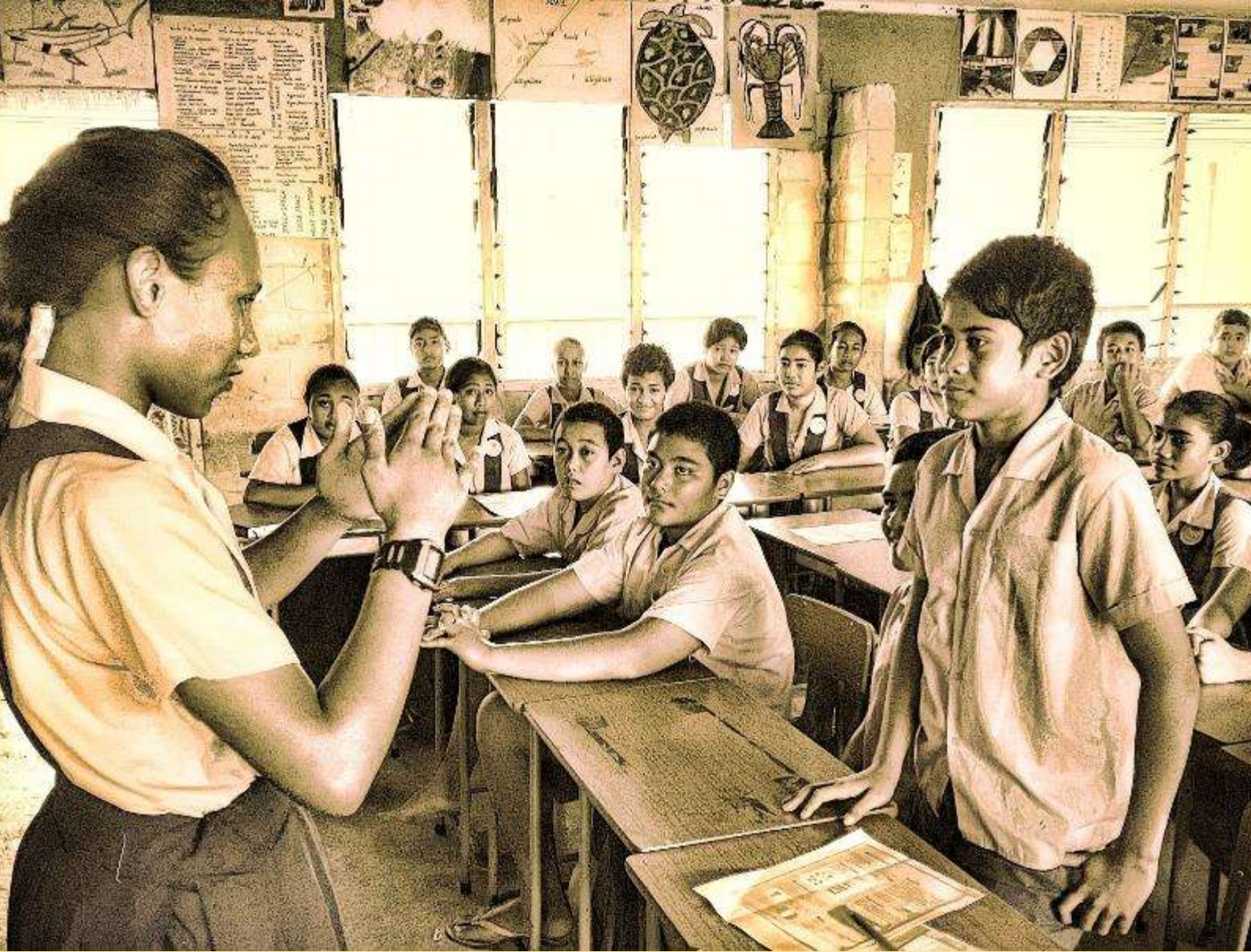


SAMOA

Inclusive Education Demonstration Project



PROJECT EVALUATION REPORT

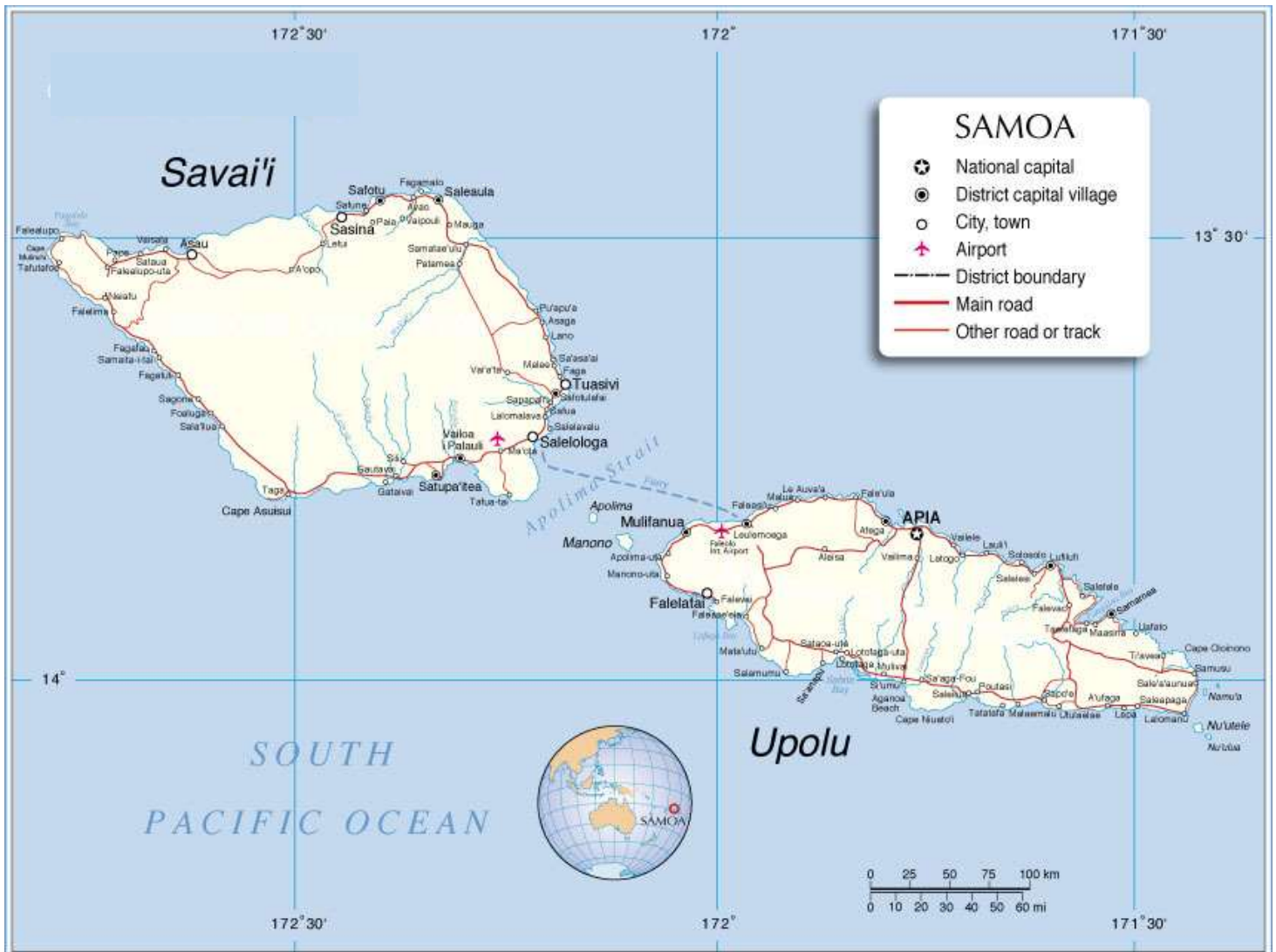
December 2016

Disclaimer: Data referred in this report were provided by various stakeholders. The evaluation team were not in a position to validate these data and are not responsible for any misrepresentations in the data presented.

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Map



Acronyms

APTC	Australia-Pacific Technical College
AusAID/DFAT ¹	Australian Agency for International Development / Department of Foreign Affairs and Trade
CBR	Community-based Rehabilitation
CEO	Chief Executive Officer
CMAD	Curriculum Materials & Assessment Division
CRC	United Nations Convention of the Rights of the Child
CRPD	Convention of the Rights of Persons with Disabilities
DPO	Disabled People's Organisation
EI	Early Intervention
ESSP	Education Sector Support Program
IE	Inclusive Education
IEP	Individual Education Plan
IEPSD	Inclusive Education Policy for Students Living with a Disability
IESGS	Inclusive Education Small Grants Scheme
LT	Loto Taumafai
MCIL	Ministry of Commerce, Industry and Labour
MESC	Ministry of Education, Sports and Culture
MOF	Ministry of Finance
MOH	Ministry of Health
MSS	Minimum Service Standards
MWCSD	Ministry of Women, Community and Social Development
NHS	National Health Service
NOLA	Nuanua o le Alofa (National Council of People with Disabilities)
NUS	National University of Samoa
NZAID	New Zealand Agency for International Development
PPRD	Policy Planning & Research Division
SENESE	Samoa Inclusive Education Support Services
SIEDP	Samoa Inclusive Education Demonstration Program
SQA	Samoa Qualifications Authority
TA	Teacher Aide

¹ With change of Government in 2013, the former Australian Agency for International Development (AusAID) was absorbed into the Department of Foreign Affairs and Trade (DFAT). Reference to either AusAID or DFAT in this document are designated AusAID/DFAT.

EXECUTIVE SUMMARY

Expanding access to education for children with disabilities (CWD) is a Government of Samoa (GoS) development priority, reflected in numerous national policy documents and international commitments, including those made to the United Nations with regards the Convention on Persons with Disabilities (CRPWD) and the Convention on Rights of the Child (CRC).

Children with disabilities in Samoa face numerous barriers limiting access to education, compared to children without disabilities. Amongst other, these include: lack of understanding of disability and the rights of CWD to education; limited access to diagnostic and early intervention services; lack of access to specialist health and/or rehabilitation services; limited access to assistive devices especially for children in rural areas (hearing aids, wheelchairs, specialised teaching aides); transport and safety issues, mobility constraints within schools, teachers lacking disability-specific knowledge, skills and practices and continuing stigma, discrimination, bullying, in the school or the wider community. Girls with disabilities face barriers additional to those which they have in common with boys.

The Samoa Inclusive Education Demonstration Project (SIEDP) was designed to support the Ministry of Education Sport and Culture (MESC) to transition to 'Inclusive Education' in Samoa, whereby children with disabilities educated in regular school classrooms, with their community peers, close to their homes. This represented a significant shift from the previous 'special needs' approach where CWD were grouped separately in a few special units attached to a small number of primary schools, or educated in one of two special schools (the latter remaining appropriate, and continuing, for children with particular severe impairments). Funded by the Australian Government, SIEDP began in 2010 and ended in 2015, although support for inclusive education development continues for another two years under the Australia /New Zealand Governments-funded Education Sector Support Program.

Samoa Inclusive Education Demonstration Project

The specific objective of SIEDP was:

- *to **demonstrate a model of service provision** for girls and boys with disability for inclusive education, which can be replicated and supported by the Government of Samoa in its future program development.*

SIEDP was expected to produce the following outputs by the end of five years:

- i. Improved educational outcomes (increased access, retention and progression), for girls and boys with disability, in rural and urban areas in Samoa;
- ii. Families and communities advocating and supporting the right to inclusion of girls and boys with disability in all aspects of Samoan society;
- iii. A policy and practice environment in Samoa which is committed to continuous improvement and learning about inclusive education

SIEDP scope included: both girls and boys, from birth to the end of secondary school, with all disability types, and with a particular focus on children from remote and rural areas. Activities proposed in the original SIEDP Design Document, related to:

- support, resources and information for parents, families and communities;
- early intervention and support services;
- teacher support and upskilling;
- development of an inclusive education enabling environment; and
- ongoing program management and learning.

The SIEDP Design document included details for the first year of implementation, focusing on development of *systems and processes*, with the expectation that lessons learnt would inform implementation strategies in subsequent years. Numerous redesign initiatives were conducted in

subsequent years, however none of these were locked in. Thus, SIEDP implementation, and post-SIEDP support for inclusive education to the present time, has largely progressed in the manner in which it commenced in 2010.

SIEDP inputs included annual grants awarded by AusAID/DFAT to two local NGOs, Loto Taumafai Education Centre for the Disabled and Senese Inclusive Education Support Services; a Small Grants Scheme (operating in the first two years of SIEDP), managed by the Ministry of Finance; and an Inclusive Education Adviser located within MESC.

Loto Taumafai provided early intervention services, community-based rehabilitation, family support and training, and operated a special school accommodating children in primary, secondary and vocational programs. SENESE services included vision and hearing assessment; referrals to specialist health practitioners; supply of assistive devices; training and deployment of Teacher's Aides to regular schools; and operation of a small life-skills-oriented secondary education unit.

An Advisory Committee (comprising representatives of key stakeholder groups), responsible for overall program oversight, monitoring and lesson learning. The total amount of Australian Government funds expended on SIEDP from 2009 – 2015 was A\$6,355,728.64.

SIEDP Evaluation

The objective of the present evaluation was: to assess SIEDP against evaluation criteria (relevance, impact, effectiveness, efficiency, sustainability, monitoring & evaluation, gender), to identify lessons learned, and to make key recommendations to inform the next steps for Inclusive Education in line with the Education Sector Plan and the Inclusive Education Policy.

The evaluation team comprised one international consultant and the MOE IE Coordinator. The evaluation approach was results-oriented, rights-based and collaborative, utilising qualitative data collection methods. Data collection methods included literature review, semi-structured interviews, service-provider presentations, and school observation. Key stakeholders included: the Ministries of Education, Sports and Culture, Health, Women, Community and Social Development and Finance, disability service providers including Loto Taumafai Early Intervention Program, SENESE, Aoga Fiamalamalama and Samoa Blind Person's Association, the National Council of People with Disabilities - Nuanua o le Alofa (NOLA), the National University of Samoa (NUS), the Samoan Qualifications Authority and the Australian Department of Foreign Affairs and Trade (DFAT), in addition to principals, teachers and teacher aides in Samoan early childhood centres, primary schools, and secondary colleges, children with disabilities and their families. The team visited the two Special Schools in Apia, eight government primary schools (four each on Upolu and Savai'i), one private primary school, two secondary colleges (one on each island), and one community-based rehabilitation site on Savai'i.

Some aspects of the study were constrained by limited availability of data on education outcomes for children with disabilities. There is no complete multi-year data on the enrolment of CWD in regular schools, nor data providing evidence of the extent to which CWD have remained in schools, progressed annually through the grades, or continued to secondary; not to mention learning achievement. There is uncertainty as to the accuracy of the data that is available.

The cooperation, hospitality and critical input of all stakeholders engaged in this study were invaluable and sincerely appreciated.

Findings

The overall intention of SIEDP (realization of the right to education for children with disabilities, through a primarily inclusive education approach) continues to be directly relevant to both the Governments of Samoa and Australian, and reflects the interests of Samoan CWD and their families. The inclusion of CWD in regular schools together with the continuing availability of special schools for children with severe needs, is an appropriate response to the range of disability types and their severity in Samoa. However, clear criteria are required to determine which children go where, and children need to be able to physically

access the type of education setting that is deemed the best fit for their particular needs. At the present time, the two special schools in are located in Apia.

With regards impact (considered in terms of the translation of service delivery into educational outcomes for CWD), MESC data indicates there were some 181 children with a range of disabilities spread across almost 50% of government primary schools in 2015, with 25 CWD attending 8 of 24 secondary colleges. (The comparative number of CWD attending the six special education units, prior to SIEDP, was not available.) Primary school enrolment of CWD on both Upolu and Savai'i in 2015 was relatively similar, however there were seven times more children with disabilities enrolled in primary compared to secondary schools. There are consistently more boys with disabilities than girls with disabilities enrolled in primary and secondary regular schools *and* in special schools.

While the number of school-aged CWD who remain out-of-school is not known, service providers believe there are 'many'. This view is supported by the considerable number of school-aged out-of-school CWD participating in Loto Taumafai's community-based rehabilitation activities. In this regard, there is not yet an effective system of proactive coordination between service providers, MESC, schools, families and communities, collectively taking the action needed, to enable these children to attend school.

Student numbers at Loto Taumafai Special School in 2016 are actually slightly less than in 2009. On the other hand, 2016 data reveals an almost three-fold increase in the number of LT teachers since 2009 and a doubling in the number of Teacher Aides – both a direct result of SIEDP funding. Given the latter point, it might be assumed that education quality at Loto Taumafai has increased as a result, however confirmation of the same was outside the scope of the present study. Student numbers at Aoga Fiamalamalama, the other special school in Apia, increased considerably over the same period, with the number of girls tripling, *despite the relative lack of SIEDP funding received, purportedly due to perceived capacity constraints*.

The intention that special schools would prepare students to be mainstreamed in regular schools, was not systematically pursued, and anecdotal feedback suggests students who were mainstreamed at the secondary education level, subsequently returned back to special schools or dropped out (presumably due to the lack of disability inclusive preparation in the recipient schools).

SIEDP has certainly brought gains for those children with disabilities located within the program's sphere of influence. Disability assessments have been conducted, referrals made, treatment and assistive devices accessed, and a number of CWD have accessed education programs - some in regular schools, and others in special schools. Further parents recognise a range of benefits accruing their children as a result of school attendance. Almost all CWD consulted in the present study were happy to be in school. At the same time, awareness of the education rights and needs of CWD has increased (at the household, community and government levels) and the services of disability organisations have expanded, in scale.

A particular achievement of SIEDP has been the 2014 development of the Inclusive Education Policy, which has now been endorsed in principal by Cabinet, pending finalisation of a policy implementation plan for the same.

Despite these achievements, the completion of SIEDP did not result in a comprehensive sustainable IE service delivery model, capable of reaching all CWD. Continuing barriers to education for children with disabilities, include: teachers lacking sufficient skills to meet the specific needs of different children, bullying by other students, mobility constraints for children in wheel-chairs, transport difficulties, and parent perceptions of safety / protection risks.

Stakeholders conveyed a collective sense that SIEDP achievement was constrained by:

- insufficient ownership, oversight, and leadership by MESC,

- lack of systematic approach to the development of effective IE service delivery systems, processes and quality assurance mechanisms
- a focus on service delivery rather than capacity building and professional development
- lack of effective partnerships and coordination between all stakeholders including other government departments (*Ministries of Health / National Health Service; Works, Transport and Infrastructure; Women, Community and Social Development; Education, Sport, Culture*) and
- lack of ongoing results-oriented monitoring, reporting, information-sharing and program adjustment

However, the transition to quality inclusive education for CWD is necessarily a process, requiring fundamental changes in individual and collective attitudes and practices - that will only occur over time, as the effectiveness of new ways is demonstrated. Interestingly, the findings of the present study are aligned with international experience, which has shown an inclusive approach requires collaboration and appropriate preparation of all stakeholders, with implications for initial teacher education and in service professional development, ongoing monitoring of inclusive education quality standards; and measurement and reporting student outcomes.

Recommendations

Given two more years of funding for inclusive education under the Education Sector Support Program, and the availability of additional resources through a number of other development assistance initiatives, it is proposed that support for inclusive education over the next two year period focus on consolidation of progress to date, with an emphasis on system development and capacity building, in preparation for further expansion under the next Samoa Education Sector Plan. It is further proposed that the consolidation process strengthens the capacity of MESCC to lead IE development, with an emphasis on quality, equity, cost-effectiveness, collaboration and sustainability.

Specific support for the following initiatives over this period is recommended:

- Strengthen the MESCC IE Unit
- Develop Inclusive Education Standards
- Develop School Disability-Inclusion Indicators
- Develop Quality Standards for Operation of Special Schools
- Develop Sustainability Strategy for Disability Services
- Implement the MESCC Child Protection Policy (Violence-Free)
- Strengthen IE Data Collection, Monitoring and Reporting
- Examine Implications of 'Inclusive Education' for Secondary Colleges
- Strengthen the Disability Identification, Assessment, Diagnosis and Referral System
- Conduct Quality Review of Early Intervention, Community-based Rehabilitation and 'Inclusive' Early Childhood Education
- Develop Comprehensive Multi-Media Inclusive Education Awareness and Advocacy Strategy
- Develop Guidelines on Curriculum Adaptation and Individual Education Plans
- Establish IE Demonstration Schools, pursuing a Whole-of-School Approach
- Develop a Comprehensive Multi-Dimensional IE Professional Development Strategy
- Strengthen Inclusive Education provision at National University of Samoa
- Review, Strengthen and Institutionalise the Role of Teacher Aides
- Establish an Inclusive Education Technical Advisory Group

Section 1

Background



1.1 Samoa Inclusive Education Development Context

The 1994 Salamanca Statement on Principles, Policy and Practice in Special Needs Education and a Framework for Action first encouraged governments to end the educational segregation of children with special needs (including those with disabilities) and to accommodate all children in regular schools - regardless of their physical, intellectual, social, emotional, linguistic or other condition (UNESCO, 1994). The new approach was broadly referred to as inclusive education', where individual needs are addressed, 'difference' is celebrated, learning for all supported and the fulfilment of individual potential pursued. The promotion of inclusive education was recognised as requiring fundamental shifts in education policy, support systems, programs and practice, in national contexts where combinations of *segregation*, *integration* and *exclusion* were typically the norm with regards the education of children with disabilities.

With regards to Samoa, the 2011 National Census reported 2% of the population have a disability, based on a definition of disability as '*a condition causing great harm to one's life, making it difficult to live life to the fullest without support from others*'. The breakdown of disability by type, then reported, was: mobility problems (30%), multiple disabilities (13%), hearing impairments (13%), visual impairment (10%), emotional or learning difficulties (9%), epilepsy (8%), speech disabilities (7%) and autism (1%). The prevalence of disability in Samoa may however have been under-reported, given the 2011 World Report on Disability² estimated 15% of the world population were living with some form of disability.

The Samoa Education for All National Plan 2006-2015 had included specific strategies to support access to education for *all* people. Regarding people with a disability, the Samoan Government adopted a 'special needs' approach, developing a 'Special Needs Education Policy' in 2006, establishing a 'Special Needs Education Advisory Committee', appointing a 'Special Needs Education Coordinator' within the Ministry of Education, Sport and Culture (MESC), establishing a 'Special Needs Unit' for the education of children with disabilities (CWD) in a separate classroom dedicated for that purpose, attached to one primary school in each of six school districts, and special needs education elective stream within the pre-service teacher training program offered by the National University of Samoa (NUS). There was at that time no formalised system of support for children with disability at the secondary education or post-school levels.

In 2008, the Government of Samoa signed the United Nations Convention on Persons with Disabilities (CRPWD)³, obligating Samoa to ensure people with disability are able to exercise their right to all aspects of life, including the right to education - at all levels, regardless of age, without discrimination and on the basis of equal opportunity. Coinciding with international trends, the special needs approach became recognised in Samoa as a less satisfactory strategy for the education of CWD, with Samoan children with disabilities continuing to have limited access to education, at both primary and secondary levels, compared to children without disabilities. Available data suggested 85% of children with disabilities lived in rural areas of Samoa, the majority of whom had either not attended school or had only attended for limited periods. A shift to an inclusive education approach was then initiated, as reflected in numerous key documents, including the following:

Segregation, Integration & Inclusion

Segregation - where children with disabilities are educated in special schools or at home

Integration - where children with disabilities attend special classes or units within regular, or mainstream, schools

Inclusion - where children with disabilities engage in meaningful learning in mainstream classes, with the entire school system focused on meeting the diverse needs of all children

Exclusion - where various barriers prevent children with disabilities from accessing appropriate education services

² World Health Organisation/The World Bank 2011.

³ Ratification of the CRPWD by the GOS is anticipated by the end of 2016.

- the Education Bill 2008, mandating compulsory inclusive education for all children aged between 5 and 14 years;
- the Strategies for the Development of Samoa 2008-2012 and 2012-2016, articulating Inclusive Education (IE) as a key policy area to be pursued in the Education Sector Plan (ESP);
- the Education Act 2009, providing explicit recognition of the rights of students with disability with regard to enrolment, attendance, identification and assessment, requiring modification of teaching / learning approaches and teacher training programs; and
- the draft National Policy for People with Disabilities, 2009-2014, which included 'strengthening inclusive and special education programs' as a core objective.

