UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities

UNITED NATIONS
TRINIDAD AND TOBAGO

SITUATIONAL ANALYSIS
OF THE RIGHTS OF PERSONS WITH DISABILITIES

TRINIDAD and TOBAGO

COUNTRY REPORT 2021

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COUNTRY REPORT

November 2022

About UNPRPD:

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) is a unique partnership that brings together UN entities, governments, OPDs and broader civil society to advance the rights of persons with disabilities around the world.

The Partnership was created to foster collaboration between its members and complement their work around disability inclusion through UN Joint programming. The Partnership operates through a Multi-Partner Trust Fund (MPTF) established to channel resources for participating UN organizations (PUNOs).

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC).

The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden, United Kingdom.

Acknowledgements:

This report was written by the UNCT in Trinidad and Tobago with collaboration from partners including OPDs, UN agencies, and local colleagues. Technical support was provided by the UNPRPD Technical Secretariat throughout the process.

Disclaimer:

The data and information presented in the report are based on the situational analyses conducted at the country level and were drafted by the UN country teams. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. The UNPRPD has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of the UNPRPD.

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ACRONYMS AND ABBREVIATIONS

ACP	African Caribbean and Pacific States
ACS	Association of Caribbean States
AGLA	Office of the Attorney General and Ministry of Legal Affairs
CARICOM	Caribbean Community
CDTT	Combined Disabilities of Trinidad and Tobago
CBR	Community-based Rehabilitation
CBRP	Community-based Rehabilitation Programme
CCA	Common Country Assessment
CDB	Caribbean Development Bank
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CODO	Consortium of Disability Organisations
CPRD	Convention of the Rights of Persons with Disabilities
CRC	Convention on the Rights of the Child
CSME	Caribbean Single Market & Economy
CTS	Community Therapeutic Services
CTU	Caribbean Telecommunications Union
CSO	Central Statistical Office
CVAS	Caribbean Video Assistance Service
DAU	Disability Affairs Unit
DEAF	Deaf Empowerment and Advancement Foundation
DPI	Trinidad and Tobago Chapter for Disabled Peoples International
DPO	Disabled People Organisation
DRR	Disaster Risk Reduction
DDR	Document Discovery Report
ECCE	Early Childhood Care and Education
ECLAC	Economic Commission for Latin America and the Caribbean
ELDAMO	Elderly and Differently Abled Mobile Service
EOA	Equal Opportunity Act
EOC	Equal Opportunity Commission
EOI	Expression of Interest
FPATT	Family Planning Association of Trinidad and Tobago
GDP	Gross Domestic Product
GenU	Generation Unlimited
ILO	International Labour Organisation
IMF	International Monetary Fund
ISP	Internet Service Provider
LAC	Latin America and the Caribbean
MHPSS TWG	Mental Health and Psychosocial Technical Working Group
MISP	Minimum Initial Service Package
MLSED	Ministry of Labour & Small and Micro Enterprise Development
MOE	Ministry of Education
MOH	Ministry of Health
MPADT	Ministry of Public Administration and Digital Transformation

MPD	Ministry of Planning and Development
MSDFS	Ministry of Social Development and Family Services
MVRT	Motor Vehicles and Road Traffic Act
NALIS	National Library and Information System Authority
NCRHA	North Central Regional Health Authority
NCPD	National Centre for Persons with Disabilities
NES	National Employment Service
NEC	National Enrichment Centre
NDS	National Development Strategy
NGO	Non-Governmental Organisation
OAS	Organisation of American States
ODPM	Office of Disaster Preparedness and Management
OPDs	Organisation for Persons with Disabilities
OPM	Office of the Prime Minister
PAHO	Pan American Health Organisation
PAVI	Persons Associated with Visual Impairment
PHC	Public Health Care
PSIP	Public Sector Investment Programme
PTSC	Public Service Transportation Corporations
PWDs	Persons/People with disabilities
RCO	Resident Coordinator Office
RHA	Regional Health Authority
RNM	Caribbean Regional Negotiating Machinery
SDG	Sustainable Development Goals
SME	Small Medium Enterprises
SPO	Service Provider Organisation
SRH	Sexual and Reproductive Health
SSSD	Student Support Services Division
SSIP	Social Sector Investment Programme
T&T	Trinidad & Tobago
TTBWA	Trinidad and Tobago Blind Welfare Association
TTBS	Trinidad and Tobago Bureau of Standards
TTARC	Trinidad and Tobago Association of Retarded Children
TTMA	Trinidad and Tobago Manufacturers Association
TTPC	Trinidad and Tobago Paralympic Committee
TATT	Telecommunications Authority of Trinidad and Tobago
THA	Tobago House of Assembly
TTOTA	Trinidad and Tobago Occupational Therapists Association
TVET	Technical Vocational Education and Training
TVQ	Technical Vocational Qualifications
UN	United Nations
UNCT	United Nations Country Team
UNDIS	United Nations Disability Inclusion Strategy

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UWI	University of the West Indies
VAW	Violence against Women
VNR	Voluntary National Review
VODHHTT	Voice of Deaf and Hard of Hearing Trinidad and Tobago
WEF	World Economic Forum
WHO	World Health Organisation
WTISD	World Telecommunication Information Society Day
WTO	World Trade Organisation

EXECUTIVE SUMMARY

Discrimination is experienced in all spheres of the lives for PWDs from education to employment, including participation in political and social life (The World Bank and World Health Organization, 2011, HRW, 2010). The COVID-19 pandemic has highlighted weaknesses not just in the health system but also in general for vulnerable groups including PWDs. It was highlighted very early in the pandemic that PWDs were at greater risk of developing severe disease due to how they interact with their environment, and some may have pre-existing health conditions underlying their disability (WHO, 2020).

The overall objective of the situation analysis was to compile and comprehensively summarize information on the situation of PWDs in Trinidad and Tobago (T&T) with a focus on the essential pre-conditions for disability inclusion and the cross-cutting issues. The assessment was commissioned to inform a strong joint programming proposal in line with United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) Strategic Operating Framework and the Convention on the Rights of Persons with Disabilities (CRPD).

A mixed method approach was taken to inform the analysis and included the review of a wide range of studies and reports on disability in T&T. Interviews and focus group discussions were conducted with OPDs, Service Provider Organisations (SPOs), and some key sector ministries and agencies. Data collected from a questionnaire completed by the OPDs coupled with information gathered from the induction training further informed the analysis. Questions from the UNPRPD guidance note were used to guide the data gathering with the aim of collecting enough information to understand the critical gaps and opportunities as well as the priority actions needed for an inclusive SDGs/ CRPD implementation.

The analysis revealed several barriers to disability inclusion and clearly identified areas for future PRPD programming. Inherent system barriers such as weak or no legislations; structural barriers such as inaccessible information and buildings; social barriers such as stereotyping and discrimination, and programmatic barriers such as fragmented services were seen as major areas for improvement. The key priority recommendations as suggested by the stakeholders focused on building PWD capacity, increasing public awareness, strengthening coordination among OPDs, improving the legislative environment through improved data collection, and mainstreaming disability in the development agenda.

Multi-stakeholder partnership with the active involvement of PWDs and OPDs is key to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of PWDs. All government and private entities should work together to fulfil the six (6) pre-conditions to inclusion. A major tool to advance this is to strengthen and improve the capacity of PWDs, OPDs, and state agencies using the opportunities created by the PRPD programming. This approach will help to support disability inclusion in instruments for planning and implementation of UN development activities and the COVID-19 recovery planning. Significant progress to meet the goals of an inclusive society will be possible through this programme initiative.

CHAPTER 1: BACKGROUND

The World Disability Report 2011 estimates that one in eight adults, almost 15% of the population worldwide live with a disability (Summary: World Report on Disability: 2011). . In Latin America and the Caribbean (LAC), 66 million people live with at least one type of disability comprising about 13% of the population, with more women having disabilities than men (Duryea, Salazar Salamanca, & Pinzon Caicedo, 2019). It states that defining disability is complicated as it is "complex, dynamic, multidimensional and contested". However, Article 1 of the CRPD recognises that PWDs "***include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".*** (United Nations Convention on the Rights of Persons with Disabilities, p. 3). In addition, some disabilities range from mild to moderate to severe or even life threatening. While the UN definition considers long-term permanent conditions, some people may experience a short term or episodic disability (WHO, 2011)The higher life expectancy for women is believed to be one of the main causes for the higher prevalence of disability in women.

T&T signed and ratified the CRPD on September 27, 2007 and later on June 25, 2015, but has not yet signed the Optional Protocol. A draft report on the status of CRPD implementation was done under the supervision of the Attorney General's Office and reviewed by Cabinet in 2017. Amendments to the report were made and submitted to the CRPD Committee in June 2021. The government also established an Equal Opportunity Commission (EOC) and legislated an Equal Opportunity Act (EOA) in 2001. The Commission is guided by the Act, which addresses various types of discrimination (education, employment, accommodation etc.). This Commission also developed the National Policy on Persons with Disabilities.

Purpose of the analysis

This country analysis is to provide an accurate picture of disability and disability inclusion in Trinidad and Tobago as they relate to the six preconditions for disability inclusion. It is expected to guide future PRPD programming and support broader UN and country recovery planning and implementation related to COVID-19.

Context- Introduction to disability in Trinidad and Tobago

The twin-island nation of Trinidad and Tobago forms a unitary state situated in the southernmost end of the Caribbean islands between the Caribbean Sea and the Atlantic Ocean. Trinidad is the larger of the two islands, comprising 93 per cent of the country's total area (5,066 km^2 / 1,956 sq. mi) and 93 per cent of the total population of 1,327.367 (665,736 males and 661,631 females) (Census, 2011). The population comprises a mix of ethnicities reflecting the country's colonial history. The largest groups are East Indian (35.4 per cent) and African (34.2 per cent), and there are smaller groups, which include Chinese and Syrians. Tobago has a sub-governance structure through the Tobago House of Assembly (THA).

T&T was classified as a high-income country in 2011 and it remains one of the Caribbean's wealthiest nations. Trinidad is the industrial hub of the two islands, where most of the industries (primarily oil and gas), commerce and other business sectors are located. Tobago, on the other hand, is the tourism hub, attracting the larger proportion of tourists.

In response to the UN General Assembly 2030 Agenda for Sustainable Development adopted in 2015, the government of T&T developed a Draft National Development Strategy (NDS) 2016-2030 (Vision 2030: National Development Strategy, 2016) which incorporates the principles and objectives of the Sustainable Development Goals (SDGs). It aims to guide the development process taking into consideration the immediate and future needs of all our citizens.

Notably T&T is experiencing a rising disability sector due to an increasingly ageing population and the high prevalence of chronic diseases (Vision 2030: National Development Strategy, 2016). With the lack of in-depth research, the true extent of disability within T&T remains unknown. In addition, the unavailability of comprehensive statistical data presents a challenge in adequately assessing disability and disability related issues. The lack of data affects the capacity to indicate the number of PWDs in T&T and additionally presents challenges in evaluating, reporting, planning and development.

The 2011 T&T Population and Housing Census revealed that there are approximately 52,244 persons living with a disability, representing at least 4% of the total population of 1,328,019. Of this total, 96.5% (50,390) reside in Trinidad and 3.5% (1,858) in Tobago. (National Policy on Persons with Disabilities, 2019) Moreover, this reflects a slight increase over the 2000 Population and Housing Census, which recorded 45,496 persons living with a disability. Such increases relate to increased or improved reporting, as well as the rapid ageing of the population. The 2011 Census data also indicate that the number of PWDs when categorized using gender, showed a slightly greater number of females. Females accounted for approximately 26,234 (50.2%) and males 26,010 (49.8%) of the population of PWDs (National Policy on Persons with Disabilities, 2018).

The Census also recorded approximately 3,302 children (i.e., persons aged 0-17 with a disability) which is equivalent to 6.3% of the population of PWDs and 1% of the population of children (i.e., 330, 102 children) in T&T. This figure while relatively low may not present an accurate picture of pre-school children who may have a disability. Early detection and diagnosis of disability in young children are not mandatory or standard. During the last fifteen to twenty years, a wide range of initiatives focussed on the assessment of disabilities in preschool children has been implemented with varying levels of success.

T&T's (Voluntary National Review: Connecting the Dots to SDGs, 2020) (VNR, 2020) underscores the Government's commitment to sustainable and inclusive development that leaves no one behind. The VNR process engaged stakeholders, assessed localisation of the SDGs and identified pathways for accelerating action toward sustainable development and implementing the 2030 Agenda.

The T&T VNR (2020) reported[1] that the government has consistently targeted persons at risk for particular attention through comprehensive policy initiatives. It notes in particular that children, women, PWDs and the economically vulnerable have been targeted for specific interventions.

Development of the VNR included direct engagement with a broad range of stakeholder groups, to ensure an 'all-of-government' and 'all-of-society' approach utilised in implementing the SDGs. The engagement of key internal and external stakeholders, included technocrats, elected officials at national and local levels, private sector entities, academia, civil society and persons within vulnerable and marginalised groups (including youth, PWDs, women, children and the elderly to discuss their perspectives).

A snapshot of the eight SDGs addressed in T&T's VNR revealed that support for the social sector and protection of the most vulnerable citizens are delineated in the National Social Mitigation Plan 2017-2022 and the National Policy on Persons with Disabilities (2019).

Conversely, PWDs continue to be disenfranchised by deeply embedded socio-cultural norms and perceptions. It can be assumed that this has contributed to the prevailing social, political, legal and economic barriers that they continue to encounter. In T&T, PWDs still exist on the peripheries of society by default due to the charity or medical disability model predominantly used and the societal perceptions of perceived inabilities. This model could also have an impact on the number of persons reported as PWDs given that some PWDs may not be included. For example, psychosocial disabilities, dwarfism, and those that are albinos. **(ANNEX I – Document Discovery Report (DDR)).**

Within the current construct of the COVID-19 pandemic, PWDs continue to experience greater attitudinal, environmental and institutional barriers, discrimination, and exclusion from accessing services and information. This includes serious disruption to their employment, education, and access to social protection and other support services. These may be exacerbated by multiple and intersecting forms of gender-based discrimination faced by women, children and older PWDs. Discrimination extends to PWDs in risky situations such as violent victimisation and those who are migrants. At the time of the report (August 25, 2021), 43,538 people have had COVID-19[2]. There is no data on the number of PWDs with COVID-19. However, T&T's Social Sector Investment Programme (SSIP, 2021) report (Resetting the Economy for Growth and Innovation, 2021) indicated that an initial four hundred and eighty-eight applicants of the Disability Assistance Grant received interim relief of 1,000 TTD/148 USD per month for a period of three months as part of its COVID-19 response and recovery initiatives.

According to the World Economic Forum (WEF), PWDs are known to be at increased risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and complications due to

[1] https://sustainabledevelopment.un.org/content/documents/26730VNR_2020_Trinidad_Report.pdf

[2] COVID-19 DAILY UPDATE - Wednesday August 25th, 2021 | Ministry of Health

underlying health conditions and socioeconomic inequalities, including poor access to health care.[3]

These risks are compounded by numerous barriers to family crisis preparedness due to: a) the displacement and drastic changes in living conditions; b) a lack of access or obstructed access to public health and protection messaging; c) risks of increased stigma based on disability; d) potentially discriminatory attitudes and procedures of the health workforce and systems; e) and disrupted social protection and support mechanisms. For children with and without disabilities adaptations to the closure of schools and other structures initially led to an absence of protective environments and reduced fulfilment of basic needs (e.g., feeding programmes, social support, personal assistance, access to assistive devices and rehabilitation).

