MCYS and the National Council of Social Service (NCSS) to size up the issue ended when the Central Registry of Disabled Persons closed in 1987. It became a register of users of disability services, rather than a full register of PWDs. There are still difficulties in ensuring that a central registry will work today. PWDs who do not access government or NCSS funded services would not have an incentive to register. Also, there is the problem of keeping the register up-to-date.

10. There have been attempts to use the disability prevalence rates of other countries as proxies of the prevalence rate for Singapore. The Committee would caution against such an approach. Definitions of disabilities vary widely among countries. Hence the prevalence rates of other countries do not provide a reliable benchmark for Singapore.

11. The Committee tried to get at the possible disability prevalence rates for Singapore by examining different cohorts over the years (refer to Annex 1-1). However, the figures are not robust across the different cohorts.

12. The most robust data is that for the pre-school cohort (0-6 years old). About 1,400 children are diagnosed annually to have patterns of developmental problems. This is about 3.2% of the cohort annually. However, this is not a prevalence rate as there could be children who are not diagnosed. Furthermore, we could not extrapolate this rate to the older cohorts. Thus, we could not arrive at the prevalence rate of disability in Singapore.

CONCLUSION

13. The Committee is of the view that it is important to know the prevalence rate of disability in Singapore. We recommend that MCYS conduct a study to determine the prevalence rate, including possibly conducting a national census or survey. The Committee endorses the current definition of disability in Singapore. However, the definition should be periodically reviewed to ensure it remains relevant and up-to-date.
CHAPTER 2

Office on Disability

VISION

A national office on disability that will be given the mandate to pull and optimise resources from various ministries and agencies, and galvanise the people and private sectors to ensure effective outcomes for persons with disabilities

INTRODUCTION

1. Disability issues are complex and cut across various disciplines involving different players. Highly effective leadership with the right supporting leadership infrastructure is especially critical. The Committee supports the ‘Many Helping Hands’ approach. However, for this to work well, there is a need to ensure each party is doing what it is best at with effective collaboration, coordination and ownership amongst the various government agencies, VWOs and other stakeholders.

CURRENT CHALLENGES AND THE NEED FOR LEADERSHIP REVAMP

2. The Committee is of the view that for an inclusive society to be realised, disability issues should be mainstreamed. Mainstreaming is best exemplified by the recent approach adopted by the Ministry of National Development (MND), Ministry of Transport (MOT), Building and Construction Authority (BCA) and Land Transport Authority (LTA). The various agencies took on the barrier-free environment and disabled-friendly public transport system as an integral part of their agenda. To achieve this, they worked closely with MCYS, NCSS, Voluntary Welfare Organisations (VWOs) and the private sector. When mainstreamed in this fashion, resources are optimised and effective outcomes can be achieved.

3. There are core developmental areas in disability - early intervention, education and employment. Investment in these areas makes a material difference to PWDs’ prospects. The expertise for these core areas lie with ministries and agencies in the educational and health arenas.

4. Good quality early intervention and subsequent education is especially critical to the prognosis of the child with special needs. While the education of children with special needs in non-mainstream settings have been traditionally led by the social service sector, there is strong feedback from parents and professionals alike to reform the leadership structure. This can be done by having relevant government ministries such as MOE and MOH lead this critical function whilst actively involving the social service agencies and disability-focused VWOs.
5. Employment of PWDs should be jointly under the purview of the Ministry of Manpower (MOM)/ Workforce Development Agency (WDA) and MCYS. Employment of PWDs is best achieved based on the manpower needs of industries. The Enable Fund initiative represents a significant step in the right direction. The configuration of WDA, Singapore National Employers Federation (SNEF), MCYS and NCSS has led to a successful launch in 2006. Each agency is handling the area it is most competent in but in a coordinated fashion. It sets the example of how other employment issues of PWDs can be similarly mainstreamed and coordinated under the co-leadership of MOM/WDA and MCYS.

RECOMMENDATIONS

Setting up a New Office

6. In view of the above challenges, the Committee recommends the establishment of a national office on disability to be led by a Coordinating Minister. The office will have senior leaders from MCYS, MOE, MOH and MOM, reflecting the inter-ministry approach needed to address disability issues. The national office will pull together all the relevant stakeholders including VWOs and NCSS to address the entire spectrum of disability issues.

7. The office will facilitate realisation of the shared vision articulated in the Enabling Masterplan 2007-2011. It will develop and implement the national strategy for disability. The office will have the mandate and resources to manage disability issues holistically, focusing initially on early intervention, education and employment. It will be responsible for tracking the implementation of the accepted recommendations in this masterplan.

8. MCYS, as secretariat, will help to coordinate cross-cutting issues and identify gaps in strategies, services and programmes. There is a need for the Ministries concerned to take on leadership roles in their respective portfolios.

9. Although the national office should be government-led, it should include NCSS and VWOs. VWOs have traditionally played an active role in providing much of the needed disability services. Their inputs will ensure that strategies can work on the ground. They will also provide vital feedback from the ground. The national office should also regularly consult PWDs and their families.

10. It is critical that the each member of this national office be senior, respected individuals who can contribute substantively. The Committee proposes that the profile of members and selection criteria be clearly spelt out and stringently applied. The ability to think strategically, a track record of achievements and a passion to contribute to the sector are some desired attributes.
Roles of the Office

11. The Committee proposes that there will initially be two panels set up under this national office. A proposed organisational chart is shown in Figure 2.1.

Figure 2.1: Organisation Structure of the National Office on Disability

Early Intervention and Education Panel

12. The Panel on Early Intervention and Education should be co-led by MOE and MOH who will take ownership and lead in integrating services in education and therapy support for children with special needs. Its other members should include the MCYS, NCSS, key VWOs and users of the services. There should be local and overseas disability experts to help the panel develop effective and scalable early intervention and special education models for the best achievable outcomes. MCYS and NCSS will continue to provide the social service support to the children and their families, an area which is equally vital for successful child outcomes. Input from parents and PWDs themselves is indispensable.

13. The Panel should be tasked to work towards creating and promoting a shared vision of aspiring for excellence in the education of children with special needs. It should work towards establishing Singapore as a Centre of Excellence in the Education of Special Needs Students. This will not only benefit our children locally but also presents a potential economic opportunity for Singapore to offer services to such children in the region.
Employment Panel

14. The other arm would be an Employment Panel co-led by MOM / WDA and MCYS. It will comprise employer representatives, key industry players, MCYS, other relevant ministries and statutory boards and NCSS.

15. MOM/WDA’s leadership will provide the vital link to employers and industry. It will ensure that the training and supply of PWD manpower will match the demands of industry. Employment will be made on the business case, and PWDs should be remunerated competitively according to their productivity. MCYS will take ownership of social service support to PWDs in employment, and lead in breaking down attitudinal barriers in employment. MCYS and NCSS will work with VWOs to advise the panel on the suitability of jobs and job training for the PWDs.

16. To match the demand and supply factors, the Employment Panel will have to work very closely with the Early Intervention and Education Panel. This will ensure that children with special needs are enskilled with the requisite knowledge and skill sets to meet the demands of the industries.

Resources

17. Resources are always limited. The national office needs to show effective leadership to steer and organise limited resources optimally to achieve successful outcomes for PWDs. To do so, the appointed Minister and MCYS should play an effective integrator role to ensure synergy across the spectrum of disability issues over the entire PWD life cycles. Ministries, VWOs and other service providers undertaking the various focus areas need to be accountable for the resources they use to ensure effective outcomes. The national office should continue to engage the people, private and public sectors under the Many Helping Hands approach. It should work with MCYS, NVPC, NCSS and VWOs to bring in more resources into the sector through individual and corporate philanthropy.

Prevalence Rate and Definition of Disability

18. The Committee recommends that the national office on disability undertake a study to determine the prevalence rate of disability in Singapore. It should also regularly review the definition of disability in tandem with emerging disabilities and the needs of the disability sector.

Issues on Elderly Disabled

19. The Committee is cognisant that a Minister has recently been appointed to oversee elderly issues. The Committee is of the view that there should not be a duplication of functions, programmes and services for disabled elderly persons and adult/elderly PWDs. Therefore, it is proposed that where ageing issues and disability issues overlap, such as in areas of accessibility in the physical environment, it should be addressed as part of the
ageing framework. Hence, the national office on disability to be set up will focus more in the areas of early intervention, education and employment.

CONCLUSION

20. The approach taken by the Committee is one that is pragmatic rather than ideological. The formation of the national office on disability is feasible. It calls for the various ministries and agencies to take charge of areas according to their functional portfolios. This will bring about better outcomes and optimisation of resources. The Committee also recognises that expertise and experience exist in the people sector. VWOs can be better supported to enhance their expertise further. More can be done to tap credible expertise in the private sector. More can also be done to enhance resources for the sector through.
CHAPTER 3

Early Intervention and Education for Children with Special Needs

VISION

Children with special needs shall receive a quality education that will maximise their potential at home, in the workplace and in the community. A quality early intervention and education programme will lay a strong foundation for the child’s adult years and maximise his/her ability to:

a. Live independently in the community
b. Become gainfully employed
c. Engage in lifelong learning
d. Possess a quality of life in the areas of socialisation, recreation, leisure and healthcare (this includes quality of care for those with high support needs)
e. Contribute to others at home and in the community

INTRODUCTION

1. Education is the passport to greater opportunities in life. For the child with special needs, the prognosis of his adult life is highly dependent on the quality of education in his pre-school and ensuing school years.

2. Early identification and intervention are pivotal to the prognosis of the child with special needs. Many professionals believe that the first seven years of a child’s life are critical windows for his development intellectually, socially and emotionally. Findings support the commonly-held view that early services to young children with special needs will enhance their abilities to develop to their maximum potential, reduce later education costs to society, and improve their chances of both economic and living independence.

3. Similarly, the quality of education during the child’s formal school years (beyond age 6) and the ensuing transition planning are believed to have a direct impact on whether he achieves maximal economic and living independence. Students with special needs are at much higher risk to be significantly unemployed and underemployed upon leaving school compared to their peers who do not have disabilities.

4. Several critical success factors are important to achieving excellence in the early intervention and education of children with special needs:

   a. **Timely and Appropriate Placement for Child** – There needs to be early identification, coupled with proper assessment and placement, so that the child can have access to learning as early as
possible. A sample of a systematic roadmap is illustrated in Annex 3-1.

b. **Quality Curriculum and Pedagogy** (*what* and *how* to teach) – A successful education programme requires a sound evidence-based curriculum and pedagogy.

c. **Trained Professionals** – Professionals who are systematically trained and coached are integral to success especially in an industry dependent primarily on human resources.

d. **Funding of Enabling Services** – Programmes need adequate resources to run successfully.

e. **Active Family Caregiver Involvement** – The learning received by the child with special needs in schools must be reinforced and continued at home.

f. **Transition Planning/Community Acceptance** – Planned transition from one school year to another; from one school setting to another and from school to employment; is critical. Planned Integration must start early.

g. **Strategic Leadership with Strong Execution Discipline** – As with all initiatives, there must be strong strategic and accountable leadership at all levels in order for programmes to be executed successfully.

**EFFORTS AND ISSUES IN THE LAST FIVE YEARS**

**Current Situation: Across All Age Groups**

5. In response to the increasing number of children identified with special needs in Singapore, several key initiatives have been launched by MCYS, MOH, MOE and NCSS in the last five years. Efforts had been primarily directed to addressing the critical issue of capacity shortfall in the sector – specifically, the reduction of waitlists for services.

6. Whilst the number of centres and schools and therefore children has increased significantly, its impact on the quality of education of the children served is unclear.

7. In the area of education, a Compulsory Education Act was passed in 2003 to legislate that all children born after 1 January 1996 must attend a national primary school. Although one of the key rationales is the maximisation of the children’s full potential, the Act has excluded some groups of children, including children with special needs. This has resulted in sentiments amongst parents and some advocates that children with special needs are not equally regarded as their non-disabled peers.
8. In terms of governance, a key feature of the current landscape is the tripartite arrangement under the ‘many helping hands’ approach. A tripartite relationship amongst VWOs, NCSS and MOE/MCYS forms the basis of how these services are provided (refer to Figure 3.1).

Figure 3.1: Tripartite Governance of EIPICs and Special Schools

Current Governance System of Early Intervention and Special Schools

Service Operators: VWOs

Fund Provider:
MCYS
MOE
NCSS Donors

Early Intervention and Special Education Child in Singapore

Management of VWOs in Fund Allocation & Service Development:
NCSS

9. NCSS is the primary overseer of VWOs in children disability services, managing the Early Intervention Programmes for Infants and Children (EIPICs) and special schools with its Programme Evaluation System. It receives support from two key ministries, namely MCYS and MOE especially in funding matters for early intervention and SPED respectively. In addition, donors also provide funding through the NCSS’ fundraising mechanism.

10. Most key initiatives related to the early intervention and education of special needs children, except for those in mainstream schools, are run by VWOs. These initiatives include the Disability Information and Referral Centre (DIRC), EIPICs, therapy hubs and all special schools. All VWOs are led by management committees who hold executive powers and are subject to regular elections. VWO management committees running EIPICs and VWO-appointed school boards have full authority to make all decisions, including finance, human resource hiring and employment and overall operations.

Current Situation: Birth to Six Years

11. The current landscape of government-involved services which provide early detection and intervention for children with special needs covers the following known programmes (refer to Table 3.1).
### Table 3.1: Landscape of Services Providing Early Detection and Intervention for Children with Special Needs

<table>
<thead>
<tr>
<th>Pivotal Service and Purpose</th>
<th>Government-Funded Service Providers (excluding private sector providers)</th>
</tr>
</thead>
</table>
| Assessment & Diagnosis for Early Identification                | • CDU @ KKH (KK Women’s and Children Hospital)  
• CDU @ NUH (National University Hospital)  
• Child Guidance Clinic @ IMH (Institute of Mental Health)  
• Various VWOs  
  Note: 1,400 per year (Based on CDU figures)  
  Other nos. not available                                                                                                                                 |
| Therapy and Parent Training Services Supporting Children Awaiting EIPIC Services | • CDU @ KKH  
• CDU @ NUH                                                                                                                                                                                                 |
| Information and Referral Services                            | • DIRC by Society of Moral Charities                                                                                                                                                              |
| EIPIC Centres Providing Social, Educational and Rehabilitative Services for Special-Needs Children | • Society of Moral Charities EIPIC  
• Rainbow Centre (Margaret Drive)  
• Rainbow Centre (Balestier)  
• Autism Association of Singapore (Clementi)  
• Autism Association of Singapore (Simei)  
• Autism Resource Centre  
• AWWA Early Years Centre  
• Spastic Children’s Association of Singapore (SCAS) EIPIC  
• Fei Yue Community Services EIPIC  
  Note: 727 children served as of November 2006                                                                                                    |
| Integrated Childcare Programmes (ICCP) Supporting Children with Special Needs in Childcare Centres. | • 17 VWO-run centres serving 114 children as of November 2006                                                                                                                                 |
| Therapy Hubs to Provide Therapy Services to VWOs              | • Society of Moral Charities  
• Society for the Physically Disabled                                                                                                                                                             |

12. Means testing was introduced in phases starting from April 2006 to direct funding for EIPIC services to families who are deemed needier. In effect, families with per capita income of more than $1,000 will not qualify for government subsidy from 2010.
Current Situation: Children Aged Six Years and Older in Mainstream Settings

13. Upon reaching the typical schooling age of six, children with special needs can opt for education in a mainstream or specialised setting. Final placement decisions are made by parents. Children, whose parents opt for a mainstream school setting, have a list of schools, as indicated in Table 3.2, which are considered as disability-friendly. There is currently no provision for these children to undergo any formal assessment for school and class placements before their entry into mainstream schools. In 2006 there are about 4,000 students with special needs in mainstream schools.

14. MOE has dedicated $15 million for the deployment of Special Needs Officers (SNOs) into mainstream schools to support children with dyslexia and ASD from 2005 to 2010.

Table 3.2: List of Designated Mainstream Schools Supporting the Various Disability Types

<table>
<thead>
<tr>
<th>Disability</th>
<th>No. of Designated Mainstream Schools Supporting the Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Impairment</td>
<td>2 secondary schools</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>4 secondary schools</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>59 primary and secondary schools</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>By Year 2010: All primary schools and 20 secondary schools</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>By Year 2010: 20 primary schools and 12 secondary schools</td>
</tr>
</tbody>
</table>

15. In addition, 10% of mainstream primary and secondary teachers will also be trained in special needs, through a part-time 108-hour Certificate in Special Needs Support that is offered by the NIE.

16. If the student subsequently graduates to the local tertiary institutions, provision for support in these institutions will be made by the individual institutions. The level of actual support varies. Most of the current accommodations relate to students with physical or sensory disabilities. Most higher institutions of learning are not equipped to support students with learning difficulties such as dyslexia or autism.

Current Situation: Children Aged Six Years and Older in Special School Settings

17. For children attending SPED schools, there are currently a total of 21 special schools in Singapore, all operated by VWOs. Out of these, four offer mainstream academics subjects similar to that of typical mainstream schools in Singapore.
18. As highlighted earlier, NCSS leads in both the development of the special schools’ Programme Evaluation System and in conducting on-site assessments of these schools. MOE plays a supportive role and in the last two years, has supported NCSS in organising principal and teacher training programmes. The SPED system remains relatively separate from the MOE mainstream system.

19. The 21 special schools cater to a wide range of disabilities from intellectual to learning and physical disabilities. In December 2006, MOE published its perspective of the education ‘pathways’ for children educated in the various special schools (refer to Figure 3.2).
Figure 3.2: Education Pathways for Children with Special Needs
20. Prime Minister Lee Hsien Loong’s inaugural call for a more inclusive Singapore with no one left behind in 2004 is followed by increased funding for students educated in the SPED system. The Government is committed to provide recurrent funding of up to four times the level of funding per primary student in mainstream schools. MOE has also increased its support for development costs of special school buildings from 90% to 95% for projects approved after September 2004.

21. The 2006 Education Statistics Digest published by MOE reported government recurrent expenditures on SPED to be close to $54 million in FY2005/06 (preliminary figures). This does not include the additional development and redevelopment costs of special schools. It is obvious that the Government is willing to back its support for SPED with finances and it now remains for the SPED sector to level up and focus on ensuring these significant investments are put to good use.

22. Integration efforts of special school students with their mainstream peers are piecemeal and largely based on voluntary and Community Involvement Programme (CIP) initiatives of mainstream schools. Recently, there has been a shift in thinking of educating children with special needs in more integrated settings, with the development of the Canossian Eduplex and Pathlight’s satellite model in Chong Boon Secondary School. These integration models depart from the traditional dichotomy of mainstream versus special schools.

CONSULTATION WITH VARIOUS STAKEHOLDERS

23. To gather ground inputs on the current landscape, 12 focus group discussions, involving 261 participants were conducted. The participants included parents of children with special needs or PWDs themselves in either mainstream or specialised settings (57%); and professionals including special school principals, teachers, therapists and social workers (41%). (Refer to Annex 3-2 for a sample of the focus group discussion guide and Annex 3-4 for typical verbatim responses captured). In addition, additional views from experts in the field were sought. Field visits were also made to some VWOs and special schools.

24. The findings from the focus group discussions, field visits and experts were reinforced with a simple written survey (refer to Annex 3-3), designed to extract further data from the participants on their views towards early intervention and SPED.

25. Integrating the information from these multi-level ground consultations, five key findings were derived (refer to Table 3.3):
Table 3.3: Key Findings from the Consultations with Various Stakeholders

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>Example of Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Call for changes in leadership configuration in the early intervention and education sector</strong></td>
<td>“(There should be a) Centralised body to oversee early intervention initiative rather than current MOH, MOE, MCYS, VWOs with rather independent initiatives... (there is a) lack of committed social ‘architects’ to actualise the plan.” (EIPIC Programme Head)</td>
</tr>
<tr>
<td></td>
<td>“Stop leaving the provision of special needs education to the voluntary sector. Government needs to take ownership of it...” (Consultant)</td>
</tr>
<tr>
<td></td>
<td>“…Ministries should stop trying to pass the buck to each other due to their own limitations. Same energy would be better spent on objectively identifying the Ministry most suited for the role... focus on finding viable and sustainable solutions for the families.” (Head of Unit in public sector)</td>
</tr>
<tr>
<td><strong>2. Need for clarity of options and education pathways</strong></td>
<td>“A parent of a normal child would know clearly the roadmap for their child. Primary School Level Examination (PSLE)... O Levels... A Levels... etc... Yet for a Special Needs child, I can’t see past 2 to 3 years. Every stage is a struggle. There should be a clear route for Special Needs cases. Early Intervention... Special Education... Job Placement... Career Counselling... in the absence of such advice, parents will just make their own plans...” (Principal)</td>
</tr>
<tr>
<td><strong>3. Inconsistent quality of programmes and staff</strong></td>
<td>“Differing and inconsistent performance standards... lack of consistency of a basic framework, process of needs assessment up to outcome recording and tracking... Support at pre-schools outside is also inconsistent with little agreed upon standards...” (VWO Head of Services)</td>
</tr>
<tr>
<td><strong>4. Call for more structured integration with mainstream peers</strong></td>
<td>“…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 and sports. Mainstream programmes are currently not ready to open up to special kids.” (Parent)</td>
</tr>
<tr>
<td><strong>5. Appreciation for Government’s greater focus on special needs</strong></td>
<td>“Individualised Learning. Complimentary and focused training provided by the Steering Committee of Learning and Teaching...” (SPED professional)</td>
</tr>
</tbody>
</table>
Key Finding 1: Call for Changes in Leadership Configuration in the Early Intervention and Education Sector

26. The early intervention and education of children with special needs in non-mainstream settings have been traditionally led by the social service sector. There are strong ground sentiments from parents and professionals alike to reform the leadership structure with greater ownership by the relevant government ministries.

