

## EARLY DETECTION AND DISABILITY-INCLUSIVE

**L**ess than five percent of Filipino children with special needs have access to appropriate special education services (DepED, 2005). Twice marginalized by poverty and disability, many children with special needs are often considered the poorest of the poor. In developing countries like the Philippines, children have the highest risk of being born with a disability and are most vulnerable to developmental delays as a result of poor pre-natal care and maternal health services (AusAID, 2010). Early identification is critical in preventing disability, or at the very least, in minimizing the compounding effects of a disabling condition on the child and the family.

A vast amount of research over the past 50 years has proven the effectiveness of early intervention for children with disabilities (CWD) aged zero through six years (Bruder, 2010; Hume, Bellini & Pratt, 2005; Dunst & Bruder, 2002). The effectiveness of early intervention is based on its adherence to core principles and best practices, most importantly, those of family-centered orientation, natural and inclusive learning environments, and collaborative team processes.

For the majority of Filipino children, the barangay daycare center serves as their first formal learning context. The daycare center aims to reach out to children in the remotest and most depressed areas of the country. Most CWD, however, are deprived of opportunities to access the barangay daycare center because of barriers to disability-inclusion such as inaccessible infrastructure, lack of daycare teachers' awareness of disability and competency to differentiate instruction, limited support from the local government and specialist capacity, and sadly, the community's prevailing misconceptions regarding persons with disabilities (PWD), which

prevent families of CWD from giving their children the opportunities to be educated.

Empowering a community by transforming attitudes, beliefs, and perceptions while providing its members with the necessary enabling experiences and competencies to carry out early intervention and disability-inclusive early childhood education may level the playing field for poor CWD. By building community awareness of PWD and establishing community empowerment programs, families of children with special needs can have a supportive environment in which CWD will have equal opportunities to access basic services in a community that values individual differences.

The study attempts to reconcile two seemingly opposing but possibly complementary constructs and definitions of disability: the traditional view focused on the rehabilitation of the individual with special needs and the social view focused on changing the environment to make it non-handicapping and inclusive for CWD. The conceptual framework is based on an adaptation and integration of Bronfenbrenner's bio-ecological systems theory (Bronfenbrenner, 1979), Vygotsky's sociocultural framework (Vygotsky, 1981), and Dunst et al.'s (1991) dimensions of family-oriented programs.

The purpose of the study is to describe in-depth a community's experience as it participates in a disability-awareness and community empowerment initiative called "TANAW" and explore how this could lead to an efficient and sustainable process of detecting the risk of disability in children, paving the way for access to early intervention and disability-inclusive early childhood education. Specifically, the study aims to answer the following questions: (1) What are the prevailing perceptions of different stakeholders (parents, PWD,

daycare teachers, health workers, and barangay officials) in the community towards CWD?; (2) What community practices or activities promote or hinder the participation of CWD in everyday community activities, specifically in the exercise of their right to education?; (3) How can screening for disability or risk for disability in children be most efficiently done in the community setting?; (4) Is the barangay daycare center disability-inclusive based on these indicators: non-handicapping environment, attitudinal readiness, articulated policy supporting inclusion, teacher competency, flexible curriculum and teaching methods, early intervention of children at-risk, parent and community involvement, and collaboration and networking towards inclusion?; and (5) How would early detection of disability and disability-inclusive early childhood education influence community awareness of disability and its sense of empowerment?

## Methodology

A primarily ethnographic case study design was employed. Although the research was largely qualitative in nature, quantitative methods were also applied to supplement the primary data collected. The research was characterized by: (1) the incorporation of multiple approaches during different stages of the study and (2) transformation of data and their analyses through another approach. The intention of such is to seek for a common understanding through the triangulation of data from multiple methods or through the use of multiple lenses simultaneously to arrive at alternative perspectives (Teddlie & Tashakkori, 2002). A mixed-method research design provided a more complete picture of human behavior and experience in all its complexity. This fit within a transformative framework aiming to influence social change, specifically in

advocating for the rights of CWD to inclusion and participation in everyday community life.

## Research Participants

A total of 182 participants were involved throughout the different phases of the study. This consisted of 110 parents of daycare students, 48 barangay and local government officials and community workers including daycare teachers, health workers, childhood program coordinators and community volunteers, 21 PWD and parents of CWD, and three professionals (a developmental pediatrician and two social workers) who provided technical expertise and salient recommendations. As part of data analysis, data from the first three groups of participants were used for triangulation.

## Research Locale

The study was conducted in Barangay Loyola Heights, District 3, Quezon City, specifically in the four barangay daycare centers attended mostly by children of informal settlers. The first two (Park 7 Daycare and Marytown Daycare) are community-run daycare centers while the others (Rona's Garden & Jocson YAKAP Daycare and Daan Tubo YAKAP Daycare) are funded and supported by the Quezon City local government through the Social Services and Development Department (SSDD). *Theoretical sampling* was used to determine who would be included in the sample (Glaser & Strauss, 1967). Sampling proceeded based on the relevance of their insights that would contribute to the developing theory instead of on their representativeness.