This situational analysis comprises four main chapters and eleven annexes.

Chapter 1 summarises existing information about disability that is available nationally.

Chapter 2 gives an overview of the guiding principles, methodology and literature utilised, **(Annex I- DDR).** It includes the scope and limitations of the analysis.

Chapter 3 analyses the situation of disability in T&T and lists the key findings.

Chapter 4 analyses the key findings noting critical gaps and opportunities as it relates to the six preconditions for disability inclusion, cross-cutting issues and the relevant SDGs. It includes conclusions and recommendations that advised on the steps to be taken to alleviate the challenges faced by PWDs as they work towards a disability inclusive society.

CHAPTER 2 APPROACH

Guiding principles- Ethics of this research

The overall guiding principles were those reflected in the CRPD and the 2030 SDG agenda including those related to human rights, equity, and community empowerment. All participants were informed about the overall goal of the project and the required information that will aid in the joint completion of the situational analysis and development of a strong joint programming proposal in line with UNPRPD's Strategic Operating Framework and the CRPD. Participants gave verbal consent to be interviewed and to complete the questionnaire. The names of individuals contacted and those interviewed were not used in the report for protecting their identity. Participants from government ministries received a formal written request to be interviewed. All participants gave their permission for the interviews to be recorded. This assured that any relevant information shared was accurately captured for inclusion in the situational analysis report.

[3] World Economic Forum (2020) Coronavirus: A pandemic in the age of inequality (https://www.weforum.org/agenda/2020/03/coronavirus-pandemic-inequality-among-workers/)

Methodology

The UNPRPD guidelines for conducting a situational country analysis of the rights of PWDs dated April 2021 guided the discovery process. Several sources of secondary data were used to assess the situation of PWDs to enable the implementation of the SDGs and the CRPD. These included publications from local, regional and international universities on various topics regarding PWDs. In addition, legislation and policies to support PWDs in T&T were analysed inclusive of research work conducted by OPDs in partnership with other agencies such as Pan American Health Organisation/World Health Organisation (PAHO/WHO), International Labour Organisation (ILO) and ongoing research by university students. These documents were examined and aligned as far as possible to the preconditions for inclusion. The detailed information can be found in the DDR (**ANNEX I).**

To ensure meaningful participation by PWDs and OPDs, primary data were collected and analysed to gain greater insight into the status of PWDs. This was based on interviews and focus group discussions using a semi-structured guide as well as through the completion of a questionnaire. The questionnaire was designed, and pilot tested via a virtual meeting on Zoom (with two organisations that did not attend the workshop). The outcome of the pilot-test resulted in minor changes to the questionnaire. The revised questionnaire was then distributed to the OPDs and it was requested that it be completed as far as possible with the members of their organisation.

Both quantitative and qualitative data were collected on a questionnaire **(ANNEX II)** divided into two sections. Section A comprised 12 closed ended questions to collect demographic and other information specific to the organisation including staffing, registration, and type of funding received. Section B comprised three open-ended questions that allowed the participant to answer freely in narrative form. The main guiding questions during the data collection was to garner the participants' opinion on the biggest challenge faced by PWDs in T&T.

The questionnaires were distributed to 21 OPDs' representatives who attended the workshop. Whilst the situational analysis may not reflect the views of all PWDs, after the workshop, nine OPDs' that did not have participants at the workshop also received questionnaires. Twenty-four questionnaires were returned giving an attrition of 20.0%. This research method produced reliable representation of the challenges the organisations face and their opinions about the biggest challenges faced by PWDs in T&T. It is important to note that 30 organisations received the questionnaires; 21 were OPDs and nine were service provider organisations (SPOs) for PWDs.

Data from Section A were entered on a spreadsheet **(see DDR (worksheet titled "Questionnaire Responses" at ANNEX I)**. Qualitative data from each question in Section B were transcribed from recordings, coded and then analysed yielding themes and sub-themes (Lester, Cho, & Lochmiller, 2020). Additional information to inform data collection was furnished during the nine sessions of the Induction Workshop. Examples of information furnished included the following: policies, recommendations, active and completed projects

highlighted and shared by participants. The workshops further identified other OPDs, government and tertiary institutions to engage in future focus group interviews to gather additional information. The focus of these sessions was to assess the level of awareness of the National Policy on Persons with Disabilities (2019) and the CRPDs, and the impact of these on the mandates of various state agencies to promote a disability inclusive society. Nineteen interviews were conducted. The DDR, worksheet "focus group interviews" **(ANNEX I)** contains a list of participants/organisations interviewed, questions and a summary of responses.

Validation

Three meetings were held to validate the information and findings contained in the situational analysis document. The first was held on 24 June 2021 with the presence of OPDs and PWDs, the second on 2 July 2021 with State institutions and other stakeholders including OPDs and UNCTs and the third on 8 July 2021 to review the outputs of the logframe.

Limitations

During the desk review of data that exist in T&T on PWDs it was discovered that specific, relevant published data that can add value and focus to the situation of PWDs in T&T were minimal. The following are examples of types of disaggregated data that could not be identified:

1. Lack of national statistical data on PWDs in the areas of employment, living conditions, highest level of education achieved access to education and health services, early diagnostic services etc.
2. No published COVID-19 recovery report that focused on the impact of the pandemic on PWDs.
3. Lack of a published report on the level of compliance to the CRPD and National Policy on Persons with Disabilities that can gauge the impact of policies and legislation that currently exist.
4. Lack of published papers on the disability rights movement in T&T and the evolution of organisations of and for PWDs in T&T. Historical data is important to understand the roles OPDs play in the advancement of the rights of PWDs.
5. Due to administrative and time constraints, a formal interview with the Ministry of Education (MOE) was not possible. Relevant data would have assisted in identifying milestones achieved towards advancing inclusive service delivery in the area of education.
6. Assessment reports on the impact of OPDs for the advancement of PWDs in Trinidad and Tobago were not available.

These limitations were overcome by identifying suitable government sources of information that provided official data fulfilling the quality criteria of the public

administration. Triangulation and validation processes were then implemented with informants and stakeholders.

CHAPTER 3. FINDINGS

A. Stakeholder and coordination analysis

Though T&T has formulated a National Policy on Persons with Disabilities and ratified the CRPD, there remains much work to be done, particularly with respect to changing prevailing societal attitudes. PWDs are regularly denied the respect and dignity they deserve and are often victims of abuse and discrimination. According to Richardson (2018), in T&T PWDs are one of the largest un-investigated minority groups, characterized by diverse stakeholder groups with no clear inclusive leader to champion the path towards inclusion.

At least seven government ministries have been recognised in charting the course to address the needs of PWDs, inclusive of three units mandated to serve people with disabilities. These include: Ministry of Social Development and Family Services (MSDFS); Ministry of Health (MOH); Ministry of Education (MOE); Office of the Attorney General and Legal Affairs (AGLA); Office of the Prime Minister, Gender and Child Development; Ministry of Planning and Development (MPD); and Tobago House of Assembly (THA) Division of Health, Wellness and Family Development.

The MSDFS has primary responsibility for disability in T&T. Its Disability Affairs Unit (DAU), which comprises five members of staff (4 in Trinidad and 1 in Tobago), is tasked with increasing public awareness; coordinating, implementing and monitoring the National Policy on Persons with Disabilities; and providing financial assistance to a small number of non-governmental organisations. Notably, the MSDF has the most connections to other government entities, OPDs and professional organisations. However, the substantially small size of the DAU makes managing tasks on a national scale difficult and ineffective.

Tobago also has a Disability Affairs Unit under the Division of Health, Wellness and Family Development. The DAU[4], interfaces with disability organisations on behalf of the government.

As of July 2017, the DAU recognized sixty-two (62) such organisations **(ANNEX I DDR, worksheet "NGO list")**. Of the sixty-two (62) organisations, no distinction was made between OPDs and service-providing organisations (SPOs) mainly established by parents of PWDs or advocates of equal opportunity for PWDs within schools and support organisations. There are more SPOs comprising non-disabled persons advocating on behalf of PWDs than there are OPDs. Due to OPDs being smaller, less networked and recognised than the service providers, their needs remain unheard.

[4] (http://www.social.gov.tt/divisions/the-disability-affairs-unit)

SPOs have remained the 'go to' organisations of both the state and the private sector in shaping the direction of the disability community and they attract the majority of funding. The leadership/management of the SPOs face challenges with infrastructure and limited resources to render needed services.

The Ministry of Finance (MOF) allocates funding to the MSDFS, which is divided amongst Departments/Divisions within the Ministry. There is no fixed percentage allocation to the DAU to implement the Unit's mandates. The MSDFS works in collaboration with non-governmental organisations (NGOs) which serve the community of PWDs. This partnership is essential for the advancement of the rights and dignity of their clients. The Ministry provides financial and technical support to eligible NGOs to assist in the delivery of services and/or social programmes for PWDs. Competition among NGOs to receive funding from the MSDFS is fierce and has been the primary catalyst for fragmentation in the sector. Limited budgets lead to competition between organisations for funding and international funding has been difficult to attain due to insufficient resources and the low-level capacity of OPDs. Furthermore, with T&T classified as a high-income country, qualifying for funding from some international organisations is also a challenge. This has resulted in duplication of programmes and services, isolated attempts to promote public awareness and advocacy for the disability legislation that would gain greater momentum if a cohesive approach were adopted.

The NGO sector however, is mostly organized around singular disability issues, such as organisations for the blind, the deaf, persons with Autism and Down Syndrome. In most cases, multiple organisations provide treatment for the same disability perpetuating incoherent approaches in the sector. A glimpse of the existing online registry of organisations by service on the DAUs website substantiates this claim.[5]

Consortium of Disability Organisations (CODO), founded in 2001 serves as an umbrella organisation for disability organisations in T&T. CODO's membership comprises both OPDs and disability service providers, including schools **(ANNEX I, DDR, worksheet "CODO Membership List 2021")**. It has initiated a number of programmes over the years including public awareness campaigns and a national survey on the quality of life experienced by PWDs in T&T. Feedback from interviews during the study intimated that as the umbrella body for PWDs, CODO has not been seen to provide that active coordination for the member groups on board.[6]

The Trinidad and Tobago Occupational Therapy Association (TTOTA) is the most widely linked professional organisation working in the disability sector. TTOTA is linked to other professional organisations, ministries and several disability NGOs due to its involvement in occupational therapy (OT) practice elements. Other than the Down Syndrome

[5] http://dau.socialtt.org/organizations-by-services/

[6] The current membership of CODO consists of 43 OPDs of which 20 are schools recognised by the government of T&T.

Family Network (DSFN), the National Centre for Persons with Disabilities (NCPD) and the Immortelle Centre, no other strong links to international disability groups were found.[7]

The MSDFS and the MOE are in regular contact on a mostly informal basis. However, this relationship has neither prompted a joint working group nor advanced the agenda on disability legislation and service delivery.

The MOE has 13 public and 14 private special schools. Public special schools are state funded whilst private special schools are 'state assisted' i.e., they only receive financing for teachers' salaries and operational costs. Access to special education has been greatly limited in T&T, with reference to amount and type of services provided. The education of students with disabilities in T&T began in the 1940s. Religious bodies, voluntary organisations and community groups organized and directed the education of these students. Students with disabilities attended "Institutional Schools" that were partly financed by subventions from the Government, but mainly through contributions from corporate citizens and other members of the society. In 1980, these 'Institutional Schools' were formally incorporated into the education system and re-designated as 'special schools', with the MOE assuming full responsibility for their management and operation in conjunction with their respective Boards of Management (Caribbean Symposium on Inclusive Education, 2007, p. 5).

Reportedly, there are approximately 33 registered special education schools in T&T. However, many of these schools are registered as Non-Governmental Organisations (NGOs) and Charity Based Organisations (CBOs) as they have not attained the standards outlined by the MOE as special education schools. Yet these special schools contribute significantly to the education of children with disabilities. Special schools in T&T have a twofold function[8]:

a. to serve as an avenue for early identification and the provision of initial educational intervention that would equip students with the compensatory skills in preparation for transition to the regular school system; and

b. to provide basic education for students who are moderately or severely challenged due to a particular disability, or students identified with multiple disabilities whose educational needs cannot be met within the regular school environment.

In a Draft Inclusive Education Policy Paper 2017 to 2022, the MOE outlined several obstacles to implementing the policy. These obstacles identified in the paper includes but are not limited to the "inequalities in the standard of education delivered across the 477 public schools throughout T&T, and the lack of a protocol to govern placement of students with special educational needs" (Draft Inclusive Education Policy Paper (2017 to 2022), p. 63). A strategic plan has been developed, however to date the policy has not been fully implemented. Additionally, The National Policy on Persons with Disabilities 2019 outlines plans for inclusion, however many children with special needs continue to be refused access

[7] TTOTA is the most informed local organization with strong involvement with projects and congress of the World Federation of Occupational Therapy.

[8] https://www.moe.gov.tt/wp-content/uploads/2020/11/SPECIAL-NEEDS-DRAFT-13.11.2013.pdf

to schools even with the existence of an Inclusive Education Policy[9] which has yet to be translated into action.

Various sources suggest that educational change has been difficult for T&T; especially those associated with the provision of Special Education services and the inclusion of children with disabilities in general education classrooms (Johnstone, 2010). Statements from some nongovernmental sources, such as UNESCO, suggest a complete lack of special education services: "in the regular schools there are no special provisions, no support services, for those with special needs" (Bergsma, 2000). Several studies conducted on inclusive education in T&T concluded that teachers' attitudes can best be described as one of ambivalence towards the suitability of the general education setting for meeting the educational needs of these students. (Blackman, Conrad and Brown, 2012) Advocacy for inclusive education continues. Some progress has been achieved resulting in more parents accessing places in "normal schools" for their children, but this has been a very slow process and, at times, were it not for the persistence of the parents, the children would not have been accepted at the school.

Disability is not homogenous, some PWDs are more marginalised due to multiple and intersecting forms of discrimination influenced by factors such as history and culture. In T&T this includes persons with invisible disabilities such as learning disabilities, persons who are deaf blind, low vision (particularly those with fluctuating vision) and those who are deaf/ hard of hearing, women and girls with disabilities, intellectual disabilities; persons who are poor, uneducated and living in rural areas; and persons with mental/psychosocial disabilities. There remains an unfortunate slant where the disability community, policymakers, and media continue to highlight physical disabilities to the disregard of mental and psychosocial disabilities.

There is a National Mental Health Policy 2019-2029 and an operational plan that was developed in 2020. (MOH, 2019). The MOH is also working on integrating mental health into the national emergency/disaster preparedness plan. In March 2020 a mental health and psychosocial support services technical working group (MHPSS TWG) was established with 34 members as a way of ensuring coordination among the sectors. There is a human rights review body in the country and issues related to the human rights protection of mentally ill people are addressed regularly. Nevertheless, T&T's Constitution makes the point of discriminating against one group of people with disabilities–the mentally ill, disqualifying a person from serving in the Senate or Lower House of Parliament. At the same time, through the National Mental Health Policy, the MOH is moving to deinstitutionalised mental health within a community-based service model. The MOH is developing a national mental health communication strategy and plan. Its key focus is on destigmatising mental health and promoting community-based mental health services.

