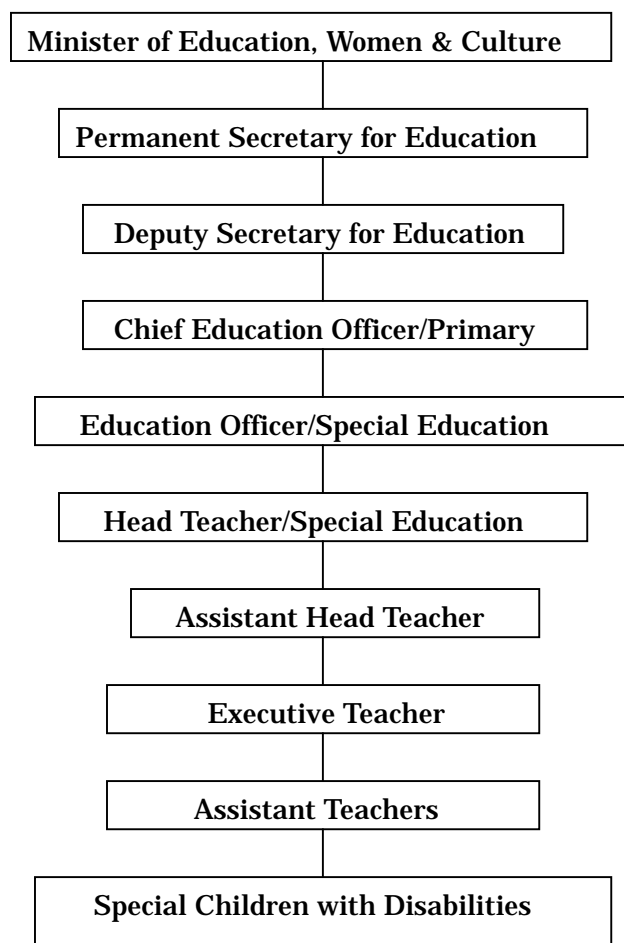


Country Report

Name of Participants: Sainimere Nabainivalu
Name of Country: Republic of Fiji
Name of the Organization: Society of Intellectually Handicapped

(Organization Chart)



In this organization, I am the Executive Teacher. I am in charge of a class of my own with nine children with different disabilities and five other classes in the Junior Grade. As an Executive Teacher I have to hold a meeting with the five teachers in the Junior Grade to discuss things to be implemented about our classes, encourage teacher to do Extension Course at the University of the South Pacific and use special skill teachers.

The Current Situation and Trends in Rehabilitation Services.

History

The origin of Special Education and education provisions particularly for handicapped children dates back some 30 years when it had a very humble beginning at the Suva Cross Hall in 1961.

The initial project began as a clinic for a group of post folio children of the Suva area.

The increase of cases in number of different handicaps move the set up of the (Betty/Keane Room) CWM Hospital in 1963. With the awareness of generated by this project, more parents became involved and a need to set up a center with broader aims was assessed. As such in 1963 the unit was registered as a school with the Department of Education and with this the role of the Suva Crippled Children's Society became wider and more evident.

In 1968, the first stage of the current Hilton Special School was built through the funding of the Government and the Lions Club, Suva catering for all handicaps.

Early in 1970`s, the children who were intellectually handicapped were then moved to a classroom at Vishnu Deo Memorial School Raiwaqa for educational programme. This was due to the increase in number of these special pupils. Still in the 1970`s this same project moved to Samabula Primary School, where two classrooms were allocated for the 60 children, a typist and aid and 4 teachers.

In 1981, the Suva School for the Intellectually Handicapped Children, Salato Road, Namadi Heights was officially opened. This was funded by Bayly Trust, Fiji Sixes and Rotary Club of Suva North.

