The rights of children with disabilities to develop their potential has become a worldwide concern reflected in the mandate of the United Nations Convention on the Rights of the Child (1989). The United Nation's mandate brought inclusion into a wide moral framework. Five years after it was written, in June 1994, representatives of 92 government and 25 international organizations formed the World Conference on Special Needs Education, held in Salamanca, Spain. They issued a dynamic new statement, named the Salamanca Statement, on the education of all children with disabilities, calling for inclusion to be the norm. The statement argued that regular schools with inclusive orientation were the most effective means of combating discriminatory attitudes, creating welcoming communities, building
an inclusive society and achieving education for all. Moreover, it argued, inclusive schools provide an effective education to the majority of children and improve the efficiency, and ultimately the cost-effectiveness, of the entire education system (UNESCO, 1994). Additionally, “A Life of Dignity for All” was stated by the Secretary-General Ban Ki-moon to outline his vision for bold action to achieve the UN Millennium Development Goals. “The framework needs to be rights-based, with particular emphasis on women, young people and marginalized groups...” (UN MDGs, 2012).

**Special Education Background of Thailand**

Special education in Thailand must be viewed through a cultural perspective, particularly in terms of religion and family structure. Ninety percent of the Thai people practice Buddhism. It is critical to understand that most Buddhists believe in reincarnation: If one life is lived in goodness, then positive things will happen in the next life. Disability is widely viewed as a deserved failure to lead positive previous lives. Traditionally, most Thai extended families have worked together to support parents and children with disabilities in the home. School attendance has not been an option for most, although a family’s location in the country, level of education, and economic status are factors in the services initiated for children with disabilities. Thai families who are poor or live in rural areas are less likely to be aware of existing programs or to have the willingness and means to access those services (Fulk, Swerlik, & Kosuwan, 2002). In past years, wealthier and more educated individuals might not have publicly acknowledged children with disabilities in their families but may have sought private services.

The education system in Thailand is administrated by the government through central agencies, education service areas, and educational institutions. Children are expected to be enrolled in basic education institutions from age 7 through 16. Basic education also covers pre-primary education, as well as six years of primary, three years of lower secondary education and three years of higher secondary education (Office of Education Council, 2006).

The Bureau of Special Education Administration oversees
special education for students with disabilities. The administration recognizes nine types of disabilities: (a) hearing impairment, (b) mental impairment, (c) visual impairment, (d) physical or health-related impairment, (e) learning disabilities, (f) autism, (g) emotional and behavioral disorders, (h) speech and language disorders, and (i) multiple disabilities. Education services are provided by the Department of Social Development and Public Welfare, as well as by some university laboratory schools, municipal schools, and private foundations. Some hospitals also organize classes for children with chronic conditions. There are currently three types of schools in which students with disabilities can receive education. “Special schools” are specifically designed for students with mental, physical, visual or hearing impairments. In practice, however, children with any type of disability will be accepted in these schools. Thailand provides 43 special schools. Similar to special schools, there are currently 76 “special centers,” one in each province of the country, that render services in specially set up locations such as inclusive schools, hospitals, and in the home. They conduct research, and develop curriculum for short-term training for students with disabilities. The centers also organize meetings and seminars for parents as well as for staff of various organizations. “Inclusive schools” constitute the major option for educating children with disabilities. There are currently 18,618 inclusive schools, or regular schools that accept children with disabilities for basic education. In providing education for students with disabilities, they receive assistance from special schools and special centers that provide teachers, training, materials, facilities, and coordination with concerned agencies.

The budget for students with disabilities comes from two primary sources: A regular allocation from the office of the Basic Education Commission, and the Educational Fund for students with disabilities. In 2004, the Government Lottery Office also contributed 200 million baht to the Fund to provide scholarships to teachers for advanced study in fields related to special education. The combined funds are not considered adequate to serve the entire population and considerable attention is being paid to how Thailand can best proceed to make inclusion in education a widespread and successful practice for all children (Office of Evaluation Regional 4th, 2004).
Qualitative Study: Population and Sampling

The population for the qualitative study consisted of schools in the central region of Thailand identified by the government as “inclusive” schools (i.e., 1,499, out of 8,816 total schools in the region). These 1,499 schools were located in the 29 provinces across the central region which included Bangkok, the capital and largest city in Thailand (Office of the Basic Education Commission Department Operation Center, 2005). This region of Thailand was chosen for several reasons. First, Thailand is made up of several socially and geographically distinct areas; findings from research in one area may not apply to another. Since it was not possible to conduct a country-wide study because of time constraints, the region that was most likely to have the most advanced inclusion practices in Thailand was chosen for the study. The intent of the study was to identify both current best practices, and how those practices might be extended in the immediate future by the government; it seemed logical to start where most of the practices of inclusion have already been implemented. In addition, not all geographic areas of Thailand are readily accessible, nor would all parts of Thailand be safe for the conduct of research at this time. The region selected provided both reasonable physical access and relative physical safety for the researcher.

