

Transforming Lives Together



**Stories of inclusive education & rehabilitation in
Papua New Guinea**

Acknowledgments

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"A big change has been on our ability to measure improvement. One way of doing this is by collecting case studies. The Resource Centres involved can influence others throughout the country."

Peter Sindu
M&E Officer, CSNU.



foreword

Brother Kevin Ryan

Director of Callan Services National Unit

The World Report on Disability highlights the fact that many girls, boys, women and men with disabilities experience barriers in accessing education and health care services, hindering their chance to achieve their full potential. Reducing barriers and increasing access to education and health care services opens opportunities for people with disabilities.

Over many years, the Callan Network has received support from the Department of Education and international donors, contributing to the development and provision of disability services in Papua New Guinea. With ongoing support from CBM since 1978, the Callan Network has expanded to include 19 Inclusive Education Resource Centres throughout the country.

In a programme supported by **cbm** New Zealand and the New Zealand Aid Programme, the Callan Network is enjoying working alongside Cheshire disAbility Services, PNG and the Physiotherapy Department of Divine Word University. The programme, which aims to deliver quality education and rehabilitation services in Papua New Guinea, supports the implementation of the National Department of Education's current Universal Basic Education and Special Education Policy, and is in line with the National Policy on Disability and the National Health Plan designed to enhance participation of people with disabilities and their families in society and the economy.

A mid-term evaluation of this programme in 2017 highlighted successes to build on, and identified areas to strengthen to enhance the earlier work described as Community Based Rehabilitation (CBR) by moving towards Community Based Inclusive Development

(CBID). This approach encourages disability service providers to work together, with and through local government agencies, community sectors and persons with disabilities to ensure health, education, livelihood and social services are accessible to all.

It has been encouraging to see the evolution of disability services and inclusion of people with disabilities over the years. This publication celebrates the industry and creativity of disability service providers in Papua New Guinea that have empowered previously disadvantaged people. It is hoped that such examples will further inspire local and national authorities to continue to address barriers and promote inclusion.

Together, let's continue to work in partnership to enable human spirit and self-belief to blossom, creating a society for all.



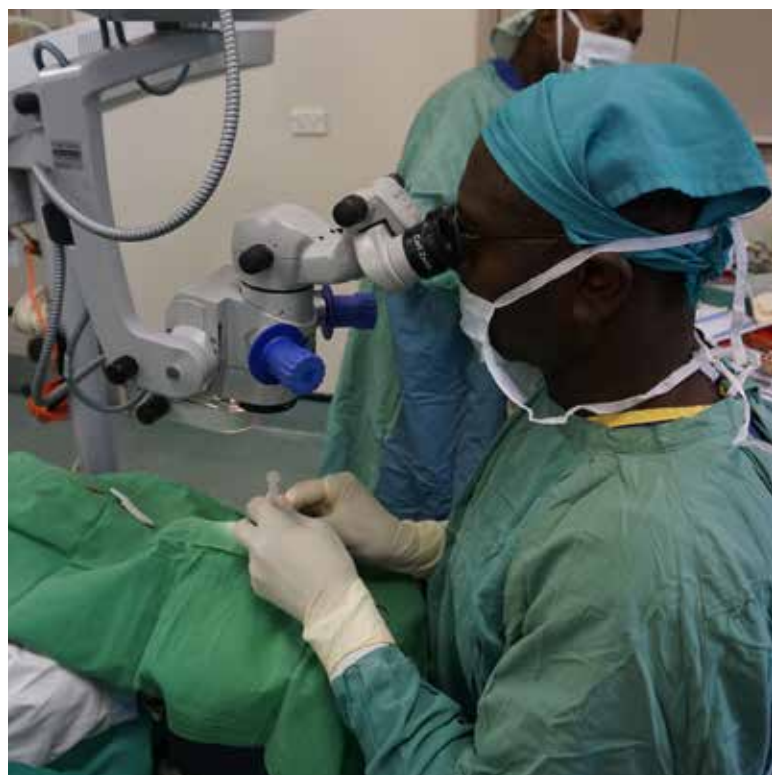
Brother Kevin Ryan (second from left) sits with National Department of Education representatives Dr John Pokana (Director Inclusive Education Unit), Mr Joseph Moide (First Assistant Secretary Education and Standards) and Mr Allan Jim (Assistant Secretary) during the opening of the 2018 Annual Conference of the Network of Callan Services.

Introduction

Acknowledging the right of children with disabilities to participate in mainstream education, the concept of inclusive education was adopted in Papua New Guinea in the National Special Education Plan endorsed in 1993. Inclusive education promotes education of children with and without disabilities together whilst providing specific support to children with disabilities. Resource Centres from non-governmental agencies in Papua New Guinea have played an essential role in supporting inclusive education.

A programme on inclusive education and Rehabilitation utilising funding from the New Zealand Aid Programme through **cbm** New Zealand has supported the work of Callan Resource Centres since 2011 and the Cheshire disAbility Services PNG, since 2015. Teacher training, designing Individual Education Plans, monitoring student progress and working alongside mainstream teachers have been key activities. Essential ear and eye health services and education through Units for learners who are deaf, hard of hearing, are blind or have low vision have also been enhanced. Eye health services have been supported and linked to the development of a model to guide education of learners who are blind or have low vision.

This programme also partners with the Department of Rehabilitation Sciences at Divine World University. Prior to the Bachelor Degree programme commencing in 2009, there were two national physiotherapists, both trained abroad. Today, the University produces an average of 16 physiotherapy graduates every year, who move on to work in hospitals and Resource Centres throughout the country. There has been huge progress in the area of inclusive education in the last



CBM Ophthalmologist Dr Geoffrey Wabulembo trains local Ophthalmologists at the University of Papua New Guinea and visits the Goroka Eye Unit with the trainees, conducting outreach clinics and cataract surgery in remote areas.

eight years. With ongoing engagement of the Government of Papua New Guinea, this programme fosters best practice and shares lessons to progress the agenda on inclusive education in Papua New Guinea. Resource Centres working alongside the Inclusive Education Division of the Department of Education remain integral to promote inclusive policies in schools.