27. There is a perceived lack of coordination and leadership in the sector, largely due to the tripartite sharing of responsibility and the low public profile of any inter-ministry workgroups. Some service providers and professionals have questioned why NCSS, with its social service core mission, was tasked with the leadership of setting performance standards including therapy standards and conducting on-site assessments for the special schools.

28. There was a general call for MOE to ‘take over’ early intervention and SPED. Many felt that SPED should be viewed as education. It should not be left primarily in the hands of VWOs and social service agencies. For example, one medical head had suggested for a central body to be set up ‘if MOE is not taking over’.

29. On the other hand, there is also a group of professionals and VWO heads who felt that government ministries like MOE and MOH do not yet have the full expertise and paradigms to completely take over early intervention and SPED. The ministries appear to share the root problems of lack of skilled manpower and staff retention in the sector. Nonetheless, the dominant view on the ground is that relevant government ministries should take ownership and at least lead in service integration instead of adopting an “arms-length approach” by working through the NCSS.

30. Quality of VWO management was also a concern amongst some respondents. The Committee observes that the effectiveness and pace of each early intervention centre and special school are very dependent on individual VWO leadership, culture and preferences.

Key Finding 2: Need for Clarity of Options and Education Pathways Available for Students with Special Needs

31. The DIRC was set up in Mar 2005 to provide a one-stop information and referral body for parents of especially newly diagnosed children. Feedback shows there appears to be a gap between what DIRC clients expect, versus what DIRC can realistically deliver at the moment. Some parents want information on education options to be more comprehensive and transparent. This will help them to make better informed decisions for their children’s placements.
32. Experts on the ground also highlighted there are no specific intervention services for children who are diagnosed with speech & language problems, learning problems/disabilities and Attention Deficit Hyperactivity Disorder (ADHD) every year (refer to Annex 3-5) at the Child Development Units (CDUs).

33. Many parents of children in special schools were also unaware of the education pathway set out for their children with special needs. Some special school principals expressed the same concerns. Parents were concerned about the options available for their child upon graduation. They called for the need for a visible link of special school programmes to post-18-year-old education or employment options.

34. Some parents highlighted the need for mainstream academics resources to be made available and taught in all special schools according to the pace of the child, rather than focusing only on learning life skills. They also emphasised the need to recognise and nurture the special talents of children with special needs, and not be too rigid to focus on academics as the only measure of success.

35. The Committee also heard the feedback to extend SPED up to age 21 in view that many of these children are developmentally delayed and need an extra leg up to acquire independence in employment and adult living. As for those who move on to further studies in the Institute of Technical Education (ITE) and higher institutions of learning, there is a need for a hierarchy of planned professional support for those who need them.

**Key Finding 3: Inconsistent Quality of Programmes and Staff**

36. Concerns were expressed over the lack of shared quality standards for programmes, and the inconsistent quality of teachers, therapists and programme heads in both early intervention centres and special schools.

37. In early intervention, NCSS has attempted through its engagement of Dr Christine Clarke, an overseas expert on early intervention, to develop a model and framework for service delivery and curriculum framework for Early Intervention in Singapore. Efforts are still underway.

38. In special schools, the MOE SPED Unit, with NCSS, has stepped up coordination in teacher/principal training and curriculum development and visible efforts were observed in 2006. While the impact is still unclear, this involvement is welcome by the sector.

39. There are no widely shared frameworks for assessment, admissions, service delivery and curriculum amongst special schools. An example is the development of the “life skills” curriculum widely viewed to be essential to all special school students. Evidence showed that VWOs are developing their own
life skills training curriculum, with varying degrees of depth, breadth and teaching resources. The NCSS' Social Service Training Institute conducts training needs analysis and run training workshops. The impact is again unclear.

40. In mainstream schools, the playing field is similarly uneven. The full roll-out of the SNO scheme by MOE will only be achieved in 2010. The MCYS and the NCSS are also involved in the support of special needs students through their CIS program for physically disabled and deaf students. The level of moral and professional support a special needs student and family receive varies across schools. There does not appear to be much evidence of consistent application of best practices like individual education planning and transition planning.

41. Most mainstream higher institutions of learning are more familiar with supporting students with physical and sensory impairments such as visual and hearing disabilities. Few, if any, are able to support students with learning disabilities, hence limiting the latter’s options for further studies.

Key Finding 4: Call for More Structured Integration with Mainstream Peers

42. It is heartening to note the increasing call by leaders and people alike to build a more inclusive Singapore. This call is echoed in the special needs community but in more tangible ways.

43. The Committee observes that integration initiatives in education of special needs children remain fairly uncoordinated. There is no shared framework amongst the different ministries, agencies and VWOs on planned and purposeful integration to effectively transit these children to mainstream activities. There is much parallel play and little planned synergy between:

a. Early intervention and education for older children (special or mainstream schools); and

b. MOE’s Mainstream Schools and VWO-run special schools.

44. It is important to systematically transit students with special needs into employment or further studies. Research findings in more developed countries report that “students with disabilities are (often) significantly unemployed and underemployed upon leaving school compared to their peers who do not have disabilities” (Ref: Trupin, Sebesta, Yelin & Laplante, 1997; National Organisation on Disability, 2000; Semsky & Odell, 1994; McNeil, 2000). Without better planned integration strategies, it is predicted that many special needs students will be ill-prepared to live and work independently in mainstream society.
Key Finding 5: Appreciation for Government’s Greater Focus on Special Needs Students

45. Nevertheless, many felt that the potential for improvement in the education landscape for children with special needs is high, due to the assurance of political leaders and the more visible efforts made in recent years. Specifically, appreciation is expressed for the funds invested in physical infrastructure for special schools; training of teachers in both special and mainstream schools; and increased public awareness. More proactive and visible involvements from the MOE special education department and MCYS policy team are witnessed in the last two years.

RECOMMENDATIONS

46. The Committee applauds the Government’s allocation of increased financial resources to educate children with special needs in Singapore. It appreciates the individual efforts put in by the many agencies to educate them. Although it does not support the exclusion of children with special needs in the Compulsory Education Act, it recommends that this be reviewed in the future when the SPED sector is more developed to cater to every child with special needs.

47. The Committee believes it is now apt to turn the focus from building capacity to building quality and aspire toward excellence in the education of these children.

48. The Committee has identified six strategic thrusts underlying the suite of recommendations presented for more effective early intervention and education of children with special needs. These are: leadership revamp; planned and purposeful integration; quality programme and staff; empowerment of family caregivers; transition management and funding of enabling services.

Strategic Thrust 1: Leadership Revamp

49. The Committee believes that the education of special needs children requires stronger partnership amongst stakeholders than non-disabled children, due to its more complex nature. It hence supports the ‘Many Helping Hands’ approach.

50. However, it is of the view that the country must undergo a fundamental paradigm shift on who should drive the education of these children. It recommends that the current tripartite service configuration (Figure 3.1) be revamped to ensure better results and accountability for the significant resources invested yearly.
51. It supports the strong ground notion that education of such children should not be viewed as charity and that Government should take more direct ownership instead of the social service sector through NCSS. It advises that each player in the current ‘many helping hands’ configuration rises above traditional boundaries and re-examine objectively what is best done by whom for the best results. A value chain of early intervention and education services must be developed to achieve greater clarity in roles, deliverables and accountability amongst the different stakeholders.

52. The above aspirations can be best achieved by the setting up of a government-led Panel for Early Intervention and Education of children with special needs. This can be positioned under the ambit of the proposed office on disability in Chapter 2.

53. The proposed governing Panel for Early Intervention and Education should comprise senior leaders of MOE and MOH who will take ownership and lead in integrating services in education and therapy support for children with special needs. Its other members should include the MCYS, NCSS, key WVOs and users of the services. There should be local and overseas disability experts to help the panel develop effective and scalable early intervention and special education models for the best achievable outcomes. In addition, the Panel must have the influence to move students and resources across the hitherto perceived ‘silos’ of hospitals, preschools, mainstream and special schools.

54. To ensure effective reforms, the selection of all members of the Panel must be rigorous. Care must be taken to overcome potential skepticism that the proposed governing Panel is a mere repackaging of ‘old wine in new wine skins’ with little change in attitudes toward ownership and quality. One special needs consultant opined that the ‘who’ and ‘how’ are just as critical to identifying ‘what’ has to be done in early intervention and SPED. The Committee recommends that a profile of members and selection criteria be clearly spelled out. The ability to think strategically, and value-add in tangible ways toward excellence are some desired attributes.

55. The proposed Panel should be made accountable for the significant amount of government resources invested annually in early intervention and education of special needs children. It should be given the authority to allocate funds for approved programmes. It should also be tasked to develop a clear value chain of services, based on identified and expected core competencies of each key player as suggested in the matrix (refer to Annex 3-6).

56. Greater clarity in roles and deliverables of key stakeholders in the value chain should lead to a streamlining of services and reduction in duplication and wastage. Key players can then be held accountable to the proposed office on
disability through specific performance indicators for the service areas agreed upon.

57. **In cases where VWOs are called upon to participate in the service provision, due diligence measures must be installed.** This will include, and not be limited to, vigilant selection and feedback measures to ensure quality and value-add of VWO leaders and school board members involved with the programmes. Where appropriate, **private sector providers** who are creditable should be welcome into the sector.

**Strategic Thrust 2: Planned and Purposeful Integration**

58. Not every child with a special need needs to be in a special class. A case in mind is the student with a physical disability who essentially needs a barrier-free physical environment and an inclusive whole-school culture. Each child’s individual education plan (IEP) should seek to determine the settings that are most appropriate for the education of that child. For those who need special support, research has shown best education results in integrated models where these students reap the best of both mainstream and specialised settings.

59. The Committee challenges the traditional dichotomy of mainstream and special schools. If an inclusive Singapore remains a national goal, the Committee believes there is a need to step out of the traditional “either-or” where children with special needs are educated either in a special school (run by charities) or mainstream school (run by the Government). The Committee firmly believes that it is critical for non-disabled children to regularly interact with peers who are different than them. This will maximise the chances for these children to develop to adult Singaporeans with inclusive mindsets. **It hence recommends that MOE formally adopts a Continuum of Education Models, like that already tried and tested in the Canossian and Pathlight special schools, that encourages optimal physical, social and academic integration.**

60. Experiences from countries more progressive in SPED show that integration can operate at three different levels – physical, social and academic integrations:

   a. **Physical Integration** – where provision for children with SPED needs are made on the same physical site as their mainstream peers. Even if special needs children cannot cope with the pace and intensity of mainstream academic subjects, they can be housed within the same physical environment as their mainstream peers, sharing physical facilities such as canteens and sports facilities.

   b. **Academic Integration** – where children with special needs and mainstream children attend academic classes together, pursuing the same set of curriculum goals and activities.
c. **Social Integration** – where children share social and living spaces, in the playground or in non-academic subjects such as music and movement and extra-curricular activities.

61. **The Committee recommends that a systematic framework of assessment and placement** be set up so that children with special needs can be appropriately placed in the right integration setting. Figure 3.3 presents a continuum of how the education needs of children with special needs can be addressed through various integration models in the education landscape.

62. The continuum essentially covers three broad categories of education models:
   a. SPED classes based outside a mainstream setting;
   b. SPED classes (special school satellites) co-locating with mainstream classes; and
   c. Mainstream classes with professional therapy and/or teacher support

63. To ensure student achievements, children with special needs served in mainstream settings must have access to not only barrier-free physical school environments but also structured and accessible direct services by therapists, psychologists and specialist teachers. The Committee recommends that MOE takes the lead in extending these support services to all major disability groups including the NCSS and MCYS-funded CIS programme for the physically disabled and deaf students in mainstream schools. It also proposes an outreach service to **provide direct intervention in selected mainstream preschools, which include kindergartens and nurseries.** It recommends that an approved panel of specialist service providers be set up for preschools. The panel can comprise in-house government providers or outsourced professionals from VWOs, special schools or the private sector.

64. **Formal partnership agreements** between mainstream and special schools to target specific integration areas should form a regular feature in the education scene. **SPED students and staff need to be considered and included in the formulation of national education policies impacting their mainstream peers.** There should be **official recognition and tangible support** for mainstream schools which undertake sustained inclusive efforts in partnering SPED schools.
Figure 3.3: Continuum of Integration Models

<table>
<thead>
<tr>
<th>Description of Services</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homebound or Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>Student receives SPED and related services at home or in a hospital programme.</td>
<td></td>
</tr>
<tr>
<td><strong>Separate School (Co-Location or as Proximate to a Mainstream School as Possible)</strong></td>
<td></td>
</tr>
<tr>
<td>Student receives SPED and related services under the direction of a specially trained staff in a specially designed facility.</td>
<td>E.g. Rainbow Centre Schools</td>
</tr>
<tr>
<td><strong>Separate Classroom (Satellite Model or Co-Location Model)</strong></td>
<td></td>
</tr>
<tr>
<td>Student attends a special class located within mainstream school facility for most or all of the school day and receives:</td>
<td></td>
</tr>
<tr>
<td>• SPED and related services by SPED teachers and</td>
<td></td>
</tr>
<tr>
<td>• Instruction by mainstream teacher with support of SPED teacher (if found suitable to join some mainstream academic or non-academic classes)</td>
<td></td>
</tr>
<tr>
<td><strong>Regular Classroom with (a) Supplementary Instruction and Services and (b) Specialist Support</strong></td>
<td></td>
</tr>
<tr>
<td>Student receives education under the direction of the mainstream teacher plus:</td>
<td></td>
</tr>
<tr>
<td>• Additional instruction and support within the regular classroom from SNO</td>
<td></td>
</tr>
<tr>
<td>• Ongoing consultation from MOE Specialists</td>
<td></td>
</tr>
<tr>
<td>• Specialised remediation and outreach from DAS and ARC</td>
<td></td>
</tr>
<tr>
<td><strong>Mainstream Classroom with Specialist Support Services</strong></td>
<td></td>
</tr>
<tr>
<td>Student receives education under the direction of the regular classroom teacher, who is supported by:</td>
<td></td>
</tr>
<tr>
<td>• Teachers trained in fundamentals of special needs</td>
<td></td>
</tr>
<tr>
<td>• Special Needs Officers</td>
<td></td>
</tr>
<tr>
<td>• Ongoing consultation from MOE Specialist(s)</td>
<td></td>
</tr>
<tr>
<td><strong>Regular Mainstream Classroom</strong></td>
<td></td>
</tr>
<tr>
<td>Student receives education under the direction of the regular classroom teacher.</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Thrust 3: Quality of Programmes and Professionals

65. To achieve the full potential of students with special needs and professionals within the system, steps must be taken to ensure they do not ‘under-perform’. The system must aspire for excellence - install and perform to quality standards; press for performance indicators for the resources expended; support and enhance teacher quality; and develop curricula that are of similar quality as in mainstream schools.

66. The Committee recommends the development of a Shared Framework for Programme/School Excellence with quality assurance measures incorporated at several levels:

   a. At start-up – Government should exercise due diligence in granting VWOs or other agencies the licence to operate any service in early intervention and education. Due diligence should be systematic and evidence produced on manpower expertise and track record for results in past services managed, and programme content.

   b. On-going service – Performance of on-going services should be evaluated by applying both process indicators (such as the use of IEPs and transition plans) as well as outcome indicators (such as number of graduates successfully transitioned to further education or employment).

67. In addition, any service provider who aspires for recognition of service excellence can apply to undergo a system of accreditation to achieve a trademark of excellence. Such as system should be open to VWOs as well as private sector providers.

68. Quality audits can be conducted at three levels: self, peer reviews and external accreditation by an appointed assessment team of experts and stakeholders from various disciplines.

69. Special priority ought to be given to the development of curricula in both early intervention and the ensuing school years. The Committee strongly recommends the setting up and funding of Curriculum Units led by (a) appointed experts in the major disability groups and special educators; and (b) MOE’s curriculum planning and development specialists. These Curriculum teams should look into the development of curriculum frameworks and enhance the quality of curricula in both academic and non-academic subjects with inputs from separately funded SPED teachers. They must ensure that learning resources and the required training in pedagogy from the MOE mainstream system are made available in the SPED system.
70. Students with special needs will still not learn well unless strategic efforts are made to recruit, train, reward and mentor their teachers and therapists well. This will be addressed in Chapter 7 on Manpower Management and Training.

71. The Committee believes there is a need for more scalable and innovative solutions to address the chronic shortage of skilled therapists and teachers. A training and consulting network of local and overseas special educators and disability experts who have been identified as “best in their profession” can be organised to develop a Competency and Training Roadmap and Learning Solutions for key professions in the sector, with special focus on skills acquisition.

72. The Committee suggests that centres of excellence in the major disability groups (e.g. autism, dyslexia and other learning difficulties) be identified and sponsored to hasten the pace of teacher and therapist enskilling. These centres should be led by recognised experts in the disability group, complete with a ‘laboratory school’ to provide practicum opportunities to enskill trainees in service delivery models, quality standards, curricula and integration with general preschool education. Such centres will not only benefit our PWDs. There can also be potential economic benefits. Singapore has become known regionally for its healthcare and education. We can potentially reap economic benefits if we are positioned to serve the region in disability services if we can show high standards and effective outcomes.

73. The Committee also recognises that there is insufficient leveraging of resources between the SPED and MOE mainstream education systems. It recommends the identification and deployment of a matrix of specific leverage areas in mainstream education and SPED that can benefit both students and teachers in the two hitherto separate systems. It feels strongly that both systems must be strategically linked so that students and teachers in special schools are not treated as ‘afterthoughts’ and are systematically and equally considered when initiatives for their mainstream counterparts are developed.

74. Cross-training schemes should be implemented to allow both mainstream and SPED teachers to increase their effectiveness in teaching children with special needs in both mainstream and SPED schools.

75. In addition, this professional development can be further strengthened by staff exchange programmes between teachers in the mainstream and special class settings.

76. The capability building of teachers and therapists should be the task of the proposed ministries and expert consultancy panels in each major disability group.
Strategic Thrust 4: Funding of Enabling Services

77. In view of the critical nature of early intervention services, the Committee strongly advocates the review of funding of EIPIC services which are means-tested since April 2006. Although it supports the principle of means-testing which provides more help for more needy families, the Committee recommends a review for two reasons:

   a. To acknowledge that every Singaporean child with special needs should be given some form of basic support in early intervention which is typically very expensive compared to normal preschool education; and
   
   b. To relieve the VWO-run EIPIC service providers who now face difficulty in financial planning due to the uncertain financial profile of its client base.

78. The Committee hence recommends a ‘hybrid’ funding formula that comprises:

   a. Fixed Subsidy for all Singaporean children in need of EIPIC services; plus
   
   b. An additional means-tested subsidy for families earning below a per-capita income of $1,000.

79. It is recommended that the fixed EIPIC subsidy be put on par with children receiving MOE and NCSS-funded special school services from the ages of 6-18. Similar to special schools, the said fixed EIPIC subsidy component can be capped at four times the average cost of preschool education of a child who is non-disabled. With adequate funding, VWOs can focus more on improving direct service to the children and fund-raise only for non-government supported special programmes and facilities, or to provide more assistance to needy families.

80. The Committee also recommends the extension of SPED schooling up to the age of 21 for students who can benefit from additional pre-vocational and vocational skills training, before releasing the students to the job market. It also recommends the funding of outreach support services for special needs students who further their studies in the mainstream ITE and other higher institutions of learning.

81. In view of the caution issued by professionals in the sector, steps should be put in place, such as providing pre-launch set-up funds, to ensure that new EIPIC centres or special schools will be adequately prepared to provide services.
Strategic Thrust 5: Empowerment of Family Caregivers

82. The Committee views family empowerment as essential to excellence in the education of children with special needs. Empowerment can come in two ways – one, through helping parents make informed decisions about their children with special needs; and two, through training parents and other family caregivers (e.g. grandparents and domestic helpers) to reinforce what is taught to the children.

83. **Families must have easy access to comprehensive and relevant information at the point of diagnosis, early intervention and throughout the school years of the children.** Parents’ ability to make informed decisions and choices about their children’s education options is an important check on the quality of services in the sector. The options and information especially that provided by the one-stop DIRC should be transparent and easily understood, similar to what MOH has done with hospital services and charges. The information should also be widely available on the internet and other key touch points like the family service centres, so that parents and professionals can access such information directly. **Regular Information Needs Analyses and User Feedback Surveys** should be conducted to ensure client needs are effectively met.