The MOH provides services to citizens, including PWDs with the availability of some therapy services. Recently, a multi-sectoral technical oversight committee to guide the

[9] https://www.moe.gov.tt/wp-content/uploads/2020/11/Inclusive-Education-Policy-Covers-2.pdf

establishment of a Community-Based Rehabilitation Programme (CBRP) in primary care was formed. The goal of this plan is to improve the health system response for the management of PWDs and to strengthen MOH's involvement.

The recently re-activated T&T chapter for Disabled Peoples' International (DPI) is one more potentially important stakeholder. Through collaboration and coordination, it can provide PWDs with a voice and balance the power relationship between rehabilitation professionals and disability rights advocates. At present, the DPI is represented on the Equal Opportunity Commission (EOC) but there is little public awareness on its existence.

Consultation on disability continues to be almost non-existent by policymakers. Advocacy and collective lobbying by OPDs are also non-existent, due to lack of unity within the various disability organisations, thus leaving PWDs consistently underserved. Of particular note is that the distinction between OPDs and SPOs has never been recognised by the state.

While it was acknowledged that, some PWDs such as those with severe learning disabilities are unable to advocate for themselves, participants agreed that the overarching goal is to empower as many PWDs as possible to have the opportunity to self-advocate. This is also important as it increases their self-awareness/confidence and can change public perceptions. Often a balance of advocates and PWDs is necessary in both service provider organisations and OPDs, and participants agreed that there is a need to ensure that PWDs are involved and consulted to develop all programmes and policies. A non-disabled person who has a child or relative with a disability often heads leadership in the disability arena. This disconnect sometimes leads to a more challenging environment for some disability communities. There are few OPDs led by PWDs in T&T and the term 'Disabled People's Organisations (DPO)' is rarely used within the local disability community, media, government or the DAU itself. In T&T, most organisations identify as OPDs and have a membership in which at least 51% are PWDs **(ANNEX III).**

There is no record of any state agencies, institutions, or NGOs in T&T that are specifically responsible for women with disabilities. Five NGOs have taken the initiative to provide training, vocational rehabilitation and employment services for PWDs **(ANNEX IV).**

A stakeholder mapping exercise supported by Consortium of Disability Organisations (CODO), the one umbrella organisation representing PWDs in Trinidad and Tobago was conducted. CODO's membership comprises both OPDs and disability service providers, including schools **(ANNEX I DDR, worksheet "CODO Membership List, 2021").** The current membership consists of 43 OPDs of which 20 are schools and are all recognized by the government of T&T.

In 2015, the Digicel Foundation developed a Disaster Risk Reduction (DRR) programme for PWDs titled '***Preparing You! – A Disaster Preparedness and Emergency Programme for persons with disabilitie***s. The key project stakeholders were children with intellectual difficulties. A strategic public-private partnership was forged with the Office of Disaster Preparedness and Management (ODPM), to implement its pioneering project on DRR in an initial eight schools for children with disabilities. These schools were located in some of the

most vulnerable communities across T&T, many of which are located in low-lying flood-prone areas with poor infrastructure. This public-private partnership engaged in capacity building initiatives with each school via a 'train the trainer' programme, with specialised content on disaster preparedness for teachers, caregivers and parents. During these sessions, the disaster agencies also improved their knowledge and understanding of the specific challenges faced by PWDs. A National Register for PWDs was proposed to assist in efforts to ensure their safety and well-being in the event of emergencies.

The ODPM as the key partner and leading agency in implementing the 'Preparing You!' programme was able to expand their classification of PWDs to include a wider range of intellectual and developmental disabilities, and have made changes to their existing programmes to include a more diverse community of PWDs. The National Disaster Emergency Handbook and policy documents were significantly revised to include disaster planning templates and checklists. Through the partnership established, the ODPM was able to revise and update its national database to include a Geographical Information System (GIS) database, which provides geographical locations and specific demographics of 32 special needs schools across T&T. This ensures that DRR methodologies are appropriate and tailored to this community by first responders **(ANNEX V GIS Map of Special Needs Schools).**

UN organisations such as United Nations Development Programme (UNDP), PAHO/WHO, UNFPA and the International Labour Organisation (ILO) have been the main international entities involved in projects with a disability component throughout T&T (see DDR, worksheet "UN & Int'l Cooperation Question & Answers). The ILO works with several NGOs in the field of workplace adjustments and advocates for the implementation of the ILO's Vocational Rehabilitation and Employment Convention. The UNDP provided input on the draft National Policy on Persons with Disabilities and is also involved in the facilitation of meetings between MSDFS and potential funding institutions in preparation for a National Disability Survey. To facilitate mainstreaming of disability in UN programmes, the Secretary-General in 2018 initiated a process to develop a UN system policy, action plan and accountability framework. This resulted in the development of the United Nations Disability Inclusion Strategy (UNDIS).

PAHO, which is the arm of the WHO in the Region of the Americas, has been working with the MOH to strengthen the disability and rehabilitation programmes within the health sector. PAHO/WHO, through its processes, ensures that vulnerable groups, including PWDs and OPDs, are included and represented in all its initiatives, which are usually implemented through the MOH and/or the MSDFS. PAHO/WHO ensures that concerns of PWDs and OPDs along with other vulnerable groups are taken into consideration during the development and implementation of the agency's Biennial Work plan for T&T. Additionally; SPOs are actively involved in identifying, planning, implementing, monitoring and evaluating the activities specifically related to the disability and rehabilitation programme within the work plan.

All UNFPA initiatives are inclusive of vulnerable groups. PWDs and OPDs are included in the formulation, design, implementation monitoring, and evaluation and reporting of each

initiative. All UNFPA informational products are available in accessible formats and are circulated to OPDs to give them enough time to review and discuss with their membership. UNFPA routinely invites OPDs to its meetings, and allows for inclusive communications by and with PWDs by employing Sign Language interpreters, voice-to-text technology, etc. Through the UNFPA, OPDs were involved in preparing T&T's 2020 Voluntary National Review report on the country's progress toward the SDGs. OPDs are participants in the United Nations Country Teams (UNCT's) Common Country Assessment for T&T. UNFPA routinely consults, and is consulted by, public, private and civil society organisations on challenges faced by PWDs, their inclusion in the implementation of the SDGs and 2030 Agenda, and the advancement of their rights.

The UN Resident Coordinator Office (RCO) hosts the Spotlight Initiative in T&T. Spotlight is a global partnership to eliminate all forms of violence against women (VAW) and girls by 2030. The initiative pays special attention to contradicting VAW and girls in vulnerable groups, including PWDs (and their caregivers). Spotlight invests in gender equality and women's empowerment as a driver for achievement of the SDGs. The RCO and Spotlight coordination unit convened a Steering Committee to guide, govern and monitor implementation of the initiative in T&T, and OPDs (e.g., the NCPD) are included in this body. UNFPA is also involved in Spotlight Initiative, and is supporting the delivery of information on VAW to PWDs and those who support them.

The RCO, with UNICEF and ILO, is also implementing Generation Unlimited (GenU) in T&T. This initiative addresses discrepancies between the skills supplied by T&T's education system and those demanded by the country's labour market. GenU aims to improve the employment and entrepreneurship opportunities of T&T's youth, including those from vulnerable groups like PWDs (and especially young female PWDs). As with Spotlight, the RCO (with T&T's Prime Minister) has convened a steering committee to guide, govern and monitor the implementation of the initiative, and OPDs are included in this body. The RCO has ensured that all UN agencies in T&T are accessible to PWDs (e.g., wheelchair access, directional signs with braille).

Since 2018, PAHO/WHO, UNFPA and ECLAC have been promoting sexual and reproductive health (SRH) among PWDs (and especially women and girls with disabilities). The UN agencies have been collaborating on the intervention with several government agencies including ministries and regional corporations, and civil society organisations for PWDs. Information received from UNCTs indicated that training and train-the-trainer sessions occurred in 2019, and a Minimum Initial Service Package (MISP) for the delivery of SRH and gender-based violence services was designed for policy makers and programme officers. Safe Identification and Referral Pathways were also developed to address violence against women and girls, and PWDs in emergencies and they were provided to first responders. The MISP training also built the capacity for MISP implementation in the early phases of emergencies, from the PWD perspective. The intervention also targets T&T's response to the current influx of Venezuelan migrants and asylum seekers, including those who are PWDs.

While the COVID-19 pandemic threatens all members of society, PWDs are reportedly disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response. PWDs were already among the most excluded in our societies before the COVID-19 pandemic and this health crisis along with its devastating social and economic impacts has in instances deepened the exclusion and marginalisation that they experience. Currently no data on the disability status of those who got ill or died exists. However, there is a positive relationship between age and disability, so it is reasonable to assume that some of the older persons who have contracted or died from COVID-19 may have had a disability of some kind. In addition to their age profile, PWDs are at greater risk of contracting COVID-19 because of their limited ability to protect themselves from infection or to seek diagnosis and treatment, owing to the lack of information about the virus in accessible formats and challenges to accessing health facilities. At the national level, there is little information on the population with disabilities in institutions, because the main instruments for collecting information on this population —population and housing censuses— do not collect information on these establishments.

The school environment also presents particular complexities for students with disabilities and their families in the context of the pandemic. To mitigate this, the Digicel Foundation equipped 24 special needs schools in early July 2020, with 1,095 tablets utilising an investment of 711,498.00 TTD/ 105, 407 USD. Desirous of giving continued support to the 'new normal' of virtual educational learning, the Foundation merged its ***Connecting You*** programme with the MOE's **Adopt-A-School initiative** to provide 620 tablets and 200 refurbished laptops to 10 additional special schools and 34 mainstream schools. The selected schools were a mixture of special education, inner city, denominational, government, and rural schools.

As the COVID-19 crisis continues, MSDFS reported on a number of social support strategies to be implemented to assist the vulnerable. One such measure was instituted through Income Support to recipients of the Disability Assistance Grant for an initial three months. Notwithstanding this, it can be intimated that since PWDs already had a weak position in the labour market, insignificant participation in the services sector and informal employment, this population is likely to be affected by the adverse labour market scenario during the crisis and the recovery period.

Key findings

1. There is inadequate or inappropriate consultation, and involvement of PWDs. Reasons for this include: (i) limited capacity of PWDs so that they are empowered to advocate for themselves effectively (ii) the fragmentation of the disabled community; (iii) OPDs lack of resources to be effective; (iv) policymakers lack of awareness on the competencies and value of including the views of PWDs; and (v) the lack of accountability to ensure that feedback from OPDs is integrated/considered.

2. Cross-sectoral coordination and collaboration with OPDs are insufficient. In addition, scant attention is given to the intersectionality of disability with other marginalized groups. For example, there is no OPDs dedicated to women with disabilities or migrants with disabilities in T&T.

3. There is a lack of organisations, or coordination between organisations, to ensure that the needs of PWDs inclusive of persons with multiple disabilities who are typically under-represented, such as those with psychosocial disabilities who face many forms of stigma and discrimination, as well as barriers to exercising their civil, economic, social and cultural rights, are advocated for. There is also no coordinating body to oversee publication and awareness campaigns in the field of mental health.
4. Whilst there is an umbrella organisation, CODO, most OPDs do not recognise them as such and there is the collective belief that CODO has limited capacity to carry out the functions required of an umbrella organisation.
5. There is a need to empower PWDs who are typically underrepresented to make informed decisions and advocate for their needs. In instances where they cannot self-advocate, there is a need to ensure care providers are well trained to advocate on their behalf.
6. There is a lack of structured/systemic mechanisms to ensure coordination for services. This includes empowering PWDs with skills such as negotiation and advocacy.
7. Competition among NGOs to receive funding from the MSDFS is fierce and has been the primary catalyst for fragmentation in the sector. This has resulted in duplication of programmes and services, isolated attempts to promote public awareness and advocacy for disability legislation.

B. Equality and non-discrimination

The Constitution of the Republic of Trinidad and Tobago confers upon all citizens, the right to enjoyment of all human rights and fundamental freedoms; however, it does not speak specifically to disability issues. Although there is evidence that negative attitudes toward PWDs are changing, the public depicts feelings of uneasiness and uncertainty on how to interact with PWDs in T&T. **(ANNEX I-DDR, worksheet "Focus Group Interviews" & CRPD Induction workshop 2021)**.

There is currently no specific disability legislation in T&T. However, an initial National Policy on Persons with Disabilities was developed in 2005, which has since been updated in April 2019. According to discussions with MSDFS, DAU, this updated Policy has not yet been officially launched.

The legislative document that currently exists is the Equal Opportunity Act, Chap. 22:03 (the EOA) which, *inter alia*, prohibits discrimination on the ground of status in employment, education, the provision of goods and services and the provision of accommodation: Section 4. The term 'status' includes disability: Section 3. Various other pieces of legislation do not contain the provisions for, or redress on issues specific to the needs of PWDs. It envisages that the National Policy on PWDs will provide a foundation for the development of appropriate legislation.

The National Policy on Persons with Disabilities (2019) provides a comprehensive framework for achieving social inclusion and equality of opportunity for all PWDs in T&T. The scope of the Policy covers a wide range of areas that the government has targeted for improvement for the benefit of PWDs. Some of these areas include legislation, raising awareness on disability issues, accessibility, education including the promotion of inclusive education, work and employment, women and children's concerns, health, habilitation and rehabilitation, access to justice, among others. **(ANNEX VI Commitments of the National Policy)**

The goal of achieving 'a place for all' is also outlined in the National Policy. It speaks to non-discrimination and places greater focus on early diagnosis of disabilities, early detection and intervention of relevant professionals, research and relevant support services. This goal of achieving a place for all is in alignment with the 2030 SDG Agenda (adopted by the UN). It particularly highlights goal number 10 which speaks to 'reduced inequalities' and speaks *inter alia* on strategies to be adopted to protect PWDs (women and children especially) who are particularly at risk.

However, the EOA does not cover, PWDs who are refused access to employment if they require services or facilities not required by persons without a disability if the provision of those services would impose an **unjustifiable hardship** on the employer (Section 14).[10] More specifically, an employer does not have to make the adjustment if the accommodation or adjustment requires a disproportionately high expenditure or disruption to business.

In 2001, the EOA was amended to particularise the scope of this defence. This required a consideration of all the relevant circumstances including the nature of the benefit or detriment to be suffered by any person concerned, the effect of the disability on the person and the financial circumstances and estimated expenditure required to be made by the person claiming unjustifiable hardship. The 2001 amendments also expanded the availability of the unjustifiable hardship defence to educational establishments and providers of goods/services and/or accommodation, (Sections 18A (2) and (3)). It is arguable that the EOA can be improved to better protect the human rights of PWDs and assure their inclusion in the society. Potential areas for amendment of the EOA include expanding definition of disability and creating a duty of reasonable accommodation. It should be noted that the EOC itself has endorsed these two amendments. Challenges still exist with regard to the implementation of the protections for PWDs in the EOA. For example, there has been a lack of enforcement of regulations or penalties applied for contraventions of the Act.

While the Industrial Court, the Office of the Ombudsman of T&T and labour laws such as the Employment Injury and Disability Benefits Bill (2001) offer avenues for recourse, the judicial system often requires significant time and money, thus excluding segments of the population. Negotiations and support for OPDs and training in mediation are unavailable. This emphasizes the need for a supportive and enabling legal, regulatory and policy

[10] https://rgd.legalaffairs.gov.tt/laws2/alphabetical_list/lawspdfs/22.03.pdf

environment to prevent discrimination, empower negotiation and provide an effective remedy.

