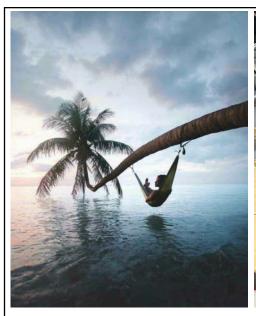
### Child, Family, Community



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http://www.necicmalaysia.org/





**TGIR** 

#### **TGIR**

- My foolishness (stupidity)
- Conferences, Workshops
- Possibly my Disability (that I want to help)
- Summarise & chart our direction forwards
- The next step the community

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#### Overview – We are on A Journey

- Size of the problem & Service Needs
- Progress over time
- Whose Responsibility?
- Obstacles to Community Involvement
- How Can Communities Change
- The Role of Families
- Impact of a child with a disability on the community

### A Digression

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Mission & Vision of the Paediatric Department of Ipoh Hospital (HRPB Ipoh)

#### Vision

All children should be assured of an excellent standard of health and wellness. The diverse needs of children should be met in the context of a wholesome **family** and stable **community**.

Amar 1999



### Mission & Vision of the Paediatric Department of Ipoh Hospital (HRPB Ipoh)

Mission for Paediatric services in Perak State is to:

- 1.provide quality care for all children
- 2.maintain the dignity & enhance the full potential of all children
- 3.work with parents as partners in the care of their children
- 4.motivate the community to recognise and promote child wellness as a means towards the well-being of society

Amar 1999





#### Mission & Vision of the Department of Paediatrics Ipoh Hospital (HRPB Ipoh)

Well Child
Wholesome Family
Stable Community

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#### Community

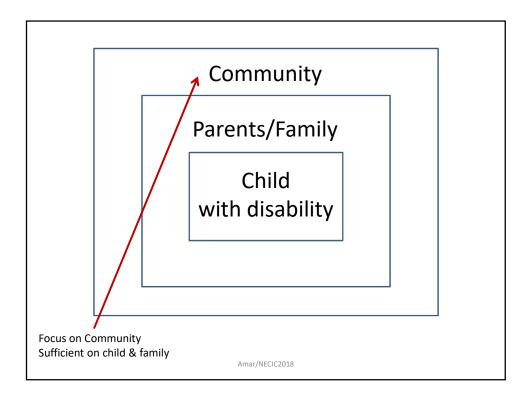
Parents/Family

Child with disability

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### Child, Family, Community

We need to anchor the child with a disability in the context of the family and the community



#### Size of the Problem

Children with disabilities form a considerable part of our society

- •1:100 Sensory impairment (vision, hearing impaired, etc)
- •1:100 Physical disability
- •1:100 Intellectual Impairment
- •1:100 Autism (growing)
- •1:20 ADHD
- •1:7 Learning Disability (including Dyslexia)
- •1:5 Disabled

NCHS Data Brief, Nov 2017

CDC 2016

New Zealand Disability Survey 2013

Hall 2003; Bhasin 2006; Rydz 2005; Amar 2006

### 5 Key "Stages" in a PWD's Life

- 1. Diagnosis/Assessment
- 2. Preschool needs
- 3. School
- 4. Employment
- 5. Long term care



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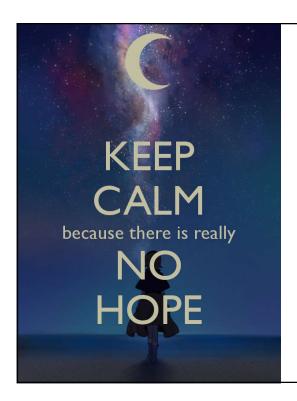
# History of disability services for Children in Malaysia (1960-2017)

- 1. Movement from residential based to ambulatory services
- 2. Movement from physically disability to learning disability
- 3. Movement from NGO based to government based (swung back)
- 4. Movement from charity model to a social or rights model (still limited)
- 5. Movement from provider led to family-focused, empowering & advocacy based (still limited)
- 6. Movement to Community Responsibility? (nill)

# Is there Hope? Will the Systems Defeat Us?

- 1. How can parents/families have the energy to support their child in the face of many challenges?
- 2. How can a person with disabilities overcome the many societal and system barriers?
- 3. How can the system work with passion instead of just performing a task?
- 4. How can therapists, professionals and those in policy be encouraged to go beyond the narrow confines of their system restrains?
- 5. How can communities be proactively galvanised to take responsibility to include the disabled in all aspects of life?

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"Alas that I spoke true!
What hope have we ....?
We must do without hope.
Let us gird ourselves and weep no more! Come! We have a long road, and much to do."