The **Samoa Inclusive Education Demonstration Project (SIEDP)** was then launched in 2010, to support the transition to inclusive education. The SIEDP document provided a framework for a five-year program of support for inclusive education, funded by the Australian Government. The Australian Government's commitment to *disability-inclusive* gender-sensitive quality education was inscribed in the *Development for All Policy, 2009-2014* (AusAID/DFAT 2009b), and '*improved access to quality education for children with disability*' was a priority within the *Samoa-Australia Partnership for Development 2008-2015*. A number of well-established active non-government organisations (NGOs) were recognised as a strength of the disability sector at that time, upon which SIEDP could build. These included:

- the Nuanua o le Alofa or National Council of People with Disabilities (NOLA), focusing on advocacy for the rights of people with disability
- LotoTaumafai Education Centre for the Disabled, providing early intervention, community-based rehabilitation, family support and training and education services (primary, secondary and vocational) for children with hearing, intellectual and physical impairments
- SENESE Inclusive Education Support Services, supporting the inclusion of CWD in the community and in regular schools; conducting vision and hearing assessment; providing referrals to specialist health practitioners, supplying assistive devices, and deploying Teacher's Aides to schools;
- Aoga Fiamalamalama, providing education for children with intellectual impairments, focused on developing skills to enable full engagement in community life; and
- the Samoa Society for the Prevention, Rehabilitation and Education of the Blind Society (PREB) (subsequently renamed the Samoan Blind Persons Association or SBPA), supporting the inclusion of blind children in regular schools, including instruction in the use of Braille (whilst support for children with vision-impairments remains the responsibility of SENESE).

Staff of SENESE were directly involved in the development of the 2009 SIEDP design document.

1.2 Samoa Inclusive Education Demonstration Project

SIEDP Objectives and Outputs Targeted

The specific objective of SIEDP was: *to demonstrate a model of service provision for girls and boys with disability for inclusive education, which can be replicated and supported by the Government of Samoa in its future program development.*

SIEDP was expected to produce the following outputs by the end of five years:

- i. improved educational outcomes (increased access, retention and progression), for girls and boys with disability, in rural and urban areas in Samoa;
- ii. families and communities advocating and supporting the right to inclusion of girls and boys with disability in all aspects of Samoan society;
- iii. a policy and practice environment in Samoa which is committed to continuous improvement and learning about inclusive education.

SIEDP Scope

SIEDP scope included: girls and boys, all disability types, birth to the end of secondary school, and with a particular focus on children from remote / rural areas in Samoa.

SIEDP Activities

The SIEDP document listed a set of activities expected to contribute to project outcomes (*refer Box 1*).

Box 1: Strategies Proposed to Achieve Targeted Outputs (SIEDP Project Document 2009).

Support, resources and information for parents, families and communities

- information will be provided to families about the nature of the disability and the services available, to:
 - ensure the early identification of children with disability; enable access to health and educational services; develop parent role as advocates for their children; and support them in the development of their children.

Key partners: parents, communities groups / Leaders; MWSCD, NOLA.

Early intervention and support services

- establishment of Outreach Services in the rural areas to:
 - identify, screen, assess, refer children with disability; and provide specialist services, information, training & support, to the extent possible (e.g. hearing aids, Braille canes, or training in sign language)

Key partners: Loto Taumafai, National Health Service, Ministry of Health, and Australian Partner organisations

Teacher support and upskilling

- support rural school teachers to appropriately support children with (potentially a range of) disabilities in their classroom
- establish resource centre to provide ongoing teacher training, access to specialist resources, screening, resources
- review opportunities for teacher training in inclusive education, policy and curriculum for teacher aide training
- partner with the NSW Royal Institute of Deaf and Blind Children (RIDBC) for provision of audio logical services, information and training for teachers & parents

Key partners: MESC, schools, teachers.

Develop Enabling Environment for Inclusive Education in Samoa

- assist Ministry of Education to build policy & capacity to implement inclusive education in Samoa.
- support community groups providing services to CWD, to develop their managerial and other capacities
- establish in-line position within the MESC to support Inclusive Education development
- link Inclusive Education development to wider Government of Samoa disability policy.

Ongoing program management and learning

- support reflective action and learning, information sharing and collaboration among all stakeholders
 - focus on understanding: the barriers to education for children with disabilities, and the strategies required for improved access to and participation in quality educational opportunities for both girls and boys with disability, in rural and urban areas.

AusAID/DFAT will have responsibility to support the wider stakeholder group to maintain this focus on learning to inform policy and strategy development.

The SIEDP Design document included details for the first year of implementation (*refer Box 2 below*). Lessons learnt from Year 1 implementation were expected to inform decision-making on implementation strategies in subsequent years.

Box 2 - SIEDP Design Document - Proposed Activities for Year 1

Parent support:

- Establish a functional system of information dissemination for girls and boys, parents and communities about the rights and needs of girls and boys with disabilities, in cooperation with Nuanua o le Alofa National Council of people with Disabilities, and make available to *at least 7 communities* in Samoa.

Early intervention:

- Establish a functional and effective process of identification, detection, diagnosis and early intervention - *for at least 10 children across rural areas in Samoa.*

Teacher training and development:

- Establish a Resource Centre and provide relevant resources to teachers and parents.
- Royal Institute of Deaf and Blind Children (RIDBC) services made available to 60 families and 20 teachers
- Provide Outreach support (teacher support, and resources and curriculum provision) to *5 secondary and 15 primary schools.*

Capacity development:

- MESC develop revised strategy for inclusive education as part of its National Education Policy.
- MESC develop teacher Aides for children with disability in their organisational structure with dedicated budget lines and accredited training program.
- Train MESC and community organisation personnel in program management, program monitoring and evaluation.

Program management:

- Establish a functional monitoring system regularly generating information on program implementation and outcomes
- Establish a working partnership between SENESE, MESC and the Advisory Board
- Develop year two program design.

Management of SIEDP Implementation

In the first year, SIEDP implementation was managed by SENESE, with the assistance of an Advisory Committee. From the second year, implementation was divided on the following basis:

- AusAID/DFAT awarded contracts to the two non-government organisations, SENESE and Loto Taumafai, **covering the large part of their operation expenses, including salaries. This consumed the bulk of project funding.**
- Ministry of Finance managed an Inclusive Education Small Grants Scheme⁴, dispersing 863,202.00, to 23 grant recipients in the first two years of the project;
- MESC was responsible to manage a project-funded Inclusive Education Advisor and to monitor and develop the program for the future years; and
- the SIEDP Advisory Committee was responsible for the analysis of program progress and identification of key program learning.

SIEDP Funding

The total amount of Australian Government funds expended on SIEDP from 2009 – 2015 was **A\$6,355,728.64.**

Transition to Education Sector Support Program

SIEDP concluded as an independent project in June 2015, one year beyond the original five-year timeframe. Nevertheless, Australian Government support for inclusive education has continued under

⁴ Amongst other, grants were used for :a second-hand vehicle to transport CWD to a special unit school; staff salaries (Aoga Fiamalamalama), conduct of workshop on autism; computer & photocopying equipment including Braille readers; publication of readers; an art program, teacher Aides; construction of school accessibility ramp at a school.

the ongoing joint Australia / New Zealand / Government of Samoa Education Sector Support Program (ESSP). Utilising a Sector Budget Support modality, managed by the Ministry of Finance, funds are now directly disbursed to GoS for allocation according to priorities. Within this, a portion of funding is reserved ('ring-fenced') for IE service providers to access annually through a competitive grant process, assessed jointly by DFAT/GoS (\$2.1m tala annually until 2018). Two additional NGOs have now been designated eligible to apply – Aoga Fiamalamalama and the Samoa Blind Persons Association (SBPA). In addition, the sector agencies (Ministry of Education, Samoa Qualifications Authority and National University of Samoa) can access additional funds for IE activities.

1.3 Prior SIEDP Reviews

In August 2010, an independent evaluation of SIEDP's first year of implementation was conducted. The evaluation concluded that SIEDP was proceeding well, with strong participation by a wide range of stakeholders. The review recommended the general structure and intentions of the original design remain largely intact, although a number of adjustments were recommended. These included: *increasing Government of Samoa responsibility for program management, increased research and analysis of the inclusive education context in Samoa, and enhanced focus on developing an inclusive education policy framework and implementation strategy that would enable the Government of Samoa, in particular MESC, to take full responsibility for inclusive education funding and management.*

In October 2011, one year later, consultants were engaged by DFAT to outline implementation arrangements for the remaining three years of the program. The re-design mission referred to progress made to that point in time, namely increased access to education for children with a disability and increased community awareness. However, a number of challenges were noted, including a lack of overall program focus and the unpreparedness of the MESC to take full control of an inclusive education system in Samoa. Recommended program adjustments including: streamlining SIEDP management, maximising alignment with GoS systems, enhancing the role of the SIEDP Advisory Committee, establishing a SIEDP Working Group, analysing the IE context in Samoa, developing an IE policy framework and implementation strategy, developing an IE public communications and outreach program, strengthening engagement with Disabled Persons Organizations, and strengthening capacity development related to IE policy and practice. While the resulting implementation document was not adopted, two of the recommended initiatives did subsequently proceed – the conduct of an Inclusive Education Situation Analysis (2013), followed by the development of an IE policy (2014).

In 2012, a second SIEDP re-design mission was fielded to embed SIEDP within the new education sector plan framework and to outline the activities for the transition of responsibility for inclusive education into MESC systems. The resulting document was reformatted by different consultants one year later in line with AusAID/DFAT Quality Assurance guidelines. This document made reference to the contribution made by the contracted Samoan non-government organisations, to increased enrolment of children with disabilities in special and regular schools, but pointed to the absence of an overall inclusive education model. SIEDP management was then observed as overseeing a set of discreet activities (*with AusAID/DFAT awarding service provider contracts and the Ministry of Finance administering the small grants scheme and the funding allocation for the IE Advisor position*) rather than working towards the establishment of a coherent IE system. The 2013 redesign document proposed a new implementation direction, embedding key elements of an integrated IE system into the Samoan education system, recommending a number of new initiatives to support the shift in program strategy deemed necessary. Ultimately, given further concerns about the quality of the proposed redesign and remaining doubts as to the achievability of the overall SIEDP objective, the 2013 redesign was shelved.

A further design mission was planned for early 2014, 'to ensure the design was consistent with the Education Sector Plan 2013 -2018'⁵. The resulting 'SIEDP2' project design, produced a year later, was also shelved. As mentioned above, following the conclusion of SIEDP in 2015, support for the development of Inclusive Education continues, not through a stand-alone project, but through the Samoa Education Sector Support Program (ESSP) and other development assistance modalities (discussed further in Section 3.2 below).

The key issues identified by the various redesign activities, and their associated recommendations, are summarised in Annex 12.

1.4 SIEDP Evaluation 2016

The present activity is the first evaluation conducted in six years.

Evaluation Objective, Criteria and Scope

According to the Terms of Reference (refer Annex 1), the objective of the evaluation was:

- *to assess SIEDP against evaluation criteria, to identify lessons learned, and to make key recommendations to inform the next steps for Inclusive Education in line with the Education Sector Plan and the Inclusive Education Policy.*

The evaluation criteria were:

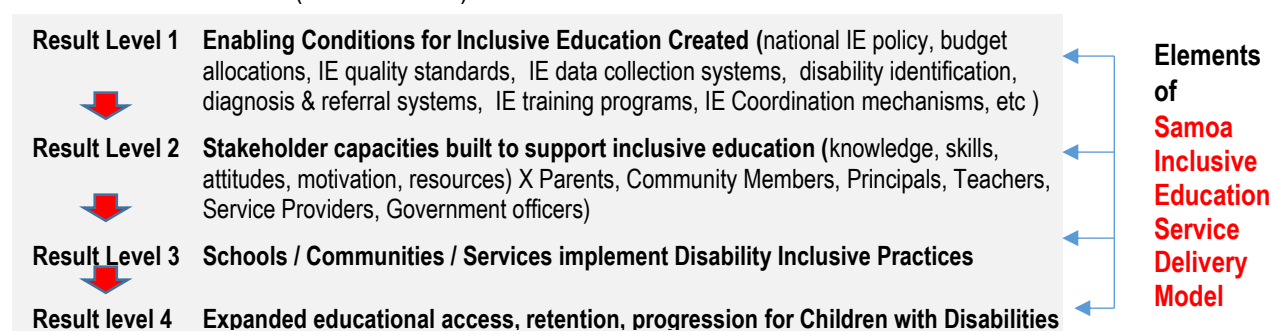
- *relevance, impact, effectiveness, efficiency, sustainability, monitoring & evaluation, gender.*

The scope of the evaluation was 'SIEDP' or 2010-2015. However further developments which have occurred in the past year under the education sector support program funding will be noted.

Evaluation Approach

The evaluation approach was results-oriented, rights-based, and collaborative, utilising qualitative data collection methods.

With regards 'results-orientation', in the absence of a SIEDP Results Framework, a four-tier results hierarchy was proposed as a point of reference for the evaluation, encompassing the following result levels (see also Annex 2). The evaluation questions were then mapped against this model, to ensure the model's fit to the task (refer Annex 3).



Impact' is assessed in relation to results for children (result level 4); 'effectiveness' is considered in terms of the extent to which an effective IE service delivery model has been demonstrated (result levels 1, 2 and 3); 'efficiency' is considered in terms of the extent to which available resources were maximised; 'sustainability' is considered in terms of the extent to which systems and processes have been put in place to sustain and expand project achievements.

In terms of *rights-based*, the evaluation considered the extent to which SIEDP initiatives were proactive, strategic and focused in the elimination of barriers and creation of environments enabling the attainment of to education for CWD.

⁵ Refer:- Letter from Australian High Commission Apia to Ministry of Finance, dated November 15, 2013.

With regards *collaboration*, the evaluation team met all key stakeholder groups individually and conducted a stakeholder workshop enabling collective consideration of emerging issues and prioritisation of needed responses. An Aide Memoire was presented to representatives of DFAT, MESC and service providers at the end of the in-country visit and the draft report was circulated for stakeholder review, with feedback incorporated in the final report.

Evaluation Methodology

The evaluation team comprised one international consultant and the MOE IE Coordinator.

Data collection methods included literature review (*refer Annex 4*), semi-structured interviews, service-provider presentations, and school observations. Key stakeholders consulted included representatives of: the Ministries of Education, Sports and Culture (MESC), Women, Community and Social Development (MWCSD)⁶ and Finance (MoF), disability service providers including Loto Taumafai Early Intervention Program, SENESE, SPBA and Aoga Fiamalamalama, the National Council of People with Disabilities - Nuanua o le Alofa (NOLA), the National University of Samoa (NUS), the Samoan Qualifications Authority (SQA), the Australian Department of Foreign Affairs (DFAT), in addition to principals, teachers and teacher aides in Samoan primary schools and secondary colleges, together with children with disabilities (CWD) and their families.

The team visited the two Special Schools in Apia, eight government primary schools (four each on Upolu and Savai'i), one private primary school, two secondary colleges (one on each island), and one community-based rehabilitation site on Savai'i. Most interviews were conducted in English, except for interviews with parents which were conducted in Samoan. (See Annex 5 for the In-Country Schedule.)

The review process was guided by the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation (2008) - the key principles being: independence, impartiality, and credibility, respect for dignity and diversity, confidentiality, accuracy, completeness, reliability and transparency. The present report has intentionally not named the schools visited nor any of individual stakeholders who contributed to the study.

Limitations

An initial challenge in assessing impact and effectiveness was the lack of measureable indicators in related to targeted outcomes – that is, how much change was reasonable to be expected in each outcome area and how would it be determined. A major limitation then was the lack of comprehensive and accurate data on the numbers of children with disabilities both in-school and out-of-school, before the project commenced and at the present time, related education outcome data. Both MESC and service provider data was incomplete, with no guarantee of accuracy of either. Hence, data presented in this report needs to be interpreted with caution. An additional limitation was the lack of annual plans, advisory committee minutes and monitoring reports – precluding a full appreciation of decision-making processes. In addition, a number of key stakeholders were unavailable when the evaluation team was in Samoa. In particular, the team was unable to meet the CEO Ministry of Education, representatives from the Ministry of Health and representatives from all MESC divisions. Finally, while the team met Teacher Aides in primary schools visited, the associated classroom teachers and school principals were in many cases unavailable due to competing commitments or time constraints

Acknowledgements

Sincere appreciation is extended to all stakeholders for their valued contribution to the evaluation process, with particular mention of Tuaia Foliga, MESC IE Coordinator and Elizapeta Kerslake, DFAT, whose coordination skills enabled interaction with a wide range of stakeholders in a relatively short period of time. The generous contribution and patient cooperation of MESC, the Disabled People's Organisations, teachers, teacher aides, parents and children is also acknowledged, with sincere thanks.

⁶ The Ministry of Women, Community and Social Development is the designated Government focal point for disability.

Section 2

Key Findings



2.1 Relevance

As outlined in Section 1 above, at the time of inception, the overall intention of SIEDP (the promotion of the inclusive education of children with disabilities), was directly relevant to both the Government of Samoa development priorities, and the Australian Government development assistance strategies. This continues to be the case today. On the part of the Samoan Government, *the Strategy for the Development of Samoa (SDS) 2012–2016 includes*: ‘increasing the number of students with disabilities being mainstreamed at all levels’ and ‘mainstreaming gender and disability in policy development’. The vision of the *Samoa Education Sector Plan (2013-2018)* is that all people in Samoa are educated and productively engaged, with a key objective to enhance educational access at all levels for students, including those with special needs, in safe, learning environments. Commitment to the inclusive education of CWD is articulated in the 2014 development of the Inclusive Education Policy for Students with Disability (IEPSD).

On the part of the Australian Government, ‘the promotion of ‘opportunities for all’ is one of the five strategic goals of Australia’s updated aid policy, *An Effective Aid Program* (Commonwealth of Australia 2012). Two of ten specific objectives, ‘*enhancing the lives of people with disabilities*’ and ‘*enabling more children, particularly girls, to attend school for a longer*’ – are directly mirrored in SIEDP objectives. The priority of Disability-inclusive development for Australian aid program was been reconfirmed in the 2015 *Strategy for Strengthening Disability-Inclusive Development in Australia’s Aid Program* (DFAT 2015). Australian has considerable ‘Inclusive Education’ expertise however this was not extensively tapped by SIEDP.

As also noted earlier, the specific ‘*inclusive*’ approach to education of CWD as supported by SIEDP, reflects policy shifts taken by the Ministry of Education, aligned with local cultural norms, geographic and economic realities. The notion of ‘inclusion’ is reportedly aligned with the traditional Samoan inclusive culture (fa’a Samoa), characterised by respect (ava), humility/reverence (fa’aaloalo), and love (alofa). With no term for disability prior to European settlement, with every individuals assigned tasks according to their abilities (McDonald & Tufue-Dolgoy, 2013). Further, given current economic constraints, accommodation in the local school is in reality the only option for the majority of CWD residing in rural areas. Inclusive education is, additionally, increasingly promoted as ‘best practice’ for the education of CWD.

The pursuit of increased access to education is also directly relevant to the needs of CWD themselves. Children with disabilities generally want to attend school. Further, evidence of the gains made by CWD accessing education was produced by the surveys conducted for the 2013 Inclusive Education Situation Analysis (Lameta 2013) (*see Section 2.2 below*). Similar messages were conveyed by family members of CWD in the course of the present study.

The achievement of meaningful education for children with disabilities requires access to an education setting that provides the maximum benefit for a child. Given the range of disability types, varying levels of severity and geographic dispersion, a continuum of enrolment options is needed, affording the possibility of one option providing a best fit for each child. Therefore, the continuing availability of special schools, alongside mainstream school inclusion, remains relevant, as special schools will continue to be the best environment for a proportion of children with severe disabilities, and the only option for many children (*other than ‘no school’*) until regular schools create disability-inclusive learning environments.

2.2 Impact

The Australian Government recognizes that aid will only be effective, if targeted results for vulnerable groups are achieved. In the case of SIEDP, comprehensive assessment of project impact in terms of enhanced educational outcomes for children with disabilities (in terms of access, retention and progression), is constrained by the lack of data on key indicators, at the time of SIEDP commencement and completion.

While enrolment data is available for the two special schools (2009-2016), there is no multi-year data on the enrolment of CWD in regular schools, or their annual grade progression or their continuation to, and completion of, secondary school. Similarly, there is no system for tracking of the movements of individual CWD - from EI/CBR, into schools (whether regular or special), between schools, or leaving school. A comprehensive standardised data collection system for CWD needs to be established and integrated into the MESC EMIS to be strengthened.

ACCESS

Inclusion in Regular Classrooms

Table 1 below presents the number of Children with Disabilities in *government* schools⁷ in 2015, based on available MESC data⁸.

School Type			Total No. of schools #	No of PS with CWD	G	B	G:B ratio	T
Primary School (PS)	Upolu	Apia	21	35	35	59	1 : 1.7	94
		Rest	74					
	Savai'i		48	21	40	47	1 : 1.2	87
	Total		143	56	75	106	1 : 1.4	181
Secondary College	Upolu	Apia	5	5	5	6	1 : 1.2	11
		Rest	10					
	Savai'i		8	3	11	3	3.7:1	14
	Total		23	8	16	9	1.8 : 1	25

MESC Education Statistical Digest Samoa, 2015;

From the above table it will be seen, in 2015, there were some 181 CWD spread across almost 50% of government primary schools in 2015, with 25 CWD attending 8 of 24 secondary colleges. This compares to baseline of 105 CWD in regular schools in 2010, as indicated in the current Education Sector Plan (*break-down between primary and secondary levels unspecified*). Enrolment numbers of CWD on Upolu and Savai'i were relatively similar in 2015, however there were seven times more children with disabilities enrolled in primary compared to secondary schools. At the primary school level, in Upolu, this comprised one girl for almost every two boys, while male / female enrolment on CWD on Savai'i was almost equal, with an overall primary school girl: boy ratio of 3:4. At the secondary school level, on Upolu, enrolment of girls and boys with disabilities was almost equal, whilst there were significantly more girls with disabilities attending secondary colleges on Savai'i, compared to boys, with the ratio approaching 4:1.

Table 2 below presents the range of disabilities, and their prevalence, represented by CWD in regular primary schools in 2015, based on MESC data (derived from assessments of disability type made by individual school principals, without reference to a standardised disability assessment guide). It is noted that 'specific learning disability' is not included as a category, with the term 'slow-learner' often used instead.

⁷ While few in number, data from mission and primary schools are omitted.

⁸ Data for 2016 was incomplete at the time of the present review.

Table 2 – Number of Children with Disabilities in Government Primary Schools x Disability 2015

	Speech Impairm't	Hearing Impairm't	Physical Impairm't	Intellectual Impairm't	Down Syndrome	Autistic	Cerebral Palsy	Vision Impairm't	Epilepsy	Slow Learner	Other ##	Total
M	38	28	20	20	7	9	8	6	2	0	8	146
F	23	21	12	12	0	6	4	2	4	1	11	105
T	61	49	32	32	16	15	12	8	6	1	19	251#
%	24.3	19.5	12.7	12.7	6.4	6.0	4.8	3.2	2.4	0.4	7.6	

The total number is greater than the total in Table 1 above, presumably because approximately 50 children have more than one disability

Many children listed under 'other' in fact have heart conditions, rather than disabilities as such.

It is further noted the disability categories are not mutually exclusive. Therefore, a single child might be counted numerous times, if presenting with multiple impairments.

Regarding data provided by SENESE on the number of CWD in regular schools in 2015 (refer Annex 10, Table 1), it is noted that while the total number is similar to that reflected in the MESC data, there are vast differences in the numbers of children represented by different types of disability. For example, MESC data indicates 49 children with hearing impairment, compared to 101 children indicated by SENESE data; MESC indicates 8 vision-impaired children while SENESE indicates 42, and so on. While this data excludes CWD in private and mission schools, this is unlikely to explain the discrepancy. The development of common consistent disability diagnosis and data collection and storage systems is needed.

Enrolment in Special Schools

Table 3 below presents LT Special School enrolment of CWD from 2009 to 2016, by disability type.

Table 3: Loto Taumafai Enrolment of Children with Disability 2009 – 2016 x Disability x Gender

	2009		2010		2011		2012		2013		2014		2015		2016			
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T	%
Intellectual Imp'mnt	8	9	13	9	1	9	26	10	28	10	31	12	27	15	29	16	45	33.6
Physical Disability	15	5	22	10	2	1	27	19	27	19	23	18	20	9	23	6	29	21.6
Hearing Impaired	12	7	14	6	1	6	16	9	16	9	16	9	10	12	8	9	17	12.7
Speech Impairment	7	10	7	10	6	9	8	10	8	10	7	6	4	5	3	10	13	9.7
Down Syndrome	5	6	5	6	5	6	5	7	5	7	4	7	5	3	3	6	9	6.7
Hemiplegia	8	5	8	5	7	5	8	5	7	5	6	5	5	3	4	3	7	5.2
Autism	2	4	2	4	2	4	2	4	3	4	1	4	1	1	1	5	6	4.5
Cerebral Palsy	9	4	9	4	4	4	4	4	3	4	3	4	5	2	1	4	5	3.7
Vision Impaired	3	5	3	3	3		5	3	5	3	5	3	3	1	2	1	3	2.2
Total – B	69		83		7		101		102		96		80		74			
Total - G		55		57		58		71		71		68		51		60		
Total	124		140		132		172		173		164		131		134			100
G:B ratio	8:10		7:10		8:10		7:10		7:10		7:10		6:10		8:10			
% more B than G	25.5		45.6		27.6		42.9		44.3		47.1		56.9		23.3			

Between 2009 and 2013, the number of students at LT special school steadily rose (for boys and girls), but these numbers have progressively dropped away again since 2013. The difference in student numbers at Loto Taumafai between 2009 and 2015 is +7 - an increase of almost 6%; whilst the number of students in 2016 is actually less than those in 2010. In every year, more boys than girls enrolled. In 2009, there were 26% more boys than girls. In 2015, there were 60% more boys than girls, reducing to 23% in 2016. In the same year, the most common disability was 'intellectual', at 33.6%, followed by 'physical' (21.6%), then 'hearing' (12.7%). Systems have not been established to track student movements. However, over the life of SIEDP, the teacher: student ratio has shifted from 1: 25 in 2009, to 1:10 in 2016⁹. Teacher numbers have tripled and teacher aides doubled (refer Table 4 below).