When asked about their perception of the status of PWDs in T&T, in relation to issues of access, equality and integration, respondents indicated that PWDs had limited access to resources, continuously experience inequality, and are often excluded. They added that many of those experiences relate to the prevailing stigma surrounding disabilities that limit the ability of an individual to function effectively. Respondents also emphasised the vast diversity within disability, stating that disability exists on a continuum. They highlighted that certain groups tend to be underrepresented, such as persons with invisible disabilities (including various types of mental health, intellectual and psychosocial disabilities), and women and girls with disabilities.

The National Policy states that in January 1990, T&T ratified the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). However, while PWDs are generally regarded as being more vulnerable to abuse, women are often subjected to multiple forms of abuse suggesting that substantial attention should be paid to the needs of women with disabilities. During the interviews conducted, representatives from parent advocacy groups lamented that the most vulnerable to violence are children on the autism spectrum, and those with hearing, visual, psychosocial, and intellectual disabilities.

In T&T, information on violence against women and girls with disabilities is scarce. Stigma and misconceptions on disability often prevent young women with disabilities from experiencing and engaging in healthy sexual lives. While women with disabilities are exposed to the same forms of violence experienced by women without disabilities, the intersection with disability puts them at further risk of violence that is unique to PWDs and less detectable. The forms of violence include a lack of respect for personhood, bringing about an increased sense of powerlessness and dependency

The efforts to assist women with disabilities generally occur through NGOs and some government interventions but a more concentrated effort is required to adequately address the needs of women with disabilities. In April 2011, the Trinidad and Tobago Chapter of Disabled Peoples' International (TTDPI) established the Trinidad and Tobago Women with Disabilities Network, a non- governmental organisation. However, no further information could be found as to the operational status of this NGO or any other organisation that specifically represents women with disabilities in T&T.

In addition, T&T's Green Paper on Gender and Equality (2018) has identified disability as one of the factors for addressing inequalities with special attention to be paid to education, employment, social security and social adjustment. The Office of the Prime Minister, Gender and Child Affairs is currently reviewing that paper. Nevertheless, children with disabilities often face the challenge of negative attitudes, are often victims of abuse and are subject to marginalisation from their peers. There is a great need to ensure that they are afforded their rights as children, regardless of having a disability. The government recently worked on an update to the education policy to encourage the provision of special education and therapy services in mainstream public schools.

T&T ratified the Convention on the Rights of the Child (CRC) on December 5, 1991 and has in place the Children Act, Chap. 46:01 and the Draft Child Policy. While there are ongoing efforts to provide for children in general, there is an acknowledgement of the need for more efforts to address the needs of children with disabilities in areas such as, protection from abuse of all forms, and provision of appropriate and quality education, health, and therapeutic services.

The Parliament of Trinidad and Tobago established a Joint Select Committee on Human Rights, Equality and Diversity. That committee presented the revised National Policy on Persons with Disabilities to the House of Representatives and Senate in 2019. A broad classification for PWDs was used to include "...those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." (p viii). Those international treaties hold all signatory countries to their mandate of providing equal access to opportunities for PWDs.

The Organisation of American States (OAS) encouraged countries to sign and ratify the Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities. Dominica and Jamaica have signed, but did not ratify it. Technical Assistance was offered to Member States who were interested in developing legislation and ratifying the Inter-American Convention.

Key findings

1. While there is no specific disability legislation, the Equal Opportunity Act provides an opportunity to tackle some of the inequality and discrimination issues faced by PWDs. However, the Act needs to be amended to include an expansion of the definition of disability and the creation of a duty of reasonable accommodation.
2. The current legislative framework lacks provisions for or redress on issues specific to the needs of PWDs and therefore makes it futile to legally challenge those that discriminate on the grounds of disability.
3. Children with disabilities are disproportionately vulnerable to violence, exploitation, and abuse. The greatest barriers to the inclusion of children with disabilities are stigma, prejudice, and lack of knowledge. There is therefore great need to ensure they are afforded their rights as children, regardless of having a disability. To this end greater focus and effort in addressing the needs of children with disabilities in areas such as, protection from all forms of abuse and provision of adequate education, health and therapeutic services is required.
4. There is a general lack of knowledge on how PWDs can seek assistance in response to gender-based violence. The University of the West Indies (UWI) has compiled a Catalogue of services 'EmPOWERing You' which serves as a resource guide for victims and survivors of gender-based violence but most PWDs are unaware of this resource guide.

5. Cultural, legal, and institutional barriers render girls and young women with disabilities the victims of two-fold discrimination: because of their gender and their disability. At the same time, no registered NGO or state agency exists to empower and properly represent women and girls (particularly those with intellectual disabilities) to make decisions about their sexual health, including family planning and how to deal with situations of violence.

C. Inclusive service delivery

Disability assessment & referral systems

PWDs experience significant barriers to accessing health care. This involves early detection, diagnosis, treatment, rehabilitation, specialized care and the need for assistive products. Often cases of severe intellectual or physical disability or syndromes are easily identifiable at birth while other disabilities such as learning disabilities are usually detected in later childhood. Currently, the MOH executes a National School Health Programme, which provides hearing and vision screening for all first-year Primary School students in both public and private schools.

When impairments are identified, an individual is generally referred to more specialised health services. For example, a person identified with hearing loss is usually referred to one of the two hearing testing services in the country for further medical assessment and diagnosis. Until this more detailed medical assessment is performed, a person is not eligible to access other disability support services. Waiting times for these specialist medical assessments can be lengthy. Currently the waiting list for audiology assessment is 2-3 years in Trinidad, whereas Tobago has no permanent services.

The MOH also oversees the only type of disability assessment currently available in T&T, which allows access to the disability grant and other disability support services. The system follows a narrow medical model approach: assessments of disabilities are undertaken by a paediatrician or other medical practitioner (Public Health) authorised by the Chief Medical Officer for this purpose or from a Paediatric Specialist (Private Practitioner) registered with the Medical Board of Trinidad and Tobago. Two separate forms are used for assessments for adults and children. In addition to demographic information, there are four questions that the doctor has to complete:

- Nature of Illness or Injury
- Whether Disabled from Earning
- Percentage of Disability
- Likely duration of disability

In the case of children, the form is more comprehensive and it collects information such as existing diagnosis, medical diagnosis resulting in disability, physical disability (visual, hearing, motor function), developmental disability and mental health. However,

similar to the adult form, the classification for each disability is vague and seems open to interpretation by assessors (e.g., lack of guidance on what is deemed mild, moderate, or severe). Anecdotal information from the members of both the disability and medical communities showed that they were frustrated with the difficulties experienced with the current system. Doctors reported that they found the form unclear and vague and during the assessment, they were unable to find any guidance for assisting them to complete the form.

Disability assessment reports are stored at the individual institutions where the assessments are done. The information for each PWD is kept in their files. There is no disability card or registration process but the information is used to apply for the social services grants, apply for concessions for examinations etc.

The National Policy on Persons with Disabilities has committed to reviewing the current disability assessment system (though this is still placed within the context of 'health'). To date, no proactive systems exists for early detection of disabilities in the population before their disabilities are severe enough to be obvious and to refer them to available habilitation and rehabilitation services.

There is no referral system between sectors to ensure that PWDs receive the multi-sectoral services they may need. Generally, they are expected to navigate themselves across different sectors to receive services. Information on how to do this may be provided by one sector but is reliant on the availability of current information from that sector.

Working outside of the government system, there are specialists who have private offices that are outside the financial reach of most PWDs.

Disability Support Services

The National Policy on Persons with Disabilities (2018) describes the national commitments to strengthen disability support services in addition to strengthening mainstream services. There are numerous commitments, particularly in areas relating to living independently and being included in the community, such as, training of a cadre of personal assistants and developing a daily living skills programme **(p. 64).** There are also commitments to strengthen the availability and affordability of assistive products **(p. 55).**

Older PWDs are eligible to receive personal assistance at home for support with daily activities through the MSDFS Geriatric Adolescent Partnership Programme. There is currently no equivalent programme for younger adults or children/families.

Adults with disabilities (people 18+) who have been assessed and provided with a disability certification as described in the previous section are eligible to receive a Disability Assistance Grant. This currently amounts to 2,000 TTD/296 USD per month. A person who is employed and is earning more than 1,000 TTD/148 USD per month is not eligible to receive the Disability Assistance Grant.

Parents/legal caregivers 18 years and over of children (minors) with disabilities can apply for a Special Child Grant (1,500 TTD/222 USD. The grant is payable where the assessment of a level of disability of a child is either 'severe' or 'complete' based on the

assessment described in the previous section, and where the disability is permanent. The Special Child Grant is only eligible for caregivers who earn less than 3,375 TTD/500 USD per month or receive less than 1,500 TTD in government grants for the child from other sources.

Trinidad and Tobago Sign Language is provided during one local TV news broadcast, on the Parliament Channel, and during the government's COVID-19 media updates. The Trinidad and Tobago Association for the Hearing Impaired (TTHI) employs two sign language interpreters. They provide services to state agencies based on requests; however, the limited number of trained interpreters means that there is more demand than capacity. There are other organisations providing sign language interpretation services. There have been concerns raised within the Deaf Community over the quality and accuracy of sign interpretation, especially since there is a significant amount of variation in sign language within the Deaf community across the country. The University of the West Indies (UWI) offers a diploma in sign language interpretation, and The Caribbean Video Assistance Service's relay system has been recently established (2019). CVAS is supported by the Caribbean Telecommunications Union (CTU) and currently operates three days per week for Deaf or Blind users. The number of daily users is unknown.

In addition to these specific services provided by ministries, The Ministry of Education has a Student Support Services Division (SSSD), which is described in the education section at the end of this chapter.

The MOH provides rehabilitation services. To date, there is limited data or studies available on the subject of rehabilitation of PWDs in T&T. In 2014, T&T expressed interest in Community-based Rehabilitation (CBR) at the first CARICOM and Dutch Caribbean CBR meeting in Aruba. In 2015, the National Enrichment Centre (NEC) for persons living with disabilities was commissioned under the remit of the DAU. The purpose of the Centre is to provide rehabilitative and therapeutic services for PWDs. Additionally; it will also serve as a resource location for NGOs that function in the interest of PWDs. However, to date there is limited data or studies available on the subject of rehabilitation of PWDs in T&T. No published paper that provides a comprehensive overview of rehabilitation services available whether public or private, who provides them, accessibility, or how it is geographically distributed exists. With the appointment of eleven representatives of Civil Society Organisations **(ANNEX VII)** to serve on a newly established management Committee for the NEC, it is envisioned that recommendations on the provision of adequate, appropriate and affordable therapeutic services for PWDs at the community level throughout the country will be realised.

Feedback from interview and focus group participants reported that most PWDs are also unable to access rehabilitation services. Participants from parent groups and the induction workshop complained that accessing the appropriate support could be a long and frustrating process with a noted absence of public rehabilitation services. Few rehabilitation professionals exist in the public healthcare system, which has contributed largely to lengthy waiting lists and sometimes deferrals exceeding a year. Based on interviews, T&T appears to be well positioned to implement CBR services if more education is provided to PWDs, their

families, non-governmental organisations, and ministries responsible for health, education, vocational, and social development.

Communication systems, such as emergency telephone numbers, are often inaccessible for deaf/hard of hearing as they strictly require that someone speak on a phone versus allowing for text messaging or video interpreting. Many websites providing information about available health and other services lack the basic design features to be digitally accessible for people with sensorial disabilities that use screen readers and other software to navigate the web. There is also less than the optimum provision of assistive devices and technology, which means funding from charitable initiatives, is often sought.

In 2014, Digicel Foundation introduced a Therapy Based Education programme. To date 16 schools nationwide, which is just under 50% of the schools for children with special needs that have benefitted from this Therapy Based Education Programme. The programme directly impacted 884 PWDs. Whilst the intent was to implement this programme in some way into all special needs schools by the end of 2018, it was stymied due to a lack of resources to facilitate its sustainability. Given that the country has not fully mainstreamed education, special schools continue to be an integral part of the education system for PWDs. Participants shared the view that educators in T&T appear to remain unconvinced that policymakers are providing the means and ways to effectively meet the needs of students with disabilities in inclusive settings. More details on the special schools and the government's role are covered in the section on Inclusive Services 'Education legislation and policies' page33.

It is reported that a variety of special education/diagnostic services are available through various government agencies. This includes auditory and visual screening, psycho-educational identification, consulting, referral and follow-up, parent education, teacher support and education, specialized services for students with sensory difficulties in regular schools, monitoring of curriculum, services for students in institutional schools, and counselling. Despite such assertions, questions remain regarding the extent to which special education services are readily available. Based on an extensive search, no government-collected data exists to support the frequency with which these services are being provided, and whether they are readily accessible to students with disabilities.

The North Central Regional Health Authority (NCRHA) in 2017 hosted a parenting seminar to assist parents of children with disabilities to better manage, cope and aid their children in developmental progress. However, this programme was not as successful as proposed and many of the parents who participated were disparaged due to lack of follow-up. Additionally, continuation programmes to support the initiative were not conducted.

In T&T, many young people face challenges when accessing sexual and reproductive health services, but young people with disabilities face additional barriers due to stigmatisation and social prejudices. They are often isolated and lack knowledge about sexual and reproductive health and rights. In Port of Spain and San Fernando, the Family Planning Association of Trinidad and Tobago (FPATT) set up 'Going Beyond the Walls' – a project to provide HIV testing and counselling to young PWDs. It offered a full range of other sexual

and reproductive health services, from pap smears to general counselling. Seminars were also organised to sensitise young people to the issues faced by those with disabilities. Over four hundred (400) students attended the educational sessions about PWDs and their sexual rights. Participants said their attitudes towards PWDs had shifted significantly as a result of the project. Some suggested that the lessons learnt on sexual and reproductive health should be communicated to everyone through campaigns, sensitisation exercises and services.

The Digicel Foundation and Caribbean Kids and Families Therapy Organisation in 2016, launched a 'Puberty, Sex, and Sexuality Programme' to provide training to parents/caregivers on issues related to puberty, sex and sexuality for adolescents with disabilities. The project was developed because of the lack of local resources to help parents of young PWDs with these difficult issues. Parents/caregivers participated in Helping Our Parents to become Empowered (HOPE) support group sessions. (The HOPE support group was designed to assist parents with emotional support).

The MSDFS through the DAU and in collaboration with MOH continues to provide Community Therapeutic Services (CTS) such as speech, occupational, physio and behavioural therapies. Most significantly, the programme is designed to provide these services in communities where PWDs reside guaranteeing easier accessibility. In 2018, a CTS Survey was developed and administered to 70 NGOs that provide services to PWDs. Findings from the study, together with data and reports from stakeholders are being utilised to inform the operationalisation of the CTS. Concomitantly, the DAU has already developed a draft proposal for comments by the MOH on the roll-out of the CTS Programme.

In 2018, PAHO/WHO conducted a comprehensive assessment of T&T's disability and rehabilitation programme to identify the major gaps and formulate a roadmap for work to address them. This was accomplished by establishing a Technical Working Group that facilitated more frequent interactions among SPOs and OPDs (which were previously rare). This allowed for active PWD involvement in the planning process, allowed OPDs to be kept informed on work being done and to provide feedback during the consultation phase of the National Policy on Persons with Disabilities. During the COVID-19 pandemic, the Group met to discuss the challenges being encountered by the PWD community and provided recommendations to the MOH. This network remains active and continues to be facilitated by PAHO/WHO.