Programme at School

The teachers in special schools are using the special education curriculum. In this book there are tasks to be performed by the children. If a child could not do a particular task, he or she will have to fill in an individual education programme

with which to work on. All children learn skills in roughly the same order but at their pace. It is important to realize that learning and a child's development take place step by step. Children within Special Education, for a number of reasons may learn differently from one another, but the checklist provides the content in small enough steps to enable us to base a child's learning programme around these. The content of the Special Education curriculum is divided into seven main areas of development: Cognitive, Gross Motor, Fine Motor, Communication Daily, Living Skills and Creative/Expressive. These cover approximately the chronological age range 0-11 years in academic areas, but are extended to 16+ years in some other areas. However, most special needs students will be working at the level below their chronological age in most areas of development. The check list contains more skills than it is possible to teach in the time available. It is in this checklist to cover as many different needs as possible, should be seen as a flexible guide. Many sessions may not be applicable to any one particular child. However, as being able to differentiate basic to intellectual and academic development, it is essential that such sections as Early Thinking Skills and First Language Receptive Skills are covered.

There is no time limit or restriction on any of the content of this curriculum except, as far as it is hoped that the pupils potential will be fulfilled by methods which are age appropriate, and that the aim of the curriculum will be achieved by the time he or she reaches school leaving age. The individual child's needs have to be prioritized taking into account the abilities and potential for learning, cultural or society requirements, parents requests, resources available and future. The school also has vocational activities like woodwork and carpentry for boys while girls do sewing and cooking. The school has aids who help the drivers in the bus pick up children and drop them off home each day. There is a school psychologist, a lecturer at the University of South Pacific and who assesses our children voluntarily.

Rehabilitation Workshop

There are two sections here called the sheltered workshop and commercial production section. In the sheltered workshop, more skill training is done there like packing ice cream, sticks and folding advertisement. In the Commercial Production Section they assemble electric and gas stove. For carpentry they make furniture and coat hangers. Bed sheets, towels and cushion covers are made in the sewing

section. Screen printing and book binding are also done there. Open employment from school there is no man power for support services and teachers have to visit the adult handicapped at their work.

Medical Systems and Services

In Fiji, three major causes of disability are of prominent importance sequel of meningitis, prenatal causes such as prematurity, low birth weight and birth injuries, congenital abnormalities. The care of disabled children has traditionally been a family concern in Fiji. Health workers in the MCH programme identify young children who are slow to develop by using the milestone checklist. These are then referred to the Early Intervention Center for Specialized Care. School children are monitored by the School Health Programme. Any disabilities diagnosed or suspected are referred to specialists for treatment or referred to rehabilitation centers.

All rehabilitation centers in Fiji, such as the School for the Blind, the Hilton Special School, and the School for the Handicapped comes under the Fiji National Council for Disabled Persons. The Council formulates national policies for the rehabilitation centers and plans and co-ordinates their implementation. The Council also works on acquiring financial aid from external education sources and maintains a fund.

The Education Act provides for Special Schools for disabled children mainstream schools do not usually accept children with any form of disability, even if the disability is physical and not intellectual, because schools are not accessible to wheel-chairs and there is no policy that requires new building or existing buildings to accommodate the needs of handicapped students. Recently, however, blind children have been accepted into some mainstream urban schools, with visiting specialist teachers assisting their class teachers.

Education

Special services for children with disabilities include the Early Intervention Center in Suva and 14 special education schools, most of which are located in urban areas. These schools are run by voluntary organizations, the Society of Intellectually Handicapped and the Fiji Crippled Children Society. They are staffed by the Ministry of Education. Although, 840 children are enrolled in these special schools

only the Blind School provides integration into secondary education. Other children seek admission into mainstream secondary schools where very few are accepted. Opportunities for the vocational training of disabled children beyond primary school are also very limited. Practicing primary teachers do not have any special training to detect or diagnose children with learning problems. Indeed, there are far too few professional services available to identify and help children who have disabilities or special learning needs, too few speech therapists and no occupational therapists, psychologists or counselors.