The quality of inclusive education and the number of children with disabilities reached with education services has increased. However, ongoing partnerships to shape and consolidate the inclusive model of education are essential to ensure that *no one* is left behind.

The need & context



Papua New Guinea is rich in culture and diversity. The stunning terrain consists mostly of mountains with coastal lowlands and rolling foothills. However, many areas in the country are difficult to reach because of limited infrastructure to connect communities. With most of the population living in remote villages, access to education and health care can be challenging. This demonstrates the strong need for services to be delivered in the community, and the very reason why community based rehabilitation has been so successful.

People living in poor conditions are more likely to develop disability, and children and adults with disabilities are more likely to live in poverty – but going to school helps to stop this cycle of poverty. Sadly, in Papua New Guinea over 90% of children with moderate to severe disabilities are not yet enrolled in school, reducing the opportunity to participate meaningfully in society.

This is why Community Based Inclusive Development (CBID) is so important. CBID is an inclusive development strategy, built on the principles of the UN Convention on the Rights of Persons with Disabilities (CRPD), promoting the participation and voice of people with disabilities in decision-making at a local level.

It promotes a person-centred approach and responds to the specific needs of people with disabilities by working together, with and through local government agencies such as the Departments of Education, Health and Community Development, other community sectors, and their families. The goal is to ensure health, education, livelihood and social services are accessible to all persons with disabilities.

Resource Centres under the Callan Network, Cheshire disAbility Services, PNG and the Physiotherapy department of Divine Word University are working together to ensure that children with disabilities are identified early through screening outreach clinics and connected with inclusive health and inclusive education services in their local community.



cbm Country Coordinator Diana Ureta provides technical input to the inclusive education and rehabilitation programme funded by the NZ Aid Programme, including the Model of Education for children with visual impairment.

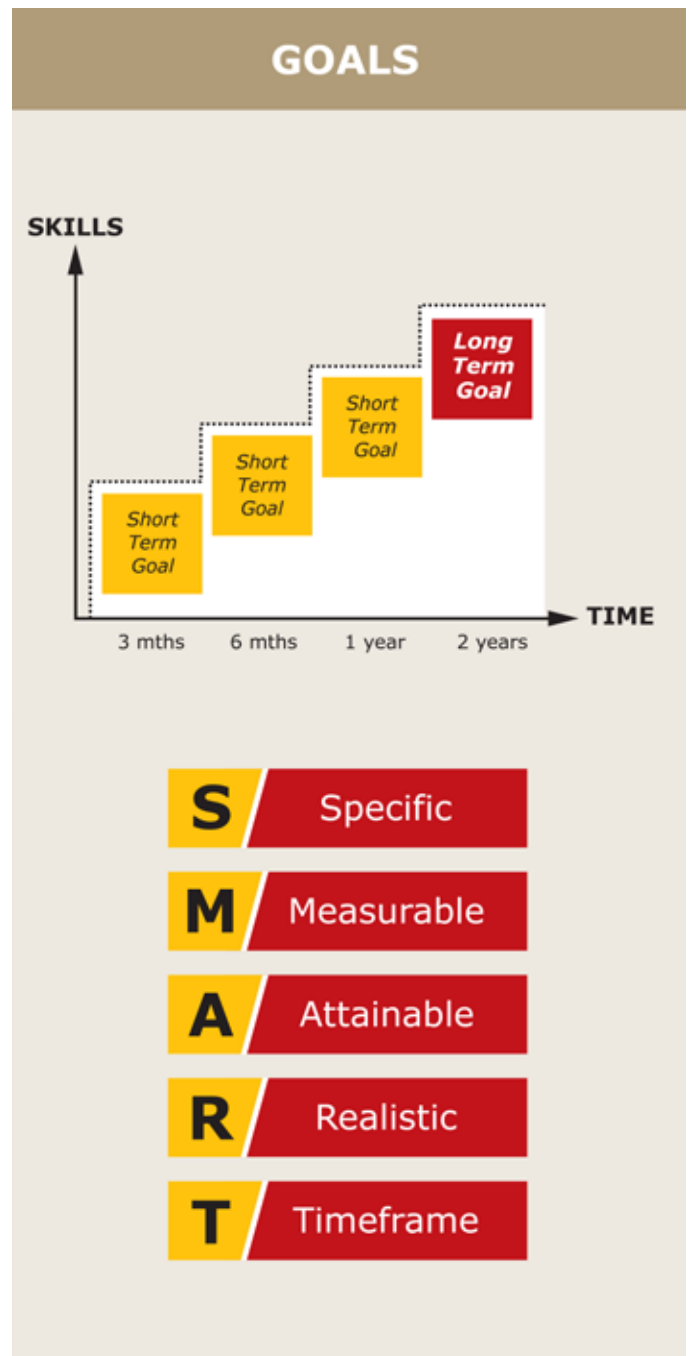
Tools for Success

Community Rehabilitation Officers and Inclusive Education teachers have an important role to play - working with the client and their family to understand their needs and wants, and to help them achieve their goals. For effective education and rehabilitation, a person-centred approach is essential, meaning that goals are created in partnership with the client and their family rather than selected by the staff member. Two effective tools for tracking goals are Individual Education Plans (IEPs) and Rehabilitation Case Management Plans (CMPs). But whether using a CMP or an IEP, the same basic stages are followed and the process is the same irrespective of the age of the client.

IEPs and CMPs are guided by goals: the long term goal is based on a longer view of what the client wants to achieve in the future, and the short term goals are the steps to reach it, building step by step on the success before. The secret to writing an effective goal is for it to be SMART: specific, measurable, attainable, realistic and guided by a timeframe. Once the goals have been achieved, new goals can be created and the process is repeated until the client no longer needs input from Community Rehabilitation or Inclusive Education Officers and the case can be closed.