84. In addition to the one-stop DIRC headquarters, additional helpdesks should be located at the hospitals’ CDUs to provide just-in-time and easily accessible information to families with newly diagnosed children.

85. **Family caregiver training with a systematic roadmap** should be provided as a compulsory component in all government-funded early intervention and SPED services. Evidence of quality and impact of family caregiver training should form part of the evaluation system leading to the accreditation of centres of excellence.

Strategic Thrust 6: Planned Transition Management

86. Proper transition planning and management is critical. There is a need to **install transition management best practices at critical points within both the SPED and mainstream school settings.** These key points include transitions:
   a. Across school grades;
   b. Across different school settings; and
   c. Upon graduation to work or tertiary learning institutions.

87. Transition management best practices can range from sharing of simple mobile Student Profile Briefs to structured IEP meetings with transition service
goals. Parents must fully participate in the transition of their children at these critical points.

88. Research overseas have revealed that many students with special needs leave school without the necessary skills to gain and maintain employment and are not prepared for the demands of adulthood (Burnham & Houseley, 1992; Hasazi, Gordon, & Roe, 1985; Pollaway, Patton, Epstein, & Smith, 1989). It is imperative that this be avoided in the local SPED scene. Besides academics, there is need for a strong reality-based Life Skills Curriculum that includes the development of effective self-management, good work habits, social skills, and community living skills. These efforts should be intensified during the transition years in the form of a 'Bridging Programme' to transit students smoothly upon leaving formal schooling.

CONCLUSION

89. Children with special needs are those who are most at risk of being left behind in Singapore. We must review the outdated paradigm of viewing SPED as social services for 'less fortunate' children and re-organise the leadership configuration and financial resources provided by the Government and donors for better results.

90. The Committee has heard from parents and professionals alike and the message is clear. It is not enough to spend more. It is important to spend wisely and aggressively focus on the strategic thrusts for swifter and more impactful educational results for the children. 'Many Helping Hands' are needed but better results will only be achieved when the right hands with the right expertise and commitment are deployed. The time has come to aspire for excellence in the business of educating children with special needs.
CHAPTER 4

Equalising Opportunities for Employment

VISION

PWDs will achieve self reliance through work. They will have equal opportunities for employment. They will be well trained and have market-relevant skills. There will be a robust system of vocational assessment, training and job placement. Vocational, pre-vocational and life skills training will begin in school to enhance their employability.

INTRODUCTION

1. Work has always been a vital form of self-reliance in any society. In the modern world, paid employment empowers an individual to define direction in his life, sense of self worth, and his contribution to society. PWDs value employment in no lesser terms. Employment is key to ensuring that PWDs maximise their potential and live as independently as possible.

EFFORTS OVER THE LAST FIVE YEARS

2. There have been efforts to facilitate employment of PWDs in the last five years. MCYS and NCSS co-funded the Vocational Assessment Division (VAD) and Employment Placement Division (EPD), both run by Bizlink Centre Ltd, to provide vocational assessment, job preparation, placement and support to PWDs seeking employment. Sheltered workshop facilities were strengthened to provide PWDs with work opportunities. Currently, the eight sheltered workshops, co-funded by MCYS and NCSS, provide employment for close to 1,300 PWDs with moderate disabilities. In July 2006, the Engaging Persons with Disabilities in Employment Fund, or ENABLE Fund, was launched. The $0.52 million ENABLE Fund provides funding assistance to employers who need to redesign jobs, modify workplaces, or implement training when they employ PWDs. A company can be reimbursed for up to $5,000 for each PWD employed, up to a cap of $100,000.

CONSULTATION WITH EMPLOYERS

3. To better understand matters, the Committee conducted a series of employer focus group discussions. A total of 26 employers, from seven industries participated in the discussions (refer to brief notes at Annex 4-1). The Committee also obtained feedback from employers through an online survey conducted by
the Singapore Human Resource Institute (SHRI). Altogether, 43 companies participated in the survey, of which 18 employed more than 250 persons.

4. The focus group discussions and the SHRI survey indicated that employers were supportive of employing PWDs. The survey found that 98% of employers thought that with the right qualifications, PWDs are just as competent as non-disabled persons. Of the 20 employers who have had experience employing PWDs, 95% said that PWD employees satisfied or exceeded their performance expectations. Employers from the focus groups highlighted that PWDs need to be well-trained for the job. They suggested a training centre or a “half-way house” for training for targeted training and workplace orientation. They were also open to providing internship opportunities. As one employer mentioned:

“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.”

5. Employers from the focus groups, however, noted a lack of understanding of the different types of disabilities. They do not know how best to handle persons with different disabilities. They wanted their existing staff and supervisors to be trained on how to work with PWDs. They also felt that the entire organisation should be educated on how to integrate PWDs. They felt that post-employment support for two to three months is vital in helping a PWD integrate and remain employed in the organisation. Some employers’ comments on this issue included:

“The industry can open up and create more opportunities but how can our people take care of them?”

“...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.”

6. Employers from the focus groups said many did not know who to approach or where to look when it came to hiring PWDs. They indicated that a central database, or an easily accessible place for employers, should be established where employers could gain access to the resumes of PWDs. Some said that although they wanted to employ PWDs, the lack of disabled-friendly facilities in their workplaces prevented them from doing so. Employers should not bear the cost of workplace modifications. It should be cost-neutral to employers to hire a disabled person. The survey also found that about 90% of employers thought that sharing of experiences by companies who have employed PWDs would encourage other companies to start doing so.

7. The consensus of the employers was that employment for PWDs must be considered on a business case. Only then would it be sustainable. The
employers were also against legislating employment of PWDs. Legislation cannot enhance PWDs’ employability if they were not well trained for industry in the first place.

**STRATEGIC FRAMEWORK: A MARKET-DRIVEN APPROACH TO EMPLOYMENT**

**Guiding Principles**

8. Based on its deliberations and after understanding employers’ concerns better, the Committee established the following guiding principles:

   a. Work is the best form of self-reliance for any individual, and it facilitates integration into mainstream society, and provides a sense of self-worth.

   b. Employers should give PWDs equal opportunities at a chance in employment.

   c. Employment for PWDs should be made on a business case. It should not be because of compassion, or corporate social responsibility. This can devalue the contribution of PWDs and do not ensure their employability in a sustainable manner.

   d. Employers should recognise the merits and abilities of PWDs, and how they can effectively contribute to the company as productively as possible.

9. Guided by the key principles and employers’ feedback, the Committee thus decided on a market-driven approach to frame the issues in employment. The framework for employment is based on demand and supply of PWD manpower (refer to Figure 4.1).

**Supply of PWD Manpower**

10. A potential source of PWD manpower comes from children with special needs in SPED and mainstream schools and the pool of persons with acquired disabilities. There are 4,723 children with special needs in SPED schools, as of October 2006. There are another 4,007 children with special needs in mainstream schools currently.

11. As opposed to students, the stock of persons with acquired disabilities who need employment is much more challenging to identify. One proxy would be the number of adults with acquired disabilities who need placement services from Bizlink Centre and other VWOs. There are about 350 persons placed out into
open employment per year by these organisations, which translates into about 1,750 jobs over five years.

12. It could cost about $260,000 for a PWD to be at a day activity centre for most of his adult years should he be unemployable. The potential cost savings are significant if we can secure jobs for those able to work.

**Demand for PWD manpower – Getting the Right Jobs**

13. To ensure there is demand for PWD manpower, there needs to be an analysis of skills sets required by industry. Identified jobs need to be sustainable in the long-run and not be stop-gap solutions. In addition, there needs to be an analysis of jobs by disability types as some jobs are more suited for some disabilities.

14. From the focus groups discussions, the Committee recommends to focus on the food manufacturing sector, hospitality sector, food and beverage sector, retail sector, logistics sector, information technology (IT) sector, and financial services sector. The Committee fully recognises that one must not be pigeon-holed into only these sectors, thus the identified industries are suggested to be the initial drivers of employment. These sectors all meet one or more of the three following factors that ensure long-term prospects for employment:

   a. Showing the most growth potential in the coming five years; or
   b. Being the most stable regardless of economic highs or lows; or
   c. Being most suitable for specific types of disabilities.

**RECOMMENDATIONS**

15. The Committee identified three strategic thrusts for the new employment landscape for PWDs. These are: Changing the Employment Paradigm, Equipping and Empowering the Individual, and Supporting Employees and Employers.

**Strategic Thrust 1: Changing the Employment Paradigm**

16. Previously, the employment landscape for PWDs was largely based on the individual efforts of VWOs and their own link-ups with employers. There was, no doubt, a strong sense of compassion, social mission and resourcefulness on the part of the VWOs. However, the Committee is of the view that the link to employers needs to be systemic and strong. The employers and agencies like WDA should be brought into the picture. Employment for PWDs needs to be based primarily on the business case. PWDs, like other workers, have to be
trained and re-trained to stay relevant in a rapidly changing economy such as Singapore's.

**The “Value Chain” Employment Framework**

17. The Committee recommends the establishment of the “Value Chain” Employment Framework. The value chain would consist of the following components:

   a. **Assessment** - A reliable and robust set of tools to allow schooling PWDs and persons with acquired disabilities to be correctly assessed on their ability and potential for employment. This should be reviewed on a periodic basis to identify and recommend training and re-training of PWD clients for sheltered or open employment;

   b. **Training** - Following assessment, appropriate training in accordance with the market demands from industries would be provided to those who are assessed to be suitable for it. As far as possible, training should include a component of internship or job attachment to provide both the PWD and potential employers exposure to the potential of the PWDs;

   c. **Placement** - After PWDs undergo industry-specific training, they can be given assistance to be placed in appropriate jobs; and

   d. **Support** - During employment, there is the critical phase of adjustment to the working environment. PWDs, their colleagues and employers will also have to be provided with adequate support at the workplace. Relevant training, job coaching, briefing to colleagues and consultancy to supervisors and employers should be provided.

18. An individual PWD can access the value chain several times in his working life in recognition of the need for lifelong learning and re-skilling to ensure lifelong employability.
19. The Committee recommends the setting up of an Employment Panel to ensure the “Value Chain” has direction and is implemented well. The Panel should be co-chaired by WDA/MOM together with MCYS. It should comprise relevant ministries and statutory boards, NCSS, employer representatives from the target industries, key industry players or business associations, and relevant VWOs. The Panel, which will be a sub-group under the office on disability outlined in Chapter 2, will:

a. Advise on market/industry demand and changes (e.g. skills gaps);
b. Advise on jobs relevant to specific disability types;
c. Advise on skill sets and key human resource (HR) practices;
d. Establish ties for agencies to key employer networks; and
e. Work with the Early Intervention and Education Panel to ensure a smooth transition from education to the workplace.

20. The Panel will provide consultancy support to the Vocational Assessment and Job Placement (VAJP) programmes, which the Committee also recommends to modify in the next section.
Strategic Thrust 2: Equipping and Empowering the Individual

21. It is vital to equip and empower the PWD with the right skills set to enhance his employability. To do so, vocational assessment must be done, followed by relevant training and assistance in job placement.

Assessment

Revision of the Vocational Assessment and Job Placement (VA/JP) Model

22. The first component of the Value Chain would be the Assessment phase. The existing centralised VA/JP model only provides assessment on whether a PWD is suitable for employment but not the skills set he needs. It also caters largely to those with sensory and physical disabilities and does not have sufficient links with schools to ensure a smooth transition from school to work.

23. The Committee recommends that the existing centralised VA/JP model be revised to:

a. Operate on a two-pronged approach for assessment:

   i. A first stage in terms of assessing the PWD’s existing skill sets and recommendation for subsequent training and retraining. In doing so, the Committee recommends that vocational assessment should be factored into the SPED school curriculum. After assessment, the next stage should include job-specific or industry-specific vocational and re-vocational training which should begin even when in school, where appropriate.

   ii. After training, a second stage in terms of assessing the appropriate type of work that the PWDs are trained in.

In doing the above, the Committee recommends that PWDs be provided opportunities to attend technical training programmes leading to certification. This would ensure that PWDs are able to compete on equal footing by having relevant and up-to-date skills.

b. Provide for three separate programmes to serve respectively those with physical and sensory disabilities, developmental disabilities, and ASD: This will allow for greater specialisation so that disability-specific needs and capabilities can be better matched to industry-specific training and support for employers. The schematic model is provided in Figure 4.2 below.
24. The Committee also recommends establishing a forum comprising representatives from the three VA/JP programmes and VWOs offering SPED with vocational training and sheltered employment to

a. Deliberate on operational issues at the ground pertaining to the employment of PWDs;

b. Share resources, reap economies of scale and align objectives that might be common across disability types.

25. The Committee also recommends exploring the possibility of engaging private agencies to operate some of the programmes. The three VA/JP programmes may need one to two years to be fully implemented.
Training

Initiatives in Industry Training

26. The Committee recommends that skills training, following the first stage of assessment, must be industry-specific and includes the set-up of training infrastructure. The VAJP programmes should be linked to the key training providers to develop internship programmes and direct employment channels after training.

27. The Committee notes that some initiatives are in the pipeline. One of the industries identified by the Committee is the food manufacturing sector. In line with employers’ feedback that PWDs could be better trained for the specific jobs in the industry, the Committee notes that a food manufacturing industry-specific training programme could be established. The Standards, Productivity and Innovation Board (SPRING Singapore), having identified a demand for manpower in that sector, would collaborate with a VWO to set up a food manufacturing training centre to train PWDs. The skills programmes would be certified by the relevant industry body. From 2007, a yearly intake of about 100 PWDs is expected to enrol and graduate from the training centre into the food manufacturing industry.

28. IT skills and knowledge are critical to employment in today’s digital age. The Committee thus endorses the Society for the Physically Disabled’s Infocomm Accessibility (IA) Centre sponsored by the Infocomm Development Authority (IDA) and MCYS. The IA Centre could be placed as the key service provider of IT training services for children from SPED schools and adults with disabilities. While IDA would sponsor the ‘hardware’, MCYS would focus on the Job Apprenticeship component of the IA Centre, which seeks to place PWDs on apprenticeship programmes with IT companies. The apprenticeship component is expected to train and certify 160 PWDs each year.

29. The National Trade Union Congress (NTUC) is setting up a Skills Development Institute to provide vocational training in various types of industries to unemployed Singaporeans. The Committee recommends that MOE work with the SPED schools to acquire relevant training from NTUC’s Skills Development Institute and other accredited service providers recognised by WDA. MOE and NCSS funding for SPED Schools could cover the training cost per PWD student for training packages that are purchased by the SPED schools, as part of the school curriculum leading to vocational certification. NTUC could provide training to SPED school students under the Employability Skills System (ESS) to equip them with the up-to-date qualifications needed by the various industries. This would allow those without any ‘O’ or ‘N’ Level equivalent qualifications to graduate from school with industry-recognised proficiency and certification in basic literacy and numeracy. From this basic training, the more able students
would then progress on to industry specific training for specific jobs in the open market.

**Career Guidance and Job Hunting Skills**

30. The Committee also recognises that many PWDs from mainstream schooling path may not be as well-equipped for opportunities in the open market, in competition with their non-disabled counterparts. They may have a lack of job-hunting skills and the confidence to convince that they are as able as the next person. The same issues may also apply to adults who acquire disabilities later in life who lose their self-confidence or need information on suitable career prospects. **The Committee proposes that SHRI provide career guidance, as well as advice and training programmes on soft skills to PWDs from mainstream schools, and persons with acquired disabilities looking for jobs.** This programme would be similar to the Self-help Integration Placement Service (SHIP) in Hong Kong, which serves to hone PWDs' resourcefulness and confidence in searching for jobs.

**Placement**

31. After training, the next step in the Value Chain would be placement into employment. For this stage, PWDs may either be:

   a. Directly placed into employment from their training centres (e.g. from the food manufacturing training centre, IA Centre or NTUC’s Skills Development Institute); or

   b. Assessed once again (the second stage of assessment) at the appropriate VA/JP programme to ascertain the most suitable type of work for the PWD. The most suitable type of work may include open employment, where the PWD is matched to existing job vacancies, or assessed to be suitable for work in a sheltered environment, or assessed to be suitable for home-based employment.

**Review of Sheltered Workshops and Home-Based Employment**

32. Sheltered employment is another avenue of employment for PWDs. Agencies running the sheltered employment programme would need to stay competitive in the industry through repackaging sheltered employment into a business or employment model instead of a welfare model. An overseas example to look at would be BizAbility in Australia. Sheltered workshops in Australia evolved into Business Centres, to manufacture high-quality products and services. BizAbility adopts a market-centric approach, and its success lies in its professional image.
33. The following recommendations are proposed to enhance the current service model so that the sheltered workshops remain relevant:

a. **Introduce other forms of sheltered employment, e.g. work enclaves, other than the centre-based workshops.** Work enclaves are where PWDs from a sheltered workshop are brought to a company to work in the company’s premises. For an example, if Company A wants to outsource a portion of work to a third party (such as assembly of parts), and a sheltered workshop offers its clients’ services as the third party by working in Company A’s location.

b. **Implement clearer guidelines that stipulate wages that are commensurate with the monetary worth of the job.** There needs to be a requirement of minimum attendance, job expectations, productivity factors, performance bonuses and other human resource practices. It is proposed that 60% of clients should earn a monthly income of $300 sheltered work. This percentage would serve as a benchmark or indicator to ascertain if the workshop is running efficiently and effectively as a form of employment.

c. **Introduce assessments on exit plans for clients** who are no longer able to perform in a sheltered environment or have potential to be placed in open employment.

34. Home-based employment can be considered as self-employment (as a form of open employment) or part of sheltered employment, depending on the nature of work and the income earned. For example, a multi-media PWD designer working from home would be able to source jobs by himself, send his deliverables and get paid via electronic on-line systems. However, this option should only be considered when it is economically viable; when the income earned from home-based work is at least comparable to the sheltered employment model of $300 a month. It would not be viable if it costs the VVO more to provide support than the income the PWD could earn.

**Strategic Thrust 3: Supporting Employers and Employees**

35. The Committee acknowledges that it takes added effort for a PWD to maintain his employability. To this end, the Committee recommends measures to support employers and employees to sustain employment in the long term.

**Support**

**Review of the ENABLE Fund**

36. A major support scheme for employers who hire PWDs is the ENABLE Fund. Since its introduction in July 2006, the ENABLE Fund has helped 41
PWDs gain employment, with 14 companies, as of January 2007. More than $126,000 has been approved for disbursement for workplace modifications, training for employers and employees and other measures needed to integrate PWDs into the workplace. The Committee endorses the ENABLE Fund.

37. Even as the take-up rate and amount disbursed are encouraging, the Committee recommends that the criteria of the ENABLE Fund be relaxed so that more companies can qualify for ENABLE. The existing qualifying criteria of four new hires could instead be just four PWD hires, whether they are old or new hires. Thus if Employer A has previously employed one PWD, he needs only employ three more to qualify for the Fund. Employer A, however, would be able to get up to a maximum of $15,000 only ($5,000 per new PWD hire).

38. Presently, the Fund states that only companies that employ the PWDs on their payroll may apply for the grant. Sometimes, where jobs are outsourced, another company (the outsourcing firm) controls the payroll. So effectively, the company will not be able to apply for the ENABLE Fund. The Committee recommends that companies that outsource certain jobs be able to tap on the ENABLE Fund, subject to the following:
   a. The PWD is placed at the company’s premise (so that any modification or improvements are justified);
   b. The PWD is employed with at least one year contract or more; and
   c. The company, and not the outsourcing firm, pays the co-funding component.

39. At present, the outsourcing firm will not want to invest on the job training for PWDs resulting in the hiring company obtaining poorly trained workers. Thus by adjusting the ENABLE Fund in this manner, there is incentive for large companies to tap on the fund, without the ‘burden’ of the outsourced PWDs on their payroll.

40. The Committee also recommends incorporating a Supported Employment option to the ENABLE Fund, as support to employees. This option caters to PWDs who require a longer period of job support in open employment. A job coach in the ratio of 1:4 PWDs is proposed. The Committee proposes that the duration of job support should not last more than 12 months and should be tiered according to nature of job demand and needs.

41. The Committee also recommends that the ENABLE Fund be revamped under a new moniker, The Open Door Fund. The Open Door was the theme of the 2006 DAPE programme, organised by NCSS. It better captures the role of employers in opening doors for PWD employment. It also signifies the effort needed on the part of PWDs to acquire the necessary skills set for work to walk through the open door. A change of name would also reduce confusion
among the public with ComCare ENABLE which is a broader social assistance scheme not targeted at PWDs.

**Employers’ Network**

42. The above recommendations will gain strength if PWDs and employers work together. PWDs are supported via vocational training and education. To help employers navigate the arena of disability, and to act as a testament to other employers, the Committee recommends that an employers’ network comprising employers who have hired and seen success with PWDs be established. The network would have a model employer from each of the sectors identified to motivate the respective industries to hire PWDs.