One speech therapist is currently available to the Ministry of Education through the Volunteer Services Overseas programme, a contribution that is valuable but both temporary and inadequate to meet the need for this service. One VSO occupational therapist is similarly employed by the Ministry of Health, and the same limitations apply. The Ministry of Education recognizes the need for educational specialists in Fiji but is strained from hiring because the Public Service Commission does not have such designed posts in the civil service.

Early Intervention Center

The children who attended this center are from birth to 8 years of age and with all disabilities. The programme they are using in the Macquarie Programme from Macquarie University in Australia and the Small Steps compliments the Macquarie Programme. The children are picked and dropped by the school bus. Older children of 3 years and upwards attend the center from Monday to Thursday, 2 years to 1 year they come to the center twice or three times a week, from birth to 1 1/2 years once a week. It will depend on their disability and their parents or a relative to come with them to share in the programme. The goal is to focus on the child's needs. There are 5 development areas in the Macquarie Programme, Gross Motor, Fine Motor, Receptive Language, Expressive Language and Personal and Social Skills.

Government Assistance

The government has established one statutory body to be the umbrella body of all handicap societies. All communications go through this body to the government. The government provides teachers for the handicap schools. These teachers are trained in teachers college for primary schools. The government contributes to the salary of licensed teachers who teach in special schools. The licensed teachers are

trained by the Head Teacher on the job.

The government also gives free grant of \$30 per child per annum and assist further by giving building grant capital projects. If some school equipment is needed, the government helps subsidize.

Other Aids

The overseas aids are the Save the Children Fund and Bayly Trust Fund. The Save the Children Fund Project helped trained the physiotherapy aids now working in the rural areas with medical nurses to help the disabled.

The local aid is the Community Based Rehabilitation whose headquarters is in Suva. It trains the disabled from outer islands and District Education.

There are fourteen special schools in Fiji and are managed by voluntary organizations called the Society of Intellectually Handicapped and the Society for Cripple Children. Nine of those schools care for the multiple disabilities. Two care for the physically handicapped and hearing impaired children. One school care for the blind and visual impaired and two for the mentally retarded children. There is the Early Intervention Center for the children from birth to eight years.

My Own Philosophy on Rehabilitation Services for the people with Mental Retardation

Many of our students at the Intellectually Handicapped School after they left school and stayed at home, have no service available for them either home based or center based. There is no follow up after school. A few of these students go to Rehabilitation Center, but the majority of them who stayed home should have a home-based programme to occupy them at home. This programme should help them to earn some money like selling cloths they sew or starting a small business. There should be a support group to support the family and to continue to encourage students at home.

Community Based Rehabilitation Programmes

The Community Based Rehabilitation Programme and the role of CRA's support a community based approach to rehabilitation of children with disabilities on the basis that this type of intervention is appropriate to real needs, is most effective and is the method that ensures equitable distribution of the limited resources usually available for working with disabled people.

The CRA's are given six months initial training. The training includes physiotherapy skills geared towards pediatrics. Curriculum for the training is devised jointly by Save the Children Fund and the Fiji School of Medicine(FSM) School of Physiotherapy. After this training, they work as members of the Public Health team based from the health centers and report on a day to day basis to the Sub – Divisional Health Sister. While on the job they are given quarterly training to upgrade their skills on areas they feel they need more expertise in. They see their role not only as primary interventionists but as educators and facilitators promoting social and attitudinal change towards disability.

The training that CRA's receive enables them to identify disability after the child is born and counseling for the mother is given. They work with the Divisional Health Sisters and nurses in the post natal check up of children and any cases of delayed milestone are referred to them for treatment. Any cases beyond their capacity to treat, they refer to the physiotherapists who are based in the main hospitals or other relevant services. They played a much needed complementary role to the nurses as they possess skills that nurses do not have. CRA's spent most of their time in the communities. Very limited time is spent within the Health Center, and would be used specifically for paperwork – monitoring and reporting purposes and the drawing up of work plans whereby members of the Public Health team are consulted; emphasis is on working with the Public Health nurses.