### *Data Construction*

Multiple methods of data collection were employed as the researcher, the primary instrument of data collection and analysis, immersed herself in the life of the community to fully capture both the objective and subjective nature of the context being studied. Project: TANAW entailed gathering data using the following qualitative methods: (1) ten ethnographic individual interviews; (2) two focus group discussions (FGDs) including five stakeholder and seminar-consultations; and (3) participant observation which combined document analysis, direct participation, observation and introspection with community stakeholders using a naturalistic, discovery-based approach to gathering “insider” information. A researcher-made observation checklist containing eight inclusive education indicators derived from existing literature (Dizon et al, 2011; UNESCO, 2005; UNESCO, 2004) was used to assess the potential for disability-inclusion of the four daycare centers through a series of on-site observations and interviews.

Documentation was done through tape- and video-recording of ethnographic interviews, FGDs and data from participant observation. These were then transcribed verbatim and combined with data from field notes before being subjected to analysis and interpretation. In order to gather quantitative secondary data in screening for developmental delay or disability for purposes of validation and triangulation, the Philippine Early Childhood Care and Development (ECCD) Checklist (DSWD, 2002) was used. This tool was designed for administration by rural health midwives, child development workers, daycare workers and mothers to determine if a child is developing adequately or is at-risk for developmental

delays. It has undergone statistical validation and has been norm-based on a sample of 10,915 children from the National Capital Region and Regions III, VI, VII, VIII and XII. The items in the checklist are grouped into seven domains: (1) gross motor, (2) fine motor, (3) self-help, (4) receptive language, (5) expressive language, (6) cognitive, and (7) social-emotional.

### *Data Collection Procedure*

The collection of data ran for approximately 12 months beginning with the conduct of initial ethnographic interviews with key informants and ending with the termination of data collection due to saturation and time and budget constraints. Since this is primarily a qualitative study, the researcher, who specifically assumed the role of a *participant-observer*, served as the primary instrument of data collection and analysis. As such, the researcher’s role as an observer was known to the group but was subordinate to the researcher’s role as a participant in the process of transforming the community to become more aware and empowered in addressing the needs of CWD.

The study involved embarking on an evolving, oftentimes overlapping, process of: (1) *Contextualization* (situational analysis and review of existing mechanisms and processes); (2) *Conceptualization* (of process of early detection of disability and disability-inclusive early childhood education); (3) *Development and Field Validation* (of tools and strategies, the two main strategies of which are advocacy-building and community empowerment); and (4) *Evaluation* (of the constructs of community disability awareness and empowerment).

Launching Project: TANAW

Project: TANAW was the community intervention launched to call attention to the issue of CWD and initiate the engagement of different stakeholders in efforts to integrate CWD into the community. “Tanaw” is the Filipino word for “seeing beyond.” When a child is born with a disability, parents’ dreams for their child often crumble as a result of their negative perceptions on PWD and the community’s lack of understanding and support. TANAW aimed to open the eyes of the community to see beyond the disability and, instead, see hope for CWD.

TANAW utilized a two-pronged inclusive development approach that consisted of: (1) embarking on an advocacy campaign to raise awareness about the rights of CWD and the importance of early detection and intervention; and (2) providing enabling

teachers. Consequently, it aimed to map out a feasible and sustainable process for screening for disability in the daycare center and for facilitating referrals to specialists for diagnosis. These are necessary steps prior to getting a PWD ID Card and receiving appropriate early intervention from service providers.

Figure 1 illustrates the process by which access to early intervention and early childhood education is to be achieved by first finding CWD (through community awareness and advocacy seminars alongside school-based screening), then identifying CWD (officially listing their names in the barangay and city registry resulting to the issuance of a PWD ID). These are necessary steps that would facilitate a referral to service providers and can be considered as tools for enabling and empowering the community.

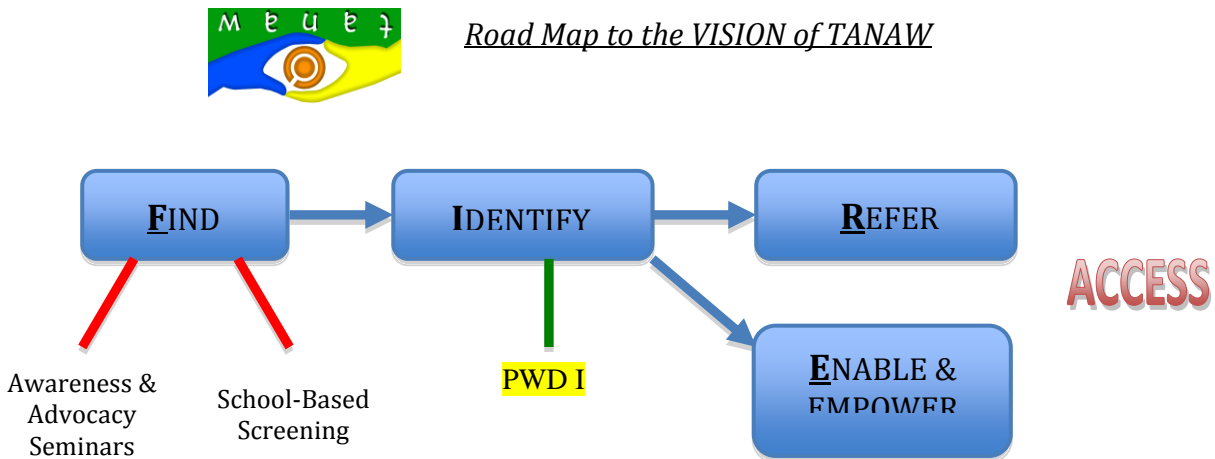


Figure 1. Proposed Road Map to Achieve the Vision of Project: TANAW

opportunities for community empowerment and capacity-building to barangay officials (in the health and education sectors), community volunteers, and day-care

*Data Analysis*

Analysis of data involved coding of the material to categorize themes and

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formulate new theories arising from the findings gathered. The constant-comparative method involved a process in which the data gradually evolved into a core of emerging theory that served as the theoretical framework guiding the further data collection and analysis (Merriam, 1998).