Stories of Transformation

The following eight stories demonstrate the transformation in the lives of children and adults with disabilities in Papua New Guinea, from infancy to adulthood. Through tireless efforts from dedicated staff from various Inclusive Education Resource Centres tremendous progress is being made.



Top: The goal setting diagram indicates how reaching short term goals is like stepping stones to achieve the long term goal of the client. When goals are 'SMART' (bottom image) it enables the client to progress with skills/ability within a predicted timeframe.

Maprik

Callan IERC sub-centre

Monitoring progress towards education and rehabilitation goals by visiting the client regularly and keeping the records updated is important. For some this could be a visit every week, for others once a month may be enough. This is crucial, as the client may not make progress toward a goal if the staff are not having regular contact. Chanel knows that tracking visits and progress can be difficult – but all that has changed with the new Client Database.

Employed in the Callan Network since 2008, Chanel has held various roles and seen many changes. One such change is the standardised Client Database that was introduced in 2015.

In 2017, Chanel completed a hands-on training workshop to learn more about the database and take part in an annual Learning Forum alongside staff from other Resource Centres throughout PNG. The participants shared experiences, challenges and good practices and learned from each other. One key topic emphasised the importance of completing client records both in the client's file and on the database, which should include information about Individual Education Plans (IEPs) and Case Management Plans (CMPs).

The Client Database is a systematic way of recording, collecting and organising information about the clients that are supported by the Resource Centres in the Callan Network. This is the first time for a standardised system between Resource Centres to record inputs with clients.



Staff from Resource Centres working together to discuss the Client Database.

Viewing the Client Database it was clear to see how many people were reached by the Callan Network in 2017:

- 2,103 people were registered in one of Callan's 19 Inclusive Education Resource Centres across Papua New Guinea
- 1,145 children with disabilities were registered in the Callan Network for inclusive education including 394 for early intervention services, and 751 enrolled in school
- Of the 958 people registered for Community Based Rehabilitation services, 380 already have a CMP to guide therapy
- 847 people were trained by Callan Inclusive Education Institution (CIEI) and Callan Services National Unit (CSNU)
- 783 children already have an IEP to guide their education.

Interview with Chanel Luwe

Data Officer & CBR Coordinator



How do you think the Client Database will improve the services that are delivered by the Resource Centres?

"The Client Database is useful because it monitors achievement and progress of the clients and provides information to the Coordinators on the impact of work by individual staff. Monitoring progress provides information if more work needs to be done with the clients. It is important for service delivery in the future because it indicates a population of persons with specific disability that need a particular type of rehabilitation or service and this helps plan what training might be needed to keep developing staff."

What did you value most about the training?

"It's important to learn from each other because this enables the Data Officers and other IERC staff to understand the different successes and challenges faced at other IERCs. Now I can assist other staff to collect, record and present client information in the database."

Using the Client Database to manage his case load and view how often clients are visited



Josiah:

Early Steps from Early Intervention

Wewak

Callan IERC & Divine Word University

It is crucial to build trust with the client and the family to nurture successful outcomes. Each staff member has their own way of developing trust. One method is to explain the process and discuss expectations with the family.

Josiah was born with one of his feet turned inwards. Untreated, this deformity, also known as *Congenital Talipes Equino Varus* (CTEV) or *clubfoot*, causes a lifetime of pain and difficulty walking. The incidence of clubfoot is much higher in Papua New Guinea than other countries. But the Ponseti technique is a gold standard treatment which can result in a complete correction of the foot and prevent lifelong disability. This technique is most effective if started soon after birth when the bones are soft.

With the support of the PNG Department of Health, CBM has been training specialists in the Ponseti technique since 2008. CBM's orthopaedic advisor, Dr. Steve Mannion, visits every year, transferring skills to local doctors, surgeons and physiotherapists.

Physiotherapist Hazel Mange at the Resource Centre in Wewak was fortunate to complete her degree at the Divine Word University and learn the Ponseti technique. Fearful that Josiah would never walk without difficulty, Josiah's parents worked with Hazel on a Case Management Plan (CMP). The Long Term Goal was for Josiah to walk with a corrected foot by the end of 2016. Three short term goals were decided as the steps to make this possible.

Josiah's parents understood the importance of attending the appointments regularly and brought him to the clinic every week to fit casts changing the position of the foot a



If the clubfoot was left untreated, Josiah would find it difficult to access education, employment and may experience exclusion from society. Since the Ponseti treatment was administered when the bones were still young and soft, the foot could be repaired completely avoiding unnecessary pain and exclusion.

little more each week. They took pride in making sure that together they understood what needed to be done at home. Hazel recorded the position of his foot each session and showed them the progress on a graph. Once Josiah's mid-foot had reached the right position, Hazel made a referral to the hospital for minor surgery where his Achilles tendon was cut. Afterwards he wore a cast for three weeks to hold his foot in the correct

position. Once the cast was removed he wore a splint every day and night for three months until he could stand. Now, he is walking and everyone in his village has seen the change. If any other children are born with their feet turned in like Josiah, they know how to get treatment before long term damage is caused.

Interview with Hazel Mange

Physiotherapist



The technique takes place over an extended period of time. How did you motivate Josiah's parents to continue coming to appointments?

"I build trust and confidence with parents – they are really important! That starts on the first day with an open welcoming environment and being available to receive the family as scheduled. As Josiah's parents began to develop knowledge on clubfoot and the implications if not treated early in life, they also felt motivated as they realised the important role they played to prevent long term difficulties for Josiah."

How does the Inclusive Education Resource Centre at Wewak work with local hospitals and clinics to identify children with club foot early?

"I have developed an ongoing working relationship with the Doctors and Physiotherapists at the hospital. This way we can receive referrals when babies with clubfoot are identified at birth and we can start treatment early, working with the families and the child until the foot is ready for tenotomy surgery at the hospital."