⁹ *Note: given children with multiple disabilities may be counted against multiple categories, the girl:boy ratio is not 100 percent accurate.*

Table 4 – Number of Loto Taumafai Teachers & Teachers' Aides X Gender, 2009- 2016

year	2009			2010			2011			2012			2013			2014			2015			2016		
gender	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Teachers	1	4	5	1	5	6	1	6	7	1	6	7	1	6	7	1	6	7	2	9	11	4	10	14
Teacher aide	3	2	5	3	2	5	3	2	5	3	2	5	3	2	5	3	2	5	4	2	6	5	5	10
Trainee TA																			2		2	10	2	12
Fieldworkers	7	5	12	7	5	12	7	5	12	7	5	12	8	5	13	8	5	13	6	7	13	6	7	13

Table 5 below presents enrolment data at Aoga Fiamalamalama from 2009 to 2016. Aoga Fiamalamalama was not a recipient of SIEDP funding as distributed by AusAID/DFAT directly to service providers, however, the school did receive some funding for staff salaries in the first two years of implementation under the IE small grants scheme, and they also received funding under DFAT's Civil Society Support Program (CSSP) for their service delivery.

'Before he'd just stay home, didn't know anything, now he is learning many things, he is much happier, he can communicate with friends'

'Before, my relationship with my daughter was very hard – thank-God for these people in Loto Taumafai – they help us a lot with our children – now she's in school – she learns very fast – now I can communicate with her – it makes me very happy'

Feedback from parents of children attending LT Special School

Table 5 – Fiamalamalama Enrolment 2009 – 2016 x Gender and Disability Type

	2009		2010		2011		2012		2013		2014		2015		2016		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
Intellectual Impairment	17	2	17	2	17	4	12	8	13	9	10	11	18	12	18	12	30
Speech Impairment	6	3	6	3	10	5	10	4	13	6	13	7	11	7	11	5	16
Downs Syndrome	8	3	8	3	7	4	7	4	8	4	8	4	9	5	9	5	14
Hearing Impaired	6	3	6	3	3	2	3	1	3	2	3	2	6	3	6	4	10
Vision Impaired	0	0	0	2	0	2	0	4	3	4	3	3	6	3	6	3	9
Autism	2	0	3	0	4	1	4	1	5	1	5	1	5	2	5	3	8
Physical Disability	6	0	7	0	4	0	4	1	3	2	3	2	1	0	1	0	1
ADHD	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	1	1
Cerebral Palsy	2	0	2	0	1	0	1	0	2	0	0	0	0	0	0	0	0
Total – B/G	47	11	49	13	46	18	41	23	50	28	47	30	56	33	56	33	
TOTAL	58		62		64		64		78		77		89		89		

As will be noted, student numbers have increased considerably over this timeframe, with the number of girls tripling, and the number of boys increasing by 20%. While in 2015 / 2016, there are still almost twice as many boys as girls, this is an improvement on the situation in 2009, when boys outnumbered girls at a rate of 4:1. SENESE runs a secondary education unit which provides vocational / life skills education-, rather than the national curriculum, to a group (presently numbering 24) of mostly hearing – impaired students (some of whom had entirely missed primary education). Whilst earlier efforts had been made to partially integrate some of these students into a regular secondary college, they were subsequently withdrawn given the college's then lack of disability-inclusive practices¹⁰. There have been no initiatives to prepare secondary colleges for inclusive education. Transfer to the Loto Taumafai TVET program is an option.

Inclusion of CWD in Regular Schools

The reintegration of children from special schools to regular schools, was not systematically pursued. Loto Taumafai staff reported students who were earlier 'mainstreamed' I regular schools, subsequently returned back to special schools or dropped out –a not unsurprising outcome given lack of attention directed to building the inclusion capacity of secondary schools. There is need for MESC to develop a

¹⁰ Time constraints prevented the evaluation team from consulting the staff of this college.

comprehensible guideline for the effective inclusion of CWD within regular schools (primary and secondary) indicating the pedagogical, infrastructural and other modifications necessary to meet the diverse needs of learners, and implementing a capacity building program to enable schools to achieve the designated standards - thus realising the policy objective of developing 'the human resource capacity required to support an inclusive education system for students with disabilities'.

Attendance

A number of stakeholders referred to regular absenteeism of some children with disabilities in both regular and special schools. Two cases were reported where CWD in regular schools are consistently absent two days / week. Various reasons were given for absenteeism including: transport difficulties, lack of parental support ('they don't want to accept their child has a disability'), and non-attendance on sports days, amongst other. Both children had teacher' aides assigned to them. A disability-inclusive school would be following up these children, finding out what is contributing to their absenteeism, and working with families / communities to find a solution. One of Loto Taumafai's six-monthly reports refers to: '152 children enrolled in LT, of which 104 consistently attend school'. The question is: 'why are the other 48 not attending regularly, and what is LT doing about it?'

Retention and Progression

MESC data showed a decrease in the number of students with disabilities in schools from 250 (2014) to 205 (2015) with 181 in primary (106M/75F) and 25 in secondary (9M/16F)¹¹. It is not known whether this reflects drop-out, or incomplete data collection. The learning / demonstration intention of SIEDP did not materialise, with no consistent effort to examine such questions with appropriate follow-up action. In this case, such action might have been to address data collection issues, or investigate the seeming drop-out of 45 CWD.

SENESE data on CWD enrolled in grades 7 to 12 from 2013 to 2016 (refer Table 6 below), suggests a significant drop in student numbers in progressive grades. While there are seven girls with disabilities in both Grade 9 in 2013 and Grade 10 in 2014, the number drops to two, then one, in grades 11 and 12 in 2015 and 2016 respectively. The number of boys number of boys drops from 6 to 1, from Grade 9 in 2013 to Grade 10 in 2014. Similarly, 15 girls in Grade 7 in 2013 become 8 girls in grade 8 in 2014. Eight boys reflected in grade 9 in 2015, reduce to one boy in grade 10 the following year. There is need to know what happened to these CWD and why – what was their learning experience? What factors contributed to this apparent drop-out, and what needs to be done to reverse theses trend. Consideration of these issues would have required a parallel dedicated monitoring / research initiative.

Table 6 – SENESE Data on Enrolment of CWD in Regular Schools x grade x gender , 2012-2016

Grade	2013		2014		2015		2016	
	B	G	B	G	B	G	B	G
7	12	15	14	18	14	18		
8	7	6	9	8	9	8	9	8
9	6	7	8	8	8	8	8	6
10			1	7	1	7	1	7
11					4	2	4	2
12							3	1

Impact on Learning Outcomes

SIEDP was expected to improve educational outcomes, with specific mention of increased access, retention and progression. 'Appropriate learning achievement' for children with disabilities was a notable omission, perhaps alluding to an assumption that a child's physical presence in school automatically implies learning. However, focus on enrolment alone, will not ensure the necessary learning and

¹¹ Noted in DFAT Aide Quality Report 2015.

development outcomes for children will be achieved. There is need to ensure children with disabilities are actively engaged in meaningful learning activities resulting in appropriate learning outcomes.

In the absence of comprehensive data on learning achievements of CWD, it is not possible to comment on the quality of the education that CWD are accessing. In other respects, the Inclusive Education Situation Analysis 2013 listed benefits CWD gain from school attendance, as identified by their parents – summarised in Table 7 below. Almost all CWD consulted by the evaluation team were all happy to be in school.

Table 7: Benefits of Regular School Attendance for Children with Disabilities

Feedback from Parents of CWD

- have become more independent - in self-care (bathing, clothing), mobility (going to shops, school); self-protection (handling negative comments)
- contribute to the family responsibly, improved understanding of expectations
- beginning to have control of their thinking, *decision making, behaviour*
- increased self-esteem - worthy to be included
- love going to school, peer activities, sports
- active - no longer sitting and watching
- greater social awareness, social interpersonal skills
- have a voice through greater self-expression , communication skills, able to speak more than before, use sign language, so being understood better at home
- greater literacy skills

Source: Inclusive Education Situation Analysis (Lameta 2013)

'My daughter is deaf – she is in a regular Grade 8 class. Our whole family has learnt sign language at SENESE – it makes it easier to talk to our daughter - this has made a huge difference for the whole family. People are surprised to see the family has three languages. I am now confident my daughter will have a normal life – she wants to go to university.'

(Apia Teacher Aide & mother of CWD at the same school in a different class.)

Out-of-School School Aged Children with Disabilities

It is not known to what percentage of school-aged CWD in Samoan communities are currently in school, and how many are still out of school. Service provider feedback suggests there are still many children with disabilities in the community who do not go to school, some of whom are known to them through community-based rehabilitation programs, and others are yet to be identified. Comprehensive village surveys of CWD have not been conducted. (*Service provider interventions respond to ad hoc referrals, rather than on the basis of any systematic community surveys seeking all children with disabilities.*) Loto Taumafai's Community-based rehabilitation program provides some insight into the number of out-of-school CWD.

In terms of coverage, in 2016, LT's CBR program supports 149 school-aged out-of-school CWD, comprising 86 boys and 63 girls across both islands. These children are located in 32 villages on Savaii (representing approximately 30% of Savaii villages) and 55 Upolu villages (or 23% of Upolu villages). So LT's CBR program reaches 25% of Samoan villages – however, not all village councils have been reached, so it is likely that there are still other CWD in these villages not yet identified.

Apparently some of these children did attend school for short periods of time, but found the schools not disability inclusive. In one case, an out-of-school nine year old boy with a physical disability, living on Savai'i did not to go back to school because he had experienced bullying there. His mother also did not want him to go to school because she feared for his well-being. This child had both a wheel-chair and a standing frame. With support he could be in school, however the school needs to be disability-inclusive. Mother will only be willing to do her part to get son to school if she knows he will be safe. Resolution of such a situation requires a multi-dimensional approach utilising the support of various parties, working in a harmonious coordinated manner

During SIEDP, an effective system of coordination between all stakeholders (MESC, SENESE, the special schools, MESC, schools, families, and communities) to promote and support inclusive education, was not established – although some progress in this area has taken place over the past year, as discussed further below.

2.3 Effectiveness

Effectiveness is considered in terms of the extent to which an inclusive education service delivery model in Samoa was established by SIEDP. SIEDP did not specifically articulate the essential components of such a model – however at the very least, an effective service delivery system would be one that comprehensively recognises and eliminates the multiple barriers to quality education for CWD in inclusive environments. The 2013 IE Situation Analysis provided considerable insights into the barriers to inclusion, implying the need for a well-coordinated coordinated inter-sectoral, multi-stakeholder response (*Refer Box 3*).

Box 3 - Barriers to (Inclusive) Education for CWD in Samoa

- lack of understanding of disability and rights of CWD to education
- limited access to diagnostic and early intervention services
- misdiagnosis of some disabilities or failure to recognise others
- stigma, discrimination, bullying, abuse, whether school, family, community
- lack of access to specialist health and/or rehabilitation services
- special schools limited to Apia
- limited access to assistive devices especially for children in rural areas (hearing aids, wheelchairs, specialised teaching aides)
- lack of consolidated data on numbers of children with disability
- Lack of effective system for collecting, storing, using data on key education outcome indicators for CWD
- physical challenges in accessing school
- teachers lacking appropriate knowledge, skills, attitudes, resources
- school infrastructure not disability-inclusive: mobility constraints within school environments; limited access to water / sanitation facilities
- lack of in-country inclusive education training & professional development provision
- mismatch between national curricula / assessment processes and the needs of individual learners
- lack of specialized teaching/learning aides
- failure to recognise strengths and potential of individual CWD – deficit approach
- lack of coordination between different service providers and government agencies
- lack of quality assurance standards
- Lack of regulatory systems and oversight
- Additional barriers faced by girls

SIEDP implementation was organised around the following areas: Support for parents, families and communities; Early intervention and related services; Teacher support and upskilling; Developing an Enabling (Policy) Environment and Program Management / Continuous Learning. These are discussed further below.

Supporting parents, families and communities

Identification, Diagnosis, Referral

At the present time, IE service providers provide services to CWD in response to referrals from various sources, including families themselves, community nurses, health services, amongst other. There currently is no systematic community-based process to identify all children with disabilities. SENESE conducts hearing and vision assessments with local health practitioners diagnosing other conditions, supplemented by clinics run by visiting international health teams. There are very few specialist health services in Samoa. Service providers acknowledge there are gaps in the identification, diagnosis and referral process, with a robust mechanism for coordinating the contribution of different partners involved yet to be established. Stakeholders agreed on the need to strengthen this whole area.

Parent / Community Capacity Development

SIEDP funding enabled SENESE and Loto Taumafai staff to conduct home and/or community-based awareness raising, early intervention (EI), community based rehabilitation (CBR) and referral activities aimed at empowering parents / carers / community members to support their child's attendance in school (whether their local school or a special school).

Parents reported enhanced understanding of: disability, their children's rights, services available and strategies to support & communicate with their children, variously leading to medical interventions, acquisition of assistance devices (eye-glasses, hearing aids, wheel chairs), and in cases, enrolment in school. Some parents and family members have developed sign language skills having attended classes provided by SENESE or Loto Taumafai. All parents consulted by the evaluation team expressed gratitude for the support they have received and the qualitative improvements in the lives of their children and their families.

Teacher Support and Upskilling

Inclusive Education Training

Inclusive education is achieved not when a CWD enters a regular classroom, but when that child is fully engaged in the full range of school activities with evidence of concrete gains made towards his/her learning and development objectives (as now recognised in the recently-developed national Inclusive Education Policy (*refer text box to right*)). Engagement in meaningful learning activities, requires appropriate learning objectives, curriculum, teaching / learning strategies and resources, and authentic assessment strategies, tailored to individual needs of learner. If teachers lack the knowledge, skills and willingness to identify and respond to the diverse needs of learners, then 'inclusion in schools' won't translate into 'inclusion in learning' (Forlin 2013).

Teacher education and on-going professional development are essential prerequisites in any inclusive education program – requiring teacher educators who themselves have the skills needed. (*Where they do not, teacher educator capacity building is also required*).

Building the inclusive education capacity of teachers was limited under SIEDP. SENESE provided some orientation to school administrators and teachers of classes where CWD were located, together with some training in the use of sign language. Further, over the last two years, 16 teachers from MESC and NGOs were funded under the Australian scholarships program to complete the Certificate III in Disability, with some participants continuing to the Certificate IV. Although not education-specific, and despite the demands of study on top of full-time employment *and* family / community responsibilities, participants expressed satisfaction with the course.

The pre-service teacher training program at the National University of Samoa (NUS) currently contains one general compulsory unit on inclusive education, which is now not considered sufficient. A more extensive special-education elective offered in past years has been discontinued. There is need to re-examine opportunities to strengthen inclusive education course provision at NUS. There is also need to examine the disability-inclusiveness of the university itself. By its own admission, NUS is not disability- inclusive¹².

' The Loto Taumafai Community-based Rehab team spend two years coming to our village to provide early intervention support for my grandson. They exercised his body, provided encouragement, taught his parents how to facilitate his exercises, and provided advice on simple house modifications to facilitate his mobility in a wheel-chair , which they helped us to obtain. Now he is in the school transition program. Every Friday he comes to school and spends 30 mins in the classroom and participates in physical activity. This has all been very useful.'

(Grandmother of pre-school aged boy with physical impairment, who will be entering Loto Taumafai school in the next school year.)

A meaningful education means students with disabilities not only access education but derive meaningful benefit from it through developing knowledge, skills and values that enrich their lives and their overall experience of living, participating and contributing in their communities and society.

Samoa IEPSPD, 2014

¹² The evaluation team were told of a vision-impaired student who was admitted to NUS, but who subsequently dropped out as his impairment was not accommodated.

On the whole, regular classroom teachers lack the specialised knowledge and skills required to children with exceptional needs, and to effectively manage behaviour (Pillay, Carrington, Duke, Chandra, Heeraman, Tones, & Mani, 2015b).

Teachers in the two Special Schools are faced with the particular challenges of responding to the diverse needs of students within the one class who present with varying levels of severity, of different disabilities, requiring different types of support. Some of these students have been labelled 'slow learners', when in fact they may have undiagnosed specific learning needs. An Inclusive Education volunteer stationed at Loto Taumafai school during 2015-16, was recently working with school staff to develop enhanced understanding of learner centred curriculum delivery and assessment, and the use of Individual Education Plans. The process revealed the need staff to develop a deeper understanding of the learning-implications of specific disabilities. Similar and ongoing professional development is required for all teachers, in all schools.

Assignment of Teacher Aides

The selection, training, appointment and management of Teacher Aides in government, mission and private schools has been the responsibility of SENESE (refer Annex 17 for Position Description), while Loto Taumafai and Aoga Fiamalamalama appoint their own. The number of Teacher Aides engaged in government and special schools from 2010-2016 is presented in Table 8 below. A small annual increase in the number of teacher aides engaged will be noted from 2011 to 2015, with a considerable drop again in 2016, where the number of TAs employed is only slightly higher than that in 2011. Assuming a child who is assigned a teacher aide, is entitled to continued teacher aide support for the duration of the primary school years at least, this data might be interpreted as suggesting few additional children with disabilities were assigned teacher aides in successive years of SIEDP implementation. It will be noted that in 2016, 22 children on Upolu were assigned teacher aides compared to 4 children on Savai'i. SENESE staff have indicated that the need for teacher aides exceeding funding provision for the same.

Table 8 –No of Teacher Aides Provided in Regular Schools & Special Schools								
		2010	2011	2012	2013	2014	2015	2016
Government Primary Schools (SENESE)	Upolu	10	18	20	23	26	26	22
	Savaii	?	4	3	5	6	6	4
	TOTAL	?	22	23	28	32	32	26
Loto Taumafai School		5	5	5	5	5	6	10
Aoga Fiamalamalama		0	1	1	0	2	2	3

According to SENESE, decision to assign a Teacher Aide to a particular CWD in a regular classroom is based on: type & level of disability (severe disabilities / high needs); school recommendation; family request & support; student progress; & a student's potential to achieve independence. In each year, approximately 50% of children assigned teacher aides have hearing impairments (refer Annex 10, Table 4). On Savai'i, approximately equal number of boys and girls have been assigned teacher aides, whilst on Upolu, approximately twice as many boys, compared to girls, have been assigned teacher aides. It is not known if this reflects sex disparity in disability occurrence, or gender disparity in access to education for children with disabilities.

The evaluation team met three mothers who were the TAs associated with their deaf children, in grade 8 in different schools. All three mothers, their CWD and their families, had learnt sign language from SENESE. In each case, the mothers indicated they were happy with their children's progress & growing independence, and referred to their own confidence that their children could continue to secondary college without them.

Initially, parents of CWD were recruited as teacher's aides, with the intention to build the capacity of families to support their children, and to provide some income support. There has however been a recent

shift away from that approach in order to recruit candidates with higher education levels. The present evaluation team met seven teacher aides. Two of these teacher aides wanted to now re-train as regular teachers; others were happy to remain in their current roles; yet others intended to retire once their children finished primary school. On the whole, the TAs indicated they enjoyed their work.

Under SIEDP, teacher aides were by the different service providers according to their own programs. In the case of SENESE, funding was accessed under DFAT's TVET program for their Teacher Aide training to be recognised as a non-formal learning program by the Samoa Qualifications Authority. While TAs consulted indicated they valued the training they had received, various stakeholders expressed the view that Teacher Aide training needs to be enhanced and standardised.

Towards the end of 2016, agreement has been reached on the delivery of a Queensland TAFE accredited Certificate in Education Support, delivered by the Australian Pacific Training College (APTC), based in Apia. This program will commence in 2017 with a cohort of 20 from MESC, private schools and NGOs. This is a significant development anticipated to uplift the quality of Teacher Aides and potentially also teachers in inclusive education in Samoa. There is scope to institutionalise the course within a Samoan training organisation if deemed warranted.

There is also need to ensure the teacher aide initiative is working effectively, and that teacher aides are not being assigned sole responsibility for the education of CWDs within a classroom (especially given they are the least trained and lowest paid staff). (A list of potential misuses of TAs is provided at Annex 16.) Further consolidated data on different aspects of the TA initiative was unavailable, describing teacher aide turnover, length of engagement, and the relationship between the teacher aides and education outcomes for the children to whom they are assigned (namely, attendance, retention and learning achievement). In addition, there lack of clarity on the scale of demand for TAs, TA terms and conditions of employment, the role of the School Principal and classroom teacher in supervising teacher's aides, amongst other. A number of issues were raised by TAs, including: variations in remuneration rates between TAs; unexplained inconsistencies in payments received across different pay periods; compulsory donations for fund-raising purposes deducted from salaries (without being informed of the same); communication gaps between service provider and school regarding appointment of TA; and service provider administrative &/or communication glitches resulting in withdrawal of TA with negative consequences for students¹³. Finally, the SIEDP project design document had anticipated MESC would develop Teacher Aides for children with disability in their organisational structure with dedicated budget lines and accredited training program in the second year of SIEDP – but this has not occurred to date.

Given inclusive education is now a GOS priority, and the provision of teacher aides has been the major resource provided to schools to support the inclusive education transition, a more in-depth review of the teacher aide initiative would be useful at the present time to provide answer into the outstanding questions.

Secondary Colleges

The scope of SIEDP was to support expanded access to education for children with disabilities from birth to *the end of secondary school*. (The scope of the inclusive education policy now extends to 21 years of age). The transition of CWD from primary to secondary education is the collective responsibility of MESC and SENESE. SIEDP provided little support for the primary – secondary transition of CWD. As more CWD

¹³ Two such cases were reported. In one case, the Teacher Aide assigned a Grade 8 blind and physically impaired student was withdrawn this year, when responsibility for blind students was transferred from SENESE to SBPA, yet SENESE had funding for TAs and SBPA did not. The School Principal anticipated this student would be severely struggling to pass his final examinations.

progress through the primary grades, the need for disability-inclusive transformation of secondary colleges will be critical, to ensure retention of CWD through to the completion of secondary education.

The experience of service providers supporting the enrolment of CWD at the secondary college level in the early years of SIEDP remains vague. Anecdotal reports suggest most students returned to where they originated (or dropped out) and the secondary initiative was not actively pursued. Details of the 'mainstreaming experience' and the factors underpinning the reverse movements were unclear. The evaluation team was unable to visit the main College involved. Lack of disability-inclusive capacity-building at the secondary-college level may have been a critical factor. Nevertheless, a few CWD have been successful in continuing to secondary education. In 2016, SENESE has provided 2 teacher's assistants to secondary colleges on Upolu and none on Savai'i. Further details on the students, their disabilities, their progression, and achievement, were not available.

In 2016, the evaluation team met a number of seemingly academically-able deaf children are in Grade 8, with plans to progress to secondary college next year, and without their current teachers' aides (as their parents consider they are able). MESC has data on the total number of children, and their specific disabilities, in Grade 8 in 2016. There is need to identify these children, liaise with their families, and collectively plan their transition to secondary by anticipating the support they will need and preparing the colleges accordingly. It is important for families to receive appropriate advice as to secondary college options for their children.

Developing Inclusive Schools

Whilst the overall intent of SIEDP was promoting the inclusion of children with disabilities in regular schools, SIEDP did not pursue a comprehensive approach to school capacity building for inclusion. This may have reflected an initial assumption that the physical presence of a child in a regular classroom, with a little additional support, would automatically translate into the achievement of individually-appropriate learning outcomes for children with disabilities.

The transformation of regular schools, into inclusive schools, requires a 'whole of school approach', engaging *all* teachers and school management, in a range of collaborative professional development activities, supported by access to guidelines and resources. The essential characteristics of a disability-inclusive school (eliminating the barriers to access, participation and learning for all children) require specification, so that targeted capacity building initiatives are planned, implemented and their effectiveness monitored.