Higher-order synthesis of data enriched and completed the knowledge that was generated and led to theory construction. In developing a grounded theory from the voluminous data collected, the Ladder of Analytical Abstraction developed by Carney (1990) was used to progress from describing to explaining the phenomena being studied. Triangulation enhanced the study's internal validity and facilitated a holistic understanding of the phenomena being studied through the convergence of data: (1) by data source (comparing varying worldviews from different social groups); (2) by method (confirming data arising from interviews and FGDs with participant observation findings); and (3) by data type (confirming qualitative data with quantitative data). A matrix analysis of major themes was done in order to arrive at only three main themes. Upon further reflection, these were integrated into one explanatory framework.

### Results and Discussions

The results of the study are presented below according to the answers to the research questions posed at the beginning of this study:

1. *What are the prevailing perceptions of the following stakeholders in the community towards CWD: (a) Parents of barangay daycare students; (b) a PWD and parents of CWD; and (3) Daycare teachers, health workers and barangay officials?*

*Parents* comprised 83% of the participants during the four rounds of seminar-consultations. Seventy-five percent (75%) of the parent respondents perceived CWD as having little potential for productivity [*“parang walang silbi (useless)”*]; demonstrating socially-unacceptable behaviors [*“tipong nag-wild, sira-ulo (apparently wild, crazy)”*]; and being called names such as “duck-brain” [*“pinaglihi sa pato”*]. They were able to identify eight disability categories and disability was perceived as caused by both biological and environmental causes. One participant attributed disability to **spiritual reasons**: *“hindi naging madasalin (not being prayerful)”*.

Seventy-one percent (71%) of the respondents pointed to the need for greater understanding, care, patience and love towards CWD [*“iniintindi, bata din po yun (try to understand, he/she is still a child)”*; *“kailangan alagaan o unawain, pasensya, tiyaga (need to care for and understand, be patient, persevering)”*]. Twenty-nine percent (29%) leaned towards a more negative perception of CWD [*“mahirap tanggapin (difficult to accept)”*; *“habangbuhay na pagdurusa (resulting to a lifetime of suffering)”*]. There were times when the CWD was alluded to as *gago* (dumb) or *tanga* (stupid), degrading labels that strip him of his dignity as a person.

These findings were supported by data from the initial stakeholder consultation where more than half of the participants (56%) were community volunteers who were also mothers of daycare students. In spite of the absence of data on registered CWD on paper at the barangay level, many of the participants knew of CWD (or children suspected of disability) among their neighbors. The majority perceived disability from an impairment perspective. Common

responses were *“hindi sila normal o kumpleto; sila ay may habang-buhay na kapansanan; walang kakayahan; at kailangan ng pag-uunawa (They are not normal or complete; they have a lifelong disability; no ability; need understanding)”*.

According to these parent participants, there is still limited acceptance of CWD among peers, teachers, and parents of other children in the community of Barangay Loyola Heights. Several participants mentioned that CWD were often teased by their peers: *“madalas kinukutya at pinagtatawanan (often teased and laughed at)”*.

On the other hand, the PWD interviewee who was also a barangay official emphasized the importance of the family in setting high expectations for the CWD and unconditionally accepting him despite society’s prevailing negative perceptions.

*“Pag na-accept na nila iyan, syempre kailangan ituring nung community as hindi sila iba. Hindi katulad ng oy, ano ka pa rin tao. (When society accepts PWDs, they should treat them no differently from everyone else. He/she is still a person.)”*

- Ryan  
(pseudonym),  
PWD/Barangay Official

Through hard work and perseverance, Ryan (born with an orthopedic impairment) was able to complete a college degree and was eventually employed in the barangay office. As part of the mainstream workforce, he did not expect the community to adjust to his needs. He gave beyond what was expected

of him as a trusted public servant. He attributed his achievements to the unconditional support he received from his family and their acceptance of his condition early on in life.

*“Naging malakas talaga ang loob ko. Pagkasabi ng Papa ko nung time na iyon, ‘Anong balak mo? Pag dumating ang panahon, hindi ka siguradong papakainin ka ng kapatid mo o aalagaan habang-buhay.’ Na-challenge ako. Nag-aral ako. Tapos di ko pinapansin, may tumutukso ganon. Tuloy lang ... Ganon dapat ang pagtanggap. (I really tried to show strength of character. During that time, my father asked, ‘What do you plan to do? In the future, you cannot rely on your siblings to provide for you or take care of you for life.’ I was challenged. I studied. I didn’t mind if I was being teased.)”*

Being the leader of the community’s Disabled People’s Organization (DPO), he knows many PWDs who have chosen to be less than productive, living up to the low expectations that their family and society have so conveniently placed on them. Ryan believed that for a PWD to become successful in life, expectations matter, especially family expectations.