The sample for the study was drawn from the regional population of federally-designated inclusive schools. Ten of these schools were recognized since 2006 by the Ministry of Education (MOE) as sites using “best practices” for inclusive education in the central region of Thailand. All 10 of these schools were invited to participate in the study, as researchers wished to learn from the known best practices rather than working with a sample of randomly selected inclusive schools from the entire pool of the schools in the central region of Thailand.
Table: Schools Included in the Qualitative Study of Thai Inclusive Schools

Private schools:
1. Anantaa School, located in Bangkok
2. Supawan School, located in Bangkok
3. Satit Bangna School, located in Bangkok
4. Sanitwittaya School, located in Angtong
5. Kumjonwit School, located in Lopburi
6. Preedawit School, located in Supanburi

Public schools:
7. Kasetsart Laboratory School, located in Bangkok
8. Piboonprachasan School, located in Bangkok
9. Nongsou Roungwittayanugoon School, located in Nakornpratrom
10. Sarmsanenork School, located in Bangkok

Findings

Perceptions of Thai Society and Culture

Many of the principals explained that the adoption of inclusion was slowed by an underlying cultural attitude of blame towards people with disabilities. In Buddhist thinking, being born with a disability comes from having bad karma in a previous life. Social status is viewed as important, and someone born with a disability was perceived as having lower status.

The Role of Compassion

Since the majority of Thai people are Buddhist, and compassion for all living beings is at the heart of Buddhist practice, it was not surprising that seven out of the ten leaders mentioned that the impetus for adopting inclusive education practices in Thailand must come from a sense of mercy and compassion for all living beings. One principal put it this way, “The main principle for people who work with children with special needs [must be first] mercy, then compassion, and then being patient.”
Each of the seven principals expressed a different aspect of their compassion toward their students with special needs. Each one linked the practice of compassion as a balance against the belief that someone with disabilities has bad karma. One principal shared her thought that, as a serious practitioner of Buddhism, she learned from *Pratribidok* (Buddhist Bible) that disabilities today come from what was done (bad karma) in past lives. She argued to her teachers and staff that the reason they had to take care of students with special needs today was “because we might have [been] related to them in some way in the past life, so this life we need to help them.” Conversing with teachers and staff in the way of Buddhist ideology, the principal believed that it allowed them to create an understanding that we need to support students with disabilities and that it was not proper to shun them or exclude them from school. This principal also reported that not all families appeared to treat a child with a disability well. Sometimes families apparently saw their job as punishing the child instead of showing compassion. From her experiences working with children with disabilities, she said she had found children had sometimes been treated poorly by their families:

Sometimes I found pinch marks all around the children’s bodies. I sympathize with their being [treated] hatefully by the people who are supposed to love them. I almost cried when I saw these situations, so that is why my rules for everyone here at [school is that we all] must love the students and show them mercy.

Another principal of a public school told about these experiences working in her previous public inclusive school:

Everyday one student with Down syndrome would come to sit in my office. She would just come to see me, once she knew that I was in the office, she left to [go to] her classroom after giving me a hug. Sometimes she came with lots of complaints about how she hated the teacher, blah, blah, blah…. I would tell her that the teacher loved her and wanted to have her in the class. She would think about that and then she would go to the classroom. This was her routine with me.

The principal talked about this being her opportunity to show
the student that she was loved by people in the school. She said that this child was typical of many children who need emotional as well as educational support. She then went on to say that when she was assigned to move to a new school, she lost track of that student until she happened to go to a meeting at the previous school and found out that the student had dropped out of school. The current classroom teacher informed her that the girl had gone to see the principal and had found someone else sitting in the office. The new principal found her sitting and waiting and told her to leave. The girl apparently tried to communicate what she wanted from the new principal but she was not able to make the new principal understand. She was taken back to the classroom where she cried for a long time. The next day her mother called to say she was sick and she had not returned to school since then. This school principal learned that some children suffer greatly when compassion is withdrawn, and she talked about how quickly one person could make a difference to these children—either to support the child’s learning, or to destroy the child’s confidence. She concluded that this kind of sad event is a major drawback of being uncompassionate, or lack of personal caring and attention to a student in need. She said that she had learned that attention alone affects much more than one might expect. Therefore, giving love and care to children with disabilities makes them happily stay in school. She said, “I never expect them to meet the academic standards easily, I just want to see them develop at their own pace.”

One of the private school leaders talked about how she coped with the perception of disabilities. She viewed compassion in a different way. She explained, “Including children with disabilities in school settings, I don’t think about compassion in the same way others do, but as a principal. I told myself that every Thai child has to be included in school because of their rights. If you think that it is their right to get an education, you show your compassion and kindness to them. Therefore, regardless of their disabilities, they must get a good education just the same as other normal students do.

She strongly recommended that, in the future, principals should be first taught this principle during their formal education in teacher’s college, so that everyone who becomes a teacher will consider the rights of all children and the duties of teachers. When they later
become principals, they will know what should be done to support inclusion in a compassionate manner. Other principals also talked about the necessity of gently coaching school staff, parents, children, and community members in how compassion can overcome bias against disability.