Identifying children with clubfoot early and working with the family and local hospital for the best outcomes



Jade:

Paving the Way to a Bright Future

Port Moresby

Cheshire disAbility Services, PNG & Divine Word University

Many people find it difficult to write a goal. SMART guidelines make goal setting easy. Create a goal that is specific, measureable, attainable, realistic and has a timeframe. When the goal has been achieved it is time to start the cycle again by making a new goal to work towards. The team at Cheshire used SMART goals with Jade.

Jade was a very small baby and was in an incubator for two weeks from birth. Her parents didn't know she had *Cerebral Palsy* until she had turned one and was not able to crawl or stand. Jade had weakness down her left side and would fall when trying to walk. Too afraid to go outside and play with other children her parents kept her inside. Thankfully Cheshire staff met Jade during community screening.

Jade's parents shared their dream for her to attend school and learn like any other child. Cheshire staff worked closely with Jade's parents to develop her Case Management Plan (CMP). Short term goals were identified with the long term goal for Jade to attend early childhood school in 2017 and learn in a mainstream classroom.

Instead of carrying Jade 10 km to the closest medical clinic, Cheshire staff visited her every week at home. Sylvia, a Physiotherapist trained at Divine Word University, taught her parents how to do tissue massage, passive range of motion, and exercises for sit to stand and shifting weight from one leg to the other.

Because Jade likes to sing and dance, play therapy sessions with singing, counting and listening were introduced with her siblings to practice the new skills.



Jade assisted by her father to perform range of motion exercises

After Jade reached her first short term goal, she was visited twice a week by the Inclusive Education teacher to prepare her for school. When she could walk independently, Jade started early-childhood school and loved interacting with her class mates.

After reaching all her goals, in 2018 Sylvia met with Jade's parents and made new goals. Jade is very happy and her parents are very engaged.



Interview with Sylvia Huaieware

Physiotherapist

How did you encourage Jade's parents to take an active role in her therapy?

"Because we trained the parents on the causes of Cerebral Palsy and the benefits of rehabilitation, they understood and actively participated in all her contact hours and carried on the activities on non-contact days. I also encouraged them to bring Jade to the clinic so she could interact with other children, and because of this they met other parents of children with Cerebral Palsy and shared experiences."

What are you most proud about your work with Jade?

"Jade's therapy sessions were implemented regularly and parents contribution in implementing the therapy was very good. The frequency and consistency of interventions is the reason for such improvement."

**The outreach clinic identified Jade early.
Now she has a life with hope and a future.**



John:

A New Start

Port Moresby

Cheshire disAbility Services, PNG

Community Rehabilitation and inclusive education are closely linked. Teamwork between community workers and family members is important for the client to have the greatest possible success. At a meeting for Case Management Plan (CMP) or Individual Education Plan (IEP) it is necessary to include parents, Resource Centre staff, and the mainstream teacher. John started with a CMP. Now he is at school he has an IEP.

At just four years of age, John became very sick and was taken to Port Moresby General Hospital by parents Mase and Gari where he was diagnosed with *Tuberculosis Meningitis* (TBM). It wasn't possible for John to travel the 10km to hospital every day for treatment, so he was admitted for two months whilst his parents juggled care for him and his four young siblings. Even after life-saving treatment, John had sustained very high muscle tone in his arm and leg down the right side of his body – hemiparesis causing difficulties in balance, coordination as well as holding and using everyday objects.

At first John relied on his family for most daily activities like eating, washing and dressing. He had stopped playing with his friends and started isolating himself.

At 11 years of age, staff from Cheshire disAbility Services, PNG met John and recognised the need for a team effort. Field teacher Gaba provided the education, field worker Laka and Physiotherapist Sylvia provided the exercises at the day care centre and field worker June visited John at home for follow-up.

John's family want him to grow up to be independent, get a job and live a fulfilling life. In order to reach this life goal, his



Staff from Cheshire disAbility Services show John and his mother how to practice fine-motor activities like cutting with scissors, and how to do passive stretching exercises for his tight hand.

parents want him to go to school along with his siblings. Previously John thought school was only for children without disabilities. Now he knows he has the right to attend just like every other child. Together with John and his parents, Cheshire staff helped write three goals for 2017.

Now John knows he can do things just as well as his friends, which has motivated him to do daily chores at home and help his neighbour with shopping.

When John achieved his short term goals in full, he was assessed for readiness for school. To mark his achievements he went to the ceremony to celebrate his progress, and receive a graduation certificate with

a referral letter to be presented to the mainstream school when enrolling. John is really excited to be going to mainstream elementary school in 2018 alongside his brothers and sisters.

Interview with Mr Gaba Ovoau

Field Teacher

and June Iewago

Field Worker



You work together as a team. How do you encourage John's parents to take an active role in his therapy?

Gaba: "I always inform his parents of the visit in advance so they are prepared. During the visits, I teach the parents how to continue the skills with John at home. I inform the parents of the importance of the exercise - if they want to help him become independent then now is the time to participate so that John will not have to be dependent on them when he grows up. We always discuss the progress following the intervention and the next step."

How did you select the goals for John?

June: "We decided together with his parents and chose tasks that John is motivated to do. For example, John loves to play rugby and cricket with his friends outside his family house. He also really enjoys colouring – all of these hobbies are really helpful for his balance and pre-writing skills at home."

The goals are SMART. John and his parents were encouraged by progress on his goals.



Karen:

A Bright Future

Wewak

*Callan IERC & Kreer SDA
Elementary School*

After selecting goals, the next step is to identify activities that will help the client progress with their goal. Because community workers are unable to be with the client all the time, it is important to empower the client, family or teacher by teaching them what to do.

Karen was born blind. As a young child she remained shy and dependent on her mother for everything. Karen wasn't able to move around, dress, wash or feed herself. However, over time her parents noticed she was very bright and wanted her to go to school. They approached staff at the Resource Centre in Wewak. Lucy Henson, blind herself, had already graduated from school and was able to teach Karen orientation and mobility skills using the white cane. Karen attended therapy sessions at the Visual Impairment Unit of the Resource Centre and Inclusive Education teachers taught her how to read basic Braille.