As the pandemic continues, OPDs such as the TTBWA and other OPDs continue to make requests for information on COVID-19 to be provided in multiple formats so that vision-and hearing-impaired persons can also be properly informed. For example, whilst some PWDs received the additional $1000TTD on their disability grant, a confirmed number of those who have not been able to access the support or lack the pre-requisite to be successful in their application for support provided through the MSDFS Covid-19 interventions could not be determined.

In some instances, though, the support packages received have not met their most important social, economic and psychosocial needs due to insufficient diagnosis and/or mapping of complexities that ought to have been considered. For example, the first major risk

factor to PWDs is their underlying physical and medical incapacities. To date considerations have not been given to their weak resistance to illness that might expose them to risk of infection, or heightened need for psychosocial support.

Mainstream services

Health

The MOH is the national authority charged with oversight of the entire health system in Trinidad and Tobago. The delivery of health services is facilitated through five Regional Health Authorities (RHAs), which provide an agreed set of primary, secondary and tertiary health services, free to the public in their respective Regions. There are 104 primary health care (PHC) facilities within the public health system and 10 secondary/tertiary level hospitals. These facilities are located within communities throughout the country providing easy access to primary care services. While the MOH does not directly deliver health services, the ministry has a key role in ensuring appropriate health care services are delivered to the population by setting policies, goals and targets for regions based on assessment of real health needs. The MOH is mandated to allocate resources to the RHA and also develop national policy and guidance to the RHAs. Concerning specific disability related health services:

- Three of the five health authorities have departments, which focus on children with developmental disabilities. There are three Developmental Behavioural Paediatricians attached to the public healthcare system for the entire country.
- Regarding rehabilitation:
    - There are therapy services in all five RHAs. Whilst there is no specific national plan or strategy for rehabilitation within the health ministry, planning is underway to determine a clear lead/focal point and auctioning of these services.
    - There is an absence of a CBR programme or Community-based Inclusive Development (C.B.I.D), which has been promoted as the intervention of choice by the WHO and PAHO etc. Feedback received from the MOH allude to establishment of a Technical Oversight Committee for the implementation of a CBR Programme in Primary Care.
    - Generic rehabilitation interventions are unavailable. Rehabilitation services are disability-specific and managed by either private service providers or NGOs. Special schools for the deaf and blind help to prepare their clientele for independent living while some NGOs provide skills training together with therapeutic in-house services.
    - There are currently an estimated 26 Speech Therapists, 28 Occupational Therapists, 34 Physiotherapists and 1 Physiatrist practicing in the country. The majority of these work in the private sector and therefore can only be accessed by paying out of pocket. There is significant migration of therapists to overseas locations making the availability of up to date data challenging.

- A Masters programme in Occupational Therapy is available at the University of the Southern Caribbean (USC) through its Department of Occupational Therapy. In 2019 the OT Department unveiled the Digicel Foundation Occupational Therapy Simulation and Resource Laboratory which supplies assessment tools, therapeutic equipment and more, to better equip the department with the educational resources. As part of the practical component of the Masters programme, students are assigned to selected schools for students with special needs to undertake 'service learning'.

Discussions with PWDs during the interviews and focus groups with parents of children with developmental disabilities revealed a perceived critical lack of rehabilitation services available at the community level.

There is also the Child Guidance Clinic located in two RHAs. The efficiency of this needed service is of major concern regarding developmental clinics. Wait time for appointments in one regional health authority can be between 18 and 24 months, which often proves to be futile in the development and progress of a child with a disability. Adults with disabilities are matriculated in the overall healthcare system and often not managed with the urgency needed.

Getting a medical diagnosis to determine if a child has disabilities can be a challenge. In T&T, diagnosis is often delayed because of serious flaws in the public healthcare system including the limited number of paediatricians specialising in child development in the public healthcare system and the lengthy wait time. The cost of getting a diagnosis done privately can be a major financial burden for persons from lower income brackets. The cost ranges from 1,500 TTD/222.22 USD - 5,500 TTD/ 814.81 USD.

There is a lack of services for persons with developmental disabilities, children with special needs, which include the hearing impaired and autism, and they have decided to do whatever they can to improve the services. The MOH however, has not made any significant progress in improving its healthcare services for individuals with developmental disabilities. From parents' accounts, it appears that many primary healthcare workers are neither trained nor prepared to care for PWDs. They recommended that the MOH should:

- expand its services to treat with all types of disabilities,
- provide a variety of diagnostic, assessment, and therapy services for children and adolescents with all kinds of developmental disabilities,
- put measures in place to decrease the long waiting period for a child to be diagnosed by employing more child development specialists, and
- Offer a variety of therapy services so that every child will have equal access to therapy.

The COVID-19 pandemic not only disrupted social gatherings and interactions, but also inadvertently influenced clinical practice. The expected surge of persons seeking care for this contagion led to most health services in T&T entering "emergency mode." Non-essential services, inclusive of elective surgeries and outpatient clinics were closed, and clients were encouraged to avoid coming into hospitals unless essential services were required.

To ensure that the Health Care System was not overburdened, the government created a parallel healthcare system to specifically deal with COVID19 cases. As a result, PHC services were reorganised; and continuity of essential services during the pandemic, which included immunisation and deliveries, were maintained because of the establishment of the parallel health care system. However, access barriers, quality of care, use of resources, high cost and client satisfaction remain challenges to having a stronger PHC system. Given the issues migrants, refugees and other vulnerable groups including PWDs have in accessing the formal health sector, key civil society partners such as the FPATT and the Medical Research Foundation, altered healthcare delivery by introducing services by appointment and telemedicine.

The COVID-19 crisis has shown that there are many gaps to be overcome towards inclusive social protection delivery. At the same time, considerations of cost-effectiveness and complexity of implementation have sustained the debate around standards for eligibility determination. In the case of PWDs, the current scenario exposes the need to extinguish common barriers. For example, persons with developmental disabilities such as Cerebral Palsy are unable to access rehabilitation services. Comments from parent groups indicated that this is one disability, which remains almost invisible to the community and policymakers.

Education

Opportunities for education have been expanding; however, the mainstream public schools in T&T are currently unable to provide sufficient support for students with special needs. Parey (2020) investigated accommodations for the inclusion of children with disabilities in primary and secondary schools in Trinidad. The findings showed that existing environmental accommodations, laws, and policies do not fully support the inclusion of children with disabilities in schools in Trinidad. Societal attitudes including that of teachers present the biggest barrier to inclusion. Consequently, T&T has one of the largest differences in completion of secondary education between working age adults with and without disabilities. In 2010, 50% of PWDs had a secondary school education while 80% of persons without disabilities had completed secondary school education (Longpre, 2016).

The Education Act (1966) establishes that in addition to the three stages of public education “there may be provided special schools suitable to the requirements of pupils who are deaf, mute, blind, retarded or otherwise handicapped” (p. 13). The Salamanca Statement, asserts that equal opportunities for children with disabilities is a fundamental right (UNESCO, 1994) This includes the right to an education and access to the same learning environment as peers without disabilities. The Dakar Framework for Action states that the '**heart of Education for All (EFA) lies at country level**'. It also affirms that 'no countries seriously committed to education for all will be thwarted in their achievement of this goal by a lack of resources. (Dakar Framework for Action, 2000). T&T’s accession to international treaties specifies this right is fostered through inclusive education. (Charran, 2019).

However, most children with disabilities attend special schools because there is no requirement for mainstreaming that mandate schools to accept students with disabilities. Since children with disabilities are most likely to attend special schools, they are more likely

to be identified as different, see themselves as being different and will not have the same opportunities as those without disabilities.

The National Policy on Persons with Disabilities defines inclusive education as "persons with and without disabilities learning together in preschool, primary schools, colleges and universities, with the appropriate networks of support" **(p. ix).** It is important to recognise that the implementation of the practice is far removed from reality and the adoption of inclusive educational practices for children with disabilities has yet to be realised. Within this policy, it was also expressed that the government will ensure: "adequate allocation of the appropriate resources for physical and informational accessibility, funding and delivery of inclusive education"; will review and restructure "delivery of the national curriculum to ensure that it is inclusive for persons with disabilities"; will provide appropriate training programmes for teachers to "meet the diverse learning needs of students with disabilities"; and will "provide access to a team of professionals with the ability to assess, recommend and provide required interventions for students with disabilities" (National Policy on Persons with Disabilities, 2018, p. 20). However, this is currently not the case.

Having an understanding and insight into the current policy can help conceptualize the gap that needs to be addressed within the scopes of research, practice, and policy. To further put this into perspective, the current state of inclusive education in T&T revealed that the Student Support Services Division (SSD) of the MOE identifies students with special educational needs as a) children with deficits of hearing, vision or mobility; b) children who are educationally disadvantaged; c) children with significant learning disabilities; d) children with emotional or behavioural difficulties; and e) children who are gifted and talented.

Children with the following conditions are eligible for Special Education: autism; traumatic brain injury; mentally challenged; emotional disturbance; specific learning disability; speech and/or language impairments; hearing impairments including deafness; visual impairment, including blindness; orthopaedic impairment; other health impairment; multiple disabilities; and developmental delay. Whilst children with mobility impairment are not classified for special education, they face challenges in accessing mainstream education. This is due to the limited infrastructure to facilitate access to classrooms etc.

A draft Policy for Information and Communications Technology in Education, (2005) encouraged the MOE to use assistive technologies "to support those who are physically and mentally challenged". ICTs shall also be used in researching, developing, delivering and administering special education programmes and services within the MOE. At the same time the Policy on Tertiary Education and Technical and Vocational Education (TVET), and Lifelong Learning (2010) encouraged access, equity and participation of PWDs in tertiary education and TVET. It reinstated the Government's commitment to broaden support to include the "differently-abled" so that each individual can develop his or her full potential.

The Draft Education Policy Paper 2017-2022 (Ministry of Education, 2017), will guide programmes, projects and actions plans for Early Childhood and Care, Primary, Secondary, Technical Vocational and Tertiary for the next 5 years. One of the strategic goals of the plan is to grant access to educational opportunities to all learners. Through the Draft

Education Policy, the MOE committed to promoting student-centred teaching and learning and to fighting against the lack of inclusivity, equity and learning opportunities for students with special education needs and for gifted students.

The policy also places the responsibility on the MOE to "designate specific schools within each Education District to facilitate students whose special education needs are identified as requiring additional support not available in regular schools" and to "continue to provide financial support to special needs students in accordance with established policy". In addition, the MOE shall ensure that students are properly diagnosed and receive prompt remedial interventions. With respect to the gifted students, the MOE will promote student-centred teaching and learning and "provide opportunities for development and nurture students' gifts beyond the average curricula."

The MOE has shown its commitment to inclusive education in recent years by launching an Inclusive Education Focused Consultation in November 2019, the Inclusive Schools Project (ISP), and implementation of the Education Sector Strategic Plan (2011-2015). The Plan recognised that students vary in "natural ability" and schools therefore should provide for all students, by adapting curriculum and teaching to varying abilities. As a result, the ISP was launched in January 2020, to deliver safe, inclusive and effective learning environments for all students, regardless of physical, intellectual, social, emotional or other needs. The programme led by the SSSD, was set to be implemented in twenty-one schools across seven Education Districts in Trinidad and four schools in Tobago through partnerships with NGOs, advocacy groups and special schools to support the ISP. Unofficial numbers from the Inclusive Schools Project Advisory Committee indicate that approximately two hundred students are expected to benefit from the ISP.

While there are several draft policies in support of inclusive education, children with disabilities continue to fall through the cracks of the education system and emerge from primary or secondary institutions unable to read, write and demonstrate essential life skills. Conversely, the absence of laws protecting the right to education for some groups at risk of exclusion can be an important T&T.

The COVID-19 pandemic has further exposed and deepened these inequalities and the fragility of our societies. The closure of schools forced families to adapt their home environment to accommodate online education. For children with disabilities who stayed in dorms and those who use routines to regulate emotions and navigate situations, this sudden change brought additional anxieties. With all the discussion on reopening of schools, no public statement has been made about schools that cater to children with disabilities. In the face of this challenge, the messages of the 2020 Global Education Monitoring Report on inclusion in education are even more poignant. It warns that education opportunities continue to be unequally distributed. Barriers to quality education are still too high for too many learners.

Key findings

1. The MOH continues to provide services to citizens, including PWDs. While some therapy services are available, emphasis continues to be placed on the importance of nutrition and

prevention in maternity care in public health administration. Pre-natal, genetic screening services for disability are more readily available in private institutions but it is not easily accessible in the public health care system. Overall, the services are not properly structured with lengthy delays for assessment and diagnosis.

2. A recent PAHO report by Jorg Weber (2018) highlights some of the major issues adversely affecting the individual's disabilities, within the public health sector and the country. The PAHO study identifies the fragmentation of the disability sector, the lack of disability data and ineffective disability legislation as overarching systemic barriers to implementing the Community-Based Rehabilitation Programme (CBRP) and Community-Based Inclusive Development (CBID) in T&T.
3. At a legislative level, the Disability Grant is inadequate. The grant is 400 TTD/ 59.25 USD less than the National Minimum Wage of 2,400 TTD/355.55 USD and does not take into account the reality of the PWDs who may be a single parent or may need to escape intimate partner violence, or abuse by caregivers and other members of their respective families. The grant also fails to value the substantial extra costs of PWDs, for example assistive/supportive devices, healthcare, and transport.
4. There are many barriers to inclusive education, all of which hamper the right to education of PWDs. These barriers include limited teacher training and preparation, limited human and material resources, and limited government support. These limitations are supported by discriminatory legislation, which is incongruent with international standards and mandates
5. An inquiry by the Parliament of T&T in July 2019 into the current provisions for the education of children who require special needs education in public primary and secondary schools determined that approximately 3,735 students require special education services. Some of the key issues discussed included the need for the MOE engagement of the MOH to provide early screening at the ECCE level, and actioning the education goals outlined in the National Policy on Persons with Disabilities with the hope of translating them into a stronger focus on inclusive education.
6. There are seemingly no measures put in place to respond to a person with severe disability, who requires 24-hour support from a trusted individual, contracting Covid-19. The Covid-19 hotline while a good idea, did not take into consideration people who are deaf and live independently

D. Accessibility

In spite of the laws, the technology, the intelligence and the capabilities of engineers and designers alike, PWDs for example, the visually impaired, hearing impaired and the print disabled are blocked from access and therefore have their ability compromised and diminished. In T&T, the crosscutting issue of accessibility of communication methods, the built environment, transportation, assistive aids/technologies and professional support services requires fulsome attention.

In June 2015, the T&T Bureau of Standards launched the National Standard for Accessible and Useable Buildings at the request of the Consortium of Disability Organisations (CODO) TTS/ANSI/ ICC A117.1:2014 - Accessible and Usable Buildings and Facilities which specifies the construction requirements necessary to make buildings accessible for PWDs. The standard is an adoption of the ICC/ANSI A117.1 standard, which is published by the International Code Council (ICC) of the United States of America, and can be used to design and construct building elements so that PWDs can independently, enter, use and exit a building. The Ministry of Public Administration and Digital Transformation (MPADT) is the agency in charge of overseeing this standard however to date there is limited enforcement as this document is mostly utilised on a voluntary basis, as mandatory use will require appropriate legislation changes. As a result, progress in the development of accessibility to the built environment has been slow.

Up to mid-2018 the majority of state buildings where accessibility standards had been enforced had been done through retrofit i.e., ramps and railing installations. Attempts at retrofitting the buildings had deviated too far from the minimum standard, thus making the adjustment unusable for persons with physical disabilities. Interviews with stakeholders with and without disabilities revealed the standard used for accessibility did not meet the specific needs of the users. Approximately 14.5% of the administrative buildings of the MSFDS are accessible **(ANNEX VIII Table for reference).** This attributes to uninformed planning and the lack of funding.