*“Kasi pag sa family mo, hindi ka tinanggap ganito, parang mahina ka na, tapos lagi ka pang gusto nilang kawawang-kawawa ka. ‘Wag niyong pagtrabahuhin ‘yan, kasi disabled siya. (Because in your own family, if they do not accept you as such, it’s like you are already weak, then they would still want you to be always pitiful. ‘Do not make*

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him work because he is disabled.’)”

During the seminar-consultations, only four and a half percent (4.5%) of the participants consisted of parents of CWD. Nonetheless, they strongly voiced their concerns regarding society’s perceptions and attitudes towards their children with special needs. One of the parents who has a child with Down Syndrome expressed her hurt and disappointment over the community’s cruel treatment of her son:

*“Minsan kinukutsa siya ng mga kapitbahay namin. Sabi nila ang ‘gago’ kasi ng anak mo eh, ‘tanga-tanga’ eh. Ay minsan po nasasaktan ako. Minsan sinasabi ko, eh ‘kung ‘gago’ yung anak ko, mas ‘gago’ kayo kasi hindi kayo marunong umintindi,” sabi ko ng ganyan po. (Sometimes he is teased by our neighbors. They would say, “Your son is ‘dumb’ and ‘stupid.’” I sometimes get hurt. Sometimes I tell them, “If my son is ‘dumb,’ you are ‘dumber’ because you cannot understand him.”)*

Labeling and discrimination were common themes that arose from the viewpoint of a PWD and the parents (or grandparents) of CWD. Society has been cruel to these children. The lack of empathy likely stemmed from ignorance of their potential and their right to live in an inclusive society free from all forms of discrimination. Still, the concept of empowerment, the ability of the human spirit to surpass limitations, and the value of the family’s high expectations surfaced during the interview with the PWD. There is hope.

Ate Daisy, the head *daycare teacher* of a community-run daycare center, wife of a tricycle driver with five children, and the

mother of a child at-risk for Attention-Deficit Hyperactivity Disorder (AD/HD), shared her own story.

*“Madalas akong magsabi na pasensyahan nyo na .... ang tingin nila normal na talagang sabihin nila na matigas ang ulo ganyan ... pinalaki ng ganyan ... sabi nila ano raw pinapabayaan ko lang daw. Sabi ko ang kailangan diyang mahabang pasensya. (I always tell others to be patient. They normally perceive my son to be stubborn, that he was raised that way ... they say I just let him be that way. I tell them what he needs is for me to be very patient.)”*

Many times, in Philippine society, the parents’ inadequacy in disciplining their children is blamed for their children’s misbehavior. As Ate Daisy experienced, she was often blamed whenever Jose misbehaved when in the community daycare center, and later on, when he was integrated into a regular school. She believed that teachers are still largely intolerant of children’s individual differences and have little patience for students with behavioral disorders.

Ate Daisy could not hide her frustration with parents who opted to turn a blind eye towards their children’s needs. She believes that if these children could be understood better and be given the support that they need both at home and in school, then their chances to improve would be much better. She recognizes the role that the community plays in being more aware of the needs of CWD and how this would redound to the acceptance of the CWD in his or her own family. Ate Daisy pointed out that one of the possible reasons why many parents “hide” their children or deny that their

children may have disabilities is because they are afraid that society may not accept them. For some, they are afraid of being blamed; for others, it is their way of protecting their children from being rejected by the community.

Ate Lani, another daycare teacher, has observed that more CWD are seen around the community now compared to in the past. Most of them are no longer kept inside their homes. The community knows that these children are “special children”. However, many still call them “abnormal”, a discriminatory term that is considered politically-incorrect but is still used by many in the community to refer to PWD.

Two other ethnographic interviews were conducted with *barangay health workers*. They were honest enough to admit that they lacked knowledge about special conditions even after being tasked to look for PWDs in the community to facilitate the processing of PWD IDs. According to them, one of the major hindrances in identifying CWD is the perception and attitude of parents in the community. Some parents would rather not receive the benefits that accompany having a PWD ID if possessing such an ID meant that their child would then be labeled as “special”. There were also others who persisted in attributing disability to spiritual reasons and refusing any form of intervention as shown in the dialogue below:

BHW: *Ngayon ang sagot ng Papa niya, wag daw pakialaman yan kasi bigay daw ng Diyos ganon.* (Her father’s reply was not to meddle with her because her disability was given by God.)

PO: *May ganon pa din. Ano bigay ng Diyos?* (There are still some who are like that. So her disability was given by God?)

BHW: *Meron pang ganon. Natural ala nga namang pagpilitan mo?* (There are still some who are like that. Of course, we can’t force them to believe otherwise, right?)

\* Note: BHW – *Barangay Health Worker*; PO – *Participant-Observer*

The barangay daycare teachers and health workers are in a position of influence to educate the community and to replace misconceptions about disability with facts and truths. They have a greater accountability in ensuring that CWD get equal treatment that is due them. However, they still lack awareness and the sense of empowerment necessary in sustaining the challenge to the status quo.

