Report on the Situational Analysis of Persons with Disabilities in Jamaica

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Cover photos:
Image 1: Barista at Deaf Can
Image 2: Research focus group
Image 3: Mobility device

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EXECUTIVE SUMMARY

Introduction

Globally, persons with disabilities (PWDs) are disproportionately represented amongst the poorest, unemployed, low waged, and those with low health status and lower levels of educational achievement. The same holds true for PWDs in Jamaica as issues of stigma, discrimination, marginalization and social exclusion continue to force the population to live in the margins of society.

This project: “Strengthening the Inclusion of Children with Disabilities” is a two-year partnership between Digicel Foundation, United Nations Children’s Fund (UNICEF) and the Government of Jamaica through the Jamaica Council for Persons with Disabilities (JCPD) of the Ministry of Labour and Social Security (MLSS). It seeks to promote the implementation of the Disabilities Act, 2014, as an intrinsic step towards ensuring Jamaica becomes a more inclusive, equitable and prosperous society. More specifically, the project aims to address issues of access to information, essential services, support services, as well as employment and workforce integration, priority areas identified by the Jamaica Empowerment Partnership for Persons with Disabilities (JEPP).

The main purpose of this study was to prepare a situational analysis of the current status of PWDs, with particular focus on children with special needs. This was intended to inform the compilation of a comprehensive report, as well as Ministry briefs that will form the basis of discussions with government stakeholders on the implementation of specific areas of the Disabilities Act 2014 and areas for improvement in service provision.

Seven research questions were developed to guide the study:

a. What is the demographic and socioeconomic composition of the current population of PWDs in Jamaica?

b. What are stakeholders’ levels of knowledge and awareness of the provisions of the Disabilities Act, 2014?

c. What are stakeholders’ perceptions of the relevance and/or implications of the provisions of the Disabilities Act to the mandates of the Ministries of Local Government, Education, Youth and Information, National Security, Labour and Social Security, Transport, Housing and Works, Health, Justice and the Office of the Prime Minister?
d. What programmes, services or products have been provided by the key Ministries to meet the needs of PWDs since the passing of the Disabilities Act, 2014?

e. How well do these programmes, services and products meet the needs of PWDs?

f. What gaps exist in the general provision of services for PWDs, particularly children?

g. What recommendations can be made to address the gaps in service provision identified, particularly those related to access to information, essential services, support services, and employment and workforce integration? How do these recommendations relate to the specified government ministries?

Review of the Literature

Data from the Population and Housing Census 2001 indicated that there are 162,800 persons with disabilities, of which children (0 to 14 years) comprised 21% of the population. Variations in the definition and measurement of disability hinders the accuracy and comparability of data on the population. The World Health Organization (WHO) estimates that at least 15% of each society’s population comprise PWDS; yet data from the Jamaica Survey of Living Conditions 2014 indicated a disability prevalence rate of 3.3% in 2014.

Majority of PWDs reside in rural areas, followed by those residing in the KMA. The highest level of education attained by the majority of PWDs was primary level education which is in stark contrast to persons without disabilities who mostly attain secondary level education. The low levels of educational achievement contribute to the pattern of PWDs being largely unemployed or underemployed. Altogether, the data reviewed underscored the vulnerability of PWDs in Jamaica, who are largely represented amongst the poor in society.

Jamaica’s legal, policy and programme response to the rights and needs of PWDS has changed significantly within the past two decades. International conventions such as the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child offer guidance to the local response to creating appropriate legislative redress. Key local instruments include the Child Care and Protection Act, National Policy for Persons with Disabilities and the Disabilities Act, 2014.

Methodology

A situational analysis was conducted to provide a detailed assessment of the population of PWDs in Jamaica. This entailed a qualitative design aimed at assessing stakeholders’ awareness of the provisions of the Disabilities Act, 2014 and perceived relevance or
implications for State responsibility through key government ministries. Stakeholders comprised the eight prioritized government ministries, individuals or organizations that are active players in or representatives of the disability community, and parents and their children with disabilities.

