

P 10 Outreach Special Education Program for Children with Disabilities in Rural Communities in Rural Communities

Shu-Yi Wang, Ming-Lun Tsai, Wan-Yu Chen

Department of Rehabilitation, Buddhist Dalin Tzu Chi General Hospital, Taiwan

INTRODUCTION

Education is a measure to develop human potential. "All men are created equal" refers to "equality of educational opportunity". However, some people are born with some disabilities and need special care. In Taiwan, the Special Education Law was promulgated in 1984, and it stipulated that special education school or class should contact with related medical service. The law was revised in 1997, and it stated that the professionals and teachers related to the special education should deliver comprehensive education and skills by team work and provide the help of academic achievement, functional performance and transition service for children with disabilities at school. Delivery of ancillary medical services for disabled children to reduce the gap between them and non-disabled children and to ensure that they are provided equal opportunities is one of the objectives of health promoting hospital in communities.

METHOD

Buddhist Dalin Tzuchi General Hospital organized a special education team since 2004. Under the support of the local government, we developed an outreach medical service for elementary and junior high special education students in Chiayi County. The team members were composed of a rehabilitation physician, a psychiatrist, physical therapists, occupational therapists, speech therapists and a psychologist. All the members had clinical practice experience more the 2 years.

Teachers reported the disabled children (as defined by the law) who had difficulties in school environment to the local educational administration after the parental consent. The referral to medical service was completed in the beginning of the first semester (in September). The outreach evaluation was made at schools in October. Not only the impairment, but the physical, psychological, and recreation impacts of their disability disorder at school were evaluated. The team assessed their language skills, gross and fine motor functions and the ability to participate in and benefit from the school environment. These included eating, toileting, mobility on hallway, stairs, and sport field, and so on. Soon after the needs of the disabled children were identified, the service was provided from November to the next July.

The ancillary medical service included the followings:

- 1. Providing direct and indirect service:** Except treating the child to improve their language skills, gross and fine motor functions and the ability to participate in the school environment in a special separate equipped classroom, the team fully communicated with and instructed the teachers after the interventions. So the teachers could integrate the activities we suggested into a classroom routine. The children could practice the activities every day without the team being there.
- 2. Individualized education program (IEP):** The teachers (a regular education teacher and a special education teacher) and the medical team cooperated with the parents or caregivers to develop a comprehensive individualized plan. It outlined the special education and related needs of the child and set the short-term and long-term goal of education.
- 3. Providing suggestion of the use of adaptive equipments:** adaptive equipments can provide reinforcement for positions, promote motor control and sensory development, and facilitate functional skills. The team provided suggestion of the use of adaptive equipments after assessment and discussion with the teachers and the parents or the caregivers. So the children with disabilities could achieve maximal benefits with the least restriction at school.
- 4. Web based Application:** To provide convenience and swiftness of the communication between the team and the teachers, we developed a web based application instead of traditional documents. The team and teachers could enter the web site only with correct private passwords. It ensured the privacy of the children.
- 5. Complete records and data collections:** The team recorded the service completely, and it provided the base of transition service for disabled children from elementary to middle school and further education.

RESULT

The team provided service at 65 schools which distributed all over the Chiayi County. The numbers of students been referred for service every year were 490, 507, 471, and 511 form 2006 to 2009 respectively. After outreach evaluation, there were 328, 354, 300 and 459 students received ancillary medical service from 2006 to 2009 respectively. Boys were more than girls. Mental retardation was the most common diagnosis, which accounted for over 40% of the diagnoses every year. It followed by dyslalia. The other diagnoses included autism, attention deficit and hyperactivity disorder, cerebral palsy, hearing impairment, visual impairment, other emotional disturbance, burn, peripheral neuropathy, muscular dystrophy, and so on. We provided diverse services such as physical therapy (PT), occupational therapy (OT), and speech therapy (ST) at 65 schools. The service frequency was once per 2-3 weeks depended on the needs of the students. The service of psychotherapy was not available until 2009. It was a good beginning to serve disabled children with psychological problem. Table 1 showed the numbers of the students accepting the service in each year.

The team participated in the IEP meetings 10~20 times every semester. We cooperated with teachers and parents to provide a comprehensive education plan.

When it came to adaptive equipments, the suggestions for use of wheel chairs were the most. Uses of orthoses, seats, standers and communicated aids were also suggested frequently. The team provided a suggestion for disability-free toilet in 2008.

Thirty-seven teachers reported the satisfactions by questionnaires at the end of semesters in 2009. Table 2 showed contents of the questionnaire. In the questionnaire, it scored 100 points if the teacher was very satisfied with the service. 75 points if satisfied, 50 points if not satisfied, and 25 points if very not satisfied. The team got more than 80 points in every question, and average up to 86.1 points. It showed that the satisfaction was between "satisfied" and "very satisfied" in general.

Table 1: The numbers of students accepting the medical service

	2006	2007	2008	2009
Referred form teachers	490	507	471	511
accepting service	328	354	300	459
accepting PT	227	245	282	274
accepting OT	268	258	313	286
accepting ST	111	114	170	207
accepting Psychotherapy	-	-	-	6
Discussed in IEP meeting	145	309	133	216

Table 2. The questionnaire of the satisfaction with medical service

Questions	Score
The team arrived at school on time	86.5
The team provided regular service as schedule.	85.8
The team taught children to complete the training course.	88.5
The team provided professional consultations.	87.8
The team provided activities matching the ability of the children.	85.1
The team provided activities which were useful and easily integrated into a classroom routine.	85.8
The team instructed the activities to teacher in detail, so teachers could practice the activities correctly and safely.	83.8
The team participated in the IEP.	85.1
Average	86.1

CONCLUSION

Even after school-age, the need of medical services still great for the children with disabilities. As a health promoting hospital aims at improving the health of our community, under the support of local government, we developed the outreach program which can be the bridge to reduce the health inequality.

RENERENCE

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