The prevailing perceptions and attitudes of the community towards CWD generally lean towards the negative. They are bordering on pity, apathy, outright discrimination, and ignorance of their potential for productivity. There is general knowledge of the different types of disabilities and the possible causes of disability, but stereotypes and misconceptions that need to be replaced with factual data that can promote more positive and grounded ideas about CWD remain. The family’s central role has been highlighted in the responses. They show that the CWD can never be viewed apart from the family to which he or she belongs.



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### 2. *What community practices or activities promote or hinder the participation of CWD in everyday community activities, specifically in the exercise of their right to education?*

Prior to the implementation of Project: TANAW, the barangay office did not have data on the number of CWD residing in the community. As of August 2010, there were only 35 PWDs who were enlisted in Barangay Loyola Heights, none of them aged 12 years old and below. Because of the absence of reliable data, the Office of the Barangay has not deliberately considered the needs of PWDs in the planning of programs and services amidst the other pressing issues they have to address.

No deliberate effort was made to ensure the PWD's participation and representation in community activities. During the initial stakeholder consultation, one of the parent participants who had a child with a disability said, "*Bakit namin siya ilalabas? Wala naman siyang pwedeng salihan. Anong meron sa barangay? (Why should we bring our child out of our home? There is nothing he can join. What can the barangay do for him?)*".

Parents do not bring their CWD to the barangay office to be registered because of the absence of existing programs and services that are available to CWD at the community level. During the initial stakeholder consultation, the common barriers to the inclusion of CWD that were cited by the participants were the following: (1) limited acceptance and neglect of parents of their child's condition ("*di-pagtanggap ng magulang at kapabayaan*"); (2) poverty resulting to a lack of resources for intervention; and (3) ignorance or inadequate knowledge on the part of both parents and day-care teachers on how to

best handle a child with special needs both at home and in the daycare center.

CWD are marginalized due to physical, attitudinal, and educational access barriers resulting in their exclusion from the community day-care center. Without a deliberate effort to create programs to address the needs of CWD, such children remain segregated from the rest of society, unable to participate in the life of the community in meaningful ways.

According to the YAKAP daycare teachers, they have already been accepting around one or two CWD in their respective daycare centers as mandated by the local government. According to her, "*Bawal kami tumanggi ng may disability (We cannot refuse anyone with a disability)*". She knows that this is stipulated in the law and that receiving early childhood education is a basic right of CWD. Table 1 summarizes the practices that promote or hinder CWD participation in the community.

Table 1

*Practices that Promote or Hinder CWD Participation in Barangay Loyola Heights*

PRACTICES THAT PROMOTE PARTICIPATION	PRACTICES THAT HINDER PARTICIPATION
Responsive policies of the local government supportive of inclusion; zero-reject admission policy for daycare centers	Significant lack of data on CWD to justify prioritization in resource allocation / program conceptualization by the barangay
Non-discriminatory attitudes promoting equality and respect for diversity	No actual programs and services specifically addressing the needs of CWD at the barangay level
Committed and resourceful teachers in spite of minimal training in handling CWD	Handicapping environment preventing physical accessibility, specifically for those who are wheelchair-bound
Giving families of CWD options for early intervention outside of the community through proper referral to professionals	Attitudinal barriers (stereotyping and discriminatory attitudes) that prevent educational access
Establishment of a DPO (Disabled People's Organization) in the barangay that actively advocates for the rights of PWDs	Lack of teacher capability to address the unique needs of CWD in the day-care center
	Denial of parents regarding their child's condition resulting to the child being deprived of early intervention

Common themes which emerged were: the lack of programs and services for CWD; inadequate training, capability-building and resources; teachers' initiative and commitment compensating for inadequacies; and the barangay officials' awareness of the issues surrounding CWD inclusion and their continued lack of accountability for this sector of the community.

### ***3. How can screening for disability or risk for disability in children be most efficiently done in the community setting?***

One of the ethical issues involved in the early detection and screening for disability revolves around the fact that by creating awareness about CWD and by attempting to identify them, a critical need

for intervention is likewise created. Expectations are raised as information is gathered.

During the ethnographic interview with one of the daycare teachers, she candidly expressed the reason behind her seeming indifference to participate in the current initiative to detect disability in the community even though it is part of her mandate to do so. She did not want to raise the hopes of parents that there would be programs and services available to them once their children have been identified as having a disability.

*"Sa ngayon, hindi na kami nangangako dun sa mismong parents na minsan kukunin ko yung mga data nila ... meron*

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*siyang anak na may disability. So parang expectation mo, kinuha ko yung ganon, sinubmit ko, so may mangyayari. (Now, we no longer make promises to parents when we get data from them. ... they have a child with a disability. So the expectation is, I got data, I submitted them, so they will receive something.)"*

Based on the records of the SSDD of Quezon City as of December 2010, only 14 PWD ID cards have been released to beneficiaries of Barangay Loyola Heights. This is equivalent to only 40% of the identified PWD. In spite of the programs and services available through the SSDD, only a small percentage of the estimated PWD population has availed of these programs and services. This can be attributed to the lack of a systematic and deliberate attempt to profile disability in the community in order to link the intended PWD beneficiaries to the office mandated to provide their needs. There is, likewise, a general lack of awareness of the rights of PWD and their privileges under the law.

in the barangay daycare centers were screened using the Philippine ECCD Checklist. The purpose of this was to validate the recommended screening process and to attempt to initiate disability profiling with the researcher assuming the role of participant-observer. As a result, 17 children from three to five years old were identified as being at-risk of developmental delay from the three community day-care centers. These children garnered developmental screening scores lower than the average developmental norms (Table 2). In addition to this, 18 children were enlisted by family members and other community members as potentially having a disability during the TANAW seminar-consultations. Out of 43 children, 35 (82%) were at-risk and eight (18%) were identified as having a disability. The data collected are summarized in Table 2.