These characteristics are not just inputs (teacher aids, resources), but processes – the things teachers, administrators, teacher aides, students, parents and community members collectively need to do to ensure a child with disability attends school daily, participates fully in school activities, feels safe and protected, and achieves appropriate learning outcomes. A potential set of disability-inclusive school characteristics is presented in Box 4.

Box 4 - Potential Characteristics of a Disability-Inclusive School

Disability-Inclusive Classroom Practices

- Appropriate Impairment-Specific teaching / learning strategies
- Lesson adaptation, differentiated instruction practices
- Effective communication strategies practiced
- A 'promotion of maximum independence' orientation
- Effective use of teacher's aides
- Positive behaviour practices
- Effective use of Individual Education Plans
- Promotion of cooperative learning
- Appropriate assessment and examination practices

Disability-Inclusive School Leadership and Management

- Promotion of Disability-Inclusive Gender-Sensitive School Culture
- Monitoring Attendance & Following-Up Absenteeism
- Safe, Supervised Home-School Transport Program
- Parent-Caregiver Support Groups
- Disability-Inclusive School-Community Partnerships
- Access to IE Support Resources (Teacher's Aides, etc)
- Creating disability-inclusive school facilities
- 'Positive Behaviour for Learning' Management Practices
- Life skills, reproductive health &
- Effective links with health workers, and disability service providers
- Disability-Inclusive School Health, Water & Sanitation
- School Safety / Protection practices (including anti-bullying programs)
- Inclusive Sport, Creative Arts, Peer support, extra-curricular activities

At the same time, it is important to recognise the implementation of such initiatives will benefit ALL children, and not only those with disabilities – they are characteristics of quality education. Conversely, failure to support schools to develop inclusive practices will perpetuate barriers and the continuing education exclusion of children with unaccommodated special needs.

Rural / Remote Access to Services

SIEDP implementation was intended to accord particular focus on rural / remote communities. Infact Loto Taumafai and SENESE do operate services on Savai'i and in rural areas of Upolu. However, there is a perception that Savai'i remains disadvantaged compared to Upolu. Indeed available data suggest this 'may' be the case. For example, in 2016, SENESE has placed 3 teacher aides in Savai'i schools, compared to 23 placed in Upolu schools. In 2016, there are no teacher's aides in Savaii secondary colleges. LT CBR staff spend one week / month on Savaii, with three weeks spent on Upolu. There is no Special School on Savai'i. Further, Savai'i-based teacher aides are financially disadvantaged (compared to Upolu colleagues) due to the non-reimbursed travel and accommodation expenses incurred in attending Apia-based training, conducted three times a year. Given the relatively low remuneration paid to teacher aides, these expenses are not insignificant – especially as many TAs are parents (even, single parents) of children with disabilities.

Developing an Enabling Environment for Inclusive Education in Samoa

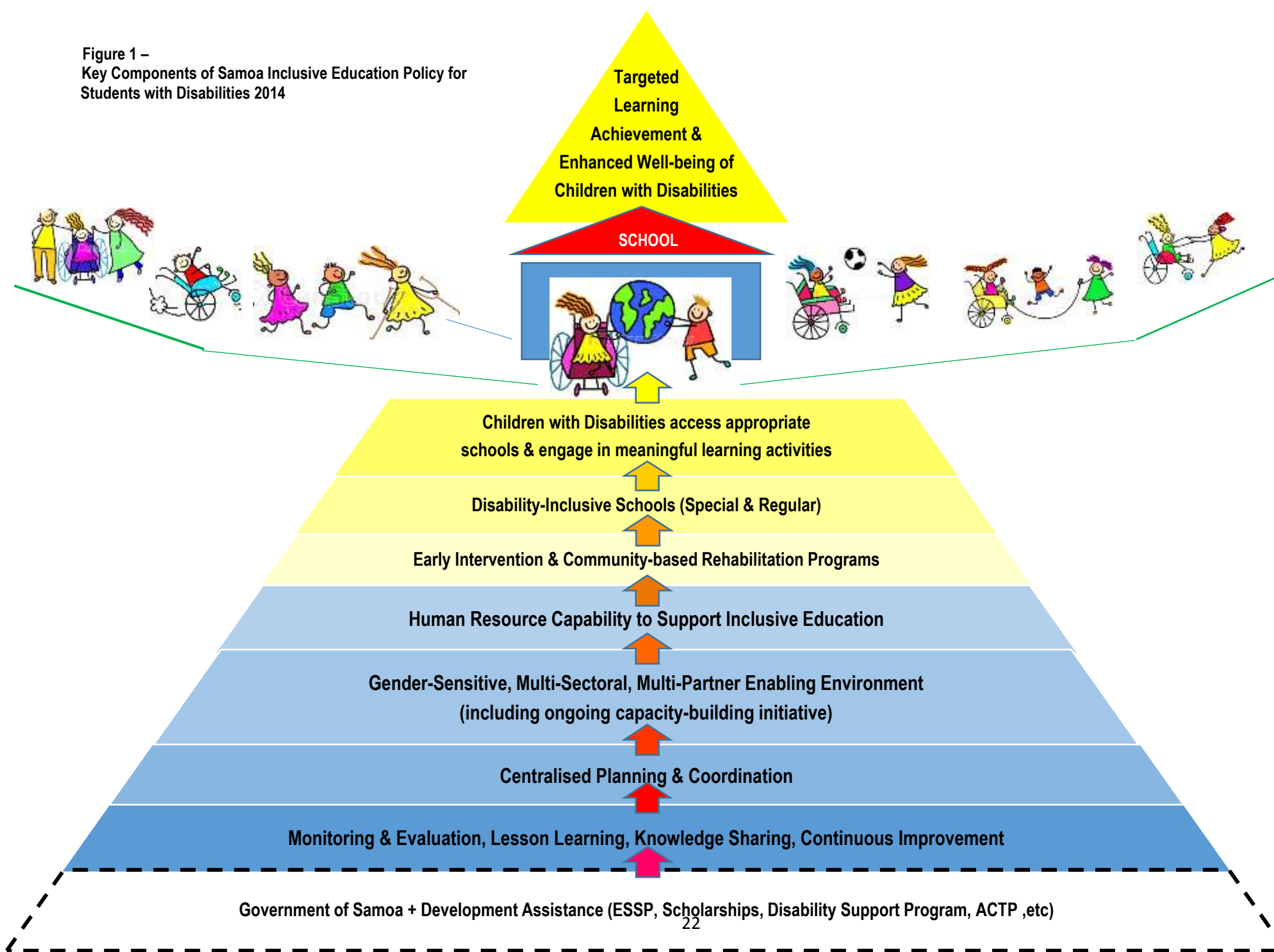
Inclusive Education Policy for Students with Disabilities (IEPSD)

The Inclusive Education Policy is major SIEDP achievement - developed in 2014, with the support of an external consultant, engaging multiple stakeholders. The Policy has been endorsed in principle by Cabinet, pending finalisation of an IE Policy Implementation Plan, currently being developed.

The IEPSD provides a framework for the development of inclusive education aimed at realising the education rights of students with disabilities, from birth to 21 years of age. The policy acknowledges the need to ensure CWD enter school in states of learning-readiness, with teachers fully equipped to ensure meaningful learning is taking place for all students. The policy further recognises the realisation of inclusive education requires simultaneous adjustments to 'other policies, structures, approaches, strategies, teacher training and professional development'. MESC leadership will be critical to drive the IE agenda and to build the partnerships essential for policy implementation, involving multiple government ministries, development partners, service providers, private sector and advocacy organisations, tertiary institutions, schools (primary, secondary, private, mission, special), community groups, individual families, and children.

The key components of the policy are: Disability Identification & Diagnosis; (Disability-Inclusive) Attitudes & Values, School Adjustments & Support, Responsiveness to Gender-specific needs, Early Intervention, Special Schools, Human Resource Capacity, Centralised Planning & Coordination, and Monitoring & Evaluation, as represented in Figure 1 below. (See Annex 6 for further details).

Figure 1 –
Key Components of Samoa Inclusive Education Policy for
Students with Disabilities 2014



Integration of IE in MESC

SIEDP implementation tended to be service-provider activity implementation-oriented, and not MESC IE system-development-oriented. SIEDP implementation did not focus on building the capacity of MESC to drive, quality assure, coordinate, monitor and sustain inclusive education development.

An Inclusive Education 'unit' has been established in MESC, located within the Curriculum and Materials Development Division. Throughout SIEDP, this unit comprised one Special Needs Officer, and a SIEDP-funded IE Adviser. Post SIEDP, this unit remains, with the Special Needs Officer renamed an Inclusive Education Officer. The Samoa Public Service Commission has approved a permanent position replacing the IE adviser, and the position has recently been filled (September/October 2016). The question is whether this unit is appropriately located, and whether it may be more effective if transferred to the Education Sector Coordination Division, for example, given multiple MOE divisions, together with the National University of Samoa and the Samoa Qualifications Authority, have varying, yet-to-be-realised, responsibilities related to inclusive education development. Amongst other, these include: support for curriculum adaptation, individualised education planning, disability-adjusted teaching /learning materials (Curriculum Materials and Development Division); upgrade of teacher IE knowledge and skills (Teacher Development Division); adaptation of assessment and examination (Examinations Division); overall coordination (Education Sector Coordination Division); incorporating disability-inclusive standards in MOE School Minimum Performance Standards (School Operations Division); adding inclusive education indicators in the annual school census and IE data in the annual Education Statistical Digest (Policy, Planning and Research Division); embedding IE development in the next Education Sector Plan (Policy, Planning & Research) and pre-service teacher education (National University of Samoa).

In particular, a robust data base, disaggregated by sex and disability status, is required to support effective disability-inclusive development. While MESC has taken steps to collect data on students with disabilities in government, private and mission schools (students in special schools are not yet included in MES reports), weaknesses remain in the data collection system. Firstly, data is limited to enrolment (albeit by gender school and disability). However, there is need to record retention of CWD in school, annual grade progression, repetition, drop-out, and achievement. Further, disability assessments are made by school principals, with no system to ensure data accuracy. A common data collection system has not been established and there are inconsistencies between data collected by MESC and that collected by service providers. Data on children with disabilities has not previously been reported in the Annual Education Statistical Digest. This will be included for the first time in the 2016 Statistical Digest.

Service Delivery versus System Development

The original project documentation was IE 'systems and strategy'-focused. The proposed first year implementation activities included the development of: a functional system of information provision for children, parents and communities (about the rights and needs of girls and boys with disabilities), a functional effective process of identification, detection, diagnosis and early intervention, and a functional monitoring system, amongst other.

However, SIEDP resources largely supported disability *service delivery* rather than the development of demonstrably effective systems & processes that would enable the ongoing delivery of disability services beyond the end of SIEDP. Service providers have 'implemented activities' (community awareness, parent education, disability assessment, supply of teacher aides, etc), and reported activity implementation, rather than using the conduct of these activities to reflect on the effectiveness of strategies implemented to consolidate systems and practices.

Service Provider Capacity Building

SIEDP documentation infers an expectation that the provision of funding for service provider activities would contribute to the capacity building of these organisations. Certainly the capacity to expand their service coverage has occurred, but it is not clear whether the quality of service provider program delivery was strengthened. While the provision of funding to 'progress their services' was welcomed, service

providers pointed out this had not been accompanied by technical assistance to support improved practice. Hence service providers largely continued to operate in the same manner they had previously without specific shifts in practices particular to the SIEDP outcomes. Further, the quality and effectiveness of services delivered was not captured in service provider reporting, nor monitored by other means.

It is further noted that two Samoan disability service providers were excluded from direct grants under SIEDP, on the grounds of capacity limitations. In the latter years of the program, they were offered support from the Pacific Leadership Program to undertake due diligence assessments and other organisational strengthening activities.

If the service providers are going to continue to support inclusive education development and promotion, in collaboration with MESC, then there is need to establish service standards and enhanced modalities / guidelines for MESC/service provider collaboration.

2.7 Gender-Responsive

The Samoa National Policy for People with Disabilities recognises girls and women with disabilities in Samoa encounter additional challenges to those faced by boys with disabilities, and additional forms of discrimination than girls without disability. Specific barriers to education faced by girls with disabilities in Samoa include the risk of violence, sexual or disability harassment, abuse or exploitation, limited access to sanitary facilities, and community attitudes resulting in resource allocations favouring male children.

As indicated in section 2.1 above, there are considerably more boys with disabilities in school than girls - including almost two boys for every girl in primary school on Upolu. At Loto Taumafai, in 2016, there was almost 25% more boys than girls and at Aoga Fiamalamalama there were almost twice as many boys as girls. The vocational program at Loto Taumafai currently caters to the interests of boys, with no program provision for girls.

Also as noted above, approximately twice as many boys were assigned Teacher Aides from 2012 to 2016, on Upolu, compared to girls, and in some years boys outnumbered girls 3:1. This issue warrants further investigation – are parents, at the present time, more willing to send boys with disabilities to regular schools, than girls? If so, why? And what needs to be done to reverse this trend?

The Inclusive Education Policy advocates a ‘Gender perspective inform all efforts to promote equality between men and women with disabilities’, and specifies the need for gender-disaggregated data, advocacy, research and various gender-specific interventions (safety, reproductive health education, hygiene, etc).

With support from a DFAT-funded consultant, both Senese and Loto Taumafai have developed Child Protection Policies, and MESC has a draft Violence Free Policy, although not yet implementation schools. While reproductive health education is not currently provided by either SENESE or Loto Taumafai, this is undertaken by the Samoa Family Health Association which receives funding from DFAT under the health program. There is need to ensure adolescent students with disabilities are provided access to appropriate reproductive / family health and life skills education.

2.5 Monitoring and Evaluation

Monitoring and evaluation plays an important role in the process of ensuring an effective and cost efficient aide program – one that makes a real difference in people’s lives, ensuring programs are on track, and where they are not, identifying scope for strategy adjustment and realignment.

Accordingly, the original SIEDP project design document stated: “The program will require a good quality process of monitoring to support the intention of reflective learning and demonstration of good practice.” Data collection and preparation of quarterly monitoring reports were to be the responsibility of service providers and the MESC IE adviser, with the Advisory Committee undertaking data analysis to inform decisions on annual program redevelopment, and AusAID/DFAT ensuring this process was undertaken. However, a systematic M&E system was not established. Given MESC did not have the

capacity to perform this role, it is surprising that this constraint was not acknowledged and an alternative approach to monitoring developed.

While service providers produced regular reports (a combination of quarterly and six-monthly), these tended to be accounts of activities implemented, within respective areas of responsibility. Reporting was not directly aligned to SIEDP overall objectives and/ or the measure of success was inappropriate to the outcome targeted. For example, if the expected outcome is: 'More CWDs will have access to quality education and remain in school longer', the measure of success would be comparative data confirming this is the case - and not 'Availability of classes from Year 1 - Year 11 giving the students the opportunity to progress further' (which is an aspect of enabling environment, and not an indicator of increased access). Beyond these individual service provider reports, annual reports synthesising the various SIEDP components were not produced by MESC.

It is expected the articulation of a clear, well thought out results framework, with specific outcome indicators, with regular monitoring and reporting tied to the same, would have helped maintain sight on the bigger picture, highlighting gaps or inadequacies in implementation strategies and prompting corrective action.

2.6 Sustainability

SIEDP was intended to develop an IE service delivery model which the Government of Samoa could sustain. However, the program did not maintain focus on this intent. The original project design document had referred to the development of a sustainability strategy will be included in the second and subsequent year implementation plans. This did not occur and SIEDP funding was largely expended on recurrent costs, without a parallel process of progressive transfer of funding responsibility to GOS, or a continued scrutiny of the cost effectiveness of strategies implemented or an effort to establish a standardise IE-related salaries and allowances across implementing partners.

Service providers are providing a range of critical services geared at enhancing the overall well-being of children with disabilities – services not provided by anyone else. However, by the end of SIEDP, if Australian government funding had ceased at that point, the entire range of IE services provided by the two main service providers would have ceased, as also the engagement of teacher aide e. SIEDP funding covered pretty much the entire costs of both SENESE and Loto Taumafai staff and program delivery. As it is, Australian funding for the same has continued under the Education Sector Support Program, with still no change to the funding and implementation arrangements. At the present time, neither SENESE nor Loto Taumafai are financially viable without DFAT funding. As far back at 2013, service provider concerns regarding funding continuity were raised in Advisory Committee meetings, without resolution.

The need to develop and demonstrate the effectiveness of an appropriate service delivery model is critically important, in order to be able to estimate the development and recurrent costs of the same, in order to address sustainability issues. The cost of the service delivery model as currently configured has not been established. It would be useful to examine expenditure with a fine tooth comb in order to identify cost-cutting potential.

2.7 Efficiency

In a small country such as Samoa, with considerable economic constraints, the judicious use of available resources is particularly critical. The findings of the present study suggested SIEDP's use of resources was less efficient than it may have been. Examples are provided below.

Role of IE Service Providers

Successive reviews of SIEDP highlighted concerns regarding service provider contracts – these being input-based, lacking reference to clear service standards and quality assurance processes.

Throughout SIEDP implementation, Samoan service providers operated largely independently from each other – failing to tap the gains to be made by a collaborative approach. However, in the past year, service providers have made concerted efforts to develop a more collaborative approach. Accordingly, an Inclusive Education Working Group has been established to collectively address common issues and concerns- meetings have been held, progress has been made in clarifying respective roles and responsibilities, and ways to maximise use of collective resources has been explored. This initiative can be further strengthened. There is need for an effective system of coordination between all partners, with clear agreement on the roles and responsibilities of all parties, including other government ministries.

SIEDP Redesign Initiatives

As indicated in section 1, an evaluation of SIEDP was conducted at the end of the first year, with redesign activities conducted every year there-after. Each redesign initiative identified a number of issues with recommendations made accordingly, but none of these were acted upon. While it is appreciated there were various

“Without analysis and enhanced focus on learning (what works and what doesn’t & why), program will not be on track to meet overall objective of demonstrating an appropriate model of IE service provision, sustained by the Government of Samoa.”
SIEDP Evaluation Report 2010.

concerns on behalf of AusAID/DFAT and the GOS, which prevented adoption of any of the designs as complete stand-alone packages. With no action taken on any of the redesign efforts, program implementation largely continued in the manner it had commenced in 2010, without significant adjustment, despite a range of valid concerns and risks highlighted by the successive design missions with opportunities for improvements proposed. Many of the issues identified by successive missions (summarised in Annex 12) are similar to the issues emerging from the current study.

It is important to also recognise the demands placed by such missions requiring the professional input of Samoan colleagues. Without participation in decisions made not to move forward on each of these initiatives, such a process can wear-out the goodwill of contributing stakeholders¹⁴.

IE Situation Analysis

In a similar vein, an inclusive education situation analysis was prepared in 2013, three years ago, providing considerable information on issues related to inclusive education delivery in Samoa. Again, insufficient account was taken of the information then available, especially in regard to building the capacity of regular schools to be disability-inclusive. The barriers to inclusive education then identified are still relevant (refer annex 15)

Inclusive Education Guidelines

Without clear criteria determining which children with which disability go to which educational institution (special school or regular school), it is likely children are not in the appropriate place. For example, there are children in Loto Taumafai Special School whose needs could be met in a regular, disability-enabled classroom. Further, these are occupying spaces / utilising resources which may be needed by remaining out-of-school children with more severe impairments. Ensuring children are in the correct learning environment for their disability will contribute to efficient use of limited resources.

National Disability Centre – Amalgamation & Consolidation

Loto Taumafai Special School is now housed in a new multi-million dollar Chinese Government-funded facility, intended to operate as the National Disability Centre – with adjacent vacant land enabling future expansion. SENESE on the other hand are fund-raising with a view to construct their own new centre on land currently available. Given their common clientele and inter-related activities, there would appear to be much to be gained if the services provided by both organisations were co-located at the same site. There is space available in the existing facility with adjacent vacant land should further construction be required. own distinct identities. Co-location, whilst retaining organisation-specific identities, would support the development of more collaborative, coordinated, cost efficient ways of working, maximising use made of

¹⁴ Stakeholder feedback during the present study included: ‘we’ve done this all before’.

available facilities / resources. Further, the computer laboratory currently under-utilised could be used for common training activities; Opportunities for sharing resources could be further explored – including the currently under-utilised computer room, and the tech/voc facility. NOLA and SBPA may also choose to relocate. An independent consultant could be recruited to assist in scoping such an initiative.

Inclusive Education Small Grant Scheme

There are doubts as to whether the funds allocated for IE small grants were used in the most cost effective manner, and contributing to sustainable outcomes - for example:

- a ramp was constructed at one primary school, to facilitate access of a wheel-chaired students extending from the ground to the second story-level year 8. Had the year 8 class shifted to a ground floor location, ramp construction costs would have been considerably reduced;
- a (second-hand) vehicle was procured to transport CWD to / from a school with special education unit, although such units were being discontinued. The same vehicle has been diverted for private use;
- funds were provided to a private school to build staff knowledge and skills related to autism, involving a study tour to Australia, and Australian experts conducting a workshop in Samoa. The impact of this investment could have been expanded if the focus had broadened from one school to all teachers.

Adequacy of Funding, Timeframes, Implementation Arrangements to achieve intended outcomes

It is difficult to comment on the adequacy of funding and timeframes to achieve intended program outcomes, when it is felt that from the commencement of SIEDP, strategies were not put in place to work towards achieving those outcomes... It might be said, had things been done differently, more progress might have been made; however, we don't really know. Perhaps, the IE policy needed to come first. That is in place now, providing a platform for moving forward.

Sufficiency of Appropriately Skilled Staff (DFAT / partners) to manage the Program

It may be that AusAID/DFAT did not have sufficient staff to provide the level of oversight needed to steer the program in the direction required. The forthcoming establishment of an education sector technical facility might be tapped by DFAT for access to regular technical assistance to support DFAT's quality oversight of the program.

Special School Funding

While there is no doubt that Loto Taumafai School provides a valuable service for children with severe disabilities, the focus of SIEDP was the promotion of inclusive education, and not special education. There was no indication in the original project documentation that a significant portion of funds would support the operation of special schools. It is not clear when this change in program orientation and funding allocation made or on what basis. At the same time it is noted that with mainstream schools not fully prepared for inclusion, Loto Taumafai was able to provide continuing access to education for some CW in the interim.

Tapping into Regional Experience

Inclusive education experience in the Pacific region may be useful for Samoa. Of particular note is the Fiji Access to Quality Education Program (2013-2018), again funded by the Australian Government, which aims to improve education opportunities for vulnerable children, including those with a disability. Inclusive education developments have included: a Special and Inclusive Education Policy and Implementation Plan 2017-2020; a disability data collection system, with an accompanying capacity development package; a Disability Inclusive Education Toolkit for Fiji (2015) and five 'IE Demonstration' Primary Schools (IEDS). Support for the Demonstration schools has included: supply of teacher aides, training of teachers and teacher aides, community awareness activities, mentoring and monitoring visits, improved access, learning environments and water & sanitation facilities, supply of resources and equipment. As a result, where six CWD were enrolled in the demonstration schools in 2012, this number had increased to 100 in 2015.

The Fiji Disability-Inclusive Education Toolkit, the Disability Data Collection System & the recent review of the Fiji IE Demonstration School initiative (Caulfield 2016), may provide useful insights for MESC. Refer Box 5 below for details.

Box 5 – Lessons from Fiji Inclusive Education Demonstration Schools

The Australian Government-funded *Fiji Access to Quality Education Program* (AQEP) commenced in 2013. Working with the Ministry of Education (MoE) and other relevant stakeholders, the program's disability component targets 3 outcomes for children with disabilities (CWD): increased access (measured by enrolment and attendance); increased retention and completion rates; and improved learning outcomes. Lessons learned from the initiative to date, and related recommendations, are summarised below.

Lessons

Staff Capacity: Effective implementation of inclusive education requires teaching staff with specific knowledge and skills for teaching children with disabilities in regular classrooms. However teachers are not learning about inclusive education in their pre-service training – and while AQEP provided IE training for demonstration schools teachers in the first years of the project, many of the teachers in schools at the time of the study had received limited, if any, IE training – due to the high turnover of school staff.

Role of Teachers' Aides: Given their limited expertise, teachers relied heavily on teacher aides in teaching, behaviour management, and fostering whole school attitude change in relation to disability. Teacher Aides were considered essential for effective inclusive education. Most teachers referred CWD-related difficulties to teacher aides, who were more aware of available tools and strategies that assisted the inclusion of children with disabilities. However, many teacher aides felt they needed further training to develop the skills needed support children with particular needs, especially learning disabilities.

Community Awareness: While the community awareness sessions contributed broadly to attitudinal change with regards disability, some teachers and some community members still hold reservations about the education of children with disabilities in mainstream schools. Negative parental attitudes remain a barrier to education for some children.

Collaborative Approaches: Strategies for working together are an important way to improve and promote inclusive education in schools. Most schools have regular staff meetings with time allocated for the discussion of inclusive education issues.