Inclusive Education Officer Ruth Loff organised a meeting with the mainstream teacher Jenny Madawa and Karen's parents to develop goals for Karen's Individual Education Plan (IEP).

Ruth provided Braille training to Jenny and helped identify a buddy to help at school. Ruth visited twice a week and transcribed Karen's lessons into Braille so she could read the school work at the same time as her classmates. In November 2017 Karen graduated from elementary school 2nd top of her class! She even read her graduation speech in Braille. Ruth has already given orientation training to the teachers at the new school and conducted awareness training to the classmates in preparation.



Top: Karen helps her family at home by preparing the coconut for dinner.

Bottom: Mainstream teacher Jenny Madawa assists Karen during her graduation speech in Braille.

Ruth will continue working with the primary teachers in 2018 for appropriate support to Karen and will coordinate another IEP meeting to develop new goals. In the future Karen will practice orientation and mobility skills in the community by going to shops in town that will build confidence so she can do more outdoor activities.

Now Karen is a big help at home with housework, washing clothes and assisting her mother at the local market. Because she has gone to school she can calculate how much change to give by feeling the coins. Karen has a bright future ahead.

Interview with Ruth Loff

Inclusive Education Officer



Ruth, you started working with Karen when she was at home, and now she is at school. What are you most proud about with your work with Karen?

"Karen learns very quickly and is willing to learn new things and take time to study Braille and her lessons at home. I work closely both with her family and teachers who are very supportive which makes working with Karen pleasing and convenient."

Is there anything you would do differently next time?

"Initially, I used to teach Karen during class and she found this most challenging as she could not concentrate. When I realised this I changed strategy by providing coaching after school at home."

What advice do you have for other Resource Centres?

"It is important to first provide all the pre-requisite skills like Braille before enrolling a child with visual impairment in school. Be persistent in providing training to the staff at school."

Preparing the teacher and learners and assigning a "buddy" created a welcoming school.



Mingende

Callan IERC

It is important to carry out an assessment to get an idea of what a client can do now and identify the next steps. Other team members or medical support services may assist with the assessment. Since Mogl was an adult when referred, the team started with assessing her strengths and what could be improved.

Twenty years ago, Mogl was born with Downs Syndrome - a condition in which an extra copy of the 21st chromosome causes physical and mental developmental delays. Mogl lives with her parents Goie and Kuine who sell fruit and vegetables at the market to support their five children.

For Mogl, understanding and remembering things is difficult. Although this may not improve, her family know to repeat instructions so she can understand. Because Mogl didn't go to school her parents were concerned that she could not earn an income to support herself. They were unsure what kind of chores Mogl could help with around the house and farm.

In 2016, Mingende community rehabilitation worker John visited Mogl at home and engaged with her and her family to write a Case Management Plan (CMP). At first her parents wanted Mogl to enrol in the Mingendie Early Intervention Unit to learn how to read and write. However as Mogl was already 20 years old, John informed them that enrolling her in pre-school would not be appropriate for her age. Instead, CBR Coordinator Willie Mangre suggested that Mogl and her mother start life skills training to learn how to sew and generate a small income.



Mogl enjoys helping out around the house. Now she can wash clothes, dry them, fold them independently and fetch water on her own.

In the meantime John is working with Mogl and her family to reach her long term goal of helping with everyday chores at home. To reach that goal, she will work on short term goals as stepping stones.

John has been giving one-on-one instruction to her parents to teach Mogl instructions about home chores. They use a checklist to measure progress and give praise whenever she completes chores along with small presents to motivate repeat behaviour. Not only can she support the family with household chores, she also goes with her mother to sell produce at the market. At first John visited twice a month to advise and motivate the family. John has now reduced his visits to just once a month to support progress.

Interview with John Goiye

Community Rehabilitation Worker



What are you most proud about with your work with Mogl?

"Mogl can understand and respond to simple instructions and cooperates well with her family."

What has been most challenging about working in this remote village?

"The weather – when it's raining it's difficult to get to her place. I have to use the tube and plod and paddle in the river with my hands and feet. Even when it's not raining I walk more than an hour to reach her place."

What advice could you give other community rehabilitation staff?

"Don't give up even if the places of clients are difficult to reach because it is our responsibility to help people with disabilities. If the service is known in the community then they will be helpful to you."

Positive encouragement and reward was a good motivator for Mogl.



Magdalene:

Threading Together a Life of Success

Rabaul

Callan IERC

Every goal is guided by a timeframe. This helps everyone stay on track so the client can progress. Achievement of short term goals contributes towards attaining the long term goal. It's like steps - once a client gains a certain skill or ability there is a foundation to build on. Magdalene is building one step at a time to reach her long term goal of owning her own garment shop.

When Magdalene was two, she contracted severe *Cerebral Malaria* and became deaf. There was no understanding between her and her family members. They didn't know how or where to turn for help. Although Magdalene started school, it was very challenging as she wasn't prepared for how to communicate and learn. Instead she often remained at home doing household chores and she started to become isolated and lonely.

After hearing about the services that could be provided by Callan's Resource Centre in Rabaul, Magdalene's uncle Anthony invited her to live with him and his wife nearby. Here she was able to start school in the Deaf Unit and learn to read and communicate with sign language under the guidance of Inclusive Education Officer Carolyn. When ready, Magdalene started attending mainstream primary school and Carolyn supported her with visits three times per week to interpret lessons and exams. Magdalene can now read and write, something she never thought possible before.

Magdalene is very good with her hands – she loves cooking, drawing, knitting and sewing. Her biggest dream is to have a job and look after herself. One day she wants to have her own garment shop. Carolyn and Magdalene made goals to work towards her dream.



Magdalene's teacher Mrs Toliman learned sign language from Pius the Principal of Callan Rabaul many years ago in Maprik. She uses sign language to communicate with Magdalene in class.