Aragorn, Lord of the Rings by JRR Tolkien

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#### Whose Responsibility?

- Parent/Family
- Professionals/Therapists/NGOs
- Government
- Community



#### Whose Responsibility?

- Strong thrust over years to develop family-centered early intervention & support
- Little emphasis given to community-centered early intervention (CBRs limited abilities)
- Often responsibility for child with disability placed on family (Resilience, Strength, Coping, Impact, etc)
- Some responsibility shared by professionals/therapists & government agencies
- But few communities take on this responsibility and become accountable for the needs of the child & family
- · Ownership is the key

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#### Service Needs for a PWD

- 1. Diagnosis/Assessment reasonable
- 2. Preschool needs reasonable
- 3. School fair (far behind expected)
- 4. Employment poor
- 5. Long term care dismal

Lots of energy put in but limited outcomes Because we have little community ownership Especially for areas 3-5

### Why Communities Fail or Are Disinterested?

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### Obstacles to Community Involvement & Ownership What Limits Fully Community Involvement?

- Charity/Welfare based model (pity)
- Medical model (making it a disease)
- Social model (remove barriers, improve attitudes, enable inclusion by society)
- Rights based model (a fight for system change, to offer access to the privileges people would otherwise have had if they were not disabled)

Key Reason: We are still a nation that views disability as a charity issue Medical personal to deal with it as a disease

### How Can Communities be Encouraged to Change?

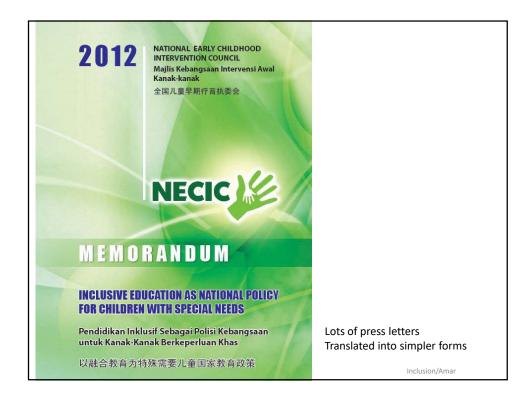
- 1. Systemic or Community advocacy
- 2. Inclusion in all areas is key (fight discrimination)
- 3. Social & rights-based approach
- 4. Making Government policy work
- 5. Private sector engagement useful
- 6. Families are critical
- 7. Use critical events/media frenzy
- 8. Work on visibility & understanding (information & community engagement)

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#### Work on Visibility & Understanding

(information & community engagement)

- Print media stories
- Social media
- Autism/Disability Walks
- Dinner with PWD (Peter Young's example)
- Policy documents/Memorandums



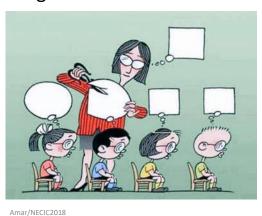
### Use critical events/media frenzy

- Individuals do it better than organisations
- But organisations have more say
- Example (Black Print)
- We don't write or speak up enough



# Inclusion in all areas is Key Fight Discrimination

- Social & rights-based approach
- Our right, not a privilege



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### Private sector engagement useful

Example Sook Yee, Edmund Lim, Jaden & Branden



### Making Government Policy Work

(maintain pressure)

#### **Ministry of Health**

- •Medical student's curriculum for disabilities poor (esp. learning disabilities)
- · Growth in medical rehabilitation but institutional
- Quality of services not uniform, not family focused, not in rural regions

Pressure universities to change curriculum

#### Making Government Policy Work

(maintain pressure)

#### **Welfare Department**

- •CBRs professional quality limited
- Staff remain poorly paid
- •Some CBRs have "lost" their way

Revamp CBRs & make them NGOs

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### Making Government Policy Work

(maintain pressure)

#### **Ministry of Education**

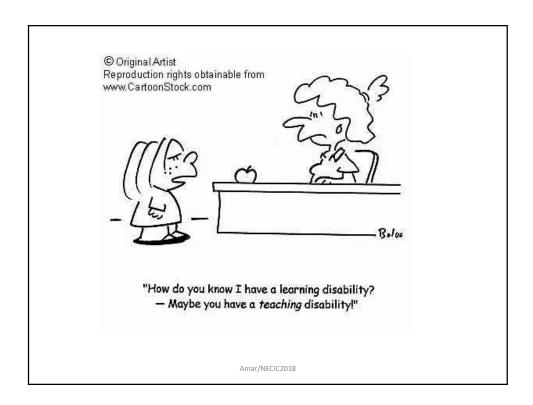
- •Enormous growth in services but failing children with learning disabilities
- Commitment to inclusive education for learning disabilities limited
- Children still 'victimised' by Education Act
- •Quality of special education teachers varies enormously