School Infrastructure & Equipment: School infrastructure modifications, specialised classroom equipment and supportive devices were found to increase access of children with disabilities to quality education.

Resources: Appropriate resource materials are important assets for schools, however many teachers were unaware of resources available for schools, such as the Disability Toolkit.

Recommendations

The study made a number of recommendations to strengthen and sustain IE in Fiji, as presented below.

Fiji Review of Inclusive Education Demonstration Schools - Recommendations

Staff capacity Building	Include compulsory inclusive education in primary and secondary teacher training courses; provide regular IE in-service trainings to teachers and head teachers; develop certificate courses for teacher aides; provide specific training on ' <i>learning disabilities</i> ', to teacher aides, head teachers and teachers in demonstration schools; strengthen MOE school cluster model, enabling experienced special school teachers supporting mainstream school teachers
Attitudinal Change	MoE continue awareness raising activities in schools and communities to improve attitudes and to facilitate IE; and work with Disability People's Organisations to develop advocacy strategies to raise awareness through different media about the right of CWD to quality education
IE resources	MOE: ensure all teachers are trained on Disability Toolkit / IE resources and all teachers and teacher aides are adequately resourced to support quality IE
Equipment	MoE: provide classroom equipment compatible to specific disabilities; and provide schools grants to fund equipment and assistive devices for specific disabilities
School infrastructure	MoE: train school management committees on IE management; institutionalise disability-accessible school designs / standards; and to incorporate accessibility principles in all infrastructure improvements
Education systems and structures	MOE:- Integrate teacher aides into the education system; Increase capacity of Special & IE Unit; reduce teacher transfers; strengthen IE networks between mainstream schools, NGOs, DPOs, & Special Schools; develop strategies to ensure manageable class sizes ; allocate on-going financial support to inclusive education; collaborate with ministries relevant to health, infrastructure, transport to facilitate IE; & strengthen the IE capacity / resources of secondary schools

Accessing Technical Assistance

While it is appreciated that Samoan initiatives need to be firmly rooted in local contexts, there are still potential gains, time and cost-efficiencies to be made by drawing on international IE experience, including that of Australia and New Zealand, especially in small systems when development initiatives can tax the capacity of limited in-country expertise. While it is recognised that recruitment of long-term in-country technical assistance is a less efficient use of funds, the judicious use of short-term technical assistance, where needed, might be considered.

Service Provider Coordination

Individual differences between service providers prevented maximum gain being made of the collective resources, expertise and services of service providers, had they functioned in a more collaborative and coordinated manner throughout SIEDP implementation. However, a major step forward was made in a 2015 IE workshop, wherein stakeholders met to identify individual focus areas, made efforts to eliminate duplication, and resolved to share resources, strengthen partnerships and coordination, and explore opportunities for organisational strengthening (Strategic Plans, Organisational Structures, Due Diligence Assessments).



Section 3

Conclusions and Recommendations



3.1 Conclusions

SIEDP implementation has brought gains for those children with disabilities within SIEDP's sphere of influence. Disability assessments have been conducted, referrals made, treatment and assistive devices accessed, and a number of CWD have accessed education programs - some in regular schools, and others in special schools. At the same time, awareness of the education rights and needs of CWD has increased (at the household, community and government levels) and the services of disability organisations have expanded, in scale. Service providers referred to their new understanding of inclusive education as involving a continuum of services for children with disabilities ranging from inclusion in regular classrooms through to more specialist support for children with high needs in special schools for. Appreciation has also grown of the need for different teaching and learning objectives, teaching / learning practices and measures of progress, for individual students, at different stages in the continuum.

However, while progress has been made, the completion of SIEDP did not result in the establishment of a fully-developed, sustainable inclusive education service delivery model. Continuing barriers to education for children with disabilities, as identified by stakeholders in the course of the present study, include: teachers not fully understanding the inclusion imperative and lacking skills to meet the specific needs of different children, bullying by other students, mobility constraints for children in wheel-chairs, transport difficulties, and parent perceptions of safety / protection risks. Further, available data suggests, girls with disabilities are not accessing education at the same rate as boys, and that Upolu schools have had a greater share of SIEDP resources than Savai'iian schools.

SIEDP implementation tended to be service-provider-oriented and service delivery-focused, rather than MESC-driven, inclusive education system development and capacity building-focused. Stakeholders conveyed a collective sense that SIEDP achievement was constrained by:

- insufficient ownership, oversight, and leadership by MESC,
- lack of systematic approach to the development on establishment of effective IE service delivery model and the specific systems, processes and quality assurance mechanisms therein
- insufficient focus on IE capacity building and professional development (with regards MESC, service providers, regular schools)
- lack of effective partnerships and coordination between all stakeholders including other government departments (*Ministries of Health / National Health Service; Works, Transport and Infrastructure; Women, Community and Social Development; Education, Sport, Culture*) and
- lack of ongoing results-oriented monitoring, reporting, information-sharing and program adjustment

However, the progressive spread of awareness, and the development of new understandings, knowledge, skills, behaviours, systems, and resources, involving multiple stakeholders, is a complex endeavour, requiring time. The transition to quality inclusive education for CWD is necessarily a process, a learning process, requiring fundamental changes in individual and collective attitudes and practices. Evaluative exercises, such as the present study, desirably contribute to the learning & change process.

Interestingly, the findings of the present study are aligned with international experience, which has shown an inclusive approach requires collaboration and appropriate preparation of all stakeholders (government departments, schools, family, para-professionals, education systems, and community), with implications for initial teacher education and in service professional development, ongoing monitoring of inclusive education quality standards; and measurement and reporting student outcomes (Aracy 2013). (See also Box 6 below.)

3.2 Opportunities

In terms of moving forward, there are number of factors conducive to furthering IE development in Samoa at the present time. In the first instance, inclusive education development continues to be a priority for both the Governments of Samoa and Australia, the MESC Inclusive Education Policy is now in place, funding is available from multiple sources and there are various models and resources which can be tapped.

There are two more years of funding available IE under the Education Sector Support Program.

An Australian-funded education sector technical advisory facility will soon be established, providing access to short term technical assistance as required. The Australian Awards Program complements DFAT's development priorities in Samoa, providing scholarships and other training opportunities. In this regard, the University of the South Pacific offers a Bachelor of Education (Special and Inclusive Education) (In-service) which may be undertaken by distance and part-time. Many Australian universities offer a range of Inclusive Education programs (Certificates, Diplomas, Degrees) via on-line delivery.

The National University of Samoa expressed willingness to explore opportunities to support inclusive education, as needs become more clearly defined. The Australian Pacific Technical College will trial the delivery of a Certificate III (Education Support) for Teacher's Aides (also potentially teachers) in 2017. A newly established functional computer lab, with internet access, located at Loto Taumafai School, might be suitable for inclusive education training purposes.

A parallel Australian Government-funded Disability Support Program in Samoa, implemented by the Ministry of Women, Social Development and Community, is supporting the GoS to realise its international commitment to the Convention on the Rights of Persons with Disability. Strengthening government ministries, and providing a disability-focused small grants scheme, are major initiatives under this program.

In terms of strengthening the Disability-related education data collection system, firstly, the next national census will be conducted in Samoa towards the end of the current year, including the Washington Group disability prevalence questions¹⁵ with the expectation of generating more comprehensive data on the scale of disability in Samoa. Secondly, a recent Pacific Regional Research Project commissioned by the Australian Government, has produced a set of Pacific Indicators for Disability-Inclusive Education ('Pacific Indies')¹⁶, providing a useful resource for MESC to consider in developing a monitoring system for inclusive education development. The recent inclusion of disability-data in the Fiji Education Management Information System, is a model relevant to Samoa.

A recent inclusive education action research project coordinated by the Queensland University of Technology¹⁷ piloted an approach to community mobilisation for inclusive education. Drawing on the

Box 6. International Good Practice in inclusive education (ARACY, 2013, p.17)

Good practice involves consideration of a wide range of aspects including:

- clear policy and guidelines for implementation;
- supportive and effective leadership;
- positive teacher attitudes;
- ownership, and acceptance;
- trained teachers, education assistants, and other personnel;
- involvement of parents in decision making;
- engagement of learners;
- flexible curriculum responding to individual need;
- a plan for ongoing teacher development; and
- the nurturing of communities of lead practice.

At a whole school level the cultures, policies, practices, and ethos of a school need to reflect an inclusive philosophy that seeks to identify and eliminate barriers to learning and to provide access for all students.

¹⁵ <http://www.washingtongroup-disability.com/>

¹⁶ CBM – Nossal Institute Partnership for Disability Inclusive Development (2016)

¹⁷ Pillay, H.; Carrington, S.; Duke, J.; Chandra, S.; Heeraman, J.; Tones, M; & Mani, R. (2015b).

*Index of Inclusion*¹⁸ (Booth & Ainscow 2011), the process implemented was intended to enhance understanding of disability-inclusive education and facilitate school planning for the same. This approach might be further explored as a strategy for building school-community capacity to identify and eliminate barriers inclusive education for local children, deciding their own priorities for change and to evaluating their progress.

Another available avenue for developing the inclusive education knowledge and skills of teachers is the on-line training provided by the UK-based OLT International (www.oltinternational.net). A range of relevant courses are available including: Personalised Learning & Support; Autism Spectrum Disorders; Behaviour Management; Motor Coordination Difficulties; Speech, Language and Communication Needs; Dyslexia and Reading Difficulties; Hearing Loss; Multi-sensory Impairment, Vision impairment and Effective Teaching and Learning. All courses, with the exception of one, entail approximately 20 hours of course work, involving a blend of tutor-supported face-to-face sessions, and self-paced on-line learning. There would be scope, if desired, to develop Samoan case studies, and to develop a cohort of Samoan tutors. The courses are available at very reasonable cost, and are used extensively by numerous Australian Departments of Education. NSW Education personnel have been instrumental in introducing the program to other states. The model may well be suitable for Samoa.

3.3 Recommendations

The Australian Aid program is committed to continuous strengthening of results-oriented rights-based programming and service delivery. The Government of Samoa is committed to providing quality education for all children, including children with disabilities, adopting an inclusive education approach.

Given there is two remaining years of funding for inclusive education under the current education sector support program, a number of recommendations are made, as follows:

Focus and Approach

- R1. that the next two year phase of IE development in Samoa focus on ‘consolidation’ of the IE service delivery model emphasising system development systems and capacity building, in preparation for further expansion under the next Samoa Education Sector Plan, adhering to the following principles:
 - focus on quality, equity, cost-effectiveness, and sustainability,
 - supporting MESC to takes the lead in IE development, and building MESC capacity in the process
 - pursuing a collaborative approach (possibly through the establishment of Working Groups related to each development area, involving representatives from relevant MESC division, DPOs, NUS, relevant government agencies, teachers and parents - and engaging external technical input where required)
 - ensuring CWD on Savai'i have equal access to quality education
 - ensuring the particular barriers faced by girls with disabilities are identified and fully addressed
 - award of contract to service providers is clearly designated service delivery or system development, with quality adherence, monitoring and reporting frameworks, and basis of payments, tailored accordingly
- R2. that a number of schools (in each district) be identified for designation as Inclusive Education Demonstration Schools, providing sites for the trialling of various approaches to inclusive

¹⁸ *The Index for Inclusion was designed as a framework for developing and supporting inclusive education. While originally developed in the UK, the Index has been used successfully in a range of international contexts to support the development of disability-inclusive policy, culture and practice..*

education development (and possibly later acting as inclusive education resource centres) and for developing and demonstrating a comprehensive approach to inclusive education

Strengthen the MESC IE Unit

R3. that:

- the relocation of the MESC IE unit be considered, from Curriculum, Assessment and Materials Development Division (CMAD), to Education Sector Coordination Division (ESCD) – given IE has implications for the whole of MESC and is not a CMAD- specific activity and ESCD has the mandate to coordinate
- MESC IE Unit staff be provided opportunities to upgrade their IE qualifications
- an IE Administrative Assistant position is established in the IE Unit to maximise use of expertise availed by the professional staff
- consideration be given to appointing an IE adviser to the MESC IE Unit over the next 24 month period, to support oversight of the various development activities planned, including development of Terms of Reference for the various studies proposed

Inclusive Education Standards

R4. that technical support be provided to MESC, to develop IE Standards / Guidelines¹⁹ covering all aspects of inclusive education, in all education institutions in the country, including regular, special, mission, private early childhood, primary, secondary and post-secondary schools and the National University of Samoa; addressing issues such as: inclusive enrolment criteria, curriculum and assessment adaptation, examination special provisions, use of assistive devices and special resources, infrastructure and facilities, transport, Teacher Aides, use of Individual Education Plans, interaction with disability service providers, gender equality, safety and protection, amongst other.

A short-term consultant might be appointed to work with MESC / stakeholders to progressively develop these standards / guidelines. Completion of these standards may depend on completion of developmental tasks in the discreet areas (referred to under the other recommendations).

School Disability-Inclusion Indicators

R5. That MESC establish the essential characteristics of a disability inclusive school (in response to barriers to education for CWD at school / community level), separately specifying process and input indicators, as a point of reference for school improvement planning, capacity building and monitoring change; involving teachers, parents, community members, children and other stakeholders; and using the demonstration schools as sites for this development; developing a school inclusiveness assessment tool; and integrating the final indicators into the Samoan Minimum Service Standards for Schools. Short-term technical input may be required to facilitate this task.

Special Schools and Service Providers

R6. That

- GOS / MESC, in collaboration with IE specialists and special school operators, establish a set of quality standards to guide the operations of all aspects of Special Schools in Samoa, and the delivery of IE services by other providers, together with a procedure for ensuring compliance with the same, and that these standards are used to assess the quality of services provided at the present time, identifying areas requiring strengthening, and proposing strategies and providing means to achieve the same; and

¹⁹ The Australian 'Commonwealth Disability Standards for Education 2005' are an example in this area. Refer: https://docs.education.gov.au/system/files/doc/other/disability_standards_for_education_2005_plus_guidance_notes.pdf

- that GOS / DFAT explore feasibility of phasing in, over a five year period, an annual Government grant to cover i) the operational costs of special schools and ii) the costs of continuing provision by service providers of IE assessment and referral, early intervention and community-based rehabilitation services, in line with service provider quality standards as proposed in RX above.

Child Protection Policy

R7. That MESC:

- review its draft Child Protection Policy (Violence-Free Policy) ensuring it includes adequate and appropriate provision for maximising the safety and protection of all children including children with disabilities, and development of an accompanying Guideline for Implementation, Reporting and Referral;
- develop a teacher in-service training program on implementation of the Child Protection Policy, trialling the training package and monitoring application of the same in the IE Demonstration Schools; a plan for the subsequent roll-out the Child Protection Policy to all schools.

IE Data Collection, Monitoring and Reporting

R8. That MESC:

- assess the quality of both MESC and service provider disability education-related data collection & reporting systems, making recommendations for the quality improvement of disability-related data collection, storage, reporting and use. A short-term consultant might be useful here, working closely with MESC personnel. The Fiji EMIS should be considered in the process.
- develop a harmonised consolidated IE data collection strategy, common to service providers and MESC; with reference to common diagnostic criteria; determining data to be collected in the annual school census and reported in the annual education statistical data-base, and develop a capacity building strategy in use of the same

Secondary Schools

R9. That MESC conduct a study on inclusion experience to date of CWD in secondary colleges, including the education progression CWD graduating from Grade 8 in past five years, into secondary school; making recommendations of changes required to ensure the maximum inclusiveness of secondary colleges and capacity building strategies required to achieve this.

Disability Identification, Assessment, Diagnosis and Referral System

R10. That MESC, in collaboration with Ministry of Health, disabled people's organisations, and other relevant ministries:

- conduct a thorough review of the current process of identifying children with disabilities, their assessment, diagnosis, referral, access to services and assistive devices and follow-up, identifying strengths / good practices, together with gaps, inconsistencies, duplications, and/or quality deficits in the process, and making recommendations for enhancement and required capacity building strategies to achieve the same; and
- develop and trial a systematic community-based approach to the identification of children with disabilities, involving community leaders (women, youth, church, traditional, other)

Early Intervention, Community-based Rehabilitation and Early Childhood Education

- R11. That MESC, in collaboration with disabled people's organisation, and other relevant ministries, conduct a review of the range of services currently being provided by different service providers in terms of Early Intervention, Community-based Rehabilitation and Early Childhood Education, identifying strengths / good practices, together with gaps, inconsistencies, duplications, and/or quality deficits in the process, and making recommendations for enhancement and required capacity building strategies to achieve the same;

Inclusive Education Community Awareness and Advocacy

- R12. That MESC, in collaboration with disabled people's organisation:
- review the effectiveness, coverage, and range of strategies that have been implemented to date to promote: positive attitudes towards disability, understanding of the right of CWD to education; support for the inclusive education of CWD – and make recommendations for a comprehensive community education strategy, taking stock of best practice internationally with regards 'communication for development' promoting positive behavioural change; and
 - conduct a small survey of the attitudes of children towards disability, making recommendations for, and the subsequent trialling of, a school-based program promoting inclusive attitudes and behaviours amongst students.

Individualised Teaching and Learning

- R13. That MESC:
- Conduct a study to review current practice vis-à-vis curriculum adaptation, assessment, examinations and the use of Individual Education Plans, by teachers of CWD, making recommendations for quality enhancement in these areas
 - That appropriate guidelines and a teacher professional development be developed in these areas

Comprehensive, Whole-of-School Approach to School Development of Inclusion

- R14. That MESC develop and trial a whole-of-school approach to the development of disability-inclusive primary schools, whereby school administrators. Activities that might be implemented at these schools would include:
- Assessing the disability inclusiveness of the schools, using the newly developed Inclusion Indicators (refer R 5 above), involving school, parents, community members and facilitators, and a school disability inclusion improvement and capacity building plan; progressively implement the plan (with external support in specific areas) and monitor change over time
 - Conduct a school / community mapping exercise to identify the range and number of CWD in the school catchment, and develop individual plans for their access to disability support services and education
 - Conduct a school-community mobilisation to promote IE, potentially using the Index of Inclusion model;
 - Identify suitable teachers for advanced training as IE resource teachers
 - trial, on a whole of school basis, school-based inclusive education capacity building covering critical topics (potentially using the 'On-line-training International' program, discussed in 3.2 above
 - possibly establish a School/Community Disability Committee for monitoring the progress of individual children, and school adherence to inclusion standards
 - developing disability inclusion specifications for school infrastructure, water and sanitation
 - trial program of disability awareness and elimination of stigma / discrimination amongst students; amongst other.

All or parts of this might be implemented as an Action Research Project, possibly supported by a University-contracted team, in association with the NUS, over a two-year period (whether funded under the Australian Development Research Award Scheme, the Education Sector Support Program, or the Education Sector Technical Assistance Facility).

IE Capacity Building

R15. That a short-term IE consultant be engaged to work with MESC / other stakeholders, to examine the full-range of inclusive education training needs of MESC and other stakeholders in different roles (teacher aides, regular school teachers, special school teachers, IE trainers, IE coordinators, NUS staff, amongst other), and develop a multi-dimensional cost-effective capacity building strategy meeting the needs of different groups and exploring innovative approaches to training delivery (use of technology, mobile phones, on-line learning). The following might be considered:

- Provide a small number of scholarships for Inclusive Education Certificate, Diploma or Degree (one year, on-line) offered by various Australian Universities or USP through the Samoa campus
- Ascertain interest of NUS lecturers to develop enhanced knowledge/practice in inclusive education, and explore opportunities for graduate study²⁰
- Consider offering the on-line training, in various aspects of special education offered by OLT International²¹ as discussed in 3.2 above, potentially as a school-based strategy for groups of teachers
- Develop IE Handbook for Teachers (consider adaptation of Fiji IE Handbook for Teachers) & provide in-service for teachers on the same
- Facilitate issue-focused in-Australia IE study tour, involving different categories of IE practitioners, to relevant IE locations including: Special Education unit of an Australian Education Departments; visits to special schools and to different types of regular schools that support CWD in different ways
- Explore scope for Samoan IE teachers (regular and/or special schools) spending a week or so attached to special schools or regular schools with CWD, in Australia
- Facilitate short-term placement of Australian IE teachers to Samoan demonstration or special schools for short periods of time. This might be done on a volunteer basis, with program covering travel and expenses. Twinning arrangements might be set up between specific schools
- Provide a small number of scholarships for training in specialisations including: speech therapy, occupational therapy, physiotherapy; audiology, amongst other

Inclusive at National University of Samoa

R16. That

- MESC facilitate a review of the inclusion education provision currently offered by the National University of Samoa, making recommendations to strengthen the same, in line with implementation of the Inclusive Education Policy and
- that NUS be facilitated to assessment its disability-inclusive status in relation to the newly developed inclusive education standards (refer R 4 above) and developing an NUS Inclusive Education Development Strategy.

²⁰ For example: <http://courses.mq.edu.au/2017/postgraduate/diploma/graduate-diploma-of-special-education>

²¹ <https://www.oltinternational.net/about-our-courses>; <http://www.oltaustralia.net>

Review, Strengthening and Institutionalisation of Teacher Aide Initiative

R.17 That MESC:

- conduct a comprehensive review of the Teacher Aide Initiative, as implemented to date under SIEDP, examining: position description, role, relationship with classroom teacher, other teachers and school principal, training, supervision, performance, supervision, remuneration, retention / turnover, terms and conditions of employment, criteria for assigning TAs to CWD, duration of association with individual CWD and CWD education outcomes, scale of demand, cost, institutionalisation within MESC, amongst other. Engage an independent IE specialist to lead the review, working closely with local stakeholders (involving MESC, service providers, NUS)
- Based on findings of TA study, develop a Teacher's Aide Policy Framework, including: Position Description, Training Pathways, Terms & Conditions of Employment, Remuneration Framework, Recruitment Procedure, prior qualification requirements, supervision structure, amongst other.

Inclusive Education Technical Advisory Group

R18. That DFAT establish a pool of inclusive education consultants who made be drawn upon at short notice to provide short-term technical, quality assurance or monitoring inputs, in support of DFAT, MESC, disability people's organisations or other, as required.

Next Steps

R19. That MESC / DFAT present the final report to stakeholders, consider the proposed recommendations, making amendments as appropriate, prioritise those selected for action, and determine next steps, allocating responsibility for the same.

ANNEXES



Annex 1

Terms of Reference

Overview and Evaluation Purpose

The Australian Department of Foreign Affairs and Trade (DFAT) and the Government of Samoa (GoS) wish to commission a joint, end-of-program evaluation of the Samoa Inclusive Education Demonstration Program (SIEDP) to assess it for effectiveness, impact, efficiency, sustainability and relevance. The evaluation will also identify lessons learned and key recommendations for consideration by the Education Sector to inform the next steps for Inclusive Education in line with its Education Sector Plan and Inclusive Education Policy.

Background

The Governments of Australia and Samoa have demonstrated an ongoing commitment to the inclusion of children with disabilities into the education system. Support for inclusive education is identified as a priority for support under the Samoa Australia Partnership for Development.

The high level outcome for the Samoa Inclusive Education Demonstration Program (SIEDP) was to contribute to the "increased access of boys and girls with disability to quality education." The scope of the SIEDP included girls and boys from birth to the end of secondary school. It had a particular focus on inclusion of girls and boys from remote and rural areas in Samoa and across a range of disabilities.

The aim was to demonstrate a model of service provision for girls and boys with disability for inclusive education which can be replicated and supported by the Government of Samoa in its future program development.

The program provided funds to the Ministry of Education, Sports and Culture (MESC) and two non-government organisations – SENESE and LotoTaumafai – to deliver core services, including providing:

- support, resources and information for families, parents and communities
- early intervention and support services
- teacher support and up-skilling
- further development of the enabling environment in Samoa for inclusive education
- ongoing program management and learning.

The SIEDP commenced in 2010 and concluded as a project in December 2015. As of July 2015 DFAT support had been rolled into the joint Samoa and New Zealand broader Education Sector Support Program (ESSP) that supports the implementation of Samoa's Education Sector Plan and utilises a Sector Budget Support modality, where funds are directly disbursed to Government of Samoa for allocation according to its key priorities. Under this arrangement, a portion of funding was reserved for Inclusive Education providers to access through a competitive grant process, in which DFAT and GoS assess and make joint decisions for successful applicants. Funding for Service Providers is now managed directly by the Ministry of Finance with Program management oversight by MESC. In December 2015 the successful applicants were SENESE, LotoTaumafai and Aoga Fiamalamalama. Future funding is contingent on achievement of results and meeting of requirements set out in the agreement and therefore limited to a 12 month period.

While it is envisaged that the evaluation will provide recommendations relevant to Inclusive Education initiatives led by MESC, it is also critical that recommendations are considered as part of the broader context of the Education Sector Plan where sector agencies, National University of Samoa and Samoa Qualifications Authority may also have a critical role to play in ensuring inclusive education is provided across the education sector - from ECE, primary, secondary to Post-Secondary Education and Training and Tertiary levels.