Carolyn and fellow Inclusive Education Officer Henry Lao enrolled Magdalene in a garments course at the Vocational Training Centre and arranged a buddy to support her. Thanks to the good relationship with the Resource Centre in Rabaul, Magdalene is the third student with a disability to be enrolled here. Magdalene helps write lessons on the

board for her as she writes very neatly. Her uncle is very supportive, providing her with bus fare and making sure she goes to school every day. Magdalene is quite independent and Carolyn visits just twice a term to follow up her progress. This year she has focussed on basic sewing. Next year she will learn how to use an industrial sewing machine.

Before Resource Centre staff met Magdalene, she was only able to communicate with a few people. She didn't go to school, stayed at home and didn't really participate in the

community. Now Magdalene communicates well with her family and classmates and realises that she can do what others can. Magdalene looks forward to a future of opportunities where she can earn her own living by making and selling tailored garments.



Interview with Carolyn Wuneng

Inclusive Education Officer

What has been most challenging about your work with Magdalene?

"The language barrier makes it more difficult to teach academic subjects, especially language subjects. I think that the vocational course suits Magdalene's ability the best and will give her the most useful skills for the future."

What advice could you give other Resource Centre officers working with children who are Deaf?

"Where possible, it is important to provide the necessary foundation skills like sign language before enrolling in mainstream schools so people with hearing impairment are able to communicate well with others. Schools should support learners who are hard of hearing or deaf with sign language interpreters in class, and modify the format of exam papers to suit."

Using Magdalene's strengths supported her learning and development



Simon:

New hope through new skills

Mt. Sion

Callan IERC

A goal is the desired result that the client or family want to achieve. The long term and short term goals for the client will guide their activities and show progress. Simon knew he wanted to be an accountant, but he wanted help to get there. CBR Officer Don Waipe helped show the way.

In March 2008, Simon noticed changes in his vision. After just two months, at the age of 21, he could no longer see. His family thought it was caused by sorcery and tried their best in the village to find out what had happened. Although it was expensive, Simon eventually visited his nearest hospital located four hours away for an eye check-up. He was told that condition had advanced and they could not do anything more for his eyes.

Some years later, Simon was told about Mt. Sion School for the Blind, but he thought he didn't need this service as he had been to school before. After a few years feeling helpless, he wanted to do something to improve his life and he went to Goroka to visit relatives and visit Mt. Sion.

Simon stayed for two weeks to learn Braille and orientation and mobility skills before returning home. With two daughters to provide for, he wanted to contribute financially to support his wife who sold kauka' (sweet potato) and greens in the market.

In 2016 he visited Mt. Sion again and met CBR Officer Don Waipe who encouraged him to visit CBM Ophthalmologist Dr. Geoffrey Wabulembo at the Goroka Eye Clinic. After a thorough eye check, Simon was told that he had no perception of light as a result of complicated cataracts from previous *uveitis*.



"I would like to be a role model and prove that there is nothing too difficult if you really want to do something. People who are blind or have low vision can also do calculation and accounting. I am the first blind student to take up accounting at the university."

Simon was sad to hear that his vision could have been saved if he had received a diagnosis and treatment early.

Don talked to Simon about his goals and found that his dream was to become an accountant with full-time paid work. Initially Don introduced him to computers and NVDA – Non Visual Desktop Access. This was the first time Simon had used a computer, but he was determined to learn. Don and Simon met twice a week to learn the basic skills, and over time this was reduced to once a week. Simon met other students who were blind or had visual impairment at the University of Goroka and this motivated him to work towards his goals.

Simon lives in Goroka with his cousin who guides him to and from University. Though his wife and family support him financially at

the moment, in the future Simon will be able to contribute too and this makes him very happy. Prior to receiving input from staff at Mt. Sion, he was not confident to go out and wanted to keep to himself. Now Simon loves socialising with his classmates and joins in activities with his friends and neighbours even in unfamiliar public places. Simon has a good relationship with course lecturers and is providing awareness also with his classmates.



Interview with Don Waipe

CBR Coordinator

What is NVDA and how did you learn it?

"I learned NVDA from Ben Clare who introduced it to Mt. Sion staff in 2011. Ben is an Inclusive Education Officer and Teacher of people with visual impairment. He himself has visual impairment. The NVDA, (Non Visual Desktop Access) is computer software that enables people who are blind to use standard computers that use Microsoft Windows. The program outputs the

contents of the screen into speech, meaning the blind computer user can hear what is on the screen in front of them."

What advice could you give to other community rehabilitation staff?

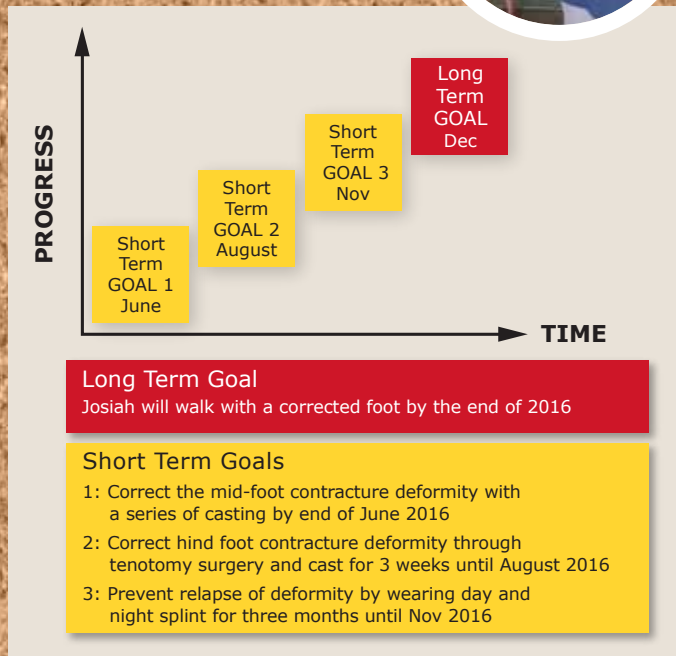
"It is important to motivate the clients. Seeking constant support from the Inclusive Education Resource Centre is also important."