#### Making Government Policy Work

(maintain pressure)

#### **Ministry of Education**

- 1. Have a real policy to support inclusive education
- 2. Remove the pressure from teachers to achieve literacy KPIs
- 3. Include parents in decision making for education choices for their children
- 4. Change Unit Pendidikan Khas to Unit Pendidikan Inclusive
- 5. Have a commitment to a teacher aide programme

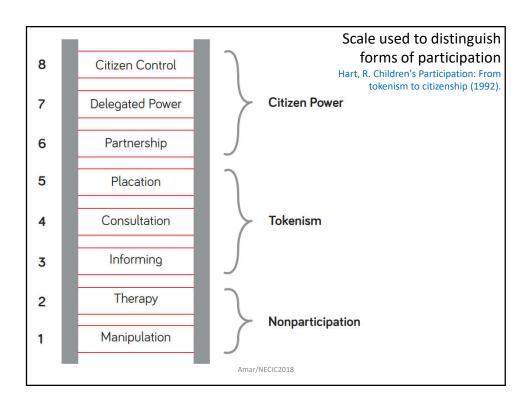


#### Making Government Policy Work

(maintain pressure)

#### Too many Requests/Demands on New Government Keep it Simple, Short, Repeat It

- 1. Pressure universities to change curriculum
- 2. Revamp CBRs & make them NGOs
- 3.Change Unit Pendidikan Khas to Unit Pendidikan Inclusive
- 4. Have a commitment to a teacher aide programme
- 5.Real Participation/Involvement



#### Families are Critical

(The Role of Families)

- Parent engagement
- Two-way-street type of relationship
- 1. Families supporting other families
- 2. Families as activists
- 3. Families as contributors to therapy/education
- 4. Families, schools, and the community as partners
- 5. Family involvement in governance & management

Open File on Inclusive Education, UNESCO 2001

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### Child, Family, Community

(the message)

Every Child Belongs

No differentiation between disable & able

Our Strength in Diversity (Accepting & Using)

Recognise the many positive impacts and meaningful contributions that children with disabilities make within their families in society

http://vanier institute.ca/children-disability-positive-impacts-children-family/

# Impact of a child with a disability & families on the community

 Our societies are lost, fragmented, disintegrated & have a loss of hope



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# Impact of a child with a disability & families on the community

 When we accept a person with a disability & include them  We are able embrace people with different outlooks, genders, ethn icity, etc in the community

We are more able to bring inclusion to society & integrate society

# Impact of a child with a disability & families on the community

- When we recognise & appreciate the value, potential & strengths of a person with a disability
- We are able to offer same support to everyone in the community & recognise the value, potential & strengths of others

We bring hope especially those who feel worthless

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# Impact of a child with a disability & families on the community

- When we (PWD or families)
  grow our character
  through hardship &
  struggle and become
  "better people" with
  real value systems
- We are able to bring that character & value systems into the communities we live & work in

Bring meaning to relationships & life

# Impact of a child with a disability & families on the community

- 1. Integrates/Unifies the community
- Offer communities an opportunity to find purpose & hope & joy
- 3. Offer meaning to relationships & life

This is how we will change communities

I have changed & become an agent of change

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### What **True** Community Involvement Means

- More than supportive policies at national level
- More than adequate funding for programmes
- More change in infrastructure at the local level
- Complete change in the outlook of communities towards disabilities and an integration of the child with disability and their family in the community
- No longer an 'us-and-them' outlook/reality that socially excludes but a wholesome community that embraces and enhances all diversity in society

#### Working with Communities:

#### The Final Frontier

 Professionals/Therapists/NGOs need to go beyond the provision of quality care, therapy, intervention, and working with parents as partners in the care of their children

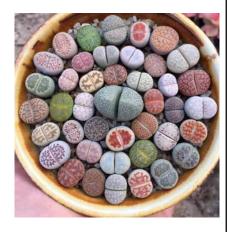
#### Professionals/Therapists/NGOs need to

- Integrate children with disabilities and their family into the community
- Motivate the community to recognise and promote the family's need for wellness as a means towards the wellbeing of society
- Maintain the dignity and enhancing the full potential of all children in the community

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# Working with Communities: The Final Frontier

Children with disabilities
and their families
have much to offer
society
if communities are
willing to
listen, accept them and
learn from them



# The "Face" of Disability is Changing We need to be imaginative in meeting new challenges



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Hidden

# The "Face" of Disability is Changing and Continues to Change

Need to communicate this



Passive Recipient Hidden Active/Directing Change

Joyful Acceptance Celebrate who we are