Expected outcomes of SIEDP

At the conclusion of SIEDP it was anticipated that the program would have led to the achievement of the following key outcomes:

1. Improved educational outcomes that are evident in access, retention and progression for both girls and boys with disability in both rural and urban areas in Samoa.
2. Families and communities increasingly advocating for and supporting the rights to inclusion of girls and boys with disability in all aspects of Samoan society.
3. A policy and practice environment in Samoa which is committed to continuous improvement and learning about inclusive education and which reflects strong government ownership.

Evaluation objectives, criteria and questions

The evaluation will cover all aspects of SIEDP since commencement of the program in 2009. The evaluation objectives and key questions to be answered by evaluation are as follows:

1. Relevance – was this the right thing to do?

- Did the program align with the purpose of the aid program, to promote Australia's national interest by contributing to sustainable growth and poverty reduction?
- Was the program important for the Government of Samoa and did it align with its development priorities?
- Did the program contribute to DFAT's economic diplomacy agenda?
- Was there a clear link between what the program delivered and objectives outlined in the Aid Investment Plan, Samoa's Education Sector Plan or similar document?
- Was the program in an area of Australia's comparative advantage and was Australia's value-add clear?
- Was the investment adaptive to changes to the economic, social or political context?

2. Effectiveness– did we achieve the results that we expected over the life of the program?

- Did the investment have realistic and measurable outcomes, supported by a robust logic and theory of change?
- To what extent has the program improved education outcomes for girls and boys with disability?
- To what extent were key outputs and activities achieved?
- How well was policy dialogue used effectively to influence and support investment outcomes?

3. Impact – what changes have occurred because of the program?

- To what extent are the parents of children with disability more engaged with their children's development and education?
- To what extent are the parents of children with disability more likely to advocate for the needs of their children and to encourage broad community acceptance of their rights to inclusion?
- To what extent is the community more aware of the needs of children with disability and more able to actively support these children?
- To what extent have children been mainstreamed into regular schools and to what extent have they been supported to actively participate in learning?
- To what extent has inclusive education been incorporated into the education sectors policies for teaching and learning?
- To what extent has the program addressed barriers to inclusion and opportunities of students with disabilities?
- To what extent has the program supported teachers and school administrators to respond to the particular needs of children with disability?
- To what extent has the program improved the ability of schools to improve the physical access to classrooms for children in wheelchairs or with limited mobility?
- To what extent has the program improved the early identification of the needs of children with disability and are their parents and families being supported to respond to these needs?

4. Efficiency – did the program make efficient use of Australia's and other partners resources to achieve program outcomes?

- To what extent were activities and outputs delivered on time and in a cost effective manner?
- To what extent did predicted budgets compare with actual expenditure?

- To what extent was the programs planned funding and timeframes sufficient to achieve intended outcomes?
 - Was there sufficient staff (both DFAT and partners) with necessary skills to manage the program?
 - To what extent were the program modality and implementation arrangements appropriate and proportionate to the outcomes sought?
 - To what extent were implementation arrangements harmonized with other development partners?
 - To what extent were implementation arrangements aligned with Government of Samoa's systems?
- 5. Monitoring and Evaluation – was an M&E system used to generate credible information which was used to measure progress towards meeting outcomes and for program improvement, learning and accountability?**
- To what extent is performance information available to easily assess achievement of outcomes?
 - To what extent was implementation progress tracked against a baseline where appropriate?
 - To what extent was there an M&E document that specified what would be assessed, by whom, when and where?
 - To what extent did the program allocate sufficient budget for M&E?
 - To what extent did the program's M&E arrangements assist to strengthen local capacity or M&E systems appropriately?
 - To what extent did M&E arrangements include the participation of beneficiaries?
 - To what extent were reviews for the program of good quality and used to make decisions for adjustments to the program?
- 6. Assess program sustainability – will the benefits last?**
- To what extent has the program contributed to the institutional strengthening of MESC so that they are able to take forward ideas and strategies developed in this sector?
 - To what extent has the program helped non-government organisations to develop their capacity to deliver programs, build networks and contribute to policy relating to disability?
 - To what extent has the program had a high level of ownership amongst country partners and how is this demonstrated?
 - To what extent is there evidence that benefits from the program will continue after Australia's funding completes?
 - To what extent was there a clear exit strategy and risks to sustainability appropriately managed?
- 7. To identify lessons learned and cross cutting issues**
- What lessons have been learnt from this program and what recommendations can be addressed in future programs?
 - To what extent have additional barriers to the education of girls with a disability been identified and addressed?
 - To what extent have community attitudes to girls with disability improved and to what extent does the community understand the particular needs of girls with disability?
 - To what extent did gender equality gaps and opportunities inform this program?
 - To what extent did the M&E system collect gender-disaggregated data and include indicators to measure gender equality outcomes?
 - To what extent did the program have access to sufficient expertise and budget allocated to achieve positive gender equality outputs and outcomes?
 - To what extent, as a result of the program are partners incorporating gender equality in their own policies and processes?
 - To what extent has the model demonstrated through SIEDP lead to sustainable practices?

Evaluation team composition, roles and responsibilities

In addressing the objectives of this ToR and to ensure the independent nature of the evaluation, we envisage that the evaluation will be undertaken by a small multi-disciplinary team.

The review will be led by an experienced evaluator who has worked on both education and inclusive education evaluations in a development context in the Pacific and/or Samoa. Experience working with non-government organisations will also be important.

The team leader will be supported by a local counterpart from either the Ministry or a non-government organisation, who is familiar with the education sector in Samoa. They will ensure the accuracy of the information and provide advice on the local context.

The evaluation team will be supported by DFAT representatives (DFAT Desk and Post – Education and Disability Program Managers) and Government of Samoa. The team will be accompanied by the following:

- DFAT representative: DFAT Samoa Desk Officer
- Government of Samoa representative/s (MESC/ MOF)

Engagement with key stakeholders in Samoa

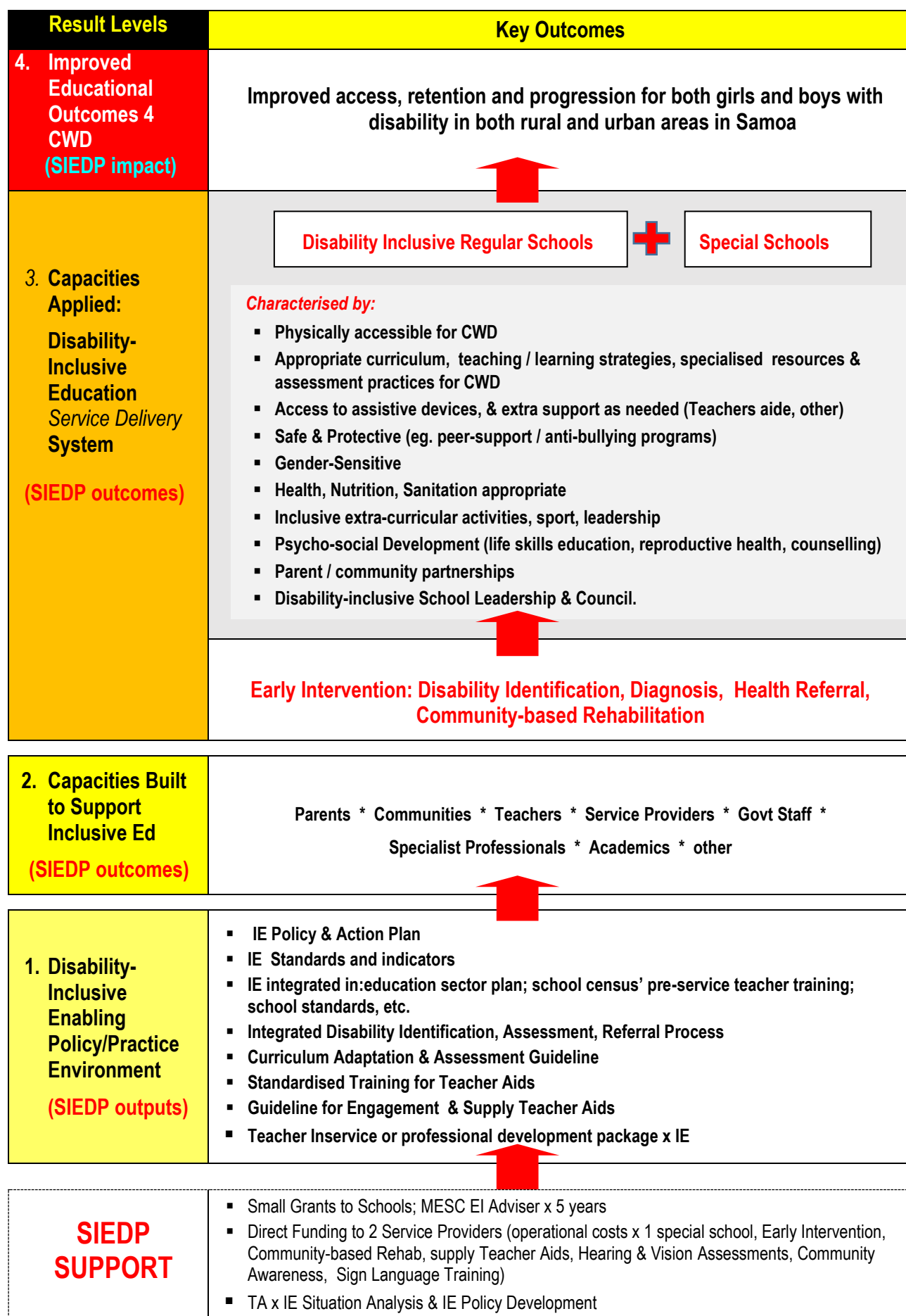
In support of a consultative and participatory approach, the evaluation team will be expected to engage with a number of key stakeholders. These stakeholders to include: relevant Government of Samoa officials (MoF Aid Coordination, MESC, SQA and NUS); government, private and special schools; school committees, principals, teachers, parents and students; NGOs/service providers; People with disabilities including NOLA and students with disabilities.

The results of the evaluation will be reported and disseminated to MESC, DFAT, relevant partner government institutions and other key stakeholders. The Partners reserve the right to publish the evaluation online.

Annex 2
Samoa Inclusive Education Development Model



INCLUSIVE EDUCATION DEVELOPMENT FRAMEWORK



Annex 3

Evaluation Framework



Result Levels	Evaluation Questions	Data Source
4. Improved education access, retention, progression for children with disabilities	<ul style="list-style-type: none"> To what extent has the program improved education outcomes for girls and boys with disability? 	Data provided by MESC & service providers 2009-2016
3. Disability-Inclusive Schools and support systems	<p>To what extent has:</p> <ul style="list-style-type: none"> SIEDP addressed barriers to education for children with disabilities? have children been mainstreamed into regular schools? has the program improved the ability of schools to improve the physical access to classrooms for children in wheelchairs or with limited mobility? are parents and families being supported to respond to needs of CWD? Are families and communities increasingly advocating for and supporting the rights to inclusion of girls and boys with disability 	<p>Data provided by MESC & service providers 2009-2016</p> <p>Stakeholder consultations</p> <p>School & Classroom Observation</p>
2. Stakeholders capacities built to support Disability-Inclusive Education	<p>To what extent:</p> <ul style="list-style-type: none"> has the program supported teachers and school administrators to respond to the needs of children with disability? are the parents of children with disability more engaged with their children's development and education? is the community more aware of the needs of children with disability and more able to actively support these children? has the program helped non-government organisations to develop their capacity to deliver programs, build networks and contribute to policy 	<p>Stakeholder interview (teachers, TAs, parents)</p> <p>Service Provider Focus Group Discussion</p>
1. Disability-Inclusive ENABLING Policy / Program Environment	<ul style="list-style-type: none"> has the program contributed to the institutional strengthening of MESC so that they are able to take forward ideas and strategies developed has inclusive education been incorporated into the education sectors policies for teaching and learning has the program improved the early identification of the needs of children with disability? 	<p>Interview MESC Division staff</p> <p>Review MESC Policy documents</p> <p>Interview service providers, parents</p>
Development Assistance	<ul style="list-style-type: none"> Did the investment have realistic and measurable outcomes, supported by a robust logic and theory of change? Did the program align with the purpose of the aid program Did the program align with the Government of Samoa development priorities? 	Review design documents x DFAT & GOS policy documents
Implementation	<ul style="list-style-type: none"> were activities and outputs delivered on time, on budget, in a cost effective manner? was planned funding and timeframes sufficient to achieve intended outcomes? were staff (DFAT and partners) sufficient, with necessary skills to manage the program? were program modality and implementation arrangements appropriate to outcomes sought? was implementation harmonized with other development partners? were implementation arrangements aligned with Government of Samoa's systems? 	Review SIEDP monitoring reports & steering committee meetings Stakeholder interviews
Monitoring	<ul style="list-style-type: none"> is performance information available to easily assess achievement of outcomes? was implementation progress tracked against a baseline where appropriate? was there an M&E document that specified what would be assessed, by whom, when and where? did the program allocate sufficient budget for M&E? did the program's M&E arrangements assist to strengthen local M&E systems? did M&E arrangements include the participation of beneficiaries? were program quality reviews used to make decisions for adjustments to the program? 	Document Review Interview SIEDP adviser, DFAT officer & Steering Committee members
Ownership & Sustainability	<ul style="list-style-type: none"> did the program have a high level of local ownership and how is this demonstrated? is there evidence that benefits will continue after Australia's funding completes? was there a clear exit strategy and risks to sustainability appropriately managed? 	
Gender	<ul style="list-style-type: none"> Were additional barriers to the education of girls with a disability identified -addressed? did gender equality gaps and opportunities inform this program? did the M&E system include indicators to measure gender equality outcomes? did the program have access to sufficient expertise and budget allocated to achieve positive gender equality outputs and outcomes? Were community attitudes to girls with disability improved are partners incorporating gender equality in their own policies and processes? 	

Annex 4

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Annex 5
In-Country Evaluation Schedule

Date	Meetings
Tuesday 16 August	• Briefing with DFAT – Education
	• MESC – IE Coordinator
	• MESC Education Sector Coordination Division
	• NOLA – Advocacy Group for People with Disabilities
Wednesday 17 August	• SENESE and visit their offices
	• MOF
Thursday 18 August	• SENESE – Meet parents
	• Samoa Blind Persons Association
	• SQA
	• Meet DFAT Disability Program Coordinator
Friday 19 August	• Loto Taumafai School
Monday 22 August	• Aoga Fiamalamalama
	• APTC Country Manager
	• MESC Policy, Planning and Research Division
Tuesday 23 August	• Meet MESC Operations Division
	• Meet ex-SIEDP Adviser
Wednesday 24 August	• Mota’a Primary School
	• Vasaili Primary School
	• Afega Pri Sch
Thursday 25 August	• Catch ferry to Savai’i – Site visits
	• Amoa College
	• Asaga Pri sch
	Saleaula Pri Sch
Friday 26 August	• Meet Loto Tamaufai CBR Team
	• Palauli Primary Sch
	• Gautavai Pri Sch
	• Salailua Pri Sch
Sat 27 August	• Catch ferry back to Upolu
Monday 29 August	• Samoa Primary School
	• Lepa College
	• Sana’apu Primary School
Tuesday 30 August	• National University Samoa (NUS)
	• Ministry of Women...
	• Ministry of Health, National Health Service
	• USP
	• MCIL
	• DFAT
Wednesday 31 August	• Stakeholder Workshop
Thursday 01 September	• Prepare Aide Memoire
	• Meet with DFAT
	• Aide Memoire presentation to IE Stakeholders

Annex 6

Samoa Inclusive Education Policy for Students with Disabilities - Key Aspects

The Samoa Inclusive Education Policy for Students with Disabilities (IEPSD) 2014 is aimed at realising the rights of students with disabilities, from birth to 21 years of age, to a meaningful education. A meaningful education means students with disabilities not only access education but derive meaningful benefit from it through developing knowledge, skills and values that enrich their lives and their overall experience of living, participating and contributing in their communities and society.

Vision

A national inclusive education system, providing quality education that:

- satisfies basic learning needs, and enriches the lives and overall experience of living of all children, youth, and adults of diverse characteristics and backgrounds, within a culture based on respect and acceptance.

The Inclusive Education Policy for Students Living with Disability provides a framework articulating the key components of an enabling environment for Inclusive Education in Samoa, as summarised below.

IEPSD Definition of Inclusive Education:

- a rights-based approach to education, recognising and realising the right to education of all children, taking full part in school life, and achieving desired outcomes from their educational experiences (access, participation, and achievement);
- acknowledging that education for some children living with extensive disabilities, may not be in a regular school environment

Key Principles Underpinning IEPSD:

- human right-based approach, founded on belief that education is a basic human right and all children have the right to learn and be educated.
- Recognition that that students with disability will require reasonable, even, significant education adjustments related to their specific impairment in order to have effective access to education, training, health-care and rehabilitation services, and to participate on an equal basis with others in play, recreation and leisure, and sporting activities,
- recognition of need to promote policies, strategies and practices that eliminate existing inequalities in access, treatment and outcome for students vulnerable to exclusion and marginalisation.
- requires changes and modifications in policy, structures, content approaches and strategies, teacher training and professional development.
- Inclusive education requires a partnership within and across communities, government, development partners, service and advocacy organisations, families.

Samoa Inclusive Education Policy for Students with Disabilities

The Samoa Inclusive Education Policy for Students with Disabilities is aimed at realising the rights of students with disabilities, from birth to 21 years of age, to a meaningful education, whereby students with disabilities not only access education but derive meaningful benefit from it through developing knowledge, skills and values that enrich their lives and their overall experience of living, participating and contributing to their communities.

The IEPSD opens with a statement of commitment by the Ministry of Education Sports and Culture (MESC) to the provision of high quality inclusive education to all students, irrespective of race, ethnicity, gender, socio-economic background and ability, within a school culture based on respect and acceptance.

The IEPSD acknowledges there are various groups of students who are vulnerable to exclusion from successful education outcomes, each requiring dedicated efforts to ensure their inclusion in quality education programs. Different forms of exclusion may potentially be experienced by different groups of children at different stages in the education process. Education vulnerability may variously derive from: disability, giftedness, pregnancy, abuse, bullying, poverty, behaviour, levels of achievement, geographic location, amongst other. What is

important is critical stakeholders proactively recognising potential barriers to education achievement for different children and taking the necessary actions to eliminate these.

The Inclusive Education policy acknowledges that the *inclusion of all children* in quality education programs, requires enabling environments that ensure children, in states of learning-readiness, have daily access to learning environments,; with teachers (or other learning facilitators) fully equipped to identify and respond to the diverse needs of *all* learners.

As part of the overall education strategy on inclusive education, the Inclusive Education Policy for Students Living with Disability (IEPSD) 2014 addresses the issues and needs of a *specific group* of vulnerable students – those with disabilities, and provides a framework for the creation of the enabling environments that will facilitate access of these particular students to quality education. In so doing, the Policy recognises the multiple barriers to education for children with disabilities.

It applies to all relevant government ministries and agents, early childhood centres, all schools, and post school education training organisations, non-government disability service providers, disability advocacy organisations, and special schools who provide services to people living with disability.

Disability Categories

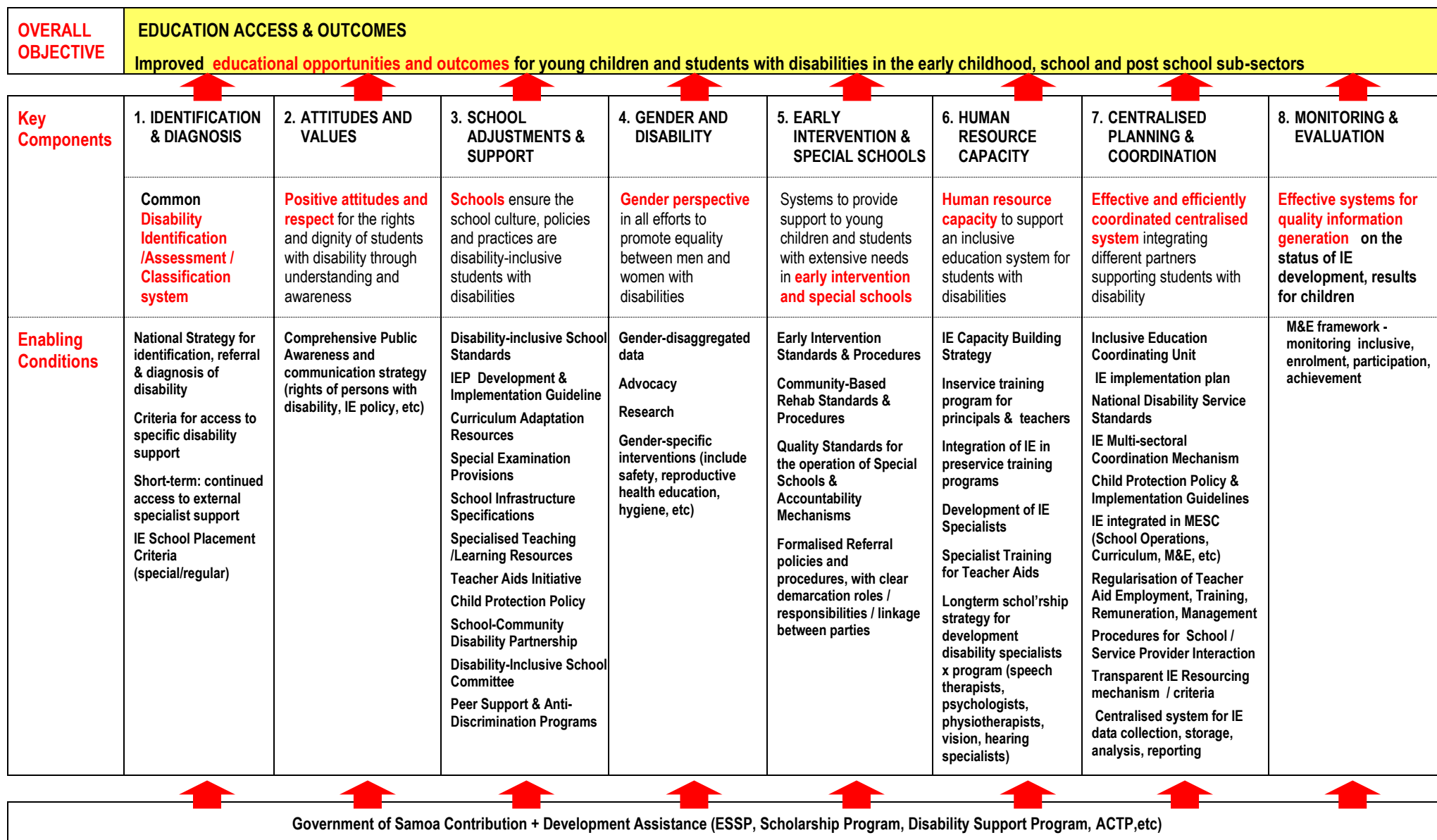
The Samoa Inclusive Education Policy for Students with Disabilities, adopts the WHO International Classification of Functioning, Disability and Health which defines disability as:

involving the long term impairment of body structure and function, and the experience of activity limitation and participation restriction for an individual as a result of the dynamic interaction between his or her health conditions, environmental factors, and personal factors (WHO 2001),

The following Disability Categories are specified:

Disability Category	Disability Type	Indicative examples
Physical	Physical disability	<ul style="list-style-type: none"> • Cerebral palsy • Amputation • Spinal cord injury, spina bifida and like conditions • Muscular dystrophy • Multiple trauma • Acquired or traumatic brain injury
	Chronic medical condition	<ul style="list-style-type: none"> • Arthritis • Auto-immune diseases • Extensive burns • Cystic fibrosis • Cancer
Cognitive	Intellectual disability	Includes intellectual disability of unknown cause as well as chromosomal disorders such as Rhett's Syndrome, Down's Syndrome, Fragile X.
	Learning disability	Includes dyslexia and speech and language disorders which require ongoing long-term support and related diagnoses.
	Global development delay	This term is applicable only to children who have or may have an intellectual disability that have been diagnosed prior to age 6.
	Autism spectrum disorder	Includes Autism, Asperger's syndrome and like diagnoses.
Sensory	Vision impairment	Excludes students whose visual impairments are rectified with the use of glasses and/or contact lenses.
	Chronic long-term or conductive hearing loss	Includes students with a hearing impairment that require ongoing long-term support.
Social / emotional	Severe behaviour disorder	<ul style="list-style-type: none"> • Attention Deficit Hyperactivity Disorder (ADHD)
	Mental Health (psychiatric disorder) and/or social/emotional disorder	<ul style="list-style-type: none"> • Schizophrenia, Bipolar disorder and like psychoses • Depression, anxiety and like states