43. The Committee proposes that that the objectives of the Employers’ Network be as follows:

   a. To champion the employment of PWDs through promotion of their abilities;
   b. To issue success stories to the media on a regular basis;
   c. To serve as ambassadors of employers who employ PWDs; and
   d. To provide consultation and other types of assistance to employers who are willing to employ PWDs

44. The employers’ network will bolster the role of the various training institutes and other training providers, through publicity and sharing of success stories of PWDs who have been employed.

45. The Committee recommends that SNEF be the Secretariat for this network, coordinating the initiatives and programmes of the network. SNEF would be an appropriate body in assuming this role in view of its comprehensive network of pre-existing members.

46. The Committee recommends greater participation from the private sector by encouraging companies to actively engage in programmes to facilitate the employment of PWDs. This could be done through programmes where companies “adopt a VWO” and provide internships for PWD school graduands.

47. The Committee also recommends that SHRI provides guidance on best practices in human resource for the employment of PWDs. Areas such as labour laws, insurance, employee benefits for PWDs (vis-à-vis non-disabled & foreign workers) would be tackled by SHRI, and this would bolster the efforts of the Employers’ Network in establishing best practices for industries.
Parents

48. The Committee recommends that parents be actively engaged and educated on how to prepare their children for employment. This is especially important for parents whose children are in special schools. Apart from self-confidence, there is a need to inculcate independence in the children to execute their own activities. Sheltering and protecting loved ones come naturally to all parents but this has to be carefully balanced so that children can grow up to be as independent as possible. Schools have to actively engage parents on what they can do to imbue independence in their special needs children. Actively engaging parents will also allow parents to obtain better and more realistic information on career prospects for their children.

Monitoring and Evaluation

49. The Committee recognises the need to set goals for the next five years. There is a need for constant interaction and tracking of success rates of employment placements, by monitoring of success rates per cohort. The Committee recommends that key performance indicators have to be set as goals to achieve by the end of the five years. Furthermore, SPED schools and mainstream schools should also track how many of their PWD graduands have gone on to find employment. The Committee recommends that the Employment Panel monitors this situation.

CONCLUSION

50. With the above recommendations, the Committee hopes that a system of assessment, placement, and training to facilitate the employment of PWDs can be put in place. The system would be sensitive to industry needs, with support from employers, VWOs, NCSS, SNEF, SHRI and relevant government agencies.
CHAPTER 5

Empowering the Family as the First Line of Support - Caregiver Support and Financial Security

VISION

Families will continue to be the first line of care and support for persons with disabilities. There will be services, programmes and easy access to information to support families in caregiving.

INTRODUCTION

1. The caregiver role for a family with PWDs is demanding, and for some whose disabilities are severe, it could be a lifelong responsibility. Without adequate support and coping capabilities, caregivers are prone to exhaustion, emotional stress, financial and other care-related strains, resulting in burn-out of the caregiver and premature or unnecessary institutionalisation of persons with disabilities.

EFFORTS OVER THE LAST FIVE YEARS

2. In 2004, NCSS launched an information portal, www.disability.org.sg, that serves to provide updated information and knowledge on disability types, support services, contacts and events. This disability portal was subsequently migrated to the DIRC. The DIRC was set up to provide information on disability to the general public and to link PWDs and their caregivers to relevant services through its referral service. The DIRC now provides online, telephone and face-to-face information to the public and manages the disability portal. DIRC’s caseworkers do home visits to help PWDs assess their caregiving needs, if necessary.

3. In 2005, MCYS piloted the Family Support Group Programme in three agencies: the AWWA Family Support Group Programme, Down Syndrome Association and Rainbow Centre, for three years. This programme aims to provide social and emotional support through peer encouragement to enable families to cope with their disabled members. Targeted at families, including parents, grandparents, and siblings who may be caregivers of PWDs, the programme components comprise of caregiver support groups (closed and open), sibling camps and parent volunteer training.
4. From April 2006, AWWA piloted a two-year Caregivers Centre for the elderly and disability sectors. The programme aims to raise general awareness and develop support services for caregivers to better care for their loved ones. Services include helpline information and referral, support groups, training for caregivers and service providers, promotion of networking and collaboration and public education.

5. A First Step programme that provides short-term real time socio-emotional support to parents of young children at the onset of disability or diagnosis, was initiated by NUH for four months in 2005; but was scrapped because of lack of resources. This programme was perceived to be essential to help parents overcome the grieving process, come to terms and acceptance of their newly diagnosed child with special needs, so that they can make the necessary adjustment to family life.

CONSULTATION WITH VARIOUS STAKEHOLDERS

6. In order to better understand the needs of caregivers, the Committee consulted caregivers and service providers. The Committee also considered the report of the Parents Workgroup for Enhancing the Financial Security of Persons with Special Needs, which was released in October 2006.

7. It was observed that whilst many caregivers were appreciative of efforts put in by the ministries, agencies and VWOs to support them, they felt that many of these efforts were ad-hoc and there was a need to ensure continuity. As one participant expressed:

“We don’t have a one-stop centre for help...only ‘patch-work’ approach run by VWOs with limited resources”

8. There was also general consensus that there was still scope for more services to be provided in order for caregivers to be empowered as the first line of support. A couple of views expressed included:

“Need more information on the different types of disabilities...”

“Current services do not provide training for us to handle the emotion and behavioural challenges... tantrums... disruptive behaviours...”

RECOMMENDATIONS

9. Moving forward to the next five years, the Committee identified seven strategies through two main thrusts to achieve the desired outcome of having ‘empowered’ caregivers.
Strategic Thrust 1: A Caregiver Centre

Set up a Disability Caregiver Centre

10. It is projected that by 2030, 20% of Singaporeans will be above the age of 65, which is three times the existing number. With an increasing ageing population and diverse needs in areas such as dementia, stroke and renal disease, having just one caregiver centre for both elderly and disability would be inadequate. The knowledge and skills required by the two sectors are different. Needs of caregivers of PWDs are also diverse depending on the disability needs and the life stage of the PWDs.

11. At present, there is only one caregiver centre run by AWWA. The centre was commissioned in April 2006 and co-funded by MCYS and NCSS. Given the demands of an ageing population and the diverse needs of PWDs, the Committee feels that one centre, despite its best efforts, would not be able to meet the needs of both groups. Specialisation would be needed.

12. The Committee therefore recommends setting up a Disability Caregiver Centre. This Centre would facilitate and collaborate with relevant partners to provide (i) universal services for all caregivers such as public education, research to guide service directions, information on services for caregivers, assessment of caregiver general health and well being, and community support; (ii) selective services targeted to manage and reduce risk factors such as depression, burnout and social isolation, which would include networks for social support, outreach, community involvement activities, targeted public information campaigns and (iii) intensive, specialised, multiple services for caregivers with complex needs such as case management and training of caregiver trainers to provide intensive family support, counselling and mental health services. The case management role should be an interim service of about six months for the caregivers to transit into existing services. It is projected that annually at least 140 families will benefit from this programme.

Strategic Thrust 2: Enhance Existing Programmes and Services

Build Caregiver Support into Existing Programmes

13. Caregivers at a focus group discussion wanted more support to address the emotional needs of PWDs and training to help them handle the emotional and behavioural challenges of their dependents. Another focus group discussion with service providers also found an over-reliance of caregivers on the professionals in the care of their dependents. Both feedbacks confirmed the need for more targeted training and involvement of caregivers to enable them to

\[\text{\textsuperscript{1}} \text{Source: Committee on Ageing Issues: Report on the Ageing Population, 2006}\]
handle the day-to-day needs and developmental needs over the life stages of the PWDs.

14. As such, the Committee recommends that family support and training be one of the core components in programmes that require adequate levels of parent or caregiver involvement. Programmes with existing trained social workers should provide the caregiver support role as part of their core scope of work. The programmes should also train experienced caregivers as volunteers to provide support for other caregivers. The caregiver support programmes should involve parents, family and siblings actively in the development of the Individual Education or Care Plan, empower and ensure continuity of care and support to PWDs at home, conducts parent support or sibling support groups or camps and link caregivers to services and resources when in need. The three pilot Family Support Group programmes can be discontinued at the end of the pilot phase and the service model replicated or incorporated into these programmes.

Provide Caregiver Training Grant

15. Parents need training to acquire knowledge and skills to help them cope with both the tangible care needs and socio-emotional needs of PWDs. Parents also need parenting and family life skills for special needs situations. These skills would increase their resilience and contribute to the stability of their families. The Committee also recommends the provision of a training grant for caregivers to attend specialised training.

Increase Access to Information and Referral Services

16. Since the commencement of its operations, the DIRC saw an increase in the number of people seeking help in its second year of operation. DIRC has exceeded its target by 188% against the pre-set target caseload of 300 cases (i.e. 100 cases per case manager) per year. The total number of referrals received over the two-year period (Mar 2005 to Sep 06) from the five Community Development Councils (CDC) regions reflected an even distribution of an average 200 cases per CDC region. Participants from focus group discussions\(^2\) fed back that some CDCs could do more in job matching and financial help.

17. The Committee recommends that additional support be provided to DIRC to meet increasing demand in more strategic manners. DIRC should adopt a more pragmatic approach to enhance its function through fostering strategic relations and working out business solutions with community agencies in the heartland to leverage on their resources and build their capabilities to bring one-stop services to PWDs who approach them for assistance. Similarly, DIRC

\(^2\) Conducted by NCSS on 26 October 2006, as part of the consultation sessions with relevant stakeholders and service providers on the Enabling Masterplan review. Refer to Annex 5-2 for details
should work more closely with the CDUs to strategically bridge the current gap where children with special needs are transiting from treatment at CDUs to early intervention in the community.

18. While DIRC works on the referral to social services, NCSS currently oversees the administration of social service or financial schemes that benefit the PWDs directly. To increase caregivers' access to such schemes, NCSS is reviewing the most appropriate external service agencies that could administer these schemes and with whom caregivers and users can easily associate with and access their services.

*Extend Foreign Domestic Worker (FDW) Levy Concession*

19. To address the financial burden of caregivers, the Committee also recommends the extension of the foreign domestic worker (FDW) levy concession presently available to families with children aged 12 years and below, and elderly aged 65 years and above, to families of PWDs who need help with caregiving. This would help to reduce the cost of living for caregivers and assist caregiver in the caregiving chores.

*Ensure Services are Affordable to Families of Persons with Disabilities*

20. Focus group discussions involving 106 caregivers conducted by MCYS in 2004\(^3\) found that a family that has a dependent with disability incurs higher expenditure than an overall average family. Taking into consideration the above, the Committee endorses MCYS' decision in 2005 to enhance the means-tested subsidy for PWDs by extending it up to the 50th percentile. The Committee however recommends that the Government constantly review and update the Means Test Framework to reflect the increasing cost of living of PWDs and their families taking into account their additional expenses in the areas of education, transport, health and medical needs.

*Enhance the Financial Security of Persons with Disabilities*

21. In October 2006, a Parents' Workgroup presented their report to MCYS on ways to enhance the financial security of PWDs. The Workgroup spoke to 74 parents with children with special needs and administered 93 surveys across the different special needs and family income strata. The Committee is of the opinion that the report is a very good indication of the realities on the ground and has clearly articulated the concerns of every parent with a child with special needs (refer to Annex 5-1).

22. The findings of the Workgroup revealed an alarmingly low awareness and application of financial planning and discipline amongst the respondents. Many

\(^3\) Source: Study on Household Expenditure Incurred by Caregivers of Persons with Disabilities by Raffles Solutions for MCYS, Disability Policy Branch, May 2004
PWDs were also not covered for basic health insurance coverage due to the insurers excluding persons with congenital and/or pre-existing medical conditions. Furthermore, it was revealed that many families did not have basic protection coverage to ensure that there were financial resources for their dependents in the unfortunate early demise of the parents.

23. The Committee endorses the recommendations by the Workgroup that the Government should consider financial planning and legal education for families with PWDs. Efforts should be made to educate parents on the merits of taking up basic financial protection against their early demise. The Committee is pleased to note that the Government is looking into setting up a one-stop umbrella body to focus on financial security of PWDs. The one-stop body could take on the role of a ‘System Integrator’ by linking a suite of several services such as legal advice, financial advice and case management services. This is a positive step to further strengthen the family as the first line of care and support.

24. On the issue of insurance coverage, or the lack of it, the Committee also supports the call by the Workgroup for the Government to review the current health schemes such as MediShield and ElderShield. The Committee notes the initiative by the Movement of the Intellectually Disabled Singapore (MINDS) to set up a Trust Scheme to cater to PWDs. This will provide another avenue for the families to strengthen their financial stability. The Committee hopes that more families would consider the various options made available to them to better plan for their children’s financial security.

CONCLUSION

25. While the needs of PWDs are mapped out for the next five years, it is crucial to enable and support their caregivers and families, as they remain the first line of care and support. With the above recommendations, the Committee hopes that the caregivers of PWDs would build better coping capabilities and be more resilient to take care of their dependents as well as their own needs.
CHAPTER 6

Community-Based Services and Residential Care

VISION

Persons with disabilities in Singapore will live an independent life with dignity in the community. Institutionalisation will be the last resort. There will be a barrier-free environment, with adequate and critical support services made available for them and their families.

INTRODUCTION

1. Transportation, barrier-free environment and assistive technology devices are important ‘vehicles’ to enable PWDs to integrate into society, so that they can travel to work, educational and training institutions, receive social, medical and rehabilitation services, as well as engage in social and recreational activities. For PWDs who are unable to work, they should be meaningfully engaged in the community through day activities. A range of residential care options in the community should be available to PWDs in order for them to live a life with dignity, and to meet changing needs of their caregivers and family.

EFFORTS OVER THE LAST FIVE YEARS

2. While efforts have been made to improve the transport and accessibility of buildings to PWDs over the last five years, more initiatives are in the pipeline. All Mass Rapid Transit (MRT) stations have been retrofitted with disabled-friendly features and are barrier-free accessible. While the first wheelchair-accessible bus (WAB) was introduced in June 2006, LTA has announced that the replacement of their existing fleet of 3,550 buses to be WAB could be expected by 2023. In addition, LTA has also committed to further upgrade public roads and thoroughfares to be more barrier-free over the next three to seven years following the Committee of Ageing Issues’ recommendations. A parallel plan had also been announced by the Housing and Development Board (HDB) to make all HDB estates barrier-free by 2011.

3. The Code on Barrier Free Accessibility is currently under review by BCA. While BCA targets to complete its public feedback by mid 2007, new buildings are now required to submit an “accessible route plan” to demonstrate how it can be accessed by persons with mobility difficulties from neighbouring buildings and public facilities. To ensure key areas are barrier-free in five years’ time, BCA has planned a five-year Barrier-free Accessibility Upgrading Programme (2007-2011) to support the upgrading of existing buildings. There is also an inter-agency
coordinating committee that addresses cross-agency implementation issues for Barrier Free Accessibility.

4. For community integration, a review of Day Activity Centres (DACs) for PWDs was conducted in 2003, which helped in the refinement of the service model and addressed its long waitlist. To date, three new Centres have been set up and the waitlist numbers have been reduced significantly from over 100 to less than 50. A review of homes for the disabled was conducted in 2004. Admission criteria and discharge plans were fine-tuned as a result of the review. Where there used to be only one home for children with special needs, there are now four facilities, which provide respite care for parents and residential care for children who need protection and special care for challenging behaviour. Three homes and one hostel were supported for relocation and redevelopment. A new hostel was added and two homes were supported to provide a Day Activity Programme. A pilot programme Therapy@Home is presently being tested.

5. The Government also started the Assistive Technology Fund (ATF). The ATF was set up in 2003 for a period of three years and has just been further extended for another two years, to provide financial assistance up to $10,000 per PWD in need of assistive devices for education or employment. In March 2005, the scheme was enhanced to increase the quantum of subsidy to pay for assistive devices and to extend to pre-school children for mainstream education. As at Oct 2006, the fund has benefited about 200 PWDs. In 2003, an Assistive Technology Centre (ATC) for the physically disabled was also piloted. An evaluation of the ATC programme has found that it has been effective in its assessment, training and support in the use of assistive technology (AT) by PWDs. Similar AT support for the hearing impaired and the visually impaired is in the pipeline.

6. The Committee supports the Government’s initiatives in the last five years to create a barrier-free environment. In contrast to the earlier approach where MCYS and NCSS would take the lion’s share of the work, even in areas that fall outside their competency, the Committee commends MND, MOT, BCA, LTA and HDB for fully taking on disability needs and requirements in their respective portfolios. Their approach mainstreams disability issues, and will result in significant progress for a barrier-free future for PWDs.

CONSULTATION WITH VARIOUS STAKEHOLDERS

7. In addition to caregivers, the Committee also conducted focus group discussions with PWDs to gather their views toward existing community-based and residential services; and what they felt was needed in those areas over the next five years.
8. The focus group discussions (Refer to Annex 5-2 for details) revealed that stakeholders generally agreed that there ought to be more residential-based options available to caregivers in addition to existing homes for PWDs. One option which was frequently cited was group homes. For persons with acquired disabilities, they tend to be more independent and expressed the need for an option to sell their purchased flats and move to rental units so as to still be able to live within their own means. Unfortunately there is a current policy for two and a half years of wait before this can be done. With reference to community-based support services, some felt that the existing DACs’ operating hours were too short and should be extended.

“... group homes better than asking siblings to take care... siblings may have their own families... ”

“... I need to work... should extend the DAC hours for my child... ”

9. Participants at the focus group discussions also agreed that whilst services could be provided, there still existed physical barriers to these services. Therefore it was vital that there was barrier-free accessibility within the community.

“...public areas... slopes for wheelchair access too steep, steps and raised platforms...”

“... make barrier free environment mandatory...”

DESIRED OUTCOMES

10. Moving forward, the Committee identified 12 strategies over four main strategic thrusts to achieve the following three desired outcomes:

a. Increased access to community care services;
b. Integration of PWDs into society and improved quality of life; and
c. Family enabled as the first line of support in the community.

RECOMMENDATIONS

Increased Access to Community Care Services

11. Access has to be made available at three levels, at a person’s own home, services outside of one’s own home and the ability to commute from one point to another.
Strategic Thrust 1: Enhance Existing Services

Extend Home-Based Services to Families of Persons with Disabilities

12. At present, there are not enough regular home-based services available to PWDs. The Committee recommends that MCYS extends existing home-based services for the elderly to PWDs who need assistance with activities of daily living to enable them to live in their own homes for as long as possible with dignity. This will enhance their quality of life and provide support to their caregivers in coping with the challenges of caregiving. The services should include:

   a. Home help services which include personal hygiene, escort services, laundry, meals etc;
   b. Befriender service to home-bound PWDs and their frail and elderly caregivers;
   c. Home modification service;
   d. Home nursing care;
   e. Home medical care;
   f. Home therapy service (new); and
   g. Home-based training and consultancy for caregivers (new).

Feasibility Study for an Affordable and Viable Transport Arrangement

13. The Committee recognises that while our public transport system is increasingly made accessible, there remains a group of PWDs who would still not be able to use public transport. Some are unable to use public transport without escort because they either lack the mental capacity to do so, exhibit disruptive behaviour or have mobility difficulties. These PWDs would not have full access to centre-based services, which are not within the close proximity of their home.

14. Many of the current day centre programmes are also unable to provide longer operating hours to match the working hours of some parents because private transport operators do not provide a dedicated fleet for PWDs and elderly to bring them to the services. Private transport operators use the same fleet of vehicles to fetch school children and workers to and fro workplace, school and home. The transport providers thus can only cater to PWDs after and before the morning and evening peak hours respectively.

15. In view of the current situation, the Committee proposes to conduct a feasibility study tapping on transport experts to recommend a more efficient, viable and sustainable transport arrangement for PWDs to maximise the operating hours of the day activity programmes. The study should explore the technical details and a viable system of either pooling VWO vehicles or operating a private transport service. As far as possible, PWDs who can be trained to take public transport would not need this service. The target
clientele would be PWDs who are unable to take public transport without escort and the elderly served by VWOs in the same region, picking them and alighting en-route. This provision would enable more PWDs to access the services they need in a timely manner. The Centres should also operate at longer hours to suit the needs of the users and their caregivers. Shuttle services to pick PWDs from MRT stations could also be considered.

**Enhance Day Activity Centres**

16. The Committee also notes that the current day care provision for adults with disabilities lacks competencies and resources to provide greater access to more user-friendly operating hours, proximity, care for those with autism, challenging behaviours and those who are not productive enough to be employable.