Through Project: TANAW, students

Table 2  
*Summary of Suspected At-Risk and Identified CWD in Barangay Loyola Heights: October 2011*

Day-Care (DC) Center	CHILDREN of BARANGAY LOYOLA HEIGHTS				TOTAL
	SUSPECTED AT-RISK (after Seminar-Consultation)	SUSPECTED AT-RISK (ECCD CHECKLIST)	IDENTIFIED CWD w/ PWD ID	IDENTIFIED CWD w/o PWD ID	
Park 7	7	7	1	3	18
Marytown	8	4	0	0	12
YAKAP DC-LH	3	0	0	2	5
YAKAP DC-Daan Tubo	0	6	0	2	8
<b>TOTAL</b>	<b>18 (42%)</b>	<b>17 (40%)</b>	<b>1 (2%)</b>	<b>7 (16%)</b>	<b>43</b>

During the first FGD, one of the daycare teachers revealed that although she has received training on the use of the ECCD Checklist, she found it “boring,” tedious, needing too much preparation, and complex to administer to a total of 80 students. Moreover, there was no incentive for her to administer it and periodically monitor the children’s development on top of her other duties as head teacher of one of the daycare centers with the biggest class sizes.

On the other hand, a developmental pediatrician (Pseudonym: Dr. DP) resident of Barangay Loyola Heights, cited ethical considerations in identifying disability at the grassroots without linking it to the provision of necessary interventions and actual programs or services.

*“Maganda yung ECCD checklist kaya lang kung as a screening tool; ang screening tool po kasi kailangan madaling gawin, mabilis gawin, ganon lang po. So pwede nating gawin kung baga yung Level 2; pwede natin para hindi naman masayang yung training ninyo sa ECCD ... pero meron tayong paunang screening para sa lahat na mas madaling gawi. (The ECCD Checklist is good but as a screening tool, it should be easy and fast to administer. What we can do so that your training in ECCD would not be wasted is to use it as a second-level screening instrument. But we would have a first-level screening that is easier to do).*

Dr. DP emphasized that most disabilities are not obvious to the untrained observer. Conditions that are considered high-incidence disabilities such as autism, AD/HD and learning disabilities are not

easy to pick up and are often missed in screening and disability profiling efforts. She recommended a different first-level screening tool consisting of a one-page questionnaire containing 10 items, answerable by *yes, no, or maybe*, which has been validated on Filipino children and parent respondents by a group of medical doctors and health professionals. If the child is found to have a probable disability or is at-risk for one, then he or she can undergo second-level screening using the ECCD Checklist. This was a suggestion that appeared to be more feasible and sustainable in the long-term in order to detect disability in the community.

One of the daycare teachers likewise emphasized the importance of informal screening procedures by the daycare teachers themselves. She said that teachers should be vigilant in observing possible learning difficulties and behavioral challenges brought about by physical, sensory, and developmental impairments in children and in informing parents of the need to seek for further assessment and possible early intervention options.

*“Parang mahina din yung mata nung bata so nilagay ko siya sa unahan. So kaming mga daycare worker, dapat ano din kami yung observant pagdating sa ano ng mga bata ... Basta yung kakaibang aksyon ng bata na nakikita namin out of 80 children na yan, kino-call namin yung attention ng Nanay in a nice way para hindi ma-offend yung nanay. (It seems like the child has a visual impairment so we placed him in front of the class. Us daycare workers should also be observant. If we observe that the child is acting differently out of 80 children, then we call the mother’s*

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attention in a nice way so she will not be offended).”

During the second FGD, the barangay program coordinators expressed their willingness to undergo training to help identify CWD in the community. They suspected that a number of students enrolled in the childhood programs of the barangay have special needs but have not yet been diagnosed.

Dr. DP reminded the day-care teachers and health workers that they should respect parents’ feelings and their right to privacy.

*“Siguro pag nag-survey tayo, importante din yung iginagalang natin kung anong tingin ng mga magulang. Di ba hindi natin mapipilit kasi mahirap yun eh para sa magulang na tanggapin na may kapansanan yung anak. (Maybe when we survey, it is also important that we respect what*

the parents believe in. We cannot force parents to accept that their children are disabled because that is difficult, so we should respect that.)”

Upon embarking on Project: TANAW, it was revealed that to arrive at the most efficient process of screening for disability or the risk for a disability in the community, the concerted effort of all stakeholders is necessary to succeed in achieving the objectives of this endeavor. Figure 2 illustrates the process of early detection in the community following the Find [1<sup>st</sup> and 2<sup>nd</sup> Level Screening] - Identify [Issuance of PWD ID] - Refers - Empower and Enable [Parent Support Groups/NGOs/Intervention Options] (FIRE) Model.