Yet, the role of compassion shown in the western society is in the form of moral which drives through civil rights movement to create consciousness toward children with disabilities. In the 1960s, the civil rights movement crystallized awareness in the U.S. of prejudice toward and educational segregation of its African American citizens (Korstad & Lichtenstein, 1988). The disability rights movement used some of the same moral arguments and tactics for increasing awareness of problems inherent in the segregation of people with disabilities, constructing a moral basis for inclusion (Scotch, 2001). The moral argument is a simple one, that is, that children with disabilities have the right to participate in the programs and activities of daily life available to other children (Bricker, 1978). This moral assertion has been interpreted in different ways by different groups of individuals. Many proponents argue that full inclusion applies to all children under all circumstances. Driven by the belief that systematic segregation of any group of children or families is unacceptable, the moral argument is based not on legal or empirical grounds, but rather on the assumption that inclusion is the right thing to do and thus must not be compromised (Stainback & Stainback, 1992).

*Teaching Children with Special Needs: Values and Attitudes*

One principal said that in her more than twenty years of experience she always looked for a teacher “with a good heart” more than a teacher with particular skills. She argued that she could teach the skills that were needed, but there was no replacement for a teacher who really cared about teaching and about the children. “If the heart is not there, they cannot be a good teacher,” she said.

In contrast, principals in a few schools where teachers had positive attitudes toward their jobs and toward children said that most of the time children can tell if a teacher cares about them or not. One principal shared that it was tough to alter people's attitude in a short period of
time. She inserted “Dhumma” in meetings, as a devout Buddhist, with the hope that it would be assimilated into the teachers’ hearts and souls. This approach was helpful, she said, for she could see from the teachers’ softened personalities that they demonstrated their caring toward children with disabilities in the school. Moreover, besides academic training, the school provided the teachers with “Dhumma Camp” where the whole school attended the meditation practice led by monks. The principal accepted that it was not easy to deal with people’s negative or stubborn attitudes, but they could change over time and experience to better serve the students in the school.

Another school principal said that she thought the small, rural location of her school made a big difference in how people viewed special needs children. People shared a community spirit and had compassion for every one in the community. As all of the teachers were known to the community, they shared compassion and support from the people. In her school, she said there was less of a problem of teachers having negative attitudes toward students with special needs. Most of the teachers were recruited from the community and built rapport with parents at a personal level.

*Learning about Differences*

Students without disabilities learned about differences from being in school with special needs children. Most of the principals reported preparing, or trying to prepare, the students without disabilities to have a welcome feeling toward their peers with disabilities. However, communication in each school was done in different forms and levels. Most of the schools made information available for their students on school boards, informed the students in meetings and home-room periods, and some schools provided group activities for the students to directly expose them to knowledge about different types of disabilities. One school used stories to portray fundamental knowledge regarding people with disabilities. The school used a story telling approach to explain the differences between people in order to prepare the students to understand the diversity among them. A principal in a school that included more physical disabilities reported that the school talked about what was needed for physical support.
In addition, one principal stated that many students without disabilities started learning to accept special needs children by working in groups with their peers. Students learned from the strengths of each peer, and that disability does not mean being dumb. They learned that skills ranged across all students. Through the process of group work, they learned to share, to agree and argue, and afterward they came to the stage that if they wanted to have their group work to be successful, everyone in the group had to join in and be in harmony with the group. The principal explained that group work was tremendously useful as a successful teaching approach that also improved social relationships as well.

Another principal narrated a touching story which was a result of teaching students about differences. After the school assembly in the morning, a girl came to the principal and begged her for mercy to waive a punishment for her peer with Down syndrome who showed up late for the assembly. The principal narrated the story with a smile and said:

This is the result of what they were taught. I am glad that my student learned to empathize with her peer who was weaker. This shows how this girl perceives people who are weaker and she understands the concept that the weaker need more support.

**Effects of Thai Cultures on Inclusion Practices: Buddhist Perspectives**

The importance of taking Thailand’s unique culture into consideration in designing an inclusive system clearly stood out in this study. The fact that Thailand is predominantly a Buddhist society made the role of compassion for every living being and the consideration of “karma” in relationship to disability key influences in Thai attitudes about children with special needs. Many of the participants in the study talked about compassion as being at the core of their professional practices, but they also talked about the shame that many people felt and directed at people with disabilities, because of the assumption that they “deserved” their disability from past life failures. In a culture like Thailand’s, where there is considerable deference to those who are older, richer, professional, and who have higher status because
of family ties, shame played a direct role in fears that arise out of ignorance. Many people would not directly talk about special needs, and consequently were ignorant about and feared them. In settings where the knowledge might be available from professionals, many parents, for example, often deferred to professionals and would not raise questions. This was true for parents of children without disabilities as well. While these parents were often reported to readily accept disability in someone else's child, their primary concerns were often about whether their own child was at risk in any way because of the presence of a child with special needs. However, both fears and the practice of polite deference were often balanced by a clear willingness to cooperate and collaborate for the good of all children. This was consistent with Western findings (Daane, Beirne-Smith & Latham, 2001).

REFERENCES