17. **The Committee therefore recommends an enhancement of the DACs through:**

   a. Extending operating hours to allow PWDs whose caregivers have to work, to match their day shift working hours;

   b. Introducing two additional core components: - work activity to allow for meaningful occupation at the centre so PWDs could still earn an allowance from jobs done; and caregiver training and support;

   c. Increasing access to day care by allowing Day Care Centres for the elderly to set aside places for non-elderly PWDs; and

   d. Building the capabilities of DACs and caregivers to cope with the care of PWDs with autism and behavioural challenges. As persons with autism and behavioural challenges require a longer time to adjust from one environment (home) to a centre (a new environment), consultancy service and training of caregivers (for a period of three months to a year) would help the PWDs transit and be integrated into a Centre-based programme. This is currently a gap, as apart from respite, caregivers need to learn skills to modify the home environment and to cope with the behavioural challenges of their dependents. Relevant training and coaching are also required for programme staff in the Centres to be competent in the behavioural challenges.
Integration of PWDs into Society and Improved Quality of Life

Strategic Thrust 2: Plug Service Gaps

Implement Case Management Services

18. The socio-emotional struggles of PWDs, caregiver and family members at the onset of an acquired or congenital disability or the trauma of a PWDs exposed to a highly vulnerable situation of abuse or crime, are often overlooked. Such unmet needs, if addressed, would go a long way to build resilience, socio-emotional stability and self-reliance for the PWDs and the family.

19. To address this service need, the Committee recommends the implementation of Case Management Services for persons with acquired disabilities and vulnerable persons with congenital disabilities, alongside the review of the eldercare case management model. Upon discharge from medical and penal institutions, PWDs should be given the appropriate support in the community through a case manager who is able to garner inter-agency collaboration in the intervention or rehabilitation plans that cut across medical, legal, financial and psychosocial aspects.

20. Case management for persons with acquired disability would require the following:

   a. Comprehensive needs assessment - Various forms of acquired disabilities have specific needs and would require different intervention and services from those acquiring physical or sensory disabilities.

   b. Rehabilitation programmes - This should comprise areas such as vocational, therapy and mobility orientation rehabilitation.

   c. Socio-emotional support - This should include community living skills; counselling and support services in the areas of help line service, face-to-face counselling, support group and befriending services, as well as caregiver support services providing training and emotional support.

21. For the vulnerable congenital disability group, besides (b) and (c) highlighted above, there is a need for crisis management through a helpline service and emergency response team to address safety needs of the client, behaviour management or modification.
Strategic Thrust 3: Improve Accessibility

*Increase Barrier-Free Accessibility*

22. While Singapore is progressively moving towards this objective, there would still be kerb-to-kerb issues to be addressed, especially in old districts and at the vicinity of old buildings. Frequent feedback were heard on the misuse of disabled-friendly facilities such as disabled-friendly toilets, car park lots for disabled drivers, failure to comply to guidelines on barrier-free designs and the lack of enforcement by the authorities. The Committee recommends two strategies to increase barrier-free accessibility to both buildings and other physical environments:

   a. The first strategy is to tap on the existing Inter-Agency Coordinating Committee chaired by BCA to address cross-agency implementation and enforcement issues for Barrier-Free Accessibility, especially in the needs of emergency response system and infrastructure for those with sensory and physical disabilities; and

   b. The second strategy is to have an independent unit formed by VWOs to provide feedback and advice to the Authority and building owners on barrier-free accessibility and universal designs.

23. The Committee feels that more can be done in the area of improving accessibility to private buildings, since most government buildings are already leading by example in having barrier-free accessibility. The Committee is pleased to note that MND has taken steps to address this issue through barrier-free accessibility upgrading programme.

*Accessible Public Transport System*

24. While Singapore is moving towards a barrier-free environment, it would still take about two decades for the entire public transport, roads and thoroughfares to be fully accessible. The Committee recommends that the Government expedite its plans so that a fully accessible public transport system can be implemented in a shorter time. If this is not possible, the Committee recommends that the MOT study how to provide a viable and affordable alternative for PWDs in the interim.

*Implement a Holistic Approach to the Development of Assistive Technology*

25. Currently, the provision of AT is primarily targeted at helping PWDs in education or employment. The Committee conducted three separate focus group discussions with persons with physical and sensory disabilities and they reiterated the importance of AT devices as essential enablers in their daily lives,
beyond education and employment. PWDs face a myriad of challenges at home and in public places such as mobility difficulties and communication. Assistive device suppliers are few and because devices are often imported, they are not within affordable range. Research and development on AT are also necessary to meet local needs and to bring down the costs.

26. **The Committee recommends a holistic approach to the development of AT in Singapore.** The three essential elements of the AT industry are identified as service provision, research & development and advocacy through macro policy recommendations. This should be made possible through a four-tier model:

- a. Expand the pilot ATC to a National ATC serving the physical and sensory disability;
- b. Develop a centre for research, development and production of assistive devices;
- c. Set up a taskforce to drive the development of AT in Singapore; and
- d. Make the ATF a long term scheme that provides financial assistance to PWDs to procure assistive devices to enable them to pursue education, training and employment.

**Family Enabled as the First Line of Support in the Community**

**Strategic Thrust 4: Provide Residential Options to PWDs**

27. The Committee noted that PWDs today have only two residential care options: hostel or home. **The Committee therefore recommends increasing a range of residential care options** according to the functional abilities of the PWDs and needs and abilities of the caregivers.

**Review Housing Policies to Enable Independent Living**

28. For the moderate to high functioning PWDs, housing policies should be reviewed to enable PWDs to live independently in the community and/or near their family.

29. **The Committee proposes formalising the waiver of the 30-month debarment period for the application for rental housing** for those who need to downgrade from their purchased flats. Persons in their mid life who acquire physical disabilities through illness or accident, who are unemployed or only able to be employed at a lower salary, with no family support or other possible housing options after the disposal of their Home Ownership flats, may find the need to downgrade. A 30-month period would be too long a period for such PWDs to wait and remain self-sustainable.
Provide Assisted Living Residential Units

30. In USA, Sweden, UK, Australia and Japan, Assisted Living Residential Units are made available for PWDs and the elderly. The Committee proposes extending existing Assisted Living Residential Units (Project LIFE and Senior Activity Centres) for the elderly to PWDs. This model applies to rental flats having disabled-elder friendly features and support services provided by VWOs to monitor and cater to their special or emergency needs. This provision in the form of 'Project LIFE' and Senior Activity Centres is at present available to the elderly and the Committee proposes that it be extended to all PWDs. Such an arrangement has not only been found to improve quality of life and personal dignity, but also increases self-sufficiency through the provision of supportive services in a residential setting.

Build More Hostels for Transitional Training

31. The Committee supports the current Transitional Training Programme for independent living in Ubi Hostel that is available for persons with intellectual disabilities and recommends that it should be replicated for persons with physical or acquired disabilities and autism. More hostels should be built for training in independent living to enable PWDs of different disability types to live on their own or acquire life skills to be re-integrated back to their family. This transitional programme helps PWDs to acquire advanced skills in household management, independent and personal social skills so as to prepare them for independent living. There will also be a group who will not be able to transit to assisted living, as they do not have the economic capability for the rental fees. The Committee recommends that this group remain in the two other existing hostels run by MINDS and Thye Hua Kwan Moral Society.

Provide Smaller and More Manageable Group Homes

32. There is a need to provide smaller and more manageable Group Homes for the rehabilitation and aftercare of PWDs. Separate facilities should be set up for those who had committed minor offences and for those with specific disabilities such as severe autism, that pose challenging behaviours. The Committee feels that with a smaller setting, there could be more focused attention given to the PWDs to improve their coping and social skills. For PWDs who are victims of offences or trauma, the existing residential homes for the PWDs should be equipped to take care of them.

Enhance Institutional Residential Home for the Disabled Model

33. The Committee recommends that residential homes for PWDs should extend admission age to 60 years from the current cap of 55 years old since the eldercare-sheltered homes are admitting cases only from 60 years onwards. Funding support should also be provided for a dedicated short-term respite care
programme for caregivers. Resources should also be allocated to allow residents to age in place until their condition requires a transfer to nursing homes for intensive nursing care.

CONCLUSION

34. The Committee hopes that in the next five years, more PWDs would live an independent life, even when they leave the education system or the workforce. With increase in access to support services, caregivers and PWDs are empowered to continue to bond with their families and live within the community for as long as possible. With full support of an accessible transport system and partial support of transport fares and assistive technology, PWDs could live in an environment that is more disabled-friendly and accessible. This would enable PWDs to be actively involved as an integral part of the society and lead a life with dignity.

35. The Committee also hopes that the set of recommendations put forth in this Chapter would assist in alleviating the concerns of many parents on the lack of caregiving options available. This was very clearly articulated in the Parents’ Workgroup on “Enhancing the Financial Security of Persons with Special Needs” released in October 2006.
CHAPTER 7

Sports, Volunteerism and Philanthropy, and Public Education

VISION

PWDs will have access to sports for recreation; rehabilitation; and competition. There will be strong volunteer participation and philanthropy in the disability sector. Our society will understand the needs of PWDs, learn to appreciate and accept their differences, and embrace them into mainstream society.

INTRODUCTION

1. To create an inclusive society, PWDs must be integrated at all levels of society. The Committee believes that other than looking into the areas of early intervention, education, employment and care-giving, supporting services are just as important to enable PWDs to lead fulfilling lives. These include sports, whether it is for enjoyment, rehabilitation, or excellence; volunteerism in the disability sector for volunteers to contribute and play a part in the lives of PWDs; philanthropy by the general community to support the efforts of the VWO sector; and public education to raise awareness and change the mindset of the general public of PWDs.

SPORTS

2. Sports and physical activities are instrumental to promote the inclusion of marginalised groups in the mainstream community. Whether in the school playground, community clubs, or stadiums, sport activities and events forge cohesion among different groups. This atmosphere fosters increased social awareness and cross-cultural understanding, combats social exclusion and crime, and celebrates diversity. Sports should be made available to all to create an inclusive sporting community.

EFFORTS OVER THE LAST FIVE YEARS

3. Currently PWDs in Singapore are supported by about 186 organisations including special schools and VWOs. Of the 186, only 11 provide some form of sports to the PWDs and almost all cater to persons of a specific disability only.
4. The Singapore Disability Sports Council (SDSC) is the only organisation in Singapore which reaches across all disability groups, offering a wide range of sports at both elite and recreational levels. It is Singapore’s national disability sports organisation and receives an annual funding from the Singapore Sports Council (SSC).

5. Opportunities to participate in sports have grown exponentially over the years and SDSC runs a host of local competitions. SDSC also participates in a wide range of international and regional competitions including the Association of Southeast Asian Nations (ASEAN) ParaGames, the FESPIC Games, the Commonwealth Games and the Paralympics.

6. Efforts to encourage more PWDs to learn a sport or to enjoy sports as a recreation have been ongoing for some time now. SDSC’s sports programme today include a Sports For All component, Client-Specific Programmes (specially tailored programmes to meet PWD’s specific needs), Youth Programmes (aimed at encouraging children and students in both mainstream and special schools to take up a sport) and a Sports Excellence Programme (which is geared towards identifying and developing world class disabled athletes).

**CHALLENGES FACING DISABILITY SPORTS**

7. Currently, SDSC is the only organisation in Singapore that looks after the sports interest for all disabled Singaporeans. There is no clear platform between non-disabled sports and sports for the disabled in the sharing of expertise and resources.

8. Even at the international level, there is, admittedly, this division between disabled and non-disabled competitions e.g. the SEA Games vs. the ASEAN ParaGames, the Asian Games vs. FESPIC Games, the Olympics vs. the Paralympics. In 2005, the Commonwealth Games included, for the very first time events for both non-disabled and disabled athletes, each with full medal status.

9. There is a perception that sports for the disabled is not generally accorded the same level of importance and recognition as non-disabled sports. It is seen mainly as a concern of a “special interest” group and this in turn impacted morale, funding, awareness and interest from the public and media, resulting in minimal recognition being accorded unlike the non-disabled athletes who generally receive strong support and attention.

10. The Committee observes a lack of publicity on the achievements of disabled athletes, thus creating low awareness about the disabled athletes who

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1 FESPIC - Far East and South Pacific Games Federation for the disabled - is the sports organisation for the persons with disability in Asia and South Pacific.
did Singapore proud by winning medals at regional and international competitions.

11. The other challenge facing disability sports is the lack of emphasis on the importance of sports in the rehabilitation of PWDs. However, the Committee also recognises that sports cannot be treated as the sole form of rehabilitation as an end in itself. Where sport is viewed as an end-goal itself, it becomes nurturing of special sports talents.

12. A quick scan of the social service sector shows that promotion of disability sports is not the core business of various disability organisations and thus not widespread but for disability organisations that have the necessary resources, facilities and availability of coaches, they are able to providing sporting opportunities for their members. Besides the SDSC, organisations like the Society for the Physically Disabled, AWWA and Handicap Welfare Association promote sports for the physically disabled; Association for Persons with Special Needs, MINDS etc for the intellectually disabled; Christian Outreach to the Handicapped for those with autism etc. Among the 20 special schools, 17 have included them as part of their curriculum for student participation and rehabilitation, although these could be more structured and properly resourced.

RECOMMENDATIONS FOR DISABILITY SPORTS

Strategic Framework for Sports for PWDs

13. The Committee recommends that Sports for PWDs adopt the following framework:
   a. Sports for All
   b. Sports Excellence
   c. Sports for Rehabilitation

14. Such a framework clarifies the objectives of sports in relation to PWDs and better ensures that key bodies and programmes in each of the three areas will be adequately resourced to carry out their respective objectives.

Sports for All

15. The Committee wants to see a society where PWDs can enjoy sports under a sound and comprehensive Sports for All approach. In this regard, we would like SSC and SDSC to consider how best to align the administration, growth and development of disability sports with mainstream sports. In order to encourage the mainstreaming of sports for the disabled, the Committee suggests that targets for the participation rate of the PWDs be set as part of SSC’s performance indicators. By doing so, it will help ensure that the awareness of disability sports is maintained. To further facilitate the process, the
Committee also recommends that staff from SDSC and key divisions within SSC work closely together to chart the future direction and sports policies for the disabled. So as not to duplicate efforts in organising sporting events and more importantly, to create an inclusive sporting sector, the Committee proposes that all major sporting events, which are organised by SSC, should have a category for PWDs. SSC should also encourage major sporting events sponsored by the NSAs and private sector to do so. Notable sporting events that have already become inclusive of PWDs include the Standard Chartered Marathon, River Regatta and Singapore Dragonboat Festival.

16. The Committee has studied the UK’s Inclusive Fitness Initiative and proposes that SSC take on the task of implementing an island-wide initiative to modify gym equipment to allow disabled users to use them, without causing any inconvenience to other users. SSC should also work with HDB and the National Parks Board to have or replace outdoor exercise equipment with those that are disabled friendly.

Sports Excellence

17. The Committee recommends that the role of SDSC has to be strategically defined and better scoped to ensure its resources are not thinly spread. The SDSC, because it is the only pan-disability sports body, has had to take on the roles of SSC and the Singapore National Olympic Council (SNOC) combined, while advocating for sports as rehabilitation which neither SSC nor SNOC has to consider. On top of these three demanding roles, SDSC also acts like a federation of National Sports Association (NSA) managing 11 disabled sports, and runs programmes and organises events for specific sports for PWDs. Going forward, the Committee is of the view that SDSC should focus more on the promotion and development of sport, i.e. supporting Sports For All and Excellence initiatives. The Committee feels that greater effort and resources be made available for disabled sports club development. The Committee would like to see more disabled sports clubs formed and being independent and in particular PWDs being empowered and supported to manage the sports.

18. The Committee observes that there are four major competitions for disabled athletes that parallel those for the non-disabled. The competitions (with the parallel for non-disabled highlighted in brackets) are as follows: Paralympics (Olympics), FESPIC (Asian Games), the Commonwealth Games (Commonwealth Games) and the ASEAN ParaGames (SEA Games). These competitions for the PWDs should be given their due coverage in the media and their due support from the government. The Committee observes that the Multi-Million Dollar Award Programme (MAP) set up by the SNOC is to reward non-disabled athletes for achievements at major international competitions. The MAP is funded entirely by corporate donors such as Asia-Pacific Brewery (APB) and
Singapore Pools. The Committee proposes that a similar award scheme should be set up for disabled athletes to recognise their achievements in the international scene. SDSC could work with private companies to help initiate such a reward scheme.

19. Unlike other athletes, PWDs do not enjoy sufficient media spotlight to celebrate their victories at their regional or international competitions. Disability sports competitions are also not covered in the media, which in turn, leads to lack of public awareness and interest in disability sports. The Committee hopes to see the media playing a more active role in profiling our disabled athletes. This will help to raise the awareness of sports for the disabled.

20. The Committee encourages NSAs that are established and capable to take on disability sports clubs under their wing, to not have the sport separately managed by the SDSC. However, where the NSA, disability sports clubs or sports interest groups are not yet ready, SDSC would still continue to manage them directly.

Sports as Rehabilitation

21. The Committee also feels that it is important to recognise the role of disability sports as rehabilitative. The Committee encourages VWOs to provide sports activities within their expanded disability scope as part of their service. Like Sports for All and Sports for Excellence, SDSC should be resourced to promote Sports for Rehabilitation with the support from MCYS, MOH, MOE and NCSS.

22. To maximise returns from sports as rehabilitation and therapy, and to inculcate sports in the lives of PWDs, the Committee recommends that sports be part and parcel of the school life of children with special needs. The Committee further proposes that an in-service training on disability sports for teachers should be implemented to provide training, resource materials and ongoing support network for aspiring Physical Education teachers, coaches and sports administrators to help them include PWDs in their activities. This is similar to the Australian Sports Commission’s Disability Education Programme.

23. A robust volunteer management system to recruit, train and provide necessary logistic support to the PWDs is required. This would help to pave more opportunities for the volunteers to work with the disabled and to heighten awareness of sports. The SDSC would need to look into this for the disability sports clubs or interest groups that are under its management.

24. The Committee hopes that with the above initiatives put in place over the next five years, it would lead to a more vibrant sporting scene for PWDs. Our society would celebrate with as much pride when our elite PWD athletes bring
glory to our nation, and our PWD athletes would be rewarded for their achievement in reaching sports excellence.

**VOLUNTEERISM AND PHILANTHROPY**

25. The National Volunteer & Philanthropy Centre (NVPC) is a national body to promote volunteerism and philanthropy in Singapore, working in partnership with the public, people and private sectors. NVPC provides useful resources on volunteerism and philanthropy, training workshops and consultancy service on Volunteer Management System and grants for non-profits organisation start-ups.

26. A survey commissioned by NVPC showed that the proportion of current and former volunteers from 2000 to 2006 has increased steadily (refer to Figure 7.1). The overall percentage of current and former volunteers in 2006 stands at 33.2%, compared with 32.7% in 2004.

![Figure 7.1: Distribution of Population by Volunteer Status 2000-2006](image)

27. On the global scale of volunteerism with other countries, Figure 7.2 shows that the incidence of volunteerism is relatively lower at 15.2% as compared with Hong Kong (22%), UK (28%) and the US (44%). The reason for low volunteerism in Singapore is attributed to the knowledge and culture of active volunteerism in those countries. Moreover, the infrastructure, which supports volunteerism, and practices enable many voluntary organisations to effectively reach out, recruit, retain and train volunteers.
28. The survey also revealed that many volunteers are motivated to help the less fortunate and that is the main driving force for the current volunteers to come forward to work with the unfortunate group which could include PWDs, the elderly and youths-at-risk. For those who do not volunteer, the survey showed that many of them want to volunteer but they were deterred by lack of time or they felt that they do not possess the necessary skills to volunteer.

29. Singapore is a young nation. We have yet to develop a strong philanthropic culture. However, Singaporeans are generous. In 2006, $341 million was donated by individual Singaporeans, with 89% of individuals aged 15 years and above donating at least once in the past 12 months\(^2\). There have been individuals who have willed substantial estates to worthy causes. Some contribute significant sums from their earnings every year to charity. Corporates have also taken up the call to be more socially responsible. In a low tax regime environment like Singapore, there will be limits to tax funded programmes and services. More can be done to encourage individual and corporate philanthropy.

**RECOMMENDATIONS ON VOLUNTEERISM**

30. The Committee encourages VWOs to devote manpower resources to employ a volunteer programme manager or coordinator to better manage volunteer manpower in an effective manner. Due to the insufficient information on figures to assess volunteers’ preference for different areas, a robust and shared volunteer management system could be developed.

\(^2\)“Survey on Individual Giving in Singapore”" 2006, National Volunteer and Philanthropy Council
31. **The Committee feels that the VWOs could step up their efforts by promoting volunteerism through the schools.** VWOs could play a greater part in coordinating and publicising volunteering opportunities to schools, the DIRC and NVPC. **The Committee also proposes that VWOs engage the private sector more actively.** The VWOs could work more closely with NVPC. In tandem with the employment initiatives of the Government, companies who are supportive employers of PWDs could also be further invited to lead in volunteering in the disability sector.

32. The Committee believes in the inherent generosity of Singaporeans. It is encouraged by the response of corporates to be more socially responsible. The Committee recommends that **MCYS, NVPC and NCSS do more to encourage individual and corporate philanthropy in the disability sector.**

**PUBLIC EDUCATION**

33. While opportunities could be given to PWDs to maximise their potential and help them live life to the best of their abilities, it also takes understanding and acceptance by fellow members of the community before PWDs could be fully embraced and integrated into society. Besides helping to raise awareness in public mindset about disability and PWDs in general, public education needs to address and persuade the public that PWDs are a part of our community and that they too have the abilities to contribute to our society and economy. Public education is therefore an important foundation that must be laid even as the different pillars of efforts directed towards enabling PWDs to live independently are being established.