Accessibility has been addressed with legislative amendments to include accessibility principles into building code requirements, in order to receive planning and approval for new physical developments under the Regulations for the Planning and Facilitation of Development Act, Act 10 of 201418. Also, all government offices and buildings and with increased public awareness, major businesses such as supermarkets and malls have taken steps to ensure the provision of accessible disabled/handicapped parking spaces/areas within their parking facilities. These parking spaces are commonly identified by the international access symbol for PWDs for the inclusion of PWDs. Yet, these strides have been overshadowed by the absence of a system to guarantee that all businesses, private institutions, and Government buildings have reserved disabled/accessible parking spaces with the requisite specifications and to regulate how PWDs are able to make use of the accessible parking spaces available.

There are still several gaps in accessibility throughout the country. To obtain a clearer picture of access to the built environment, information received through an unpublished Disability Status Report conducted by CODO in 2019, revealed among others:

a. Sidewalks continue to be installed with no accessible features due a lack of existing national standards for public pedestrian pathways and assessment or monitoring to ensure compliance with international standards. Sidewalks are used for illegal vending, unauthorised construction, improper drainage outlets and unlawful parking, thereby rendering sidewalks unusable by pedestrians including persons with physical and visual impairments.

b. Within the judicial system, the case, Daniel vs Chief Justice (20 July 2009) initiated efforts to increase accessibility in the majority of its buildings throughout TT. This landmark case resulted in the issuance of directives by Judge Nolan Bereaux to take such immediate steps as are necessary to provide within eighteen (18) months, direct access through the public entrance of the Hall of Justice, Knox Street, Port of Spain, to the applicant and other members of the physically challenged public who are wheelchair bound.

In 2017, the Joint Selection Committee on Land and Physical Infrastructure on an enquiry into the PTSC called for additional facilities for PWDs who use public transportation. Whilst the Chairman of the PTSC Board acknowledged that there are not adequate facilities for disabled citizens, he reported that PTSC was working toward procuring universal buses with disabled access and creating disabled access at bus stations in the PTSC Hubs in Port of Spain and San Fernando. In February 2020, PTSC commissioned twenty-five (25) new PTSC Buses as part of a holistic thrust to improve the service and reliability to customers and reported that citizens will soon benefit from the introduction of 300 new buses to the fleet as a procurement framework is currently being implemented for this initiative. These new buses will be accessible to disabled persons; and will have free Wi-Fi.

At the same time, policy reform is needed to ensure access to accessible private vehicular transportation within the Ministry of Works and Transport. The process for attaining a provisional driver's permit and license for drivers with disabilities such as wheelchair users remains unclear due to the absence of a national inclusive standardised written policy. Consequently, applicants with disabilities often require a large capital outlay for vehicle adaption with no guarantee of a permit being granted. Disability Driving Permits are valid only for a twelve (12) month period and require a full medical certificate upon renewal. The TTBS is currently developing the standardisation of adaptive equipment for motor vehicles. In December 2020, the TTBS issued the Draft National Standard for Adaptive Motor Vehicle Driver Controls for People with Disabilities for public comment. The government has also committed to amending the Motor Vehicle Act. This will also include provisions for parking accessibility for PWDs ensuring accessible and inclusive procedures and policies.

In January 2020, both telecommunications service providers in T&T signed an agreement with TATT to commence the Universal Service project to provide PWDs with subsidised mobile phones. The Pilot of the project commenced on Monday, February 03, 2020. As at June 2021, 100 persons who are Deaf/hard of hearing and blind/visually participated in this service. TATT is in the process of expanding this service for all PWDs. An example of this expanded service will include sign language training for staff, provision of chat room services to the Hearing Impaired Teletypewriter and Telecommunication Device for the Deaf services that will allow the hearing-impaired individual to type through the telephone and receive answers.

The Central Bank, in December 2020 began the transition to new polymer notes for use in T&T. These polymer notes provide more defined tactile features, i.e. improved access for the visually impaired. Each note now has its own unique raised lines. The hundred-dollar

note is an x, the fifty-dollar note is a circle, the twenty-dollar note is a triangle, the ten-dollar note is a box with a missing side, the five-dollar note is an l and the one dollar is two dotted lines. For the visually impaired, this translates into a new form of independence to be able to identify and conduct business.

The National Library Systems Authority (NALIS) provides services for PWDs in the National Library of Trinidad and Tobago, situated in Port of Spain, (Trinidad) and Scarborough (Tobago). There are assistive technologies available to the visually impaired in the Children's, Adult and Heritage Libraries. NALIS' staff has been trained in sign language to effectively communicate with the hearing impaired; staff can also communicate with the hearing impaired using the computer. Feedback from the hearing impaired could not be obtained as those interviewed had not visited NALIS. The Library has also been made physically accessible through ramps, elevators, bathroom facilities and a scooter donated by Friends of the Library.

In 2019, to facilitate the process of the conversion of works to accessible formats for visually impaired persons, NALIS the "Authorised Entity" under the Marrakesh Treaty to facilitate access to published works for persons who are blind /visually impaired or otherwise print disabled, signed a Memorandum of Understanding with the Trinidad and Tobago Blind Welfare Association (TTBWA).[11] Both parties are expected to combine their resources to, among other things, provide content for visually impaired persons throughout Trinidad and Tobago as well as provide literacy training in accessible formats.

In 2021, NALIS also entered into an agreement with the Digicel Foundation and SVH Audio Publishing Company for the conversion of The Caribbean Rhythm Language Arts Literacy and Numeracy Programme Books 1 to 5. The approved grant of TTD$35,000 facilitated the cost associated with the conversion of the written texts. Once completed, this initiative will greatly benefit children and adults who are visually impaired, as they will now have equal access to the content for the improvement of their language arts and literacy skills. For the visually impaired, access to information or the written work is most important. Access to information will translate into a new world of opportunities. According to the president of the TTBWA '***It is ground breaking and presents new opportunities for persons who are visually impaired to become more independent'***.

The Ministry of Labour & Small and Micro Enterprise Development (MLSED) is the ministry that plays a major role in implementing the policy regarding the employment of PWDs. In 2006, Persons Associated with Visual Impairment (PAVI) made representation to the National Employment Service (NES), MLSED for employment of persons who are visually impaired. A pilot project was conducted with 30 visually impaired persons. The work trials begun in eight (8) government ministries and two (2) private sector organisations. They were successful with 29 out of the 30 persons gaining employment. After the success of the pilot project, on June 29, 2009 the NES hosted a seminar intended to raise the level of awareness of Human Resource Officers to the issues pertinent to the employment of PWDs

[11] https://www.guardian.co.tt/news/visually-impaired-blind-want-access-to-700000-books-6.2.1304080.4eab5aa305

and to highlight the benefits associated with assisting these job seekers to earn a living and contribute to the national economy. At the Seminar, OPDs were presented with compact discs on the NES World of Work Booklet that contains information regarding recruitment and employment to help prospective job seekers.

The pilot project of the NES focused on the blind/visually impaired. This was because it was a project of the OPD that catered to the blind/visually impaired. Later the EOA developed and published 'Guidelines for Employers in Relation to Disability' to guide employers of large, medium and small enterprises, public or private to adopt a positive strategy in managing disability related issues in the workplace. The Guidelines are intended to complement the EOC's 2014 publication, 'Guidelines for Employers in Trinidad and Tobago'[12], to assist with the practical implementation of aspects of the EOA relating to PWDs in the workplace. T&T however, has the prospective opportunity of successfully adopting and implementing inclusive employment strategies nationwide because it has one of the largest economies in the Caribbean.

In September 2020, employers and workers' organisations in T&T pledged their support to find joint solutions to the COVID-19 crisis. Representatives expressed their commitment to finding sustainable solutions to the complex socio-economic challenges faced by businesses and employees such as layoffs and business closures in the oil and gas, construction, tourism and hospitality, civil aviation, retail, trade, manufacturing and entertainment sectors. This has worsened already existing socio-economic disparities, particularly for the economically disadvantaged, who are employed in the informal economy without social protection.

In February 2021, the government signed a US$24.5 million-dollar loan agreement with the Inter-American Development Bank to fund a programme for the most vulnerable affected by the Covid-19 crisis in T&T. This loan was taken to help fund programmes to ensure that basic quality of life standards for vulnerable persons are maintained during the economic recovery of T&T. The programme financed two components:

- The expansion or additional/emergency cash transfers to beneficiaries of three existing programs delivered by the MSDFS: Food Support Programme; Senior Citizen Pension, and Disability Assistance Grant and

- The temporary expansion of the Food Support Programme for households where a member of the household working in the informal sector experienced a loss in income due to the COVID-19 crisis (There are no available reports on the feedback on this initiative).

It is expected that this project will benefit households and individuals belonging to the most vulnerable groups in the country. This includes: over 25,000 existing beneficiary households of the Food Support Programme in which women are expected to represent about 60% of the beneficiaries; 20,500 households with school-age children who received the School Nutrition Programme prior to the COVID-19 emergency; 2,000 low-income persons

[12] https://equalopportunity.gov.tt/downloads/publications/EOC-Handbook-2014_web.pdf

aged 65 and over; 500 adults 18-65 years of age who are permanently disabled from earning a livelihood; and 39,233 households with persons who have suffered involuntary termination, suspension, or loss of income in the informal sector (Inter-American Development Bank, 2021).

Feedback received from OPDs and interviews indicated that whilst reports state T&T as having done well from a public health standpoint in meeting the Covid-19 challenge, the services have not fully met the needs of PWDs. More is needed to improve the quality of life for children and adults with disabilities as part of the COVID-19 recovery plan.

Key findings

1. Efforts to ensure access to the built environment are evident; however, the approach has not been implemented as required. Accessibility to buildings and other physical infrastructure remains a challenge. There is a need to create legislation to mandate the use of accessibility-friendly national building codes and standards in new buildings and provide standards to guide retrofitting of existing buildings.
2. Limited accessible transportation with few buses specifically provided for PWDs. In the short-term, the Public Transport Service Corporation (PTSC) needs to acquire additional buses to increase services provided. In the long term, the Ministry of Works and Transport should develop standards for new public transport that mandate accessibility in order to mainstream transportation.
3. PWDs continue to be marginalised and face challenges in acquiring provisional driver's permits and licenses. The Motor Vehicle Act (MVRT) is currently under review for amendment and offers an opportunity to ensure that appropriate provisions to accommodate PWDs as drivers and passengers be included. Currently, the MVRT Act merely provides a clear procedure for the issuance of driving permits for PWDs. Section 48 of the MVRT Act prescribes the fitness of a person to be the holder of a driving permit, and as such, a driving permit shall not be issued to any person unless the Transport Officer is personally satisfied that the vision, hearing and bodily and mental fitness are such as to warrant the issue of a driving permit. It also proposed that a Medical Advisory Committee be established within the Licensing Authority to provide information, recommendations and opinions concerning a person's medical condition, medical report or medical certification with respect to the person's ability to safely operate a motor vehicle, thereby making the process more objective.
4. While there are efforts to improve accessibility in ICT, a large portion of the disabled population is disenfranchised. The implementation of the Telecommunications Authority of Trinidad and Tobago (TATT) roadmap for the successful implementation of the universal service initiative for PWDs must be supported with clear targets, timelines, and planned budgetary allocations.

E. CRPD-compliant programming & budgeting

Awareness has been growing on the role of the public budget in supporting the inclusion of PWDs. CRPD compliant budgeting is specific and clearly sets expectations for budget analysis and advocacy. While the CRPD Committee has not yet developed specific guidelines on the subject, one could elaborate few basic elements in line with CRPD Article 3 (general principles) and Article 4 (general obligations):

- The overall public finance management system contributes to the realisation of aspects of the CRPD, using all public financial management instruments (transfers, public procurement, grants, contracts, tax expenditures, etc.).
- While barriers are inherent in some public systems, efforts are being made to improve accessibility and non-discrimination in public procurements.

The Public Sector Investment Programme (PSIP) is the capital, non-recurrent component of Trinidad and Tobago's (TTO's) annual National Budget, and the Government's budgeting and strategic planning tool for translating the Themes and priorities **(ANNEX IX)** in the National Development Strategy (NDS) 2016-2030 (Vision 2030; which incorporates the Sustainable Development Goals, or SDGs) into tangible programmes and projects. Disability-related spending is specified in the Government's annual Social Sector Investment Programme (SSIP), which averages about USD 7 million per annum. This equals only USD 0.36 USD per PWD per day and is focused on social protections for PWDs. It should be noted, though, that an additional TTD 171 million (about USD 25 million) was provided to existing social welfare beneficiaries and assist families who experienced loss of income due to the COVID-19 pandemic; though the proportion of this support that went to PWDs is not obvious. The PSIP and SSIP tools promote 'whole of Government' approaches and collaboration among Ministries and Departments. Legislators and policymakers cited the paucity of data and insufficient sensitisation to issues related to PWDs as an obstacle to proper planning of, allocation of resources to, and advancement of public disabilities-related projects and programmes.

In the 2021 Budget, education received the largest allocation of TTD 7.93 billion (about USD 1.17 billion). While education's allocation is traditionally among the Budget's largest, it is the area where inequities are most visible. How much of education's substantial budgetary allocation is targeted at special needs education remains uncertain. In his official presentation on the 2021 National Budget on 27 October 2020, Independent Senator Paul Richards argued that the 2021-2022 financial allocation to education should be more inclusive of the education of children with special needs, both visible and hidden, with provisions for:

1. Increasing the number of teachers' aides employed and distributed to students with all levels of special needs, as parents waiting three to four years for such aides unacceptably denies their children of opportunities to develop intellectually.
2. Increasing the number of trained personnel in the Student Support Services Division (SSSD), which would be an acknowledgement by the Ministry of Education that a

growing percentage of T&T's children have special educational needs and special education is essential Ministry offering.

3. Developing and budgeting for a formal, home school method to reach children with special needs who are not enrolled in formal education institutions.

In 2015, the UN Multi-Country Sustainable Development Framework (UNMSDF), the business plan for the UN agencies, funds and programmes in the English and Dutch speaking Caribbean for the period January 2017 to December 2021, replaced TTO's UN Development Assistance Framework. The UNMSDF supports the realisation of the SDGs, SAMOA Pathway and other international development aspirations, and the national development plans of TTO, and 17 other Caribbean countries. It is also intended to support the promotion of all the international human rights agreements that the involved countries have ratified, including the CRPD.

A Regional Steering Committee (RSC) comprised of five UN Resident Coordinators governs and reviews UNMSDF implementation. The TTO UN Resident Coordinator (RC) recently chaired the RSC, which is finalising the new UNMSDF document for the period January 2022 to December 2026. That the TTO RC plays a leadership role in the revision process presents an opportunity for amplifying disability issues in the new UNMSDF.