The common themes which emerged were: family acceptance; lack of capacity and training or empowerment of barangay personnel; respect for parents and

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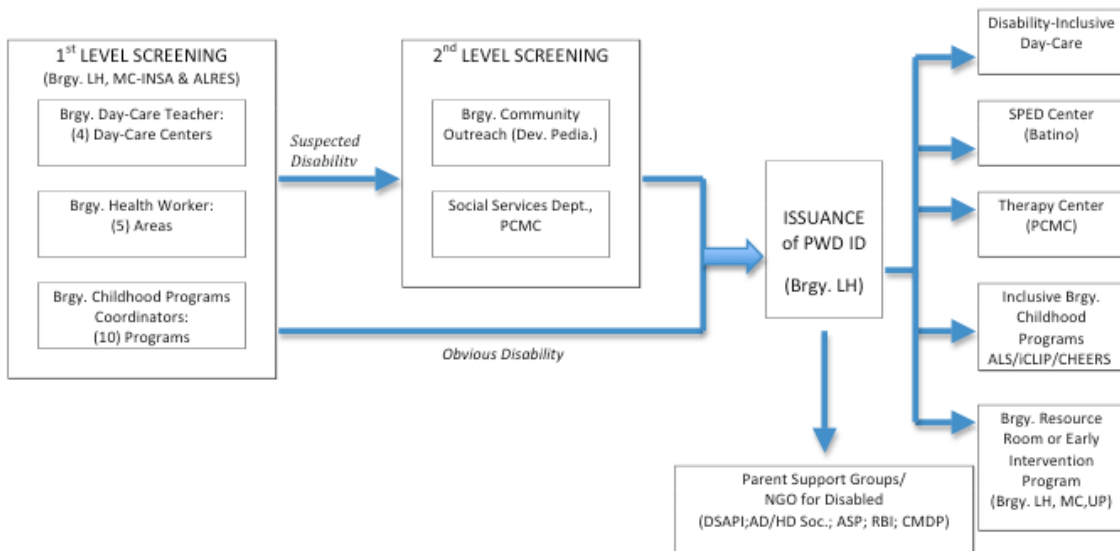


Figure 2. Proposed Process of Community-Based Early Detection and Intervention

recognition of their primary decision-making role; and networking and collaboration with other professionals and institutions.

NO - Not Observed  
 PO - Partially Observed  
 O★ - Consistently Observed

**4. Is the barangay day-care center disability-inclusive based on these indicators: non-handicapping environment; attitudinal readiness; articulated policy supporting inclusion; teacher competency; flexible curriculum and teaching methods; early intervention of children at-risk; parent and community involvement; and collaboration and networking towards inclusion?**

There is a glaring disparity between the YAKAP daycare centers (Rona’s Garden & Jocson and Daan Tubo) and the community-run daycare centers (Park 7 and Marytown) in terms of the presence of inclusive education indicators. The results of the participant-observation evaluation of the potential for disability-inclusion of the four day-care centers using the following criteria are summarized in Table 3.

Table 3  
*Evaluation of Inclusive Education Indicators in the Four Daycare Centers from Participant Observation and Ethnographic Interviews*

<b>Inclusive Education Indicators</b>	<b>Park 7</b>	<b>Marytown</b>	<b>LH YAKAP</b>	<b>Daan Tubo YAKAP</b>
Non-Handicapping, Accessible Environments	NO	NO	NO	NO
Attitudinal Readiness to Welcome Diversity	PO	NO	PO	PO
Articulated Policy Supporting Inclusive Education	NO	NO	PO	PO
Trained Teachers on Inclusive Education	PO	PO	PO	PO
Flexible Curriculum and Teaching Methods	NO	NO	NO	NO
Early Intervention of Children At-Risk	NO	NO	PO	PO
Parent and Community Involvement	NO	NO	PO	O★
Collaboration and Networking Towards Inclusion	NO	NO	PO	PO

## EARLY DETECTION AND DISABILITY-INCLUSIVE

The YAKAP daycare centers had the greater potential for disability-inclusion. They have more indicators partially observed compared to the community-run daycare centers that subsist mostly on parent contributions and inconsistent funding from politicians and well-meaning individuals and non-government organizations (NGOs).

The researcher explored alternative educational modes of service delivery available in the community that can enable CWD to access education even if they are excluded from the community daycare center. One of this is the DepED's Alternative Learning System or ALS, which is originally intended for out-of-school youth. A mobile teacher is employed by the SSDD to teach the ALS students with the help of the barangay childhood program coordinators.

Common themes that emerged were: lack of programs and services for CWD; family acceptance; parent empowerment; respecting diversity; lack of capacity training and resources; networking; and home-school collaboration.

### ***5. How would early detection of disability and disability-inclusive early childhood education influence community awareness of disability and its sense of empowerment?***

A paradigm shift is difficult to measure collectively. Whether or not perceptions have changed is influenced by a host of variables that vary from time to time. It was beyond the scope of this study to quantitatively measure a change in perception. However, if "waking up" the community from its convenient slumber of indifference to seriously heed the issue of CWD can be assumed as an indicator of a change in perception, then the community's

engagement in Project: TANAW has succeeded in bringing about such change.

The issue of disability was no longer reduced to just a listing of PWD submitted to comply with the directive of the local government for disability profiling, but is now a topic for discussion and debate in the community among its different members. The sense of urgency in addressing the needs of CWD prompted the barangay office to seriously carry out their duty to uphold the rights of children with special needs with their partner organizations and to hold greater accountability for them.