Perseverance and teamwork helped Simon reach his goal



Goals

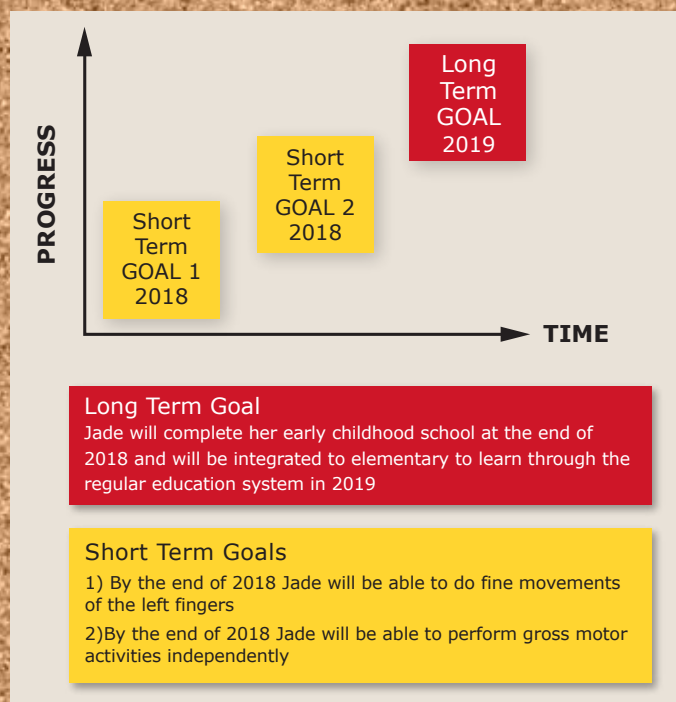
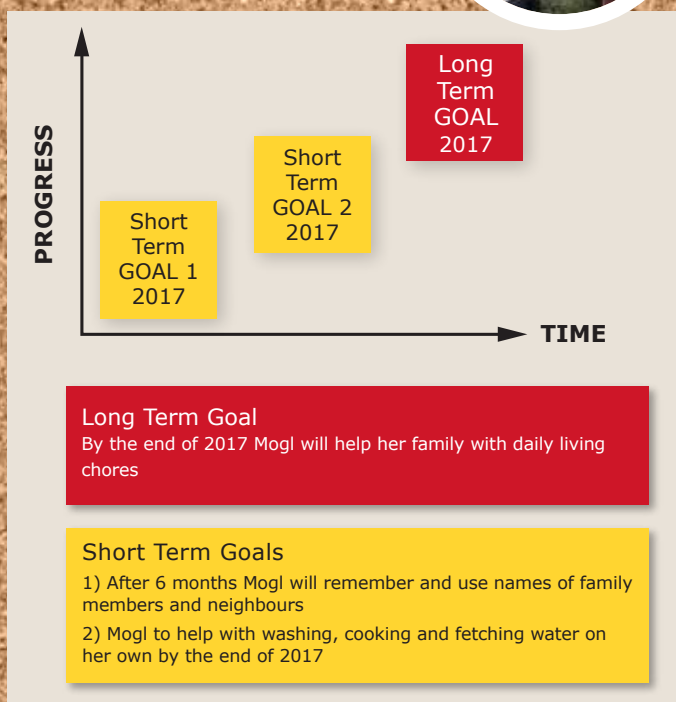
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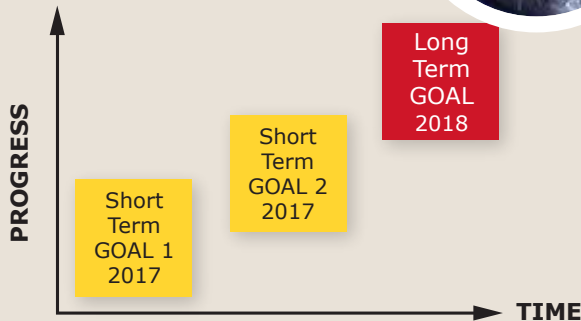
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John:



Karen:

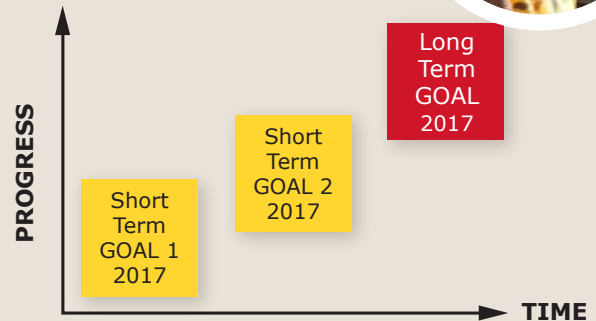


Long Term Goal

John will be enrolled in an Elementary School in 2018 and learn through the mainstream school system

Short Term Goals

- 1) By the end of 2017 John will be able to identify letters of the alphabet, numbers and colours
- 2) By the end of 2017 John will be able to grip a pencil with his right hand and perform pre-writing activities



Long Term Goal

By the end of 2017 Karen will know how to read advanced Braille

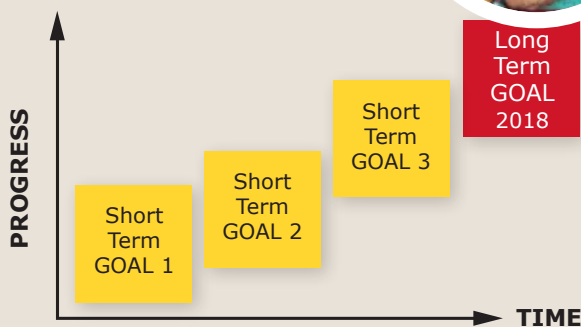
Short Term Goals

- 1) By April 2017 Karen will know all braille contractions and punctuation marks.
- 2) By July 2017 Karen will know the mathematical signs in Braille

Magdalene:



Simon:

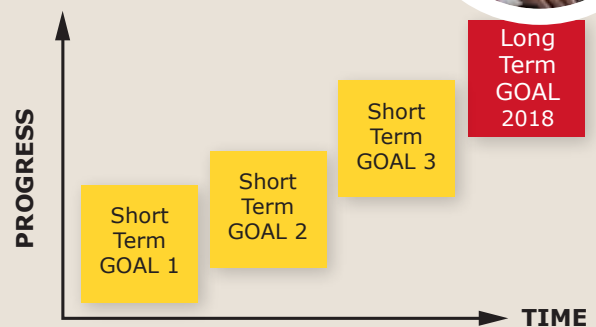


Long Term Goal

Magdalene will have a job in 2018 after completing her 2nd year at Kabaleo Vocational Training Centre

Short Term Goals

- 1) Magdalene will be equipped with tailoring/garment skills by the end of her vocational training course
- 2) Magdalene will know how to do simple book keeping so she can manage her own shop by the end of her vocational training course
- 3) Magdalene will know how to do house-keeping to organise her shop by the end of her vocational training course



Long Term Goal

By end of 2018 Simon will graduate with a Diploma in Business Accounting

Short Term Goals

- 1) Simon will have a computer and be able to use NVDA without assistance
- 2) Simon will have a sighted guide that will take him from his village to the University and back
- 3) Simon will be fully orientated at the University campus and be able to move around independently

Photo Gallery



Staff from Resource Centres take time out for fun during the training from the Blind and Low Vision Network of NZ (BLENNZ). Children learn quickly when the activities are fun!



Philo working with parents at a Pikini Clinic.



Participants from the training by BLENNZ show their appreciation to LEA for the donated functional vision assessments.



Children from the Early Intervention clinic blowing balloons as part of speech therapy.



Equipment technician Alois making crutches.



Harry transferring Braille skills to learners who are blind using Braille pieces on velcro boards.



Gloria treats a child's eye at an Ear and Eye health outreach clinic.



Ophthalmology registrars conducting cataract surgery.

Photo Gallery



*Karen from **cbm** New Zealand enjoys learning with the children at an early intervention Pikinini Clinic in Wewak.*



A teacher interacts with learners in a specialised unit which prepares children who are hard of hearing or deaf for mainstream classroom.



*Dr Karthi from DWU discusses the Physiotherapy programme with Linabel from **cbm** New Zealand*



Dr Mannion transferring skills for tenotomy for Ponseti technique to treat club foot.



A student from Sacred Heart Primary in the Deaf Unit introducing herself with signing.



Angie running a session at Pikinini Clinic.



Dr Mannion with Verius after tenotomy and casting of Ponseti technique.



Participants of a working session on review and development of the Individual Education Plan (IEP) template in 2015.

10 Helpful Tips

The following tips were shared by Joanna and Warwick Bowden when they facilitated two day training workshops in Papua New Guinea on setting goals for Individual Education Plans (IEPs) and rehabilitation Case Management Plans (CMPs) in 2017. These tips are reflected in a 20 minute video tutorial about the steps for writing person-focused IEPs and CMPs.



*Joanna & Warwick spent many years living in Papua New Guinea as **cbm** Co-workers working with various Resource Centres in the Callan Network. After a few years back in New Zealand, and from VSA assignments in Samoa and Niue, they were thrilled to return to Papua New Guinea in 2017 to facilitate training sessions on setting goals.*

1. Develop trust with the client and the family.
2. Help the family to realise the client's potential.
3. Team work is important. Consult and learn from each other.
4. Positive encouragement and reward is essential.
5. Success builds on success.
6. Remember, it is the clients goal – not yours!
7. Empower the client, family or teacher by teaching them what to do.
8. Create a kit which can be used to assess hearing, mobility, hand function, social interaction and daily living skills.
9. Learning is an ongoing process - follow-up with the family to reinforce the new skill.
10. Make sure the client has the appropriate mobility and communication assistive devices and learning aids to increase their independence.

About the Authors and Contributors

The Network of Callan Services PNG - Established in 1991, the Callan Services National Unit (CSNU) has implemented inclusive education and rehabilitation services in PNG for more than 25 years and holds a reputation for expertise and credibility in the disability sector. With advocacy at national level, CSNU promotes training and quality services through the network of 19 Inclusive Education Resource Centres (IERCs) in PNG so that people with special needs are given the opportunity to live full lives. The Callan Inclusive Education Institute (CIEI) is an institute of higher learning approved by the National Department of Education, delivering a Bachelor of Special Education and an Applied Diploma in Special Education. Each IERC provides Community Based Rehabilitation (CBR) services and training via home visits and clinics, with training of volunteers to work in the community and provision or facilitation of education to children disabilities.



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Cheshire disAbility Services PNG is an NGO and charitable organisation offering a wide range of services to persons with disabilities in rehabilitation. Their primary aim is to make a positive difference to the lives of people with disabilities, their families and their carers through creating opportunities and an environment where they are treated with dignity and respect. Cheshire DisAbility Services are providers of CBR services, residential care for people with severe and multiple disabilities and inclusive education services at the Centre and through mainstream schools.



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CBM is an international Christian disability and development organisation working in over 60 countries to transform the lives of people with disabilities, their families and communities through inclusive healthcare, education, rehabilitation, livelihood and emergency response programmes. CBM has worked in partnership with disability providers in PNG since 1978, with funding from **cbm** New Zealand through the NZ Aid Programme since 2011. Activities supported include inclusive education, Community Based Inclusive Development (CBID), an Eye Care Programme at Goroka Eye Unit and the University of Papua New Guinea (UPNG), Physiotherapy and Early Intervention including delivery of training on the Ponseti technique for treatment of club foot.



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Divine Word University (DWU) is a National University and a leading tertiary institution in Papua New Guinea. The Department of Physiotherapy under the Faculty of Medicine and Health Sciences educates upcoming physiotherapist graduates with skills and advance techniques to improve health, prevent disability and maintain and restore maximum movement and functional ability throughout the lifespan. After graduating, Physiotherapists trained at DWU in Madang go on to work in hospitals and Inclusive Education Resource Centres throughout Papua New Guinea.



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