In July 2020, the Government presented its first Voluntary National Review (VNR) to the UN on its implementation and achievement of the SDGs. The RC's office facilitated participation of PWDs and OPDs in VNR preparation. The VNR focused on eight SDGs, with PWDs being directly addressed in SDG 10 (Reduced Inequalities), and through TTO's social protections for its most vulnerable citizens via the National Social Mitigation Plan 2017-2022, the National Policy on Persons with Disabilities, the Community Therapeutic Service, and Social Support Services (e.g., Disability Assistance Grants) for the vulnerable. Disability-related challenges were identified in the VNR, including those related to SDG3 and the health system's shortage of resources and expertise to serve PWDs. The VNR outlined the Government's plan to create a Rehabilitation Centre at the National Enrichment Centre (NEC). This is now available for meetings, training, workshops, and other events arranged by OPDs and PWDs on a scheduled basis. The next phase of the operationalisation of the NEC will entail the delivery of therapies to the community of PWDs (MSDFS, DAU, 2020).

The UNCT developed the first Common Country Assessment (CCA) in 2020—an internal UN evaluation of progress, opportunities, and gaps related to TTO's pursuit of the 2030 Agenda, and adherence to UN norms and standards. The RC facilitated inputs from OPDs in the CCA. The CCA will be updated annually to reflect contextual changes, and OPDs and PWDs will again be consulted.

The UNMSDF entails four priority areas, 1. An inclusive equitable and prosperous Caribbean; 2. A healthy Caribbean; 3. A safe, cohesive and just Caribbean; and 4. A sustainable and resilient Caribbean. All are disability relevant. However, disability issues are addressed only under Outcome 1.2 in the UNMSDF, which speaks to 'Access to equitable social protection systems and quality services improved.'

The Digicel Foundation is the largest non-state funder of initiatives for PWDs and has contributed USD 4.22 million over the last eight years, mostly toward projects that use technology to enhance PWDs' education, employment opportunities, and quality of life.

Key findings:

1. There remains a dearth of current, comprehensive, disaggregated data on PWDs in TTO. Special attention should be paid to the collection and dissemination of data to effectively inform funding initiatives on programmes that support the inclusion of most marginalised groups among PWDs.
2. Maximum available resources are not mobilised across sectors and at the central and local Government level to reduce redundancy of programmes and frustration often experienced by PWDs when accessing services.
3. While the UN is working towards strengthening disability inclusion through various agencies' actions and the UNMSDF, there is the need to increase collaboration with the community of PWDs and to build their individual and collective capacities to engage with the UN.
4. There is urgent need to deliver sensitisation and awareness programmes to policymakers to enlighten them on the challenges faced by PWDs and motivate changes in policies and programmes.

F. Accountability and governance

In recent years, there has been an increased national and international interest in the situation of PWDs. As a result, the government and its agencies have recognized the need to collect data on disability. Statistics on disability are essential tools in the planning, implementation and monitoring of policies and programmes for promoting the rights of PWDs as envisioned in the CRPD. Disability data is also crucial for determining the prevalence of disability in a population and identifying the needs and characteristics of subgroups within the disabled population.

Both the CRPD and the 2030 Agenda for Sustainable Development state that disability cannot be a reason for exclusion from development processes or the realisation of human rights. To achieve disability inclusion, realise human rights and meet the targets outlined in the SDGs, laws need to be inclusive and policy implementation must be underpinned by data.

In T&T, the lack of data reflects the low priority that disability has received within the national community. Feedback from participants asserts a lack of political will to acknowledge and address the real situation of PWDs and the resourcing implications this brings. Consequently, the precise number and composition of PWDs in many settings is unknown (for example in terms of age and gender), and as a result there is a lack of knowledge amongst policy makers about the barriers that they face and how to address them.

Feedback received from the Central Statistical Office (CSO) revealed that for the 2022 census more questions from the Washington Group are to be used. As a precursor to

this, an informal survey was conducted to gauge from the public via social media what mode of survey distribution they prefer such as online, face-to-face etc. There have been delays however, in the household budgetary survey /survey of living conditions as well as the Multiple Indicator Cluster Survey. Because of the pandemic, multiple agencies engaged the CSO to conduct surveys (in both the drafting and administration of the surveys).

Unfortunately, it is very costly to conduct a census. This is because typically, the main vehicles for collecting statistics on disability are household surveys, administrative registers and censuses. Population censuses are the primary source of country-level disability data. They are usually the preferred source as they provide a complete enumeration of all persons in a country. Censuses are, however, limited as they do not provide in-depth information and are conducted at 5- or 10-year intervals. An even more severe limitation is the fact that the census excludes institutions such as old age homes, infirmaries, hospitals, and rehabilitation centres and, therefore, there is serious underestimation of the number of persons living with disabilities. To address this, the representative from CSO recommended partnership and/or collaborations with coordinating OPDs and government agencies are recommended. This could lend to the availability of published data for use and comparison.

In March 2020, the MSDFS established an Inter-Agency Committee with the aim to promote and monitor the CRPD and the National Policy on PWDs**.** T&T, and more specifically, the MSDFS, reports every two (2) years on the progress made on the implementation process of Articles under the Convention. There are several organisations that are advocates of the treaty and played a major role in the ratification of the Convention, and they will also participate in the monitoring and implementation. However, in T&T, there is a lack of an efficient public consultation process with the appropriate PWDs and OPDs to ensure that the community's needs are addressed.

Parey (2020) intimates that there is a need for the recommendations entrenched within the articles of the UNCRPD to be translated into national legislation to avoid challenges with the enforcement of inclusive practices. Participants explained that "... if you do not have an actual law that can be enforced, you will never have access to services, access to buildings or access to transportation...you need to be able to sue for it or go to court." The approach in T&T to PWDs however has been one of paternalistic policies that, although implemented with good intentions, ended up segregating this community even more.

The Constitution of T&T enshrines the equality of all persons and this equality is a fundamental right. However, the EOA (2000) is the only national piece of legislation that references the rights of PWDs. The EOA (2000), among other things, generally prohibits acts of discrimination and promotes the equality of all persons in T&T including PWDs. As it relates to education and employment, however the EOA seems to contradict treaty obligations.

The current coronavirus disease 2019 (COVID-19) has disrupted life significantly and has disproportionally affected PWDs. The greater burden faced by PWDs means that additional efforts will be required to ensure their needs are being met when transitioning to the different pandemic phases. Programmatic actions will need to address these specific

challenges during the pandemic and post-pandemic period along differentiated, inclusive policy responses.

Ongoing monitoring efforts, including surveys and censuses, have been severely affected as a result of the strategies to contain the spread of COVID-19. Current operations to protect the health and safety of staff and the public saw the closure of non-essential services across T&T. Nevertheless, efforts to collect data from the population using alternative methods, such as telephone and internet-based data collection. While these methods will likely provide important data to track and capture the burden and effects of the COVID-19, there are concerns about the need to ensure that these approaches are inclusive of PWDs

Key findings

1. An Inter-Agency Committee was established in March 2020 to promote and monitor the CRPD and the National Policy on Persons with Disabilities. However, there is currently no national legislation to protect the rights of PWDs, no Independent Monitoring Body, and no legislation on disability. Apart from the lack of coordination between Ministries, the lack of political will at the highest level is a major barrier to getting disability legislation in place.
2. Without cohesion between Ministries, NGOs, OPDs and other stakeholders, the transfer from disability policy to enforceable legislation is in jeopardy. Only with a united disability sector and a common voice can this be achieved.
3. PWDs face discrimination, leading to reduced access to basic social services and general lack of recognition. Addressing discrimination and promoting inclusion is an issue of concern in all sectors and can be accomplished through quality data and evidence-based advocacy and policy.
4. Inclusive data are key to eliminating discrimination on the basis of disability and to accelerating efforts towards inclusive programming. The production of inclusive data demands the involvement of PWDs in all data collection processes and outcomes. This will help ensure that their experiences and needs are adequately reflected in the evidence being generated.
5. Policymakers, planners and all other key decision-makers also require awareness and sensitisation training. Some of the skills/knowledge required include communication with PWDs; gaining knowledge on the CRPD and SDGs; and understanding the capabilities, issues and challenges faced by PWDs. Key groups that are to be engaged are the Government Policy Practitioners Committee of the OPM, MPA, DAU and NGOs such as Care Helpers Organisation of Trinidad and Tobago as a local advocacy group representing the interests of persons affected by Cerebral Palsy.

CHAPTER 4 ANALYSIS

A table was designed to provide a snapshot of how the key findings are related to the preconditions to disability inclusion, cross cutting issues and the relevant SDGs and can be found at **ANNEX X**.

There is little appreciation for a rights-based approach to disability as a developmental issue in T&T. A societal and cultural shift is required but multiple approaches including improving national awareness of disability inclusion is needed. Legislative reform is a necessary next step as sufficient legislation that addresses the rights of PWDs is minimal. Fragmentation of the disability sector perpetuated by a lack of disability data and non-existence of disability legislation was evident based on the analysis result.

The policies and laws require revision to allow for autonomous decision-making by PWDs, regardless of impairment, and substitute decision-making with the supported decision-making model, that shows measures to support the independent and autonomous living of PWDs. A major obstacle towards realising a Disability Act stems from the lack of coordination between and follow-through from High-level support on both sides of the 'political fence.' This highlights the critical need for PWDs to play an active role in political and public spheres, requiring PWDs, OPDs and all stakeholders to hold governments accountable. To achieve this, PWDs need to coordinate to have a unified and strengthened voice that will allow them to actively participate and drive the changes required.

The lack of national awareness programmes and statistical data that can support this paradigm shift is further compounding the problem contributing to the discrimination, ignorance, and neglect of PWDs. Successive administrations have not prioritised the implementation of the CRPD resulting in the perpetual barriers.

The National Policy on Persons with Disabilities (2019) uses the CRPD as a framing philosophy. However, some OPDs posited that its general principles, in a sense, are reflective of the fact that the drafters have not done enough consultation with PWDs including underrepresented groups. This is due to the fact that there is no established mechanism and guidance on how to engage PWDs to ensure adequate representation of the community. During the workshop OPDs highlighted that in general when it comes to the drafting of policies, plans etc., the consultation is usually limited, involving certain persons, and in many instances PWDs themselves are not involved. In particular, participants spoke about the design of the country's National Development Strategy (NDS) 2016-2030 - Vision 2030, and the draft national goals emanating from the Development Themes explained that PWDs, and women and children, were not protected from violence and discrimination based on this draft national strategy. In T&T, disability issues are not viewed as development issues and thus devoid of the focus and resources necessary to achieve the six preconditions. The point that disability must be expressly stated in development projects for it to stand a good chance of being included in national development, is a concept that is yet to be appreciated by national decision makers. Given the level of stigma and discrimination that still exist, increasing the awareness in general and training of policymakers in the CRPD is a logical next step.

PWDs continue to exist on the fringes of national development and the only way for this to change is to begin to identify disability intersections in all spheres of the state machinery. This exercise is long overdue and necessary for embedding disability

consciousness into the day-to-day functions of the state. However, OPDs and PWDs must have the capacity to advocate and make representation at all levels for such transformation to be undertaken. Findings from the assessment outlined that OPDs has limited capacity to effectively participate and make meaningfully representation in the SDG agenda.

Since there are more SPOs acting on behalf of PWDs than there are OPDs, there are no consistent, structured, and organised programmes directed to build or strengthen the leadership and management capacity of PWDs. CODO as an umbrella organisation is seen as ill equipped by some organisations and therefore does not have the support of all OPDs. This fragmentation of services and stakeholders does not auger well for advancing a national disability agenda or promoting awareness of the CRPD and rights of PWDs. With capable human resources, funding, and a strong umbrella organisation could further drive the implementation of the CRPD and the transformational changes necessary towards achieving an inclusive society.

The COVID-19 pandemic was used as an example to highlight the nonchalant way in which disability is viewed by the state. No data on the impact of COVID-19 on PWDs and other vulnerable groups was made available. The underreporting of disability limits government programs and service provider's ability to adequately provide assistance thus impeding progress towards inclusiveness. The participants included PWDs suggested that to advance this movement, a national disability database should be established, inclusive of demographics, regions, types of disabilities, services and institutions available. This data will assist the state in assessing, planning and allocating resources based on the needs of PWDs. OPDs realised that they are in key positions in communities to begin to do research on issues that affect PWDs but stated inadequate competency and a lack of funding as key hindrance.

It is clear from the interviews and published literatures that the rights of PWDs in T&T continue to be eroded by poor access to essential services like health care, education, employment, and transportation that have led to poor economic outcomes and the inability of PWDs to live self-determined lives. With such inequities, PWDs' ability to belong and contribute to a meaningful life as citizens is diminished. The way disability is characterized and the limitation in access to mainstream services shows the lack of equal opportunities for PWDs. Two of these essential services, education and health, is detailed below.

Education

The availability of quality education for PWDs was emphasised as a major factor affecting the life direction and by extension, the overall quality of life for PWDs. Many children with disabilities in T&T are currently educated within special schools. It is important to note that efforts are being made for inclusive education as some students with disabilities have received placement in the mainstream schools. Private institutions, as well as, Early Childhood Centres have also been increasing their intake of PWDs. However, progress is slow as there are still many students with disabilities that have been refused admission into mainstream schools.

Tertiary institutions have established units dedicated to providing the required supports and accommodations for students with disabilities. At the UWI for example, the introduction to disability studies is a core elective course and is mandatory for social work

students. However, funding for assistive devices for PWDs, awareness programmes for management, academic staff, and student population at these institutions is not available.

Professional development is an important and necessary component of transforming the education system to inclusive education. Qualitative data collected in this study suggest that lack of staffing, the unwillingness shown by some principals and teachers to have a child with a disability in mainstream schools, lack of recognition of special education as a profession, lack of trained professionals, and lack of staff for data management are key factors affecting the success of the inclusive education plan. There are teacher education programmes at the University of Trinidad and Tobago, UWI and the University of the Southern Caribbean. However, it is unclear whether pre-service programmes are mandatory (Parey, 2021).

Health

Availability of health and rehabilitation services and the ability to pay plays an important role in determining access to services. While the public health systems provide free care and medications, these services are heavily rationed due to limited availability and overstretched capacity. As a result, there is widespread use of private health services even amongst PWDs in lower income groups, example for medication. Furthermore, specialist services like speech and occupational therapy or assistive devices are often only available at a cost.

In the case of rehabilitation of PWDs in T&T, there is limited data or studies available. Feedback from interview and focus groups participants unanimously indicated that there is no current approach in the healthcare system to early detection or basic assessment of PWDs. The MOE works with the MSDFS to provide early assessment of hearing and visual impairment for children at the ECCE level (up to 8 years). While therapy services are available within the public healthcare system, the absence of a CBR/CBID programme is a noted challenge for access to services. PWDs also indicated that the public rehabilitation sector, including rehabilitation services and access to assistive products does not meet the needs of PWDs in T&T. It was suggested that the information available from a disability database will help inform a national rehabilitation policy and implementation plan, which should incorporate CBR/CBID as a ground level approach to reaching all communities. This is critical as there are currently many persons who are unable to access rehabilitation services. Support for adequate healthcare and rehabilitative care remains one of the biggest challenges for PWDs in T&T even though public healthcare services are free. If implemented, the National Policy on Persons with Disabilities and the CRPD should influence the delivery of core health services by the MOH. Special consultation with various partners in health with the identification of a focal point in the MOH and the RHAs working alongside the implementation team can support that delivery.

While the issues related to education and health was discussed separately, it was recognized and agreed by all stakeholders' that transportation, employment, and all other areas requires special attention. However, it is believed that if progressive changes are made in those two sectors, the country will be well positioned for meaningful improvement in the others.