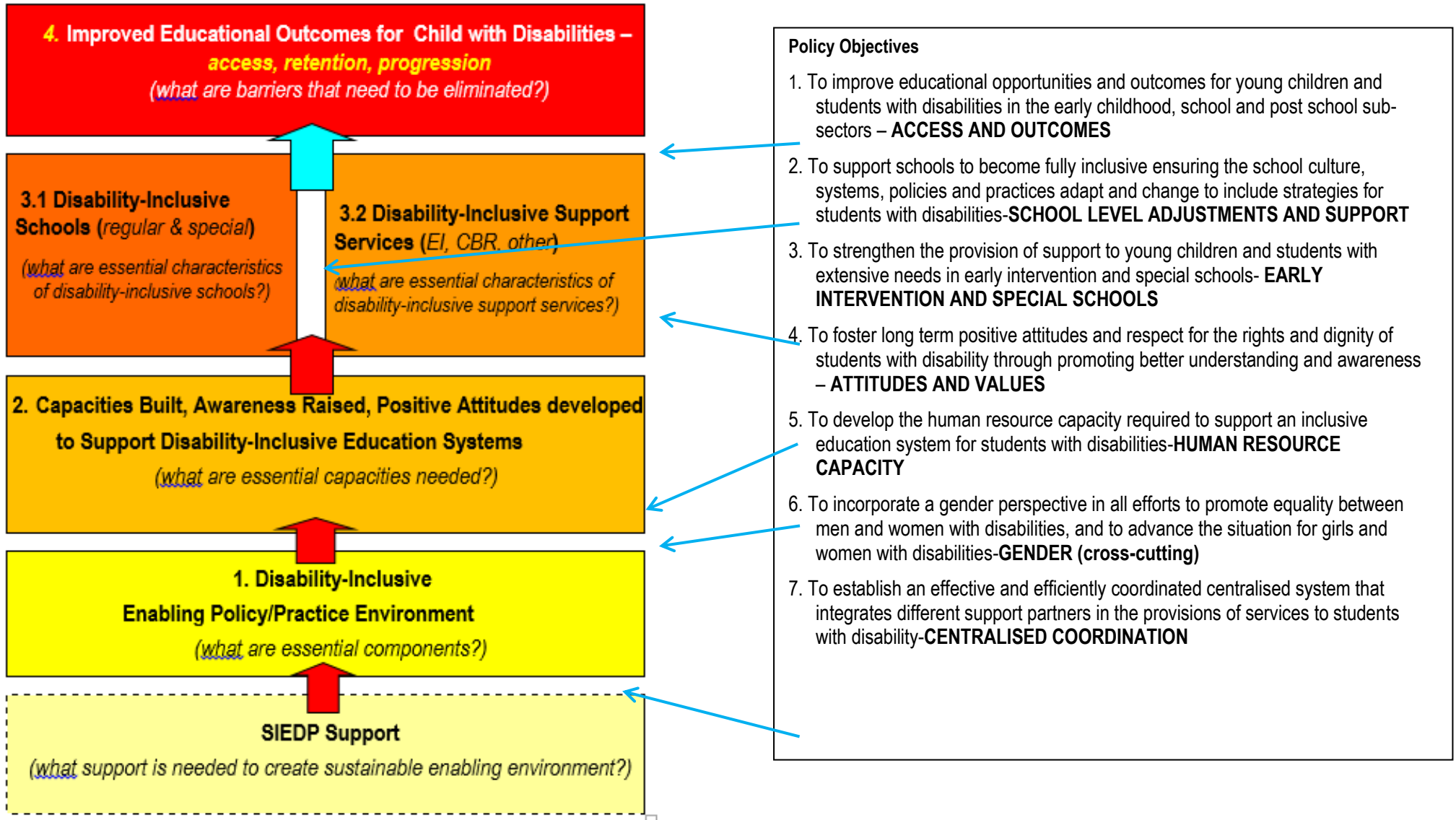
Samoa Inclusive Education Policy for Students with Disabilities



Annex 7 – IE Development Model Mapped against Inclusive Education Policy

Samoa Inclusive Education Policy Vision

A national inclusive education system providing quality education that satisfies basic learning needs, enriches the lives and overall experience of living of all children, youth, and adults of diverse characteristics and backgrounds, within a culture based on respect and acceptance.



Annex 8

LOTO TAUMAFAI DATA



Table 1 - Loto Taumafai Enrolment of Children with Disability 2009 – 2016 x Disability x Gender

	2009		2010		2011		2012		2013		2014		2015		2016		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
Intellectual Imp'mnt	8	9	13	9	13	9	26	10	28	10	31	12	27	15	29	16	45
Physical Disability	15	5	22	10	22	15	27	19	27	19	23	18	20	9	23	6	29
Hearing Impaired	12	7	14	6	12	6	16	9	16	9	16	9	10	12	8	9	17
Speech Impairment	7	10	7	10	6	9	8	10	8	10	7	6	4	5	3	10	13
Down Syndrome	5	6	5	6	5	6	5	7	5	7	4	7	5	3	3	6	9
Hemiplegia	8	5	8	5	7	5	8	5	7	5	6	5	5	3	4	3	7
Autism	2	4	2	4	2	4	2	4	3	4	1	4	1	1	1	5	6
Cerebral Palsy	9	4	9	4	4	4	4	4	3	4	3	4	5	2	1	4	5
Vision Impaired	3	5	3	3	3		5	3	5	3	5	3	3	1	2	1	3
Total – B	69		83		74		101		10		96		80		74		
Total - G		55		57		58		71		71		68		51		60	134
G:B ratio	8:10		7:10		8:10		7:10		7:10		7:10		6:10		8:10		
TOTAL	124		140		132		172		173		164		131		134		

Observations:

- Considerably more boys than girls enrolled, every year, since 2009 – ranging from 20-40% more boys
- The difference in student numbers at LT between 2009 and 2016 is 10; or an increase of 12%
- Teacher : student ratio in 2016 is 1:10; teacher : student ratio in 2009 was 1: 25; number of teachers has almost tripled since 2009; Number of Teachers' Aids has doubled;
- In 2016, the Teacher Aid:Teacher Ratio is 2:3; Teacher Aid: Student ratio is 1:13 (compared to 1: 10 in 2009)
- The number of IE/CBR field-workers has increased by one, since 2009
- Note: some children are likely to have multiple disabilities. If the same child is counted more than once against different categories (in table above), calculations informing observations will be out

Table 2 – Loto Taumafai Enrolment 2009 – 2016 x gender x Grade

GRADE	2009		2010		2011		2012		2013		2014		2015		2016	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
1	9	8	18	11	12	9	13	10	25	16	21	10	14	5	10	6
2	13	7	6	10	7	11	12	8	5	7	7	12	7	7	9	5
3	6	2	6	3	5	10	10	15	6	8	3	11	5	7	8	7
4	10	11	6	5	8	5	7	10	5	6	11	7	4	6	5	7
5	4	6	10	15	9	6	10	5	6	8	5	6	7	6	7	4
6	9	3	9	6	5	6	9	6	8	5	5	2	6	4	9	6
7	4	5	5	5	9	4	13	8	11	6	9		4	3	4	4
8	6	6	4	5	6	8	10	4	4	6	6	8	8	1	8	1
9							6	3	10	4	7	3	8	1	7	2
10									6	6	4	6	3	6	3	5
11											5	6	3	7	2	6
Total – B	61		64		61		90		86		83		69		61	
Total - G		48		60		59		69		72		71		53		48
TOTAL	109		124		120		159		158		154		122		109	
VU	15	0	16	0	12	0	13	0	15	0	10	0	9	0	9	0

Table 3. LotoTaumafai School Student Numbers x Gender x Disability x AGE-2016

AGE	Hearing Impaired		Vision Impaired		Intellectual Impairment		Speech Impairment		Cerebral Palsy		Autism		Physical Disability		Down Syndrome		Hemi-plegia		TOTAL		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
6									1						1				2		2
7						1			1								1		2	1	2
8		2		1	3	4					1								4	7	11
9	2						2				1				2				7	0	7
10	2	1			2	2	1	1					1			1			6	5	11
11	1	3				1				1	1				4		1		6	6	12
12	2				3	2	1	1	1		2	1							9	4	13
13	1	3			2						1		1	1			1		5	5	10
14					2		1	1								1			3	2	5
15	2		1		2	1	1									2			6	3	9
16	2	1	1	1	3		3										1		10	2	12
17	1	1			3	3		1					1						4	6	10
18		1					2												2	1	3
19	1	4			2				2	1									5	5	10
20 +	1	1			4	4	1	2	1				2						9	7	16
Total-B	15		2		26		12		6		6		4		7		2		80		
Total-G		17		2		18		6		2		1		2		4		2		54	
TOTAL	32		4		44		18		8		7		6		11		4				134

Table 4. LotoTaumafai School Student Numbers x Gender x Disability x GRADE-2016

GRADE	Hearing Impaired		Vision Impaired		Intellectual Impairment		Speech Impairment		Cerebral Palsy		Autism		Physical Disability		Down Syndrome		Hemi-plegia		TOTAL		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
1					3	5	1		1						4	1	1		10	6	16
2	1	2			3	2			1		2	1			2				9	5	14
3	2	1		2	1	2	1				2		1		1	1		1	8	7	15
4	1	2			1	2	2	1	1	1						1			5	7	12
5	2	2	1		3			1			1					1			7	4	11
6	2	2			5	1				1	1		1	1				1	9	6	15
7	2	1			2	2		1											4	4	8
8	2				2	1	3		1										8	1	9
9	1	1			2	1	3										1		7	2	9
10	3	1				1	1	1					1						5	3	8
11	3		1		1			2						1					5	3	8
VU	1				4		1		2				1						9		9
Total-B	20		2		27		12		6		6		4		7		2		86		
Total-G		12		2		17		6		2		1		2		4		2		48	
TOTAL	32		4		44		18		8		7		6		11		4				134

Table 5 – Number of Loto Taumafai Teachers & Teachers' Aids X Gender, 2009- 2016

year	2009			2010			2011			2012			2013			2014			2015			2016		
gender	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Teachers	1	4	5	1	5	6	1	6	7	1	6	7	1	6	7	1	6	7	2	9	11	4	10	14
Teachers Aid	3	2	5	3	2	5	3	2	5	3	2	5	3	2	5	3	2	5	4	2	6	5	5	10
Trainee TA																			2		2	10	2	12
Fieldworkers	7	5	12	7	5	12	7	5	12	7	5	12	8	5	13	8	5	13	6	7	13	6	7	13

Table 6 – Loto Taumafai Staff Qualifications, 2016

	Grade 8	Grade 11	Teaching Cert.	Degree	ECE Cert	Cert III Disability	Cert IV Disability
Teachers			10	4			
Teacher Aides	12				6	4	
Fieldworkers						11	6

Table 7 - Early Intervention – Number of Children - 0-3 Years - UPOLU & SAVAI'I

	2009		2010		2011		2012		2013		2014		2015		2016	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
UPOLU																
Hearing Impaired																1
Vision Impaired																
Intellectual Impairment				1		3		1	1	1	1		2	1		1
Speech Impairment							1									
Cerebral Palsy	2	3	1	2	6	6	1	5	5	4	8	5	3	5	3	4
Autism																
Epilepsy											1			1		1
Physical Disability	1		2	1	1	2	1	2	1	1	1	1	1	2	1	2
Down Syndrome	2	1		1		3		3	1	3	3	1	3	1	3	
TOTAL – B/G	5	4	3	5	7	14	3	11	8	9	14	7	9	10	7	9
TOTAL	9		8		21		14		17		21		19		16	
SAVAII																
Hearing Impaired																
Vision Impaired																
Intellectual Impairment	1		1		1											
Speech Impairment									1		1		1		1	1
Cerebral Palsy	2	1	1	1	2	2	3	1	3	1	1	2	3	2	3	1
Autism																
Epilepsy															1	
Physical Disability	1		1		1	1										
Down Syndrome											1		1		1	1
TOTAL- B/G	4	1	3	1	4	3	3	1	3	2	2	3	4	3	5	3
TOTAL	5		4		7		4		5		5		7		8	

Table 8 - Early Intervention – Number of Children – 4-5 Years - UPOLU & SAVAI'I

	2009		2010		2011		2012		2013		2014		2015		2016		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
UPOLU																	
Hearing Impaired			1								1		1				
Vision Impaired																	
Intellectual Impairment	1		2		1		3	1	1	2		3		2	3	1	4
Speech Impairment	1				1								1		1		1
Cerebral Palsy	2	3	4	5	8	4	6	3	6	2	5	5	8	4	6	3	9
Hydrocephalus																	
Muscular Dystrophy	2	1					1		1		1						
Autism	1				1				1	1		1					
Physical Disability				1					1	1	3	2	2	1		1	1
Down Syndrome			2		2					1		3	1	2	2	1	3
SAVAII																	
Hearing Impaired																	
Vision Impaired																	
Intellectual Impairment	1		8	5	1		1	1	1	1						1	1
Speech Impairment													1				
Cerebral Palsy	1	4	6	4	2	2	3	2	2	1	4	1	4	1	2	1	3
Hydrocephalus															1		1
Autism			1														
Physical Disability				1			1		1								
Down Syndrome		1	1	3													



Table 9 – Loto Taumafai Community-based Rehabilitation – Children Aged 6-20 Years

	2009		2010		2011		2012		2013		2014		2015		2016		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
UPOLU																	
Cerebral Palsy	10	10	15	11			19	14	22	15	25	17	28	19	32	23	55
Intellectual Impairment	4	1	5	1			13	5	18	6	17	6	17	7	19	7	26
Physical Disability	1	1	2	1			6	3	3	4	3	3	3	4	8	8	16
Autism		2	1	2			1	2	1	2	1	2	2	3	2	3	5
Down Syndrome	2		2				2		2		2		3	1	2	3	5
Speech Impairment					1		1		1		2		2		2		2
Hearing Impaired	1		1				1		1		2					1	1
Vision Impaired	1		1				1		1		2		1		0		0
Upolu Total															65	45	110
SAVAII																	
Cerebral Palsy	6	4	6	12	7	14	8	10	9	11	11	10	11	8	15	9	24
Intellectual Impairment	8	5	10	5	10	5	9	4	6	4	9	6	6	5	6	7	13
Epilepsy								2	3	2	1		2	2	2	1	3
Down Syndrome	1	3	2	5	3	5	3	2	2	2	2	1	2	1	2	1	3
Physical Disability					1		2		2		3		2		2		2
Hemiplegia		1		2		3		3		3		3		3		2	2
Autism	1		1		1		1		1		1		1		1		1
Hearing Impaired				1		1											0
Vision Impaired												1					0
Speech Impairment			1														0
Savai'i Total															27	20	48
Grand Total 2016 (U+S)															92	65	158

Note:

The numbers in Table 7 above represent the total number of children on Loto Taumafai books, each year, including children carried over from previous year, or new children added in each year. Clients are carried over from year to year and either remain in the program until age 20, or are removed from program for reasons such as migration, or death. Additions to the program are due to late referral or migration as well etc.

Table 10. Community-based Rehabilitation – Number x Gender x Age x Disability x 2016																	
UPOLU	Hearing Impaired		Vision Impaired		Intellectual Impairment		Speech Impairment		Cerebral Palsy		Autism		Physical Disability		Down Syndrome		Total
Age	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
6		1				2			2	3			2	1		2	13
7							1		3	2		1		3			10
8					1	1			2		1					1	6
9					1				4	2			1				8
10					3				3	1				1			8
11					2	2			2	2	1		2				11
12					4	1	1		1	2				1	1		11
13					3				2	1			1				7
14					1				3			1			1		6
15					1	1			2	3			1	1			9
16					2				2	2				1			7
17									1								1
18									2	1		1					4
19					1				2	2							5
20									1	2			1				4
Total-B	0		0		19		2		32		2		8		2		65
Total-G		1		0		7		0		23		3		8		3	45
TOTAL		1		0		26		2		55		5		16		5	110

SAVAII	Hearing Impaired		Vision Impaired		Intellectual Impairment		Speech Impairment		Cerebral Palsy		Autism		Physical Disability		Down Syndrome		Total
Age	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
6									3	1							4
7					1				1								2
8						1			1	1			1				4
9					1				2	1							4
10									1								1
11					1	1			2	1					1		6
12										2				1		1	4
13									1				1				2
14																	0
15						1				1				1			3
16					1	1											2
17									1		1			1			3
18					1					2						1	4
19					1	2									1		4
20						1			4								5
Total	0		0		13		0		25		1		5		4		48
Total-B	0		0		6		0		16		1		2		2		27
Total-G		0		0		7		0		9		0		3		2	21

Annex 9

FIAMALAMALAMA DATA

Table 1 – Fiamalamalama Enrolment 2009 – 2016

	2009		2010		2011		2012		2013		2014		2015		2016		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	T
Intellectual Impairment	17	2	17	2	17	4	12	8	13	9	10	11	18	12	18	12	30
Speech Impairment	6	3	6	3	10	5	10	4	13	6	13	7	11	7	11	5	16
Downes Syndrome	8	3	8	3	7	4	7	4	8	4	8	4	9	5	9	5	14
Hearing Impaired	6	3	6	3	3	2	3	1	3	2	3	2	6	3	6	4	10
Vision Impaired	0	0	0	2	0	2	0	4	3	4	3	3	6	3	6	3	9
Austism	2	0	3	0	4	1	4	1	5	1	5	1	5	2	5	3	8
Physical Disability	6	0	7	0	4	0	4	1	3	2	3	2	1	0	1	0	1
ADHD	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	1	1
Cerebal Palsy	2	0	2	0	1	0	1	0	2	0	0	0	0	0	0	0	0
Total – B/G	47	11	49	13	46	18	41	23	50	28	47	30	56	33	56	33	
TOTAL	58		62		64		64		78		77		89		89		

Table 2 – Fiamalamalama Staff Numbers 2009 -2016

Grade/Year	2009		2010		2011		2012		2013		2014		2015		2016	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Teachers	0	5	1	4	0	6	0	6	1	7	1	7	1	7	1	5
Teacher Aides	0	0	0	0	1	0	1	0	0	0	2	0	2	0	0	3
Other staff	1	0	1	0	1	1	1	1	1	2	1	2	2	1	3	1

Table 3 – Fiamalamalama Staff Qualifications 2016

	Teaching Cert	Degree	ECE Cert	Cert III Disability	Cert IV Disability	Cert IV Youth
Teachers	1			4	1	1
Teachers Aids						
Physio-Therapist				1		

Annex 10

SENESE DATA

Table 1 – SENESE Data on Enrolment of CWD in Regular Schools (Primary+Secondary) x disability x gender

	2010		2011		2012		2013		2014		2015			2016	
	B	G	B	G	B	G	B	G	B	G	B	G	T	B	G
Hearing Impaired							57	28	60	22	55	46	101	65	64
Vision Impaired							9	18	29	21	20	22	42	10	21
Intellectual Impairment							15	17	23	17	33	17	50	36	28
Speech Impairment							5	6	16	6	18	12	30	18	15
Cerebral Palsy							1	2	2	2	2	2	4	2	3
Autism							4	1	4	1	7	1	8	7	1
Physical Disability							9	5	9	5	4	6	10	4	6
Downs Syndrome							1	5	2	5	4	5	9	4	5
Total - B							101		145		143			146	
Total - G								82		79		111			143
TOTAL							183		224		254			289	

Table 2 – SENESE Data on Enrolment of CWD in Regular Schools x grade x gender

Grade	2010#		2011#		2012#		2013		2014		2015		2016	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G
1							15	2	15	2	10	12	13	12
2							9	7	9	7	10	12	16	10
3							11	15	11	15	16	15	21	19
4							10	3	12	7	10	13	13	13
5							20	18	25	20	30	25	35	30
6							10	4	15	3	15	3	17	3
7							12	15	14	18	14	18	17	21
8							7	6	9	8	9	8	9	8
9							6	7	8	8	8	8	8	6
10									1	7	1	7	1	7
11							4	2	4	2	4	2	4	2
12									2	2	3	1	3	1
Total - B							104		125		130		157	
Total - G								79		99		124		132
TOTAL	Details not available						183		224		254		289	

Table 3 - SENESE Staff Qualifications 2016[illegible]

Table 4 - No of SENESE Teacher Aides provided in regular schools x disability								
	2009	2010	2011	2012	2013	2014	2015	2016
UPOLU								
Hearing Impaired				13	10	9	9	9
Vision Impaired				5	3	5	5	2
Intellectual								
Speech								
Cerebal Palsy					2			
Austism				2	3	5	5	2
Physical Disability				3	3	2	2	1
Downes Syndrome								
SAVAII								
Hearing Impaired				3	3	3	3	4
Vision Impaired					2	2	2	
Intellectual								
Speech								
Cerebal Palsy								2
Austism					2	2	2	2
Physical Disability								
TOTAL				26	28	28	28	23

Table 5: Number of TAs provided by SENESE x School x Island

	2009	2010	2011	2012	2013	2014	2015	2016
UPOLU								
Moataa Pre- School				1	1			
Papauta Pre-School								1
Tiny Flowers Pre-School							1	1
Nene Primary				1	1	1	1	1
Saanapu Primary				1	1	2	2	1
Samusu primary						1	1	1
Saleapaga primary				1	1	1		
Sauano Primary								1
Solosolo Primary							1	1 (T2)
Manunu primary				1	1	1	1	1 (T1)
Samoa Primary				2	1	1	1	1
Moataa Primary				1	1	1	1	2
Falefitu Primary				1	1	1	1	
Apia Primary							1	1
Anglican All Saints					2	2	2	1
Marist Primary							1	2
Vaimoso Primary				2	2	2	1	1
Vailoa Faleata Primary							1	1
Vaitele Uta Primary					1	1	1	
Pesega Fou Primary				1	1	1	1	
Vaiala Beach School				2	2	2	1	1
Aele Primary						1	1	
Vaovai Primary								1
Vailuutai Primary				2	1	1	1	
Afega Primary				1	1	1	1	1
Fagalii Primary					1			
Samatau Primary				1	1	1		
Ah Mu Academy							1	2
Faleseela college					1	1		
Lepa & Lotofaga College							1	1
Total Upolu				18	21	22	24	23
SAVAI'I								
Lano Primary				1	1	1	1	
Saleaula Primary				2	1	1	1	1
Salailua Primary				2	1	1	1	1
Papa Puleia Primary				1	1	1	1	1
Gautavai primary				1	1	1		
Amoa College				2	2	1		
Total Savai'i				9	7	6	4	3
TOTAL				27	28	28	28	26

Table 6 – SENESE Data on No of Teacher Aides Provided in Regular Schools x Grade							
	2010	2011	2012	2013	2014	2015	2016
UPOLU							
1			2	5	1	5	4
2				5	7	1	2
3			2	1	6	7	
4			2	3	1	4	7
5			4	3	4		3
6			3	3	3	4	2
7			4		2	4	
8			2	2			2
9				1	1		
10			1		1	1	
11							1
12							
Upolu			20	23	26	26	21
SAVAII							
1				1			
2				1	1	1	
3			1		1		1
4			1	1		1	
5				1	1		1
6					1	1	
7					1	1	1
8						1	1
9			1				
10				1			
11					1		
12						1	
Savaii			3	5	6	6	4
TOTAL			23	28	32	32	25

NB. Total numbers do not correspond to figures in Tables 4 and 5 above.

Table 7 – SENESE Data on No of Teachers Aids Provided in Regular Schools X Gender of Student														
Grade	2010		2011		2012		2013		2014		2015		2016	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G
UPOLU					14	7	17	6	20	7	20	7	16	10
SAVA'I					3	3	3	4	3	3	3	3	2	2
TOTAL					17	10	20	10	23	10	23	10	18	12
					27		30		33		33		30	

NB. Total numbers do not correspond to figures in Tables 4, 5 and 6 above.