**EFFORTS OVER THE LAST FIVE YEARS**

34. **Public education efforts to raise disability awareness at the national level was spearheaded by NCSS and supported by MCYS over the last five years.** Previous initiatives included funding sporadic small scale initiatives such as print materials and outreach to targeted groups by VWOs. Two surveys were conducted in 2003 and 2005 to gauge public perception towards PWDs and to gather feedback from employers with PWD employees.

35. In 2004, the DAPE campaign was launched on 3 December, in conjunction with the United Nations (UN) International Day for Disabled Persons which is celebrated annually on that date, to address the attitudes and perceptions of Singaporeans towards PWDs. The 2005 DAPE campaign targeted to create awareness on the general skills and abilities of PWDs with the message that “Disabled does not Mean Unable”. Riding on heightened awareness of employers on the abilities of PWDs, the 2006 DAPE campaign focuses on employability and employment of PWDs by increasing employers’ awareness on
the abilities of PWDs and creating employment opportunities for PWDs. The DAPE campaign is expected to continue the theme of employment over the next three years till 2008 to sustain the impact created. The DAPE campaign complements the ENABLE Fund, set up by the Government in July 2006 to provide incentives to employers to hire PWDs.

36. Facilitating the employment of PWDs under the “many helping hands” approach (involving the Government, NCSS, VWOs, private sector, families and most importantly the PWDs themselves) by creating more opportunities for PWDs to be gainfully employed is the best way of integrating PWDs into mainstream society. Employment is the key to self-reliance and financial security for all, regardless of whether one is non-disabled or otherwise. For those with disabilities, it raises their self-esteem and provides a dignified way for them to provide for themselves.

37. Several commendable initiatives have commenced given the greater awareness on disability and the call for a more inclusive society for PWDs. These include the review of the Barrier Free Accessibility Code, barrier-free accessibility programme announced for all housing estates and the surroundings of MRT stations, the implementation of accessible transport with lifts in MRT stations and wheelchair-accessible buses and the launch of the ENABLE Fund to provide incentives to employers to hire PWDs.

38. Although the overall heightened awareness of PWDs is a positive indication of the effectiveness of the DAPE campaigns, more could be done so that awareness could gradually translate into positive acceptance, especially with subsequent campaigns focusing on the aspect of employment. Ultimately, it is hoped that with greater awareness, society at large would be more spontaneous in embracing and including PWDs into every sphere of their lives where they study and work alongside them. Having assessed and evaluated the 2004 and 2005 DAPE campaigns, the Committee lays out a number of recommendations for future public education initiatives with this end objective in mind and to achieve greater effectiveness in general.

**LEARNING POINTS FROM YELLOW RIBBON PROJECT**

39. The Committee looked at the approach used by the Yellow Ribbon Project, organised by the Singapore Prison Service, as both share a similar underlying objective of getting the public to accept a group of individuals who are traditionally stigmatised by society. The Yellow Ribbon Project, with a publicity budget of approximately $1 million each year, has enjoyed tremendous success in just three years since its launch in 2004 to offer a second chance to ex-offenders and their families.\(^3\) Through intensive media coverage, strong and

\(^3\) For the year 2005, more than 150 organisations were official supporters of the Yellow Ribbon Project.
consistent messaging, including an official website and events held throughout each year, this nationwide campaign has successfully educated the public on the need to give ex-offenders a second chance. More importantly, the inmates have shown strong ownership and responsibility for activities organised under the Yellow Ribbon Project and this is reinforced through the success stories of ex-offenders contributing to society.

RECOMMENDATIONS

40. In coming up with the recommendations, the Committee studied the mechanics when it explored the Yellow Ribbon project that enabled the public education programme to be a successful one within a time frame of three years. The success factors could be attributed to adequate funding; consistent clear message; ownership by the sector of the message so that events, publications, publicity, etc reinforce the messages, rather than each going their own way with individualistic themes and messages.

41. The Committee supports the DAPE campaign efforts and recommends that it should continue to be a regular feature of the overall thrust of public education for disability issues. However, some enhancements are proposed in order to sustain public awareness and encourage positive responses from employers so that they would not only know about PWDs but be more open to have PWDs integrated into society. The Committee proposes that the DAPE campaign should take on a two-pronged approach: employment and general education on integration of PWDs into society. In addition to focusing on the employability and employment of PWDs over the next three years with public education efforts leveraging on the Employers’ Network targeting employer bodies (as mentioned in Chapter 4), the campaign should also be extended to year round to focus on public education. This could include activities targeted at public perception in order to foster positive acceptance of PWDs among the general public. Year round talks, events and roadshows on the ground are some of the activities suggested. The objective would be to have PWDs and disability issues accepted as part and parcel of everyday life.

42. The Committee also recommends that it could also be beneficial to reach out to the community and heartlands by decentralising public education efforts to the local authorities. This could be done by involving more CDCs which have a better reach to the community to foster positive acceptance and integration of PWDs into the community. The partnerships of Central CDC and South-West CDC with VWOs in 2005 and 2006 to conduct public education efforts for the disability sector showed remarkable success at localised outreach. Other examples of localised outreach in other countries include Hong Kong where the Government engages the district councils and the public transport operators to promote awareness in conjunction with the UN
International Day for the Disabled. In Singapore, the Government could engage the CDCs in future DAPE campaigns and activities for the International Day for Disabled Persons, so as to achieve a wider reach to the local community.

43. One of the quickest and most effective ways to spread the message to a greater audience base is through the use of the media. Public education efforts should reach out to the general public and not be confined to those who are already in the disability sector or who are already involved in the lives of PWDs. Thus, mass media such as television, radio and print need to be channels through which the message of integration gets conveyed to the general public.

44. In anticipation of the proposed expansion of the DAPE campaign, the budget allocated for DAPE should also be increased. The DAPE budget over the last three years was within the range of $150,000 to $300,000 annually. This budget is relatively smaller compared to the million-dollar budget for family life education and public education on ageing annually. Without sustained publicity created through broadcast and print through the provision of adequate funding, the Committee feels that the campaign lacked national impact. Based on the funding for the Yellow Ribbon project, the Committee proposes that a budget of up to $1 million may be required to launch a sustained campaign.

45. Interface with PWDs through promotion of employment opportunities at the national level such as DAPE campaign and ENABLE Fund alone would be insufficient as other avenues need to be explored. Another avenue to spread the public education message is through hospitals which will reach out to PWDs and their families in cases of acquired disabilities either through illness or accidents. This group of PWDs and their families often face drastic changes in lifestyles and being aware of the support services available would help facilitate their transit back into society in a less painful way.

46. Beyond the above and below the line initiatives, public education works best from integrating PWDs starting from the time they are young with education right up to adulthood in gainful employment. These could be done through the co-location of schools, working alongside them and locating sheltered workshops, where possible, within communities and residential homes within communities.

47. Publicity efforts and public education to address public perceptions towards integration of PWDs into our community must be accompanied by a progressive societal attitude towards PWDs. The successful reintegration of PWDs requires seamless co-operation amongst all stakeholders – the PWDs themselves seizing the opportunity to learn and change, their caregivers rendering care and support, the Government, people and private sectors providing comprehensive support services and promoting employment of PWDs, and the public opening up to encourage integration of PWDs into our community.
CONCLUSION

48. The Committee hopes that more will be done in the areas of sports, volunteerism, philanthropy and public education to benefit PWDs. This “software” part impacts the lives of PWDs. This same “software” gives inspiration and can shape the character of our society for the better.
CHAPTER 8

Manpower Management and Training

VISION

*The disability sector will be staffed by trained manpower receiving competitive salaries according to their job scope. They will be given opportunities to attend training courses regularly to upgrade themselves. PWDs will receive quality service and care provided by trained manpower.*

INTRODUCTION

1. The success of programmes and services for PWDs greatly depends on the availability of skilled manpower. VWOs often experience difficulties recruiting psychologists, social workers, nurses, occupational therapists, physiotherapists, speech therapists, SPED teachers and vocational training instructors. The lack of career prospects for skilled manpower in VWOs is a perennial issue that has plagued the sector. Annual turnover rates in the social service sector stands at 10-12%. In addition to recruiting and retaining skilled manpower, an additional challenge is to ensure that staff are able to update and upgrade their skills and knowledge.

EFFORTS OVER THE LAST FIVE YEAR

2. As early as 1988, under the report of the Advisory Council for the Disabled (ACD), manpower management within the disability sector was already identified as a weak link. The ACD recommended that skilled manpower be paid salaries based on market rates. Following this, the salary structure of skilled manpower in the disability sector has been guided by a set of NCSS guidelines.

3. In 2002, the VWO Capability Fund (VCF) was launched. It comprised a training grant which VWOs could utilise. The grant provides co-funding for training programmes, which include training courses, conferences, workshops, seminars and study trips.

4. VCF was also used to fund the setting up of two therapy hubs in 2005. The objective was to provide better career prospects and a supervised environment to attract the therapists to work in the social service sector. More details of the therapy hubs are described in the later part of this chapter.

5. The Social Service Training Institute was set up in 2003. Since then various disability-related courses were provided for the disability sector. For instance, a course on the management of sexuality in the intellectually
disabled has been offered since 2004. In 2005, a total of 51 VWO staff attended the training.

SHORTAGE OF ALLIED HEALTHCARE MANPOWER AND TEACHERS

6. Despite the efforts in the last five years, the issue of manpower management remains. The effect is felt most starkly in early intervention services. VWOs who manage the EIPIC services have highlighted that the lack of skilled manpower is hindering their ability to increase intake to realise their full capacity. This has led to a waitlist for EIPIC services. Altogether, 225 early intervention teachers are required in order for the EIPIC centres to run at full capacity. However, presently, there are only 101 early intervention teachers (See Table 8.1).

7. Although Singapore is not unique in facing a shortage of skilled manpower given the global competitive demand for professionals like therapists, there is still an imperative need to ensure that our children who require early intervention are not deprived of these services. This is despite the seemingly large number of therapists produced locally every year, as these therapists are also engaged in other services such as the healthcare sector, of which many are bonded to. Some graduates also venture into private practice. These result in each graduating batch of therapists being highly sought after, and only a small number enter the early intervention sector. Across the entire social service sector for disability, it is estimated that from 2007-2009, an additional 20 physiotherapists, 20 occupational therapists and 15 speech therapists are needed annually.
<table>
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<tr>
<th>Professional Group</th>
<th>Target Group</th>
<th>Level</th>
<th>Current Manpower at EIPIC and CDU</th>
<th>Manpower Needs of CDU and EIPIC</th>
<th>Manpower Needed Within the Next 3 Years (including 10% attrition)</th>
<th>Annual Supply Needed Per Year</th>
<th>Current Training Capacity Per Cohort</th>
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<td>Teacher-Aides</td>
<td>Certificate</td>
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<td>125</td>
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<td></td>
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<td>15</td>
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<tr>
<td></td>
<td>Psychologists</td>
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<td>23</td>
<td>8</td>
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<tr>
<td></td>
<td>Speech Therapists</td>
<td></td>
<td>15</td>
<td>34</td>
<td>35</td>
<td>12</td>
<td>20 every 2 years</td>
</tr>
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GUIDING PRINCIPLES TO MANPOWER MANAGEMENT

8. The Committee proposes the following broad principles for manpower management and training in the social service sector:

   a. **Salaries should be competitive**: Salaries must be competitive to attract and retain manpower in the sector. Benchmarks could be identified in the public sector, provided that the job scope is similar.

   b. **NCSS salary scales as guidelines**: The NCSS set of salary guidelines for the VWOs could be maintained but it must be clear that this is only for reference and VWOs could pay more for staff who are more qualified in order to attract and retain them as per their HR practices. The guidelines should be reviewed regularly to ensure that as a benchmark, it is competitive.

   c. **Programmes must be adequately staffed**: Programmes need to be adequately staffed to maintain service standards to users. VWOs should be pro-active in recruiting the manpower. Efforts should be put in place to ensure that the local pipeline of skilled manpower would be responsive to meet the changing needs of the disability sector.

   d. **Upgrading knowledge through continuing training must be encouraged**: Because of the diversity and complexity of disability issues, textbook knowledge must be complemented with skills learnt through on-the-job training and practicum. It is as important to ensure that knowledge and skills set are updated through relevant courses. This would keep up the professional development of the staff and ensure that up-to-date methods of intervention are employed.

RECOMMENDATIONS

*Recruitment and Salary Structure of Skilled Manpower in the Disability Sector*

9. The Committee notes that VWOs generally appreciate the salary guidelines that NCSS issues. However, the Committee recommends that the guidelines should be reviewed regularly to ensure the competitiveness of salaries.
Manpower Management in the Disability Sector

10. Having competitive salaries can alleviate the shortage of manpower if there is a sufficient local supply. There remain some jobs in the disability sector that cannot be sufficiently filled by local manpower presently, particularly for therapists for the early intervention services. As an interim solution, the Committee sees the need to consider overseas recruitment to supplement the local supply. In order to ensure that standards of overseas skilled manpower are comparable to our locals, since mid-2006, MOH has implemented qualifying examinations for occupational therapists and physiotherapists desiring to work locally. The Committee welcomes this move.

11. However, recruitment from overseas remains just an interim solution, and the Committee feels that there is a need to address the crux of the issue through developing our local talent pool. The Committee proposes that MOE and MOH work with the institutions of higher learning to increase training places for teachers, therapists and allied healthcare professionals to ensure that there is a local manpower supply for early intervention services. Increasing the local training places would also help to provide manpower needed for other disability services (e.g. homes and DACs) and also elderly services (e.g. step-down healthcare services).

12. Apart from putting the training courses in place, the Committee also recommends introducing training awards so as to attract staff and help in breaking the back of the problem of the long EIPIC waitlist. These awards should be targeted at grooming more teachers and therapists, and would complement the scholarships currently being offered by NCSS under the VCF Scholarship Grant.

Training Opportunities for Skilled Manpower

13. While training needs should continue to be coordinated by MCYS and NCSS, in keeping with the mainstreaming of disability issues, other key ministries and agencies have important roles to play as well. The Committee proposes that MOE plays the leading role in ensuring that special and general education staff are provided with the training in pedagogy to handle special needs children in special schools and in mainstream schools. The Committee also recommends that MOH provides professional leadership for training of paramedical staff in the sector.

14. Such training courses often require staff to be absent from work for a long period of time, a luxury which many service providers are unable to provide. To encourage training and upgrading opportunities for staff, the Committee proposes that service providers be given assistance to ensure sufficient coverage of duties while the staff undergo the relevant training.
15. The committee also recommends the establishment of core competency and structured training framework for skilled staff, and other specialist personnel in the disability sector. This should be done at three levels across the sector for the respective skilled manpower as well as across the various programmes:

   a. Generic knowledge and basic skills;
   b. Disability specific skills and specialisation; and
   c. Specialised knowledge and skills e.g. management of challenging behaviours, socio-legal issues, caregiver needs etc.

**Encourage the Utilisation of Therapy Hubs**

16. In January 2005, NCSS appointed the Society for the Physically Disabled and Society of Moral Charities to each manage a therapy hub. Both therapy hubs recruit, supervise and manage a pool of qualified therapists to provide therapy services to clients at VWOs on a contractual basis. Besides offering a cost effective approach for VWOs to provide quality rehabilitation services for clients, the therapy hubs also present opportunities in terms of mentoring, professional and career development for therapists. This was in response to feedback from the VWOs that smaller organisations have difficulties recruiting and training skilled staff due to the inability to offer an attractive career path for the therapists.

17. Both therapy hubs are currently funded by VCF, which would run out by end 2006. The Committee recognises the good work done by the therapy hubs and **recommends that their services continue**. In view of the cessation of VCF funding, the Committee recommends that MOH and NCSS consider co-funding a proportion of the overhead operating cost of the two Therapy Hubs. Being a paramedical intervention, the Committee also proposes that MOH provides the professional leadership to enhance the development of the therapy hubs.

18. The Committee also recommends that more VWOs utilise the services of the therapy hubs. Only with greater support from the sector would the hubs be able to grow and develop the required expertise. In the long term, having a pool of specialist manpower would benefit the sector tremendously.

**CONCLUSION**

19. By taking a multi-pronged approach, from clear recruitment guidelines to competitive retention packages, the Committee believes that it would be a huge step in trying to keep skilled manpower in the sector. This would help the sector to grow professionally and develop expertise in the various skill sets.
GOING FORWARD

1. The completion of this report marks the end of the Committee’s deliberation and the beginning of the next phase of efforts for and with PWDs. The Committee hopes to see the establishment of the proposed office on disability. With this in place, the Committee looks forward to the drawing up of a national strategy in the next 1-2 years that would help us to realise our vision for PWDs. We urge that the perennial problem of lack of data be resolutely addressed, and that the disability prevalence rate will be determined within the next 5 years.

2. The Committee looks forward to a significant improvement in the framework, system and quality of early intervention, education and employment. These are the core developmental areas that must be addressed if PWDs are to be fully integrated into society. We hope to see over the next 5 years, a holistic system where children with special needs are properly assessed and emplaced in the education system. There would be a strong transition management system to take the child from pre-school to school to work successfully. We believe it is feasible to establish at least one centre of excellence within the next few years.

3. In employment, the Committee hopes to see strong commitment from government agencies, employers and VWOs to secure the jobs needed for PWDs in the next 5 years. We believe that there is a sufficient number of supportive employers to set up the Employers’ Network soon with SNEF as the secretariat. We also hope that the three training initiatives cited in our masterplan will be implemented within the next 2-3 years. These are in food manufacturing, IT training and vocational training at NTUC Skills Development Institute. We also estimate that the disability-specific vocational assessment and job placement programmes could be ready within the next 2 years.

4. The care of PWDs, especially those with more severe disabilities or challenging behaviour, is complex and onerous. We hope that the Disability Caregiver Centre will be established fairly soon to support families in their caregiving role. Institutionalisation should always be the last resort. However, as an ageing society, we will have more caregivers who are elderly and may be in need of care themselves. We hope to see more care options for PWDs and more places in residential homes over the next 5 years for those who need them.

5. It is important for PWDs to be able to participate fully in the life of the community. We wait in anticipation for a fully barrier free environment. We hope that public education on disability awareness and acceptance of PWDs will be enhanced into a year long campaign.

6. The Committee believes that we can become an inclusive society. We fully endorse the “Many Helping Hands” approach. We encourage more philanthropy for the disability cause. The government, community, NCSS, VWOs, the family and the PWDs themselves – we must each do our part to fulfil our vision of an embracing and inclusive society.
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 problems\(^1\). 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 cases\(^2\) (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 births\(^3\). 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 2006\(^4\), 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: 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 subcommittee 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)

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?

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.
ANNEX 3-3a

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      ☐ Visual impairment
   ☐ Autism spectrum disorder     ☐ Multiple disabilities, please state: (____________________)
   ☐ Physical disability
   ☐ Hearing impairment

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?

________________________________________________________________________
ANNEX 3-3b

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?