The desk review provided insight to the demographic and social composition of PWDs in Jamaica, using key variables such as gender, age, area of residence, health and educational attainment. This was supplemented with the research design that utilized key informant interviews, a Likert-scale survey and a needs assessment to achieve the specified objectives.

Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) and qualitative data was analysed manually as well as with the use of NVivo, a qualitative data management software.

**Major Findings**

*Research Question 1: What is the demographic and socioeconomic composition of the current population of PWDs in Jamaica?*

This question was addressed in the review of the literature that included data from national surveys. The data highlighted a number of vulnerabilities characteristic of PWDs in Jamaica, such as high rates of unemployment, low educational attainment and limited access to services especially in remote rural areas. Discussions with stakeholders reinforced the findings from these national surveys. Persons residing in rural areas, persons with intellectual disabilities and youth were identified as sub-populations that experience greater disadvantage.

Some participants acknowledged that significant progress has been made especially in comparison to other Caribbean countries. Such progress included efforts made by the Ministry of Education, Youth and Information to increasingly cater to the specialized educational needs of children with disabilities.

*Research Question 2: What are stakeholders’ levels of knowledge and awareness of the provisions of the Disabilities Act, 2014?*

There was the general consensus that the Disabilities Act, 2014 is an important milestone for Jamaica. Despite this, its usefulness was seen to be currently limited given it is not fully enforced. From the survey it was found that most respondents (64%) felt they knew enough
about the Act, yet almost 80% disagreed that enough was being done to educate the public on its provisions.

Disability agency representatives in Kingston, St. Andrew and St. Catherine were found to have a more detailed knowledge and understanding of the Disabilities Act, 2014. Not all Ministry representatives were familiar with the Act. Only a few parents were aware of the Disabilities Act, 2014 and its provisions. Greater awareness was noted for the focus groups in Kingston, St. Andrew and St. James which are the most urban parishes in the country.

Research Question 3: What are stakeholders’ perceptions of the relevance and/or implications of the provisions of the Disabilities Act to the mandates of the Ministries of Local Government, Education, Youth and Information, National Security, Labour and Social Security, Transport and Mining, Health, Justice, and the Office of the Prime Minister?

Respondents generally perceived the Disabilities Act, 2014 to be relevant to all Government Ministries. It was suggested that the Ministries of Finance and Public Service, Economic Growth and Job Creation, and Science, Energy and Technology be included as key Ministries that also offer services for PWDs. The Ministries of Education, Youth and Information, Labour and Social Security, and Health were identified as the Ministries having core responsibility for the population of PWDs in Jamaica, as they tend to offer more direct services to the population.

The Office of the Prime Minister was seen to have key responsibility in ensuring existing and developing policies and legislation are complementary to the Act, whilst leading the public sensitization process on the Act. The Ministry of Labour and Social Security, through the JCPD was expected to have direct oversight of the gazetting and effective implementation of the Act, holding the Government accountable whilst ensuring that PWDs along with the wider public are kept abreast of developments. The Act was seen to inform the service provision of the remaining six Ministries within the scope of ensuring that the specific services offered would be non-discriminatory and supportive of the rights of PWDs.

Research Question 4: What programmes, services or products have been provided by the key Ministries to meet the needs of PWD since the passing of the Disabilities Act, 2014?

The Ministry of Education, Youth and Information, through its Special Education Unit, and the Ministry of Labour and Social Security, through its Social Security Division and the JCPD were the only Ministries with programmes that were designed specifically to address the needs of PWDs. Similarly, these Ministries were the only two noted to have policies that are specific
to PWDs, namely the Special Education Policy and the National Policy for Persons with Disabilities.