Annex 11

SIEDP Advisory Committee
Members and Meeting Attendance (over two-year period)

Organisation	Role	Name	2013				2014			
			Q1	Q2	Q3	Q4#	Q1	Q2	Q3#	Q4#
			03/13	07/13	10/13		04/14	08/14		
MESC	Chairperson	LVG			√		√	√		
		DRT	√	a	a					
		FM		√						
MESC	Member	MPS	√	a	√					
	Observer	JJ					√	√		
IE Adviser	Member	AI	√		√		√	√		
DFAT/AusAID	Member	AS	√	a	a					
		HT	√	√						
		VLU			√		√	√		
		RF			√		a			
		RM						√		
LT	Member	LDD	√	√	√		√	√		
	Observer	W&J		√	√		√			
Senese	Member	MB						√		
		DL	√	√	a					
		MM					√			
Senese	Observer	MO/MM								
		DI/Pataia		√						
SBA	Member									
NOLA	Member	LL	a	√			√	√		
Fiamā'lama	Member	SS			√			√		
MoH	Member	GM	a	a	a		√	a		
		AK	√	√	-		-	-		
MoF	Member	EM						√		
NHS	Member	FS					a	√		
		Urna		√						
		LT			√					
NUS	Member	RTD	a				√			
MWCSD	Member	EAP	-	√	√		a	√		
Consultant	Observer	EL	-	-	√	-	#			

Minutes unavailable, as also 2010-2012; 2015-2016; √ = present; a = apologies

Annex 12

SIEDP Issues Identified & Recommendations Made by Prior SIEDP Teams

SIEDP Issues Identified & Recommendations Made by Prior SIEDP Teams	2010	2011	2012	2013-14
ISSUES				
Focus				
Lack of overall program focus		√		√
program had insufficient direction - SIEDP Advisory Committee limited in capacity to drive, lead, develop, manage the program –		√		
Fragmented Management				
not managed as an overall program ; reduced to individual management of various activity areas; Program management has remained at a distance from MESC				√
Administration has occurred largely through a relationship between AusAID – which does not have the local resources to directly manage school and community-based service programs				√
With AusAID administration of service provider contracts; MoF administering the IE small grants scheme & IE Advisor position funding, MESC management of the IE advisor position, elements managed in isolation from each other.				√
Inadequate Reporting				
Service provider reporting refers to activities and outputs, but not outcomes - overall program achievement considerable, but can't identify outcomes in relation to program objectives) #		√		√
No overall program report – <i>Advisory Committee unable to draw together program analysis based on this service provider reporting</i>		√		√
Shortfall vis-à-vis Overall Objective Anticipated				
“Without analysis and enhanced focus on learning (what works and what doesn't & why), program will not be on track to meet overall objective of demonstrating an appropriate model of IE service provision, sustained by the Government of Samoa.”		√		√
Lost Focus on Overarching Service Delivery Model				
no model of IE with a capacity to achieve universal IE had been described through SIEDP or elsewhere in Samoa.			√	
Despite clear gains in enrolments, extent to which SIEDP has demonstrated a replicable IE model remains unclear – lack of strategic approach to the development of IE model				√
Lack Monitoring & Evaluation				
Although access to schools is increasingly being monitored by MESC, there is no systematic framework to monitor the progress and learning outcomes of CWD in school, their transition to secondary school or employment, or to evaluate the performance of services / systems intended to facilitate learning.				√
Lack of Support to Schools				
proportion of children identified with disabilities in mainstream schools is limited -The delivery of quality education for CYWD in regular schools is in many cases limited by a range of factors:- lack of appropriate transport; physical inaccessibility of schools; large class sizes; overcrowded classrooms with inflexible teaching space; negative teacher, student and parent attitudes; inflexible curriculums; teachers lack of training; teachers lack confidence in adapting their teaching practices; unclear diagnosis of				√

SIEDP Issues Identified & Recommendations Made by Prior SIEDP Teams	2010	2011	2012	2013-14
the learning difficulties experienced; lack of specialised teaching and learning resources.				
The SIEDP funded services demonstrated children with disabilities <u>can access</u> regular schools. But not all these children receive the specialist IE support required ²² . nor do they have access to teachers with adequate training in IE.				√
Specialist support received by CWD out-of-school infrequent and limited.				√
Lack of Data & Analysis				
No survey of children with disabilities who do not attend school has been undertaken in Samoa There is no robust data or analysis concerning the numbers, location, situation of school-aged, out of school CWD, or analysis of the barriers that exist				√
Sustainability Issues				
The NGOs funded by SIEDP now have a high level dependence on development partner support for the scale of their ongoing operations				√
Insufficient Cross-Sectoral Coordination				
<i>Require coordination with: Ministry of Health, National Health Service, the Ministry of Works, Transport and Infrastructure, the Ministry of Women, Community and Social Development, the Ministry of Commerce, Industry and Labor, the Attorney Generals Department, the Public Service Commission, MESC and other stakeholders, to achieve program objectives</i>				√
RECOMMENDATIONS				
Public Awareness, Advocacy, Communication Strategy				
Commence a public communications program on disability and inclusive education – with technical support if necessary	√			
Enhanced Focus				
<u>Focus on:</u> ▪ demonstrating & consolidating a comprehensive evidence-based costed model of IE for Samoa		√		
▪ ensuring MESC has capacity & systems to lead IE by end of SIEDP - mainstreaming IE into key MESC work areas (curriculum, teacher development, school operations, policy, etc)		√		
▪ school-based IE capacity building system (with parallel development of an enabling context for future achievement of universal IE)			√	
School Capacity Building				
trial IE capacity building system in 12 schools(pre-school, primary, secondary colleges)extending to a further 12 schools in following year - to demonstrate how IE can be integrated into schools in an effective, practical and affordable way			√	
Establish IE Mentor in each school - a regular class teacher who is released from classroom teaching for short-periods, to provide IE expertise in school – requiring capacity development			√	
Analysis, Research, Reporting				
Increased analysis & research		√	√	

²² The IE Situational Analysis(2013) estimated only around 35 % children with disabilities in regular schools receive any IE service provider support.

SIEDP Issues Identified & Recommendations Made by Prior SIEDP Teams	2010	2011	2012	2013-14
High quality reporting of outcomes & lessons learnt from service providers		√		
Role of SIEDP Advisory Committee				
SIEDP Advisory Committee focus shift from program management to stakeholder coordination, analysis & learning	√	√		
Monitoring & Evaluation				
conduct end-of-calendar year SIEDP reviews			√	
M&E TA (12 weeks in-country input + 30 days remote) over 36 months, to support development and implementation of SIEDP M&E framework			√	
Strategy to Build MESC Capacity				
Establish IE Unit within MESC , with f/t, national Transition Manager (ACEO level) (for remainder of SIEDP), to develop capacity of IE Unit to lead IE policy development/implementation, integrate SIEDP and IE functions into MESC system			√	
Ad hoc IE TA x 36 weeks in-country input, over 36 months			√	
Role of Service Providers				
Expand role of contracted IE service providers to contribute to IE capacity building system trial in schools; IE workforce strategy development; & to work more strategically with MESC in developing network of IE services			√	
Strategic utilization of resources				
IE Small Grants to be utilized more strategically to facilitate strengthening/ growth of IE <i>(and not to provide complementary funding to IE service providers)</i>			√	
IE Workforce Development				
Develop comprehensive workforce development plan based on the IE Policy - enabling Samoa to gain critical mass of skilled IE leaders, practitioners and specialists			√	
training delivered to be articulated to SQA-approved NUS programs.				
access to specialist training opportunities overseas for personnel involved in development of IE-related specialist training options in Samoa, either within the context of NUS, MESC, NGO IE service providers or other relevant organisations				
Develop IE training courses for school-based IE teacher mentors			√	
Fund NUS to develop / deliver IE training modules			√	
Development of teacher aid training course (recognized by the Public Service Commission in establishing standard remuneration rates for teaching assistants).			√	

Annex 13

SIEDP Evaluation Stakeholder Workshop: Priorities for Development over Next Two Years

Leadership, Management, Coordination
Need proactive leadership
Centralise Transparent Leadership, Coordination, Monitoring, Reporting
Positive Relationships between Stakeholders: 2-way respectful communication; identification respective strengths, roles, responsibilities; collaboration & continued elimination duplication
Strengthened multi-sectoral coordination (MESC, MOH, NHS, MSCSD, MOF)
Strengthen IE Coordination Unit within MESC – more specialist staff (Speech Therapist; Occupational Therapist; Physiotherapist); Braille Specialists; Sign Language Interpreters
Allocation of sufficient funding to enable IE Policy implementation
Donor/GoS Harmonisation
Monitoring, Reporting, Information Dissemination
Establish clear measureable objectives – monitor change over time
Improve centralised IE data collection and storage
Close monitoring of student Movement by MESC PPRD
Information sharing – ensure all reports are promptly disseminated amongst stakeholders
Child Protection
MESC to develop & implement Child Protection Policy (<i>note: MESC Violent-Free Policy is in draft</i>)
Coverage / Outreach
Ensuring equal access to services for Savai-ian communities
Advocacy, Community Awareness
Awareness-Raising: social media, TV, Radio, print; promotion tolerance within schools – human rights-based approach
Early Identification and Referral
Strengthen referral pathways
Early Identification: access to early screening to identify developmental delays / disabilities
Access to therapies to enable access to appropriate education
Improve / expand access to assistive devices
Focus on School Inclusive Development
Meaningful Inclusive School Quality Improvement Plans
Improve student achievement
Support Teachers: develop enhanced understanding of disability; appropriate development / use of IEPs; learner-centred interventions; improve resources; special provisions for assessment
Consider establishing small number of IE Model schools for purposes of trialling new approaches
Human Resource Management & Development
Standardized Training for Teacher Aids
Strengthen IE in pre-service teacher training
Need to standardise Teacher Aid Terms and Conditions of engagement
Sustainability
MESC / MoF to address sustainability issues head-on

Annex 14

Indicators for Measuring Disability-Inclusive Education in the Pacific Island Countries²³ (Pacific-INDIE)

Note: Pacific Education Development Framework (PEDF) Strategic Objectives: A = Access; Q = Quality; E = Efficiency and Effectiveness; Children with disabilities = Children and Youth with Disabilities.

No	Indicator	Mapping of the indicators across the three key themes of PEDF
1. POLICY AND LEGISLATION		
Outcome Children's right to disability-inclusive education is supported by legislation and/or policy		
1.1	Existence of legislation and/or policy that clearly articulates right to appropriate education for all children with disabilities.	E
1.2	Percentage of education budget spent on implementation of disability-inclusive education plan at the local level.	E
1.3	A national disability-inclusive education implementation plan is developed and aligned with relevant legislation and/or policy.	E
1.4	A national disability-inclusive education implementation plan is approved by the relevant Ministry.	E
1.5	Percentage of schools that have implemented a national/provincial disability-inclusive education plan.	E
2. AWARENESS OF THE RIGHTS OF CHILDREN WITH DISABILITIES		
Outcome Communities are responsive to the rights of children with disabilities and their families, and the benefits of disability-inclusive education to the society		
2.1	Number of community awareness programs focused on out of school children with disabilities.	E
2.2	Number of disability awareness programs designed and implemented in partnership with DPOs.	E
2.3	Number of parent/family education programs for supporting their children with disabilities.	A
3. EDUCATION, TRAINING AND PROFESSIONAL DEVELOPMENT		
Outcome The workforce is competent and committed to implement disability-inclusive education		
3.1	Teacher training curriculum includes a mandatory course on disability-inclusive education.	Q
3.2	Teacher education programs include disability-inclusive education practicum experiences.	Q
3.3	Percentage of teachers in service who have received training in the last 12 months to teach students with disabilities.	Q
3.4	Number of teacher assistants who have completed accredited programs in disability-inclusive education.	E
4. PRESENCE AND ACHIEVEMENT		
Outcome Increased enrolment and attendance of children with disabilities in education facilities		
4.1	Number of regular schools enrolling children with disabilities.	A
4.2	Number of children with disabilities completing primary school.	A
4.3	Number of children with disabilities completing secondary school.	A
4.4	Number of children with disabilities enrolled in regular primary and secondary schools.	A
4.5	Percentage of new enrolments of children with disabilities as a proportion of new entrants in regular schools.	A
4.6	Percentage of children with disability attending school regularly.	A
4.7	Number of students with disability meeting grade appropriate literacy standards in national/school-based/district-wide tests.	Q
4.8	Number of students with disability meeting grade appropriate numeracy standards in national/school-based tests.	Q
4.9	Number of children with disabilities dropping out of school.	A
4.10	Number of dropped out children with disabilities who have re-enrolled.	A
4.11	Number of children with disabilities enrolled in Non-Formal Education (NFE) programs.	A
4.12	Number of children with disabilities accessing incentive programs for education.	Q

²³ CBM – Nossal Institute Partnership for Disability Inclusive Development (2016). *Pacific Indicators for Disability-Inclusive Education. The Guidelines Manual*. Downloaded from: <http://monash.edu/education/research/projects/pacific-indie/docs/pacific-indie-guidelines-final-tagged-web.pdf>

4.4	Number of children with disabilities enrolled in regular primary and secondary schools.	A
4.5	Percentage of new enrolments of children with disabilities as a proportion of new entrants in regular schools.	A
4.6	Percentage of children with disability attending school regularly.	A
4.7	Number of students with disability meeting grade appropriate literacy standards in national/school-based/district wide tests.	Q
4.8	Number of students with disability meeting grade appropriate numeracy standards in national/school-based tests.	Q
4.9	Number of children with disabilities dropping out of school.	A
4.10	Number of dropped out children with disabilities who have re-enrolled.	A
4.11	Number of children with disabilities enrolled in Non-Formal Education (NFE) programs.	A
4.12	Number of children with disabilities accessing incentive programs for education.	Q
5. PHYSICAL ENVIRONMENT AND TRANSPORT		
Outcome Education facilities are accessible to children with disabilities		
5.1	Percentage of schools (primary, lower and upper secondary) with adapted infrastructure and materials for students with disabilities.	Q
5.2	Number of school transport vehicles that are accessible for children with disabilities.	A
6. IDENTIFICATION		
Outcome children with disabilities are identified through referral or screening processes		
6.1	Education Management Information System (EMIS) records data on children with disabilities.	E
6.2	Number of schools reporting on the number of children with disabilities to the Ministry.	E
6.3	Number of parent information sessions on referral processes.	E
6.4	Number of schools conducting a disability screening program.	Q
8.5	Number of children with disabilities and families who have received self-advocacy training.	E
8.6	Advocacy mechanisms are in place to support children with severe intellectual disability or psychological disorders which prevent self-advocacy.	Q
8.7	Number of children with disabilities accessing training specific to their needs.	A
9. CURRICULUM AND ASSESSMENT PRACTICES		
Outcome School curriculum and assessment processes are inclusive and acknowledge the diverse learning needs of children with disabilities		
9.1	Number of children with disabilities being assessed against the national curriculum.	Q
9.2	Number of children with disabilities who sit exams with reasonable accommodations.	Q
10. TRANSITION PATHWAYS		
Outcome Children with disabilities transition through the various educational settings from early childhood to post-secondary options		
10.1	Number of children with disabilities graduating at an age-appropriate level and transitioning from primary to secondary school.	A
10.2	Number of children with disabilities transitioning from special schools to regular schools.	A
10.3	Number of children with disabilities graduating at an age-appropriate level and transitioning from secondary to higher education and/or employment.	A
10.4	Number of students with disabilities accessing post-school options.	A
7. EARLY INTERVENTION AND SERVICES		
Outcome children with disabilities receive timely access to appropriate disability services including early intervention		
7.1	Number of children with disabilities who are provided with relevant assistive devices and technologies.	Q
7.2	Number of schools that have used a referral system to access early intervention services.	A
7.3	Number of schools that have made referrals to health and rehabilitation services.	E
7.4	Number of schools with access to specialists to support inclusion of children with disabilities.	Q
7.5	Number of specialist staff available to support disability-inclusive education.	E
8. COLLABORATION, SHARED RESPONSIBILITY AND SELF-ADVOCACY		
Outcome Collaborative efforts are made between Ministry, schools, special schools, service providers, DPOs, community organisations and families to enhance disability-inclusive education for children with disabilities		
8.1	Formal processes are established to systematically involve parents of children with disabilities in educational programs.	E
8.2	Number of meetings involving parents of children with disabilities.	Q
8.3	Number of schools with a collaborative inclusive education committee/team.	E
8.4	Number of regular schools collaborating with stakeholders to facilitate disability-inclusive education.	E
8.5	Number of children with disabilities and families who have received self-advocacy training.	E
8.6	Advocacy mechanisms are in place to support children with severe intellectual disability or psychological disorders which prevent self-advocacy.	Q
8.7	Number of children with disabilities accessing training specific to their needs.	A

Annex 15

Barriers/Bottlenecks to Inclusive Education Identified by Children, Parents, Other Stakeholders (from: Inclusive Education Situation Analysis (Lameta 2013))

IE Situation Analysis: Inclusive Education Issues Identified by:	Parents	CWD	Others#
Physical Access and Initial Enrolment			
• need transport assistance to get to school and clinics	√		
• Buildings need to be made accessible	√		
• inadequate assessments of students' disabilities at school entry			√
• irregular school attendance – lax parental standards around attending school			√
• distance from school is a barrier particularly for students living inland on farmlands			√
• poverty – families with children with disabilities have limited financial means			√
Teaching / Learning			
• Teachers lack knowledge /skills re specific disabilities ; Teachers unable to identify student needs and apply appropriate pedagogies	√		√
• Schools need training in disability detection and intervention			√
• lack of guidelines about curriculum expectations for children with disability			√
• Need monitoring on special provisions related to specific disabilities	√		
• teacher aide needs adequate support from teacher	√		
• need appropriate technical aids and learning resources	√		
• Teachers Lack aware of resources available, how to access			√
• Exclusion in class when the teacher aid is not at school		√	
• Limited special provision at school (ie. curriculum, examination, communication adaptation)		√	
• Inadequate Teacher aide quality -			√
• Teacher aid not integrated into the school structures – TA eternally managed			√
• increased teachers' workload through inclusion of CWD without the appropriate support in terms of resources and improved teacher knowledge and skills			
School Leadership – Change Management			
• lack of principal knowledge and skills on how to transform school systems and processes to be inclusive			√
• lack of whole school approaches to inclusive education and transformations needed - schools need to be on notice about the specific targets that need to be met for inclusiveness			√
Awareness / Culture / Attitudes			
• School staff attitudes – belief should be at a special school		√	√
• narrow view of what inclusion is and the transformations needed at whole school level,			√
• Inappropriate language used to refer to CWD			√
• Persisting negative attitudes – parents feeling ashamed, labelling			√
Parents / Community Support Partnerships			
• parents lack knowledge of the disability and how to help	√		

IE Situation Analysis: Inclusive Education Issues Identified by:	Parents	CWD	Others#
• parents not included in IE planning / consultations	√		
• School & parents lack awareness of disability sector support and how to access it			
Safety, Protection, Psycho-Social Development			
• Physical and verbal abuse by other students		√	
• Communication barriers with other students		√	
Health, Water, Sanitation			
• Bad water supply for drinking		√	
• easily fatigued		√	
• Physical barriers limiting participation in school sport		√	
• lack of information on the health vulnerabilities of students with disabilities and their effect on attendance, participation, endurance at school			√
MESC - Planning, Management, Coordination			
• better communication, collaboration and coordination of services among all groups involved is needed	√		√
• Savaii has less support compared to Upolu	√		
• Tension amongst service providers become a barrier to student's accessing the appropriate support		√	√
• inaccurate information about disabilities & data on CWD			√
• lack of guidelines on approaches to mainstreaming students with disabilities (placing them with age peers, placing them at ability level, in regular classes, in special schools, individual learning programme, assessments, progression etc)			√
• need for in-services, school-based training for staff on various disabilities and strategies for intervention			√
• standards for services and indicators for practice for all those working with students with disabilities need to be defined and used as criteria for monitoring and funding allocation			
• ¶ grievance procedures – parents need guidelines on what they can do where student needs are not met, where they are faced with discrimination and other negative outcomes			
• ¶ SSFGS funding allocation to schools to be differentiated for students with disabilities, location (urban/rural) and by severity of disabilities			
• guidelines needed on the engagement of teacher aides, remuneration, management, standards			
• relationship between MESC and DPOs needs to be clarified and communicated to schools			
• services for visually impaired students in regard to brailing materials need to be much improved			
Source: IE Situation Analysis (Lameta 2013)			
NB. Allocation to categories by present evaluation team			
# Other = Data Collectors involved in Surveys and other stakeholders			

Annex 16

Potential Detrimental Effects of Inappropriate Use of Teachers Aids

(referred here as 'Paraprofessional Proximity')

(from: Giangreco 2010)

Table 1 Inadvertent Detrimental Effects of Excessive Paraprofessional Proximity

Category of effect	Description
Separation from classmates	Student with a disability and paraprofessional are seated in the back or side of the room, physically separated from the class
Unnecessary dependence	Student with a disability is hesitant to participate without paraprofessional direction, prompting, or cueing
Interference with peer interaction	Paraprofessionals can create physical or symbolic barriers interfering with interactions between a student with disabilities and classmates
Insular relationships	Student with a disability and paraprofessional do most everything together, to the exclusion of others (e.g., peers)
Feelings of stigmatization	Student with a disability expresses embarrassment/discomfort about having a paraprofessional because it makes him/her stand out in negative ways.
Limited access to competent instruction	Paraprofessionals are not always skilled in providing instruction. Some do the work for the students they support in an effort to keep up (a sign that instruction has not been adequately adapted)
Interference with teacher engagement	Teachers tend to be less involved when a student with a disability has a one-to-one paraprofessional because individual attention is already available to the student
Loss of personal control	Paraprofessionals do so much for the students with disabilities that they do not exercise choices that are typical of other students
Loss of gender identity	Student with a disability is treated as the gender of the paraprofessional (e.g., male taken into female bathroom)
Provocation of problem behaviors	Some students with disabilities express their dislike of paraprofessional support by displaying undesirable behaviors (e.g., running away, foul language, aggression)
Risk of being bullied	Some students are teased or bullied because they are assigned a paraprofessional

Annex 17
SENESE TEACHER AIDE
JOB DESCRIPTION

POSITION: TEACHER AIDE
REPORT TO: PRIMARY COORDINATOR
SALARY: SAT _____ per annum
RESPONSIBLE TO:

DUTIES AND RESPONSIBILITIES

- a) Assist lead teachers in planning, designing and implementing curriculum for the child/ren especially child/ren under SENESE programme.
- b) Provide assistance in preparing lesson plans from teachers and parents.
- c) Supervise and control student/s under SENESE programme during class and when the lead teacher is not present, as authorized by Principal.
- d) Assist student/s under SENESE programme with carrying out classroom activities according to their individual education plans (IEPs).
- e) Assist student/s at lunch time and supervise.
- f) Communicate progress and observations to parents.
- g) Maintain student records.
- h) Help in maintaining a clean and organized classroom.
- i) Ensure sanitation of all surfaces, equipment and toys for child/ren in classroom are sanitized for the sake of child/ren under SENESE programme.
- j) Assist students in social skills development.
- k) Assist in checking workbooks and homework.
- l) Maintain appropriate classroom and discipline and decorum.
- m) Deliver instructions in the absence of lead teacher.
- n) Accompany young student/s under SENESE programme to the bathroom.
- o) Attend school, sign registry Logs for SENESE payroll process.
- p) Prepare and distribute worksheets and resources.

YOUR RESPONSIBILITY TO SENESE

- a) As a Teacher Aide(TA), you will be directly responsible to report to your Coordinator on weekly basis.
- b) You will work from Monday to Friday from 8:00am – 2:30pm (depending on school ending period with MESCC) and during school terms and school hours you are assigned to work with.
- c) The Teacher Aide will develop a positive relationship with student/s which provides a good model of communication.
- d) The Teacher Aide will attend specified regular training to gain skills in Sign language, interpreting and supporting students with disabilities to access mainstream curriculum.
- e) The Teacher Aide will demonstrate a willingness and motivation to learn new skills.

- f) The Teacher Aide will have the ability to share skills with other staff and family members.
- g) The Teacher Aide will develop positive relationships with the staff, families and students at the pre-school.
- h) The Teacher Aide will work alongside the classroom teacher to provide an inclusive education programme for the hearing impaired student/s. The Teacher Aide will work as a team member of the school and cooperate with the principal to achieve school objectives.
- i) The Teacher Aide will abide by the conditions of the services for the school.

COMMUNICATION

- a) Must communicate with Administration & Human Resources Team at all time about leaves, confirmation letter, issues about pay, etc.
- b) Must find a way to send and /or forward timesheet on period ending week to Administration Team.

PHONE

- Must have mobile phone number to communicate with the Organization (SENESE) at all times so you can be contacted by the office at anytime.

TRAINING

- You MUST attend training during holidays when scheduled as this is compulsory to attend during school holidays as part of your career path and upgrading skills as Teacher Aide.

SUPERVISION

- Supervising child/ren from harm, risk and danger.
- Advance understanding in Child Protection Policy.
- Take initiative on request and inquiries of education and teaching methods but not needed.
- Prepare report for child/ren under SENESE programme.

KNOWLEDGE

- You must have a knowledge to handle tantrum, troubled child/ren and various disability.
- Must have Sign Language knowledge to communicate with deaf community.

PERSONAL ATTRIBUTES

The application must possess the following attributes:

- Honest and trust worthy
- Posses cultural awareness and sensitivity
- Sound work ethics
- A Team player
- Mature and respectful
- A clean police record.

AGREEMENT:

I hereby agreed to all the tasks given to this roles as teacher aide and acknowledged all duties to be followed and completed.

Name:_____ Signature_____ Date:___/___/___

Witness:_____ Signature_____ Date:___/___/___