Whilst some perceptions of and responses to PWDs have changed, at the government level, insufficient support or action plans are implemented to make provisions for inclusion of PWDs as envisioned in the CRPD. Disability issues to date have seemingly only been addressed in superficial ways as allocation of resources for implementation has been lacking. Even at the government level, challenges with communication, health and safety of PWDs and cost of infrastructural changes to accommodate PWDs continue to be a deterrent for many entities to hire PWDs. Employers generally lack knowledge on reasonable accommodation for PWDs in the workplace.

Participants further outlined challenges encountered when faced with emergency situations that required assistance from first responders such as police officers. Various studies and participants' responses have argued that social interaction in inclusive environments can be beneficial to increasing perceptions of plurality, stimulating empathy and promoting intellectual skills. However, a level of ignorance in the general population as well as among key service providers was highlighted as a barrier to inclusive society. PWDs indicated that some first responders lack knowledge and competency in communicating with persons with disabilities. To advance the preconditions to disability inclusion, cross cutting issues and the relevant SDGs, it was suggested that both a national awareness programme and targeted awareness and capacity building must be undertaken. Special emphasis should be given to critical service providing workforce such as teachers, first responders, policy advisors and Permanent Secretaries in all government ministries. It was suggested that additional CRPD trainings should be conducted to increase the knowledge of key stakeholders and sectors.

As the largest employer (35% of workers), and provider of accommodations (about 20%) and education (95% of students), the state can institute affirmative action for PWDs (especially women with disabilities) that promotes inclusive employment, education and housing and serve as an exemplar to other sectors. Raising awareness of the Ministries team and building their capacity is a key strategy to bring about national impactful changes.

While several gaps were outlined, T&T is well poised to take advantage of many opportunities to advance the implementation of CRPD. The country has 77.3% internet access as of January 2021. The government and businesses have developed digital infrastructure accelerated by COVID-19 lockdown measures, the 2020 elections, and the hurricane season. Digital technology has become the principal mode of accessing information (e.g., political discourse, health and disaster alerts), work and services, including shopping, banking, justice, education, health and counselling, and welfare. Digital technology is increasingly affordable and comes with inbuilt features like text-to-speech, making it an enabler of PWDs' independence. As a high-income country, T&T is the region's best prospect at using technology to enhance opportunities for PWDs.

The next national census occurs in 2022, providing an opportunity to improve the questionnaire (e.g., including Washington Group Questions), create a disaggregated (by sex, age, and disability) national register of PWDs, and enhance the data used to plan programmes and services. At present, multiple agencies engage CSO to conduct surveys (in both the drafting and administration of the surveys), however, with no standardised agreed methodologies for data collection, different approaches are being used thereby impacting reliability. With sufficient funding and in partnership with government agencies, CSO could

lend assistance in ensuring national surveys meet international standards and are conducted perhaps every 5 years.

In T&T, the law is based upon English common law, and amendments to legislation here are potentially transferrable to other countries, accelerating legal reform regionally. The Equal Opportunity Commission (EOC) has a mandate to work towards the elimination of discrimination and the promotion of equality. With the right recommendation from the Inter-Agency Committee, the EOC is a great opportunity that can secure legislative and regulatory reform to advance the inclusion agenda.

The UNCT while actively involved in supporting the government to strengthen disability inclusion and advancing efforts to achieve the SDGs, there are noted limitations in mainstreaming disability throughout planning, implementation, and monitoring of all UN development activities. There is also a lack of awareness among of the UN Disability Inclusive Strategy (UNDIS) among UN staff and the extent to which the strategy is being implemented is unknown. To improve this situation, increasing the awareness of UN staff on the CRPD and evaluating the extent to which disability is mainstreamed in the MSDF may further help to advance the disability inclusive agenda and aligned with the UNDIS.

Implementation of the Spotlight Initiative is a key opportunity that can be leveraged. This joint UN initiative intends to end violence against women and girls, including female PWDs, by promoting laws and policies, strengthening institutions, informing decision makers, promoting more-equitable social norms, improving access to services, and empowering civil society is all synergistic to this intervention. Additionally, there are two joint UN initiatives that are underway and to be implemented over the next couple of years. The India-UN development partnership fund is supporting the implementation of four key areas in response to the COVID-19 pandemic including provision of telemedicine. This will help to increase access to healthcare services including vulnerable groups such as PWDs. The equipment will have video and audio interface with integrated audio to text system. Another initiative is the Joint SDGs Funds to be implemented by four UN agencies with PAHO/WHO as the lead agency. The focus of this action is to collect disaggregated data for all SDGs starting with an initial six of which SDG 5 is mandatory.

The UN Resident Coordinator (T&T) chairs the UN Multi-Country Sustainable Development Framework that defines how the UN pursues development results in 18 Caribbean countries for 2017-2021. UNMSDF revision, under T&T's leadership, is imminent and is a great opportunity for the Framework's second iteration to mainstream disability in development plans regionally.

Conclusion & Recommendations

In summary, this study identified critical gaps in achieving the six preconditions for inclusion. Some of which can be addressed through this joint UNCT programming while others will require support through other initiative and funding mechanism.

1. The situation of PWDs in T&T continues to be characterised by issues of inequality, a general lack of access to services and poor socio-economic outcomes largely due to the lack of public awareness of the capabilities of PWDs, limited sensitization of PWDs on their rights as citizens, and limited knowledge and competencies among key service providing organizations. While there has been an increased awareness of the rights of

PWDs in T&T, there are still pervasive negative attitudes that hamper equality and non-discrimination of PWDs. OPDs agreed that raising public awareness on disability could have multi-fold objectives such as sharing information to citizens without disabilities, including employers, about the rights and abilities of PWDs and raising awareness among PWDs themselves about their rights, their abilities and the need to co-create with relevant stakeholders. Current challenges include:

i. Lack of awareness of positive and realistic images of PWDs in all sectors and strata of society;

ii. Lack of targeted, long-term and systemic awareness-raising inclusion campaigns and strategies, especially for children at the earliest possible age.

iii. Failure to make use of innovative technologies and approaches in awareness-raising campaigns and in disseminating good practices.

iv. Insufficient use of the potential for personal participation of PWDs in promoting a realistic and positive perception of 'lived experiences'

v. Insufficient knowledge of service providers such as first responders to communicate and provide support to persons with disabilities

2. Fragmentation of the disability sector is prevalent and is compounded by the presence of an umbrella organization not fully endorsed by all OPDs. The disconnect leads to a more challenging environment for the disability community which does not auger well for advancing a national disability agenda.

3. Currently, most of the gains made by PWDs have been achieved mainly through the assistance of NGOs that advocate on their behalf. Leadership of OPDs are further challenged by lack of capacity and little to no funding. PWDs have unique insights about their disability and situation. In formulating and implementing policies, laws, and services, OPDs require capacity building and support to empower PWDs and advocate for their own needs. When suitably developed and funded, OPDs can also play a role in service delivery – for example, in information provision, peer support, independent living, and economic independence.

4. To promote and monitor the CRPD and the National Policy on Persons with Disabilities the government established an Inter-Agency Committee, which includes representatives from at least three OPDs **(ANNEX XI).** However, there exists no independent non-governmental Monitoring Body to ensure transposition of policy into practice, and legislation to provide redress. Existing legislation contains discriminatory provisions that require revision to ensure that PWDs can use products, systems, services, and facilities equally. The current legislations and progress made in universal design are insufficient to bring about an inclusive society.

5. The concept of disability as a cross cutting issue is not recognised by public service technocrats and politicians alike. The process of mainstream and inclusion is also yet to be acknowledged by the main stakeholders of development. Furthermore, even within the UN, even with the existence of the United Nations Disability Inclusive Strategy (UNDIS), the level of disability inclusion in the development activities is unknown. There is a need

to increase awareness of UN staff in the CRPD focusing on the essential pre conditions for disability inclusion. This will support disability inclusion in planning, implementation, and monitoring of UN development activities. The UN works jointly with the government collaborating at both the technical and political level, thus helping to increase systemic changes through a cohesive and inter-sectoral approach.

6. The efforts of the government and the civil society are consistently hampered by the lack of relevant up-to-date and accurate comparable disaggregated data at the national level. This lack of data impedes effective budgeting, compliance and management. Data reports are also often in inaccessible formats and difficult to find. There are efforts to collect data. For example, plans for the inclusion of the Washington Group short questions in the 2022 T&T National Census, the Annual Statistical Report for Special Schools created by the MOE), the GIS database on special schools created by the private sector not for profit Digicel Foundation and NGOs such as DSFN that collects information on the majority of families with children with down syndrome. However, there remains a dearth of comprehensive, disaggregated up to date data on PWDs in T&T. Adoption of more inclusive methods of data collection utilising standard disability identifiers in the collection of baseline data with other basic datasets such as density; level of poverty, health, education, labour, education level obtained and the type of school attended; disability prevalence rate for the working-age group; living conditions; employed or unemployed; skillset; the ratio of women to men with disabilities and etc., to accurately inform the needs of PWDs is required. Furthermore, a national disability registry may serve in increasing available data on persons with disabilities (gathered through agreed international standards and methodologies) which will inform national planning. The creation of such registry should be linked to systemic change processes and with the full and active participation of PWDs. Improved data collection will help to promote evidence-based data driven programme planning and advocacy for PWDs.
7. There is a lack of coordination within the health sector resulting in limited access to rehabilitation services at the community level due to a lack of CBR/CBID programme to treat PWDs adequately. PWDs require access to rehabilitation, support services, and training. Rehabilitation, including assistive technologies, wheelchairs, and hearing aids, improves functioning and independence. A range of well-regulated assistance and support services in the community can meet needs for care, enabling people to live independently and to participate in the economic, social, and cultural lives of their communities.
8. PWDs experience significant labour market disadvantages, have less economic participation and are disproportionately poorer than persons without disabilities. Creating economic opportunities for PWDs who can and want to work will require a more accommodating labour market that capitalise on the entrepreneurial and creative capabilities of PWDs. In order to have decent work, access to education and training is necessary. As a first step to this recognition, an audit of participatory needs assessment among PWDs, families, employers, vocational institutions, communities and NGOs to assess the limitation of participation of PWDs in work activities is required.

To address the gaps identified, the following recommendations are proffered.

1. STRENGTHENING & IMPROVING DISABILITY DATA COLLECTION

UNCT should support the CSO in consultation with the OPDs, MOE, MSDFS, MOH, Digicel Foundation, and NGOs working on disability issues to develop methodologies for collecting reliable data on PWDs across sectors. PWDs will be included in the process of designing and implementing surveys and making programming decisions as data about PWDs can be sensitive and have a high risk of re-identifying people if not appropriately anonymised. UN Partners should work directly with the OPDs to create an agreed outline for a disability register including the type of data to be collected, overall management of the registry including parameter of access, and a guidance on the approach to be taken to establish the registry.

2. SCOPING REVIEW OF EXISTING LAWS & POLICIES

UNCT should support the AGLA in consultation with relevant line ministries such as MOH, MOE, MLSED and the MSDFS to establish a Policy Review Panel within the National Inter-Agency Committee for reviewing all policies and their implementation, which directly or indirectly affect PWDs. The initial focus should be on revision/amendments of the EOA, Mental Health Act, Education Act, Disability Grant policy, and the National Policy on Persons with Disabilities. A major output would be guidelines on engaging PWDs in national consultations and a checklist based on the six precondition that policy advisors can apply to check the status of current policies/plans/legislations and use as a guide for future development. The information produced will help to inform the amendment, drafting and enactment of legislation that ensures PWDs and/or their organisations are equally represented in consultations; and formalises the collection of baseline data, including statistics disaggregated by sex, from all line ministries as a basis for informing referrals to programmes and services.

3. SYSTEM STRENGTHENING & CAPACITY BUILDING

UNCT should support OPDs to develop organizational capacities in order for them to serve as trusted, proactive and competent representatives to lead meaningful participation in the national agenda. UN partners in collaboration with: The University of the West Indies, University of the Southern Caribbean; and the College of Science, Technology and Applied Arts of Trinidad and Tobago to develop a training curriculum based on the guidance of PWDs and deliver training and workshops on the thematically areas specifically identified by the OPDs and include change management, leadership, advocacy, CRPD and SDGs, grant proposal writing and organizational management. This will help to strengthen the capacity of the OPDs and its members to deliver projects which benefit PWDs and become disability leaders and advocates contributing to systemic change – 'learning by doing'. With support from UN partners, OPDs will conduct training of first responders and teachers to build their capacity to provide services to persons with disabilities to include etiquette in communicating with PWDs, reasonable accommodations, and importance of accessible and inclusive communication. The aim is to improve services provided to PWDs and reduce stigma and discrimination.

4. INCREASE PUBLIC AWARENESS AND UNDERSTANDING OF DISABILITY

UNCT should support the Digicel Foundation in consultation with OPDs in the creation and running of social change campaigns, and digital outreach campaigns that increase awareness and change attitudes on disabilities including stigmatized issues such as mental illness. This will entail the use of traditional media and new media platforms using PWDs as the voices and images to tell their own stories and demonstrate the capacity of PWDs. Specific seminars targeting media personnel will be included to help shape messages, reporting and general advertisement created by these media houses. Similar targeted seminars with Chambers of Commerce, TTMA, Unions, Banking Association, Telecommunications Sector and other private sectors will be conducted to generate discussion on the CRPD and the SDGs and the important role of disability inclusion. This will serve multiple purposes including raising awareness, increasing knowledge on the capacity of PWDs, and setting the stage for future collaboration in the areas of employment, accessible and inclusive communications.

5. INVESTMENT IN SPECIFIC PROGRAMMES AND SERVICES FOR PWDS

UNCT should support the MOH in consultation with the MSDFS, MOE, NCPD to restructure the National Enrichment Centre to implement adequate and effective habilitative and rehabilitative services that are cross-sectoral, community-based and provide assessment, therapy and training at the community levels. This should include the development of a national plan for rehabilitation and assistive technology including a priority assistive products list.

6. ECONOMIC EMPOWERMENT OF PWDS

UNCT should support the Ministry of Labour in collaboration with the OPDs and Digicel Foundation to develop a strategic plan for entrepreneurship skill development and improved participation in the productive sector and access to services for employment. This will include the conduct of participatory needs assessment among PWDs, families, employers, vocational institutions, communities and NGOs to assess the limitation of participation of PWDs in work activities. Relevant government and non-government agencies (for example NCPD, TTBWA, PAVI, TTARC), will be trained to provide work engagement support services to PWDs. The mainstream business sector will also be included as a key stakeholder in order to ensure its openness, accessibility and inclusiveness for PWDs as customers, work force and business partners.

7. IMPROVING THE GOVERNANCE AND COORDINATION OF OPDS

UNCT should support the OPDs to strengthen CODO as the existing umbrella organization or established one with the required competencies and capacity to perform effectively. This should include an assessment of the current structure and barriers, review, update and agreed on a TOR for the umbrella organization, establish a coordination mechanism with agreed structure and reporting format, determine HR needs, trainings and required resources including an annual workplan.

8. STRENGTHENING DISABILITY INCLUSION WITHIN THE UN

The UNCT should conduct an assessment of the 1st MSDF to determine the level of disability inclusion, establish a baseline and use the information to inform the 2nd MSDF. This

will assist to determine the level of disability mainstreaming according to the entity accountability framework of the UNDIS. Training of UN staff should be conducted on CRPD and disability inclusive Sustainable Development Goals (SDGs) using the cross-cutting approaches and Preconditions for Disability Inclusive Development. In addition, an interagency coordinating mechanism should be established to leverage strengths of the different agencies, joint programme activities, and accelerate progress in the inclusion of disability as part of the developmental agenda.

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