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

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

- 0 to 4 years old
- 5 to 6 years old
- 6 to 12 years old
- 12 to 16 years old
- 16 to 18 years old
- Older than 18 years old

12. What is your professional role in your organisation?

- Principal
- Executive Director
- Educator (Head of Programme, Teacher, Aide)
- Therapist
- Doctor
- Others (pls specify) ________________________

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)
## ANNEX 3-4a

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

<table>
<thead>
<tr>
<th>Broad Classification of Issues</th>
<th>Samples of Verbatim Comments (EARLY INTERVENTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need for Clarity of Options and Education Pathways Available for Students with Special Needs</strong></td>
<td>“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.”&lt;br&gt;“There is no centralised system to get information.”&lt;br&gt;“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...”</td>
</tr>
<tr>
<td><strong>Government Funding for Early Intervention</strong></td>
<td>“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.”&lt;br&gt;“Stop cutting funds. Stop using ‘return on investment’, Stop discriminating special kids.”&lt;br&gt;“Stop means testing.”</td>
</tr>
<tr>
<td>Broad Classification of Issues</td>
<td>Samples of Verbatim Comments (EARLY INTERVENTION)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
| Inconsistent Quality of Programmes and Staff | “I have been waiting for two years for speech therapy service.”  
“Early intervention is very important. Shorten the queue and speed up the diagnosis process.”  
“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.”  
“(Need) clearer articulation of outcomes of programmes.  
“Ensure Best Practice Models across spectrum of professionals who educate and help children with special needs.”  
“Establish a critical mass in every field of special education, rather than having many centres offering similar programmes with limited resources.”  
“Constraints = therapists and professionals leaving public sector when they are at their most experienced and trained.” |
## ANNEX 3-4b

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

<table>
<thead>
<tr>
<th>Broad Classification of Issues</th>
<th>Samples of Verbatim Comments (SPECIAL SCHOOLS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Issues</td>
<td>“Education should be all the same yet special schools have to rely on the good nature of charity.”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“Stop treating us as social service and more like schools.”</td>
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<tr>
<td></td>
<td>“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…”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“…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)</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“Professional matters like assessment, outcome and curriculum should be monitored by MOE and not NCSS.”</td>
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<td></td>
<td>“…difficulties in changing mindsets about who should be responsible for the education of children with special needs”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td>Broad Classification of Issues</td>
<td>Samples of Verbatim Comments (SPECIAL SCHOOLS)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Inconsistent Quality:</strong></td>
<td><strong>“Create a national institute (nationally funded) to (a) train professionals (b) train leaders in the field (c) institute best practices including HR processes”</strong></td>
</tr>
<tr>
<td>• Programme</td>
<td><strong>“(Stop) having our children as ‘training grounds’ to totally new and inexperienced teachers”</strong></td>
</tr>
<tr>
<td>• Staff</td>
<td><strong>“(Stop) child minding! Effect programs/holistic that will build them up – educationally; - that leads to self help, independence, work..”</strong></td>
</tr>
<tr>
<td>• Curriculum</td>
<td><strong>“If a child moves from one school to another, is there continuity? Can there be some way in which to set up a curriculum?”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>“SPED curriculum to be linked directly (but differentiated) to national curriculum”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>“Teachers: ...guess work...we need input on school curriculum.”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>“(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.”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>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”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>“Ensure expertise in special schools. More focus is needed in special education.”</strong></td>
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<tr>
<td></td>
<td><strong>“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.”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>“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.”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>“Parents knowing that teachers with high qualifications are teaching at special schools will feel more assured.”</strong></td>
</tr>
<tr>
<td>Broad Classification of Issues</td>
<td>Samples of Verbatim Comments (SPECIAL SCHOOLS)</td>
</tr>
<tr>
<td>--------------------------------</td>
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</tr>
</tbody>
</table>
| **Transition and Education Roadmaps** | “Different VWOs are currently working independently on their own. We as parents are totally lost in what the child needs.”  
“I wonder whether part of the problem because we belong to different organizations. When we visited some places where my students had transited 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”  
“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.” |
| **Call for More Structured Integration with Mainstream Peers** | “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.”  
“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.”  
“Better networking is needed between service providers so as to provide better transition. This should not be restricted to just paperwork.”  
“Because we use different approaches in different schools, the transition is not smooth when a child transits from one school to another school.” |
| **Nurturing of Special Abilities** | “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.”  
“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.” |
### ANNEX 3-4c

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

<table>
<thead>
<tr>
<th>Broad Classification of Issues</th>
<th>Samples of Verbatim Comments (MAINSTREAM SCHOOLS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent Quality of Support</td>
<td>“Root of the problem is teachers do not know what ASD is. Teachers need to be trained.”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“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).”</td>
</tr>
</tbody>
</table>

<p>| Call for More Structured Integration with Mainstream Peers | “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.” |
| | “Stop thinking that because a person is on the wheelchair means that he/she does not want to be involved in PE.” |</p>
<table>
<thead>
<tr>
<th>Broad Classification of Issues</th>
<th>Samples of Verbatim Comments (MAINSTREAM SCHOOLS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More Individualised Curriculum</td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td></td>
<td>“Stop appreciating only academics. Our kids try very hard but that’s not recognised yet they are always compared with the normal kids.”</td>
</tr>
<tr>
<td></td>
<td>“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?”</td>
</tr>
</tbody>
</table>
### ANNEX 3-5

**Pattern of Developmental Problems seen during Pre-School Age in 2004**

<table>
<thead>
<tr>
<th>Initial Diagnosis</th>
<th>Initial Categorisation</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>75</td>
<td>228</td>
</tr>
<tr>
<td>Speech &amp; Language Problems</td>
<td>5</td>
<td>85</td>
</tr>
<tr>
<td>Global Developmental Delay</td>
<td>79</td>
<td>104</td>
</tr>
<tr>
<td>Learning Problems/Disabilities</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Behavioural Problems</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Aspergers Syndrome</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Cerebral Palsy / Motor Delay</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Environment-related Delay</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Syndromic Disorders</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>188</td>
<td>542</td>
</tr>
<tr>
<td><strong>PERCENTAGE(%)</strong></td>
<td>14</td>
<td>39</td>
</tr>
</tbody>
</table>

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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 2005

<table>
<thead>
<tr>
<th>Initial Diagnosis</th>
<th>Initial Categorisation</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>40</td>
<td>216</td>
</tr>
<tr>
<td>Speech &amp; Language Problems</td>
<td>2</td>
<td>66</td>
</tr>
<tr>
<td>Global Developmental Delay</td>
<td>47</td>
<td>106</td>
</tr>
<tr>
<td>Learning Problems/Disabilities</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Behavioural Problems</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Aspergers Syndrome</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cerebral Palsy / Motor Delay</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Environment-related Delay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Syndromic Disorders</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>101</td>
<td>477</td>
</tr>
<tr>
<td><strong>PERCENTAGE(%)</strong></td>
<td>8</td>
<td>36</td>
</tr>
</tbody>
</table>

\[7 \text{ Source: Child Development Unit (both NUH & KKH), Jan 2005 to Dec 2005.} \]

\[8 \text{ Category A is the most severe and Category D is the least severe.} \]
Categorisation of Developmental Problems amongst Preschool Children

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

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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**

<table>
<thead>
<tr>
<th>Strength/Competency</th>
<th>MCYS</th>
<th>MOE</th>
<th>MOH</th>
<th>NCSS</th>
<th>WDA</th>
<th>VWO</th>
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<tbody>
<tr>
<td>Medical diagnosis and Assessment</td>
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<tr>
<td>Screening/Early Identification at General Practitioners, Polyclinics</td>
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<tr>
<td>Screening/Early Identification at Pre-Schools and diagnosis and assessment of special educational needs at Schools</td>
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<tr>
<td>Teacher Training – Disability Focused</td>
<td></td>
<td></td>
<td></td>
<td>(some VWOs)</td>
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<tr>
<td>Curriculum Development</td>
<td></td>
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<tr>
<td>Therapist and Psychologist Training – Disability Focused</td>
<td></td>
<td></td>
<td></td>
<td>(some VWOs)</td>
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<tr>
<td>Specialist Therapists’ Training</td>
<td></td>
<td></td>
<td></td>
<td>(some VWOs)</td>
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<tr>
<td>Case Management</td>
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<td>Pedagogy</td>
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<td>Social/Family Support</td>
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<td>Fund Raising</td>
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<td>Public Awareness/Advocacy</td>
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<tr>
<td>Medical Research on Intervention Approaches</td>
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<tr>
<td>Medical Support</td>
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<tr>
<td>Disability Policy Coordination</td>
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<tr>
<td>Vocational Training</td>
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## ANNEX 4-1

Summarised Notes of Focus Group Discussions with Employers from Seven Sectors

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

<table>
<thead>
<tr>
<th>Industry</th>
<th>Employers’ Concerns</th>
<th>Barriers in employing PWDs</th>
<th>Employers’ desired solutions / suggestions</th>
<th>Other issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Services</td>
<td>• Infrastructure and accessibility</td>
<td>• Mindset</td>
<td>• Internship (6 mths – 1 yr)</td>
<td>• 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.</td>
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<td></td>
<td>• What can we do to keep the PWDs on as long as possible and have them get more productive</td>
<td>• PWDs do not actively write in, so in fact, the challenge is to find more potential PWDs to employ</td>
<td>• Exchange programmes (3-4 wks at a time) – can rotate between banks or between bank and training</td>
<td>• Demand for jobs such as filing and reception is falling – cannot ask banks to recreate jobs just for PWDs</td>
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<td></td>
<td>• 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.</td>
<td>• Fire drill</td>
<td>• Orientation of the banking industry for PWDs</td>
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<td></td>
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<td>• Understanding of skills and competencies of PWDs and what are their limitations that require necessary measures?</td>
<td>• Home-based work</td>
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<td></td>
<td></td>
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<td>• Outsource to PWDs (win-win since not included in headcount)</td>
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<td></td>
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<td>• Career fair</td>
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<td></td>
<td>• Have database for employers to pre-screen PWDs and have access to employable PWDs</td>
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<td>• The database can reflect those who are more ready and employers can start with these first.</td>
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<td></td>
<td></td>
<td></td>
<td>• The database can also be used to do a gap analysis of the skills and educational background of PWDs.</td>
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<tr>
<td>Industry</td>
<td>Employers’ Concerns</td>
<td>Barriers in employing PWDs</td>
<td>Employers’ desired solutions / suggestions</td>
<td>Other issues</td>
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</table>
| Manufacturing | • 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? | • 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 | • Educate the whole company before employing PWDs  
| Government Funding | • Internship for about 2-3 months might be helpful.  
| | | | | • 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.  
<p>| | | | | • 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. |</p>
<table>
<thead>
<tr>
<th>Industry</th>
<th>Employers’ Concerns</th>
<th>Barriers in employing PWDs</th>
<th>Employers’ desired solutions / suggestions</th>
<th>Other issues</th>
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</thead>
</table>
| Food & Beverage/Logistics     | • 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. | • Need bigger space to do packing of food in the actual shop because of high pilferage risk if it were to be done elsewhere. | • Set up a training centre (something like a ‘halfway house’)  
• Move more low-skill jobs back to Singapore instead of relocating them overseas.  

Government Funding  
• 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. | • 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                        |                      |                                                                                             |                                                                                                          |                                                                                                    |
|                               |                      |                                                                                             | Government Funding  
• 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. | • Tapping on ENABLE fund to solve manpower issue and to benefit PWDs at the same time by providing them with a job |
<table>
<thead>
<tr>
<th>Industry</th>
<th>Employers’ Concerns</th>
<th>Barriers in employing PWDs</th>
<th>Employers’ desired solutions / suggestions</th>
<th>Other issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitality</td>
<td>• Infrastructure and accessibility  &lt;br&gt; • Largely depends on the type of disability. Different disabilities have different capabilities</td>
<td>• Lack of skills in PWDs – time taken to train them and make allowance for disability  &lt;br&gt; • Safety – cannot be too close to machinery. Need supervision or could be dangerous.</td>
<td>• Set up a training centre that teaches PWDs very specific skills (eg. laundry or stewarding)</td>
<td>• Fear of manpower shortage with the coming of integrated resorts – poaching of current employees into IRs that would probably pay better salaries</td>
</tr>
<tr>
<td>IT</td>
<td>• Appropriate skill set must be present in any employee  &lt;br&gt; • The disability should not cause too much inconvenience to the employer  &lt;br&gt; • There is a concern of safety for the PWDs – employer does not want to take unnecessary risks to endanger safety of PWD  &lt;br&gt; • Disability employment agencies need to be more professional and must seek out employers</td>
<td>• Physical barriers – accessibility at buildings and toilets  &lt;br&gt; • Lack of professionalism of existing VWOs that provide PWD labour supply  &lt;br&gt; • Lack of sufficiently trained PWDs</td>
<td>• There should be more support for any job placement agency for PWDs  &lt;br&gt; • Alternatively, private companies can take over job placement role for PWDs  &lt;br&gt; • Better publicity to promote abilities of PWDs. Eg. Yellow Ribbon Project  &lt;br&gt; • Counselling and hand-holding for employers after employing PWDs  &lt;br&gt; • There should be ample opportunities for PWDs to perform contract jobs for IT</td>
<td>• IT sector should not limit itself to employing those with only physical disabilities  &lt;br&gt; • Make assistive technology more rampant in society to enable PWDs to work</td>
</tr>
<tr>
<td>Industry</td>
<td>Employers’ Concerns</td>
<td>Barriers in employing PWDs</td>
<td>Employers’ desired solutions / suggestions</td>
<td>Other issues</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Government Funding</strong></td>
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<td></td>
<td></td>
<td></td>
<td><strong>No need for government assistance for salaries of PWDs, sends wrong signal to the rest of society.</strong></td>
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</table>
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

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

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.

<table>
<thead>
<tr>
<th>ISSUE RAISED</th>
<th>RAISED BY</th>
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<tbody>
<tr>
<td>A</td>
<td>COMMUNITY SUPPORT</td>
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<tr>
<td>1</td>
<td>The need to increase access to Day Activity Centres</td>
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<td></td>
<td>- 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.</td>
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<td>ISSUE RAISED</td>
<td>RAISED BY</td>
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<tr>
<td>• The needs for short-term transitional training for those who can</td>
<td>Service providers</td>
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<tr>
<td>proceed to sheltered or open employment and long term for those who are</td>
<td>Caregivers</td>
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<tr>
<td>unable to but need to be meaningfully occupied.</td>
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<tr>
<td>• Meanwhile, professional expertise needs to be built up for DAC</td>
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<td>staff to handle emotional and behavioural challenges.</td>
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<tr>
<td>2 The need to live in own home as long as possible with family</td>
<td>Caregivers and Persons with disabilities, PWD (visual and physical)</td>
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<tr>
<td>and support services</td>
<td></td>
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<tr>
<td>• Home-help is critical especially in terms of home consultancy,</td>
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<tr>
<td>modification, personal care, therapy and medical care.</td>
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<td>3 The need for well adjustment to community living and referral</td>
<td>PWD (acquired physical)</td>
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<td>to the appropriate support</td>
<td>PWD (hearing)</td>
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<td>• Emotional and social supports are crucial for both family and</td>
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<td>PWDs during the initial 1 to 2 years after acquiring the disability.</td>
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<td>There are difficulties accepting and adjusting to new needs,</td>
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<td>especially in daily living, finding new jobs, as well as facing</td>
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<td>family, friends and the public.</td>
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<td>• Counsellors need to be sensitive and trained to increase</td>
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<tr>
<td>awareness of the needs and issues of PWDs.</td>
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<tr>
<td>4 Integrate into mainstream society through assistive</td>
<td>PWD (hearing, visual and physical)</td>
</tr>
<tr>
<td>technology and infrastructure</td>
<td>PWD (hearing, visual and physical)</td>
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<tr>
<td>• Assistive devices and enhancement of facilities in public places</td>
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<td>are necessary to reduce mobility and communication constraints, this is</td>
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<tr>
<td>especially critical when the need to call for help during emergency</td>
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<tr>
<td>arises.</td>
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<tr>
<td>• Assistive devices are key to integrating PWDs into society in</td>
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<td>areas of mobility and communication. Unfortunately, many are</td>
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<td>currently available overseas but too expensive.</td>
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<td>B RESIDENTIAL SUPPORT</td>
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<td>5 Allow the option to live within individual's means in the community</td>
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<tr>
<td>▪ 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.</td>
<td>PWD (acquired physical)</td>
</tr>
<tr>
<td>▪ 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.</td>
<td>PWD (acquired physical)</td>
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<tr>
<td>6 The need for respite and residential care to maintain health and social well-being</td>
<td>Caregivers</td>
</tr>
<tr>
<td>▪ 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.</td>
<td>Caregivers</td>
</tr>
<tr>
<td>▪ Parents can stay together with PWDs in the initial period and withdraw when PWD is ready to stay alone or with other PWDs.</td>
<td>Caregivers</td>
</tr>
<tr>
<td>▪ 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.</td>
<td>Caregivers</td>
</tr>
<tr>
<td>▪ 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.</td>
<td>Service providers</td>
</tr>
<tr>
<td>C CAREGIVING SUPPORT</td>
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<tr>
<td>7 The need for social well being of caregivers</td>
<td>Caregivers</td>
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<tr>
<td>▪ There is a need to hear success stories from other caregivers.</td>
<td>Caregivers</td>
</tr>
<tr>
<td>8 The need to gain knowledge and skills in caregiving role</td>
<td>Service Providers Caregivers</td>
</tr>
<tr>
<td>ISSUE RAISED</td>
<td>RAISED BY</td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td>• Current services do not provide training for caregivers to handle</td>
<td>Caregivers</td>
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<tr>
<td>the emotional and behavioural challenges such as tantrums and</td>
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<tr>
<td>disruptive or inappropriate behaviours.</td>
<td>Caregivers (through Parents workgroup)</td>
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<tr>
<td>• Lack of caregiving options and the need for financial planning</td>
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<tr>
<td>education.</td>
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<tr>
<td><strong>9</strong> The need to access better referral services</td>
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<tr>
<td>• CDCs currently lack understanding of disability-related issues,</td>
<td>PWD</td>
</tr>
<tr>
<td>especially in the areas of job matching and financial help.</td>
<td>(physical)</td>
</tr>
<tr>
<td><strong>10</strong> The need for financial capability to access services in the future</td>
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</tr>
<tr>
<td>• Possible usage of CPF monies/ Medisave to pay for rehabilitation and</td>
<td>Caregivers</td>
</tr>
<tr>
<td>therapy fees, as well as medical and dental treatments. There can also</td>
<td>and PWD (acquired physical)</td>
</tr>
<tr>
<td>be a dollar-to-dollar contribution from government and the community.</td>
<td>Caregivers (through Parents workgroup)</td>
</tr>
<tr>
<td>• Average and above-average income families who want to save more for the</td>
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<tr>
<td>dependents upon their demise need a trust fund. These families may be</td>
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<tr>
<td>asset-rich but cash-poor. A non-profit Trust Agency will help to ensure</td>
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<td>distribution of monies according to Care Plans they desire.</td>
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<tr>
<td>• Family with dependents with disabilities incur higher expenditure</td>
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<td>than those without. Means Test framework should consider different</td>
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<tr>
<td>funding tiers and criteria to make medical and social services</td>
<td></td>
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<tr>
<td>more affordable.</td>
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<tr>
<td>• Need for maid subsidy for families with dependents who are adults with</td>
<td></td>
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<tr>
<td>disabilities.</td>
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<tr>
<td><strong>D</strong> OTHER ISSUES</td>
<td></td>
</tr>
<tr>
<td><strong>11</strong> Prevent falling out of support system in the continuum of services</td>
<td></td>
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<tr>
<td>• Generally supportive of a centralised database system,</td>
<td>Caregivers</td>
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<tr>
<td>confidentiality is not a concern as long as case management is</td>
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<tr>
<td>necessary.</td>
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<tr>
<td>ISSUE RAISED</td>
<td>RAISED BY</td>
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<td>------------------------------------------------------------------------------</td>
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<tr>
<td>the primarily purpose rather than generating statistics.</td>
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<tr>
<td>12 <strong>The need to travel in a barrier-free environment outside of one's own home</strong></td>
<td>PWD (visual, acquired and congenital physical)</td>
</tr>
<tr>
<td>▪ 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.</td>
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</tbody>
</table>
## Enabling Masterplan 2007-2011

### Members of the EARLY INTERVENTION AND EDUCATION SUB-COMMITTEE

**Chairperson**
Ms Denise Phua Lay Peng  
President, Autism Resource Centre (Singapore) and MP for Jalan Besar GRC

**Members**

- **Dr Mariam Aljunied**  
  Senior Specialist, Education Programmes Division, Ministry of Education

- **Ms Charlotte Beck**  
  Director, Elderly, Disability and Gambling Safeguards Division, Ministry of Community Development, Youth and Sports

- **Dr Arthur Chern**  
  Director, Integrated Health Services Division, Ministry of Health

- **Ms Chia Poh Hong**  
  Principal, Towner Gardens School, Movement for the Intellectually Disabled of Singapore

- **Mr Ben Ee**  
  Deputy Executive Director, Metta School

- **Prof Ho Lai Yun**  
  Head, Child Development Unit, KK Women’s and Children’s Hospital

- **Ms Tina Hung**  
  Director, Service Development Division, National Council of Social Service

- **Dr Jennifer Kiing**  
  Doctor, Child Development Unit, National University Hospital

- **Ms Low Yin Leng**  
  Deputy Director, Social Programmes, Ministry of Finance

- **Ms Soh Mee Choo**  
  Principal, Delta Senior School, Association for Persons with Special Needs

- **Ms Peggy Song**  
  Principal, Rainbow Centre, Margaret Drive Special School

- **Ms Agatha Tan**  
  Director, Early Intervention Programme for Infants & Children, Society of Moral Charities

- **Sister Anne Tan**  
  Provincial Superior, Canossian School
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Mrs Annie Tan</td>
<td>Principal, AWWA School, Asian Women’s Welfare Association</td>
</tr>
<tr>
<td>Ms Joyce Wong</td>
<td>Head, Children Services, Society for the Physically Disabled</td>
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</tbody>
</table>
TERMS OF REFERENCE OF THE
EARLY INTERVENTION & EDUCATION SUB-COMMITTEE

The Sub-Committee on Early Intervention and Education aims to provide recommendations, as part of the 2007-2011 Enabling Masterplan, to maximise the potential of children with special needs by:

1. Identifying gaps in programmes and services in the current early intervention landscape;

2. Identifying gaps in alignment in the early intervention and education landscapes; and

3. Recommending the necessary changes in policies and approaches within the early intervention and education landscapes.
**Enabling Masterplan 2007-2011**

**MEMBERS OF THE EMPLOYMENT SUB-COMMITTEE**

**Chairperson**

Mr David Wong  
Managing Director and Chief Executive, South-East Asia, ABN AMRO Bank