For starters, a change in perception can be demonstrated by evidence of a significant increase in the number of PWD identified at the end of the study. At the time when Project: TANAW was being brought to a close, the number of registered PWD in Barangay Loyola Heights doubled, with a total PWD listing of 63. Within a span of one year, 32 additional PWDs were listed and given PWD IDs.

When previously, there was not a single child 12 years old and below included in the list, this time, there were six CWD who were officially registered in the barangay's PWD listing and who received their PWD IDs. There were also 35 children suspected to be at-risk of having a disability who were identified as an outcome of the project.

Although the increase in the number of PWD identified at the end of the study could not be directly attributed to Project: TANAW and may just be an incidental outcome, what is most important is introducing to the community discussion, especially among barangay officials, pertinent issues of CWD and their families as valued members of the community. These discussions centered on early

detection and intervention and the CWD's right to education.

*Perception of Empowerment* was defined as a sense of control and a perceived capacity to participate in the early detection of disability and disability-inclusive early childhood education. On the other hand, *Demonstration of Empowerment* pertained to the acquisition of knowledge and skill, including producing transformative outcome measures that would show achievement of the objectives set forth by Project: TANAW.

Empowerment is most evident in the PWD leader of Barangay Loyola Heights who demonstrated greater confidence and belief in the vision of an inclusive community as he transformed into a *self-advocate*. During the start of the project, he appeared to be disempowered, contented with whatever attention was given to his cause and seldom asserting his right to have equal opportunities in the community on behalf of the disabled sector. He readily acknowledged that the issue of PWD was only one among many other concerns of the barangay that needed financial and logistical support.

During the last FGD conducted with barangay officials, however, he was more outspoken in proactively seeking ways to guarantee PWD access to programs and services and in expanding the coverage of the project to include older CWD (those beyond six years of age). He wanted to take the project a step further to push for more concrete programs and services that would benefit CWD and their families.

The other barangay officials have likewise shared in the vision of Project: TANAW. Most importantly, the barangay captain pledged his full support for the project. He assigned a core team of officials

to further explore how the barangay can actually pursue the vision of Project: TANAW to make the community disability-inclusive especially for CWD.

A change in perception is evident in the barangay officials' expressed willingness to demonstrate capability for early detection and disability-inclusion. There was a major transformation from an attitude of indifference and a perception of helplessness when it came to dealing with CWD who were not even accounted for in the PWD listing prior to the implementation of the project to a perception of empowerment and a sense of responsibility towards CWD. Children with special needs were no longer invisible members of the community but were valued members of Barangay Loyola Heights.

*"Ang kagandahan lang naman kasi ... mas namumulat kasi tayo. Mas madaling magpaliwanag sa level ng community dahil maliban sa kakilala natin, syempre tayo yung parang buhay na saksi eh, parang magiging living testimony tayo ... pinapakita natin na ito yung resources ng government ... Papaano makakarating sa kanila kung hindi nila alam? Pero dahil aware tayo ... yung para maka-access sila ng serbisyo parang tayo yung tulay (The beauty of it is having our eyes opened. It would be easier to explain at the level of the community because aside from knowing them, of course, we are like living witnesses - a living testimony to show them that these are the resources our government has ... How would they find out if no one tells them? But because we are aware ... for them to be*



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able to access services, we would serve as the bridge)."

- Terry, Social Worker and Mother of a CWD

delivery to CWD; and (5) engaging and empowering the community towards a shared vision of including CWD could create a sense of urgency and a shared accountability to detect disability in children and provide them with appropriate early intervention services.

This is just the beginning.

### Conclusions and Recommendations

Three major themes emerged after thematic analysis: (1) high family expectations + unconditional acceptance = the success of CWD; (2) stereotyping + pity + ignorance = segregation and exclusion; and (3) community - apathy and indifference = engagement and empowerment.

The study revealed that: (1) prevailing community perceptions towards CWD were mostly stereotypes that reflected ignorance, indifference, and a lack of tolerance for diversity, but family acceptance, unconditional regard, and the setting of high expectations could lead to future success and productivity; (2) community participation of CWD was largely hindered by the absence of community programs and services that could benefit them which is a result of the community's ignorance of the CWD's rights to full participation in community life; (3) a feasible and sustainable community-based process of early detection of disability could only be done through the concerted effort of multiple stakeholders in the community using a two-level screening process and referral system; (4) the potential for disability-inclusion of the four daycare centers was significantly lacking particularly in the community-run daycare centers; but the Alternative Learning System (ALS) implemented by the barangay could be one avenue for educational service

Overwhelming as the journey ahead may seem, this study has proven that in committing oneself towards a clear vision, little steps are better than none and that roadblocks and turns along the way are meant to be overcome. The gap between what the law stipulates and its actual implementation at the grassroots is wide, but it is worth exploring options and alternatives that could bring us closer to bridging this gap.

A commitment from the different stakeholders in the community was necessary to sustain initial efforts that brought about the transformative outcomes of Project: TANAW. To move this initiative forward and make relevant use of the research findings, the recommendations are: (1) to organize a community-wide awareness and advocacy campaign; (2) to engage in capacity-building through the training of key duty-bearers; (3) to network and collaborate towards a shared vision; (4) to empower PWD and the parents of CWD in the community; and (5) to embark on further studies.

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