A typical working day for the CRA may look like this:

- 1) Signing on.
- 2) Consulting with relevant personnel with regard to day's activities.
- 3) Making home visits.
- 4) Assessment of children at risk and or disabilities either in their homes or in a clinical situation if referred by PHN/Doctors Dietitians.

These assessments include:

- Family background/history including medical.**
- An observation including social opportunities.**
- A through physical examination including any contractness scoliosis, dislocations, limb shortening, muscle wasting, congenital deformities.**
- Testing of reflexes**
- Muscle tone testing**
- Muscle strength testing**
- Assessing gross and fine motor skills.**
- Daily living activities such as feeding, toileting, dressing etc.**
- Hearing.**
- Sight**
- Communication Skills**
- Intellectual abilities.**

These then lead on to identification of needs/problems.

Giving educational/awareness talks to communities, mothers in clinics (MCH) and antenatal clinic. VHW'S nurses and other identifies groups on relevant topics with emphasis on prevention of disabilities. Making aids, equipment and therapeutic toys – this is determined through needs assessment. Compiling monthly reports. Updating other monitoring tools e.g. disabled register, filling assessment forms and drawing up of monthly work plans. Providing therapy at Handicapped Schools for children with physical disabilities. Making referrals to appropriate personal and/or services.

Community Based Rehabilitation (CBR) is a strategy for improving service delivery, for improving more equitable opportunities and for promoting and protecting the human rights of persons with disabilities. The approach seeks the coordinated involvement of various sectors of the society at the family community and national level. CBR also endeavors to offer a unified focus to the efforts of the educational, health, legislative, social and vocational services in the country. The goal of CBR is to develop an approach that can reach all those in need in a realistic and sustainable manner.

CBR is therefore conceived as an integral part of community development and depends largely on the mobilization and utilization of resources which already exists in the community. The family of the person with the disability is a key player in this approach.

These initiatives at the community level are complemented by a network of professional support which facilitates the training and supervision of the community workers and offers a means of referrals to those in need of more specialized services.

CBR is a philosophy of care which reflects the social, cultural and economic situation of the country. The philosophy is dependent on the sharing of skills, expertise and knowledge with people who may have little or no previous experience or involvement with disabled people and this training is accessible at local level. The key concept in CBR is the provision of a resource person, from the local community, who has regular contact with the disabled person and his or her family.

CBR is very relevant to the Fiji context whose population is predominately rural. To the people involved specifically in disability, the CRA's are important frontline instruments for providing a vital service in the area of childhood disability especially in rural areas. CRA's provide an absolute key point, going into rural areas seeing disabled persons and referring them to existing services as and when appropriate.

At present the CRA's are the only people involved in this exercise. This early intervention is critical to the successful rehabilitation of the child. CRA's therefore are playing a vital role to the society in terms of referrals and transfer of skills to help the disabled. In the eleven years it has been in existence it has evolved from service delivery to model building. Service delivery system and relevant laws and regulations. Participants are requested to draw an organization chart or flow chart (starting from sections at the lowest level) for every agency in their country which is responsible for service delivery systems.

(Government Statutory Body)

Fiji National Council for Disabled Persons

- Fiji Society for the Blind**
- Fiji Crippled Children Society**
- Fiji Society for Intellectually Handicapped**
- Blind School**
- Lautoka School for Special Education**
- Hilton Special School**
- Ba Special School**
- Ra School for Disabled**
- Suva Special School**
- Lautoka Intellectual**
- Labasa School for Handicapped**
- Savusavu School for Handicapped**
- Nadi Centre for Special Education**
- Nausori Special Education Unit**
- Sigatoka Crippled Children School**
- Levuka School for Handicapped**

Adult Group

- Fiji Disabled People Association – Suva**
 - Counter Stroke**
 - Spinal Injury Association**
 - United Blind Society**
 - Western Disabled**
 - Community Based Rehabilitation**
- Save the Children Fund – Training Programme for Physiotherapy Aids.**