**Members**

Mr David Ang  
Executive Director, Singapore Human Resources Institute

Mr John Ang  
Chief Executive Officer, St Andrew’s Autism Centre

Mr Ang Soon-Meng  
Manager, Enterprise Resources (Land and Labour), Standards, Productivity and Innovation Board (SPRING Singapore)

Ms Charlotte Beck  
Director, Elderly, Disability and Gambling Safeguards Division, Ministry of Community Development, Youth and Sports

Mr Chan Kum Leong  
Executive Director, Association for Persons with Special Needs

Ms Chloe Chuah  
Manager, Employment Facilitation, Workforce Development Agency

Mr Shanta De Silva  
General Manager, Holiday Inn Parkview Hotel

Mrs Kee Swee Huang  
Deputy Director, Human Resource Management, Housing and Development Board

Mr Koh Juan Kiat  
Executive Director, Singapore National Employers Federation

Mr Alvin Lim  
General Manager, Bizlink Centre Singapore Ltd

Mdm Angela Lim Sau Ting  
Vice-President (Human Resources)/Office of Human Resources, Nanyang Technological University

Mr Lim Cheng Teck  
Chief Executive, Standard Chartered Bank

Ms Lim Hui Min  
Deputy Director, ComCare and Social Support Division, Ministry of Community Development, Youth and Sports

Dr Ow Chee Chung  
Executive Director, Society for the Physically Disabled
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Mr M Sivaraj</td>
<td>Director, Programmes, Movement for the Intellectually Disabled of Singapore</td>
</tr>
<tr>
<td>Mrs Doreen Tan</td>
<td>Assistant Director, Special Education, Ministry of Education</td>
</tr>
<tr>
<td>Ms Amy Ting</td>
<td>Job Re-Creator, Job Re-Creation Department, National Trade Union Congress</td>
</tr>
<tr>
<td>Mr Jeffrey Wong</td>
<td>Divisional Director, Manpower Planning and Policy Division, Ministry of Manpower</td>
</tr>
<tr>
<td>Mrs Elizabeth Yee</td>
<td>Deputy Director, Service Development Division, National Council of Social Service</td>
</tr>
<tr>
<td>Ms Mary Yeo</td>
<td>Managing Director, United Parcel Service Singapore Pte Ltd</td>
</tr>
<tr>
<td>Mr Yeow Swee Soon</td>
<td>Divisional Director, Student Affairs, ITE/Vocational Training Representative, Institute of Technical Education</td>
</tr>
<tr>
<td>Ms Sonia Yue</td>
<td>Human Resource Manager, Carrefour Singapore Pte Ltd</td>
</tr>
</tbody>
</table>
TERMS OF REFERENCE OF THE
EMPLOYMENT SUB-COMMITTEE

The Sub-Committee on Employment aims to provide recommendations, as part of the 2007-2011 Enabling Masterplan, to maximise the potential of persons with disabilities by:

1. Reviewing programmes, services and strategies in the current employment and vocational training landscape;

2. Identifying gaps in programmes, services and strategies in the current employment and vocational training landscape; and

3. Recommending the necessary changes in policies, programmes and services.
## Enabling Masterplan 2007-2011

### Members of the Community, Residential and Caring Support Sub-Committee

<table>
<thead>
<tr>
<th><strong>Chairperson</strong></th>
<th>Group Chief Executive Officer, Singapore Health Services</th>
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<tr>
<td>Prof Tan Ser Kiat</td>
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<tr>
<th><strong>Advisor</strong></th>
<th>Chairman, Thye Hua Kwan Moral Society</th>
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<tr>
<td>Mr Lee Kim Siang</td>
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<table>
<thead>
<tr>
<th><strong>Members</strong></th>
<th>Director, Rehabilitation Services, Society for the Physically Disabled</th>
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<tr>
<td>Mr Pal Abhimanyau</td>
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<tr>
<th><strong>Members</strong></th>
<th>Head, Rehabilitation Medicine, Tan Tock Seng Hospital</th>
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<tr>
<td>Dr Chan Kay Fei</td>
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<th><strong>Members</strong></th>
<th>Executive Director, Association for Persons with Special Needs</th>
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<td>Mr Chan Kum Leong</td>
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<tr>
<th><strong>Members</strong></th>
<th>Group Director, Asian Women’s Welfare Association</th>
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<tr>
<td>Ms Maureen Fung</td>
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<tr>
<th><strong>Members</strong></th>
<th>Senior Manager, Building Plan Department, Building and Construction Authority</th>
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<tr>
<td>Ms Goh Siam Imm</td>
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<tr>
<th><strong>Members</strong></th>
<th>Executive Director, The Singapore Association for the Deaf</th>
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<tr>
<td>Mrs Jenny Ho</td>
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<tr>
<th><strong>Members</strong></th>
<th>Principal, Singapore School for the Visually Handicapped</th>
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<tr>
<td>Mr Koh Poh Kwang</td>
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<tr>
<th><strong>Members</strong></th>
<th>Programme Director, Touch Community Services</th>
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<tr>
<td>Mrs Julia Lam</td>
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<tr>
<th><strong>Members</strong></th>
<th>Chief Executive Officer, Movement for the Intellectually Disabled of Singapore</th>
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<tr>
<td>Mr John Lee</td>
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<tr>
<th><strong>Members</strong></th>
<th>Head, Rehabilitation Medicine Services, Singapore General Hospital</th>
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<tr>
<td>Dr Peter Lim</td>
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<th><strong>Members</strong></th>
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<td>Ms Low Yin Leng</td>
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<tr>
<th><strong>Members</strong></th>
<th>Policy Executive, Land, Land Transport Authority Division, Ministry of Transport</th>
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<tr>
<td>Mr Casper Ng</td>
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<tr>
<th><strong>Members</strong></th>
<th>Hon Secretary, Down Syndrome Association</th>
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<tr>
<td>Mr Ong Chin Wah</td>
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</tbody>
</table>
Mr Abdul Razak (Alternate to Mr Ong Chin Wah)  Programme Executive, Down Syndrome Association

Dr Carol Tan  Deputy Director, Epidemiology & Disease Control Division, Ministry of Health

Mr Gilbert Tan  Deputy Director, Infrastructure, Ministry of National Development

Mr Kelvin Tan Jek Chen  General Manager, Central Singapore Community Development Council

Mr Tan Tze Hui  Head, Autism Youth Centre, Autism Association (Singapore)

Ms Tan Wee Ching, Pauline  Sector Development Executive, Social Sector Planning Unit, Ministry of Community Development, Youth and Sports

Mrs June Tham  Executive Director, Rainbow Centre

Mr S Tiwari  Executive Director, Disability Information and Referral Centre, Society of Moral Charities

Mr Yap Chin Beng  Director, Estates Administration and Property Department, Housing and Development Board

Mrs Elizabeth Yee  Deputy Director, Service Development Division, National Council of Social Service
TERMS OF REFERENCE OF THE
COMMUNITY, RESIDENTIAL AND CAREGIVING SUPPORT
SUB-COMMITTEE

The Sub-Committee on Community, Residential and Caregiving Support aims to provide recommendations, as part of the 2007-2011 Enabling Masterplan, to maximise the potential of persons with disabilities by:

1. Reviewing Community, Residential and Caregiving programmes and services, including issues of accessibility;

2. Identifying gaps in programmes, services and strategies in the area of Community, Residential and Caregiving support; and

3. Recommending the necessary changes in policies and approaches.
LIST OF ABBREVIATIONS

ACD    Advisory Council on the Disabled
ADHD   Attention Deficit Hyperactivity Disorder
ARC    Autism Resource Centre
ASD    Autism Spectrum Disorder
ASEAN  Association of Southeast Asian Nations
AT     Assistive Technology
ATC    Assistive Technology Centre
ATF    Assistive Technology Fund
AWWA   Asian Women’s Welfare Association
BCA    Building and Construction Authority
CDC    Community Development Council
CDU    Child Development Unit
CIS    Community Integration Services
DAC    Day Activity Centre
DAPE   Disability Awareness and Public Education Campaign
DAS    Dyslexia Association of Singapore
DIRC   Disability Information and Referral Centre
EIPIC  Early Intervention Programme for Infants and Children
ENABLE Engaging Persons with Disabilities in Employment
EPD    Employment Placement Division
FDW    Foreign Domestic Worker
<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>FESPIC</td>
<td>Far East and South Pacific Games Federation for the Disabled</td>
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<tr>
<td>HDB</td>
<td>Housing and Development Board</td>
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<tr>
<td>IA</td>
<td>Infocomm Accessibility</td>
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<tr>
<td>ICCP</td>
<td>Integrated Childcare Programme</td>
</tr>
<tr>
<td>IDA</td>
<td>Infocomm Development Authority</td>
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<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>ITE</td>
<td>Institute of Technical Education</td>
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<tr>
<td>KKH</td>
<td>KK Women’s and Children’s Hospital</td>
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<tr>
<td>LTA</td>
<td>Land Transport Authority</td>
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<tr>
<td>MAP</td>
<td>Multi-million Dollar Award Programme</td>
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<tr>
<td>MCYS</td>
<td>Ministry of Community Development, Youth and Sports</td>
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<tr>
<td>MINDS</td>
<td>Movement of the Intellectually Disabled Singapore</td>
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<td>MND</td>
<td>Ministry of National Development</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOM</td>
<td>Ministry of Manpower</td>
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<td>MOT</td>
<td>Ministry of Transport</td>
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<td>MRT</td>
<td>Mass Rapid Transit</td>
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<td>NCSS</td>
<td>National Council of Social Service</td>
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<td>NIE</td>
<td>National Institute of Education</td>
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<td>NSA</td>
<td>National Sports Association</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>NTUC</td>
<td>National Trade Union Congress</td>
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<td>NUH</td>
<td>National University Hospital</td>
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<td>NVPC</td>
<td>National Volunteer and Philanthropy Centre</td>
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<td>PWD</td>
<td>Person with Disabilities</td>
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<td>SDSC</td>
<td>Singapore Disability Sports Council</td>
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<td>SHRe</td>
<td>Singapore Human Resource Institute</td>
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<td>SNEF</td>
<td>Singapore National Employers Federation</td>
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<td>SNO</td>
<td>Special Needs Officer</td>
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<tr>
<td>SNOC</td>
<td>Singapore National Olympic Council</td>
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<td>SPED</td>
<td>Special Education</td>
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<td>SPRING</td>
<td>Standards, Productivity and Innovation Board</td>
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<td>SSC</td>
<td>Singapore Sports Council</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>VA/JP</td>
<td>Vocational Assessment and Job Placement</td>
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<td>VAD</td>
<td>Vocational Assessment Division</td>
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<td>VCF</td>
<td>VWO Capability Fund</td>
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<td>VWO</td>
<td>Voluntary Welfare Organisation</td>
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<td>WAB</td>
<td>Wheelchair-Accessible Bus</td>
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<tr>
<td>WDA</td>
<td>Singapore Workforce Development Agency</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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### List of Key Recommendations

<table>
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<tr>
<th>Chapter</th>
<th>S/N</th>
<th>Lead Agency</th>
<th>Key Recommendations</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>MCYS</td>
<td>Undertake a study to determine the prevalence rate of disabilities in Singapore.</td>
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</table>
| 2       | 2   | MCYS        | **Establish a national office on disability under the purview of a Coordinating Minister.** The office will facilitate the realisation of the shared vision for persons with disabilities, and develop and implement the national strategy to address disability issues.  
  
  **MCYS, MOE, MOH and MOM will have senior representatives in the national office,** reflecting the inter-ministry approach needed. There should also be representatives from NCSS and the major disability groups to provide inputs.  
  
  **MCYS will staff the national office as the secretariat.** MCYS will coordinate the cross-cutting issues and identify gaps in strategies, programmes and services.  
  
  The **national office will be supported by two governing panels: the Early Intervention and Education Panel and the Employment Panel.** In the Early Intervention and Education Panel, MOE and MOH will take ownership and lead in integrating education and the supporting therapy services with active consultations from the other stakeholders. The Employment Panel would be co-led by MOM/WDA and MCYS. MCYS and NCSS would provide social service support to PWDs and their families. |
| 3       | 3   | MOH, MOE    | **Formally adopt a continuum of Education Models that encourages optimal physical, social and academic integration, instead of the traditional segregated ‘special school’ or ‘mainstream school’ system.** This includes models such as the Canossian Eduplex model and the Pathlight Satellite School model.  
  
  **Establish a systematic framework of assessment and placement.** This will ensure that children with special needs can be appropriately placed in the right setting within a continuum of integration models for education. |
<p>| 3       | 4   | MCYS        | <strong>Review the funding of EIPIC services and implement a hybrid formula funding.</strong> The Committee accepts the means testing policy as it provides more help to the needy. However, early intervention services are expensive. |</p>
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</table>
|         |     | MOH, NCSS  | The ‘hybrid’ funding formula should comprise:  
a. **Fixed Subsidy** for all Singaporean children in need of EIPIC services; plus  
b. An additional **means-tested subsidy** for families earning below a per-capita income of $1,000.  
• **Provide direct intervention services to children in selected mainstream preschools.** Not all children are suitable for EIPIC. Children who can go to mainstream preschools but have disabilities will benefit from early intervention services in the mainstream setting. |
| 3      | 5   | MOE, MOH, MCYS | • **Develop a Shared Framework for school/programme excellence** with due diligence at the start up phase, clear measures of performance, quality audits, and a system of accreditation to ensure excellence. There should also be pre-launch support of early intervention and school programmes to ensure quality. |
| 3      | 6   | MOE, MOH | • **Set up Curriculum Units to install curriculum frameworks and enhance quality of curricula of both academic and life skills for best achievable results.** The Units can be led by (a) appointed disability experts and special educators in the major disability groups; and (b) MOE’s curriculum planning and development specialists. |
| 3      | 7   | MOE | • **Identify and develop a matrix of specific leverage areas in mainstream education and SPED** to benefit both students and teachers in the two hitherto separate systems.  
• **Ensure SPED students and staff are considered and included in the formulation of national education policies impacting their mainstream peers.**  
• **Implement cross-training and staff exchange schemes** to allow both mainstream and SPED teachers to increase their effectiveness in teaching children with special needs in both mainstream and SPED schools. |
| 3      | 8   | MOE | • **Extend the age limit up to 21 years for SPED for children who can benefit from the additional years.**  
• **Fund outreach support services for special needs students in mainstream tertiary institutions.** |
<p>| 3      | 9   | MOE, NCSS | • <strong>Install transition management best practices for the children at critical points</strong> within both the SPED and mainstream settings, which include transitions across school grades, across different school settings and upon graduation to work. |</p>
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<tr>
<td>3</td>
<td>10</td>
<td>MOE, MOH</td>
<td>• Set up a training and consulting network, comprising local and overseas special educators and disability experts. This network is to develop a Competency and Training Roadmap and Learning Solutions for teachers and therapists in the sector. The network and its roadmaps can then be developed into Centres of Excellence for the major disability groups.</td>
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<td><strong>Equalising Opportunities for Employment</strong></td>
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<td>4</td>
<td>11</td>
<td>MCYS, MOM/WDA</td>
<td>• Implement a value-chain employment framework for PWDs which is responsive to the needs of industries. The value chain includes vocational assessment, job training, job placement and both employer and employee support.</td>
</tr>
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<td>4</td>
<td>12</td>
<td>MCYS, MOM/WDA</td>
<td>• Train PWDs to match the needs of the identified industry sectors and where possible, ensure that such training leads to industry-recognised certification.</td>
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<td>4</td>
<td>13</td>
<td>MOE, NCSS supports</td>
<td>• Establish a Life Skills Curriculum and a Bridging Programme that include the development of effective self-management, good work habits, social skills, etc to improve the employability skills of students with special needs and manage transition to work.</td>
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<td></td>
<td>14</td>
<td>MOE, NCSS supports</td>
<td>• Incorporate relevant pre-vocational and vocational training as part of the special education school curriculum.</td>
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<td>4</td>
<td>15</td>
<td>MCYS, NCSS</td>
<td>• Set up three separate Vocational Assessment/Job Placement programmes to provide specialised assessment for PWDs with (a) intellectual disabilities; (b) autism; and (c) physical, sensory, multiple and other disabilities.</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
<td>MCYS</td>
<td>• Modify the ENABLE Fund to encourage and assist employers in hiring PWDs.</td>
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<td>4</td>
<td>17</td>
<td>MCYS</td>
<td>• Form an Employers’ Network comprising employers who have hired and successfully integrated their employees with disabilities to champion the employment of PWDs. SNEF would be the secretariat to the network.</td>
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<td><strong>Empowering the Family as the First Line of Support – Caregiver Support and Financial Security</strong></td>
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<td>5</td>
<td>18</td>
<td>MCYS</td>
<td>• Provide a training grant for caregivers to equip them with the necessary skills and knowledge to care for PWDs.</td>
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<td>3</td>
<td>19</td>
<td>MCYS, NCSS</td>
<td>• Provide easy access of information to families, at the point of diagnosis, early intervention and throughout the school years of the children.</td>
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<tr>
<td>Chapter</td>
<td>S/N</td>
<td>Lead Agency</td>
<td>Key Recommendations</td>
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<td>5</td>
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<td></td>
<td><strong>Incorporate family caregiver training with a systematic roadmap</strong> as a compulsory component in all government-funded early intervention and SPED services.</td>
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<td></td>
<td><strong>Set up a Disability Caregiver Centre</strong> to cater to the special needs of PWDs and their caregivers.</td>
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<td>5</td>
<td>21</td>
<td>MCYS, NCSS</td>
<td><strong>Extend the Foreign Domestic Worker (FDW) levy concession</strong>, which is presently available to families with children aged 12 years and below, and elderly aged 65 years and above, to families with <strong>PWDs who cannot independently carry out activities of daily living.</strong></td>
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<td>5</td>
<td>22</td>
<td>MCYS</td>
<td><strong>Establish the one-stop body on financial security of PWDs</strong> as recommended by the Parents’ Workgroup on Enhancing the Financial Security of Persons with Special Needs.</td>
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<td><strong>Work with relevant Ministries and agencies</strong> to implement the other recommendations of the Workgroup.</td>
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<td><strong>Community-Based Services and Residential Care</strong></td>
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<td>6</td>
<td>23</td>
<td>MCYS, NCSS</td>
<td><strong>Widen the range of residential care options</strong> to cater to differing circumstances of PWDs, including those whose caregivers are ageing and frail. Options include:</td>
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<td></td>
<td>a. Extending <strong>Assisted Living Residential Units</strong> (Project LIFE and Senior Activity Centres) for the elderly to PWDs.</td>
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<td>b. Providing more <strong>hostels</strong> for training in independent living.</td>
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<td>c. Providing smaller and more manageable <strong>Group Homes</strong> for the rehabilitation and aftercare of PWDs, especially for those with challenging behaviours.</td>
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<td>6</td>
<td>24</td>
<td>MND, MOT</td>
<td><strong>Expedite the achievement of barrier-free accessibility to buildings.</strong></td>
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<td><strong>Expedite the implementation of a disabled-friendly public transport system.</strong> If this is not possible, study how to develop an affordable and viable alternative transport arrangement for PWDs in the interim.</td>
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<td><strong>Sports, Volunteerism and Public Education</strong></td>
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<td>7</td>
<td>25</td>
<td>MCYS</td>
<td>• Promote integrated and inclusive Sports for All, Sports Excellence and sports for rehabilitation for PWDs by <strong>better resourcing the Singapore Disability Sports Council (SDSC) and aligning with mainstream sports</strong>, with the support of the Singapore Sports Council, Singapore National Olympic Council, MCYS, MOH, MOE and NCSS.</td>
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<td>7</td>
<td>26</td>
<td>NVPC, MCYS, NCSS</td>
<td>• Encourage VWOs to manage volunteer manpower effectively. <strong>MCYS, NCSS, NVPC and VWOs to encourage philanthropy</strong> for the sector.</td>
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<td>7</td>
<td>27</td>
<td>MCYS</td>
<td>• <strong>Enhance the Disability Awareness Public Education campaign</strong> into a year round sustained programme.</td>
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<td><strong>Manpower Management and Training</strong></td>
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<td>8</td>
<td>28</td>
<td>MOE</td>
<td>• <strong>Work with institutions of higher learning</strong> to build up local expertise of skilled manpower and ensure sufficient training places to expand the supply of trained manpower.</td>
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<td>8</td>
<td>29</td>
<td>MCYS, NCSS</td>
<td>• <strong>Conduct regular salary and career reviews</strong> to ensure competitive salaries and career prospects for staff in the sector.</td>
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<td>8</td>
<td>30</td>
<td>MCYS</td>
<td>• <strong>Introduce study awards for therapists and teachers</strong> and bond them to the sector upon graduation.</td>
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<td>8</td>
<td>31</td>
<td>MOE, MOH</td>
<td>• <strong>Undertake leadership in manpower training.</strong> MOE is to lead in the area of pedagogy, curriculum and teacher standards, and MOH in the training of paramedical staff and setting of paramedical standards in the sector.</td>
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</tbody>
</table>