Services offered by the Ministry of Education, Youth and Information include training and sensitization of staff, school visits, parent support and transcription services. The Programme of Advancement through Health and Education (PATH) is one of the main welfare programmes offered by the Ministry of Labour and Social Security from which a number of participants benefitted. PATH is a conditional benefit programme that targets poor households rather than PWDs specifically. Another key programme offered by the Ministry is the Early Stimulation Programme. The JCPD provides programmes that facilitate the training and placement of PWDs, as well as a suite of social benefits including the Margaret Moody Scholarship and an entrepreneurship grant. Individuals must first be registered with the JCPD to participate in programmes or receive benefits. Other Ministries were found to offer services and programmes that spanned broader populations such as the poor, vulnerable or at-risk, categories that notably include PWDs.

**Research Question 5: How well do these programmes, services and products meet the needs of PWDs?**

The survey revealed the general perception that the type, quality and coverage of services, programmes and products offered to PWDs were inadequate or unequally distributed. It was also perceived that the quality of service provision across all four JEPP prioritized areas had not improved since the passing of the Disabilities Act in 2014. It was however difficult to assess the role of the Disabilities Act, 2014 in influencing change given it is yet to be fully enforced.

There was consensus that existing efforts by the Government was insufficient in adequately providing for the needs of PWDs in general and more specifically, children. Financial resources were felt to be inadequate in comparison to the daily expenses of families, and support services were found to be limited in supply and geographical spread.

**Research Question 6: What gaps exist in the general provision of services for PWDs, particularly children?**

PWDs were found to still experience barriers in accessing information, support services, essential services and employment and workforce integration – the four JEPP prioritized areas. Parents identified a number of challenges and gaps in service provision that were found to be micro (personal/individual), meso (service-related), and macro (socio-cultural and legal). Gaps
in service provision included the inadequacy of cash benefits, insufficient welfare programmes that are specific to PWDs, inadequate distribution of specialized schools at the primary and secondary levels, especially in the rural areas and an imbalance in the geographical spread of other specialized services.

The gaps in service provision that were identified by disability agency representatives were similar to those articulated by parents. The concentration of social support services in the KMA was deemed to place PWDs who reside in rural areas at a greater disadvantage. Post-primary and post-secondary educational services, vocational training and life skills development opportunities were found to be limited. Also, existing subventions, whether through the JCPD or other government arms, were found to be inadequate in effectively meeting the daily needs of children with disabilities and their families.

The JCPD was repeatedly criticized as failing to fulfil its mandates, especially as it pertains the adequate and timely provision of services and benefits. The general lack of awareness of the Disabilities Act, 2014 was associated with the JCPD’s failure to promote the Act and ensure public awareness. In some instances, the JEPP was posited to be a better alternative in engendering an inclusive, unified and transparent transformational effort.

There is a need for greater public awareness of the Disabilities Act, 2014 and any other relevant policy, programme or service that could benefit the population of PWDs. In addition, the extensive delay in passing the Disabilities Act, 2014 allows for continuous breaching of the rights of PWDs. There is an absence of an accountability framework that would ensure that policies which are designed to improve the livelihood of PWDs, fulfil their mandates.

*Research Question 7: What recommendations can be made to address the gaps in service provision identified, particularly those related to access to information, essential services, support services, and employment and workforce integration? How do these recommendations relate to the specified government ministries?*

A number of recommendations were provided that covered service and programme provision, governance in the disability sector and policy/legislation. Recommendations were also provided for each of the eight key Ministries.

Recommendations to improve service and programme provision included improved sensitization of the public on disability issues and policies or laws that promote the rights of PWDs, greater capacity building of professionals who work directly with PWDs, the
development of a referral system that offers clear pathways for persons to access essential and support services in both the public and private sector, and enforced retrofitting of Government buildings to ensure physical accessibility that is in tandem with the Building Code.

At the policy level, it was recommended that an employment or labour policy be developed to guide the employment of PWDs in both the public and private sector. Demographic data on the population of PWDs needs to be more effectively and consistently captured to ensure an accurate representation of the population and more efficient targeting of redress efforts.

As it pertains governance, it was suggested that the JEPP should function as an oversight mechanism, having the responsibility to advocate on behalf of PWDs. It should also monitor and report on the country’s progress in meeting its targets regarding the commitments to improve the quality of life of PWDs. Also, the role and function of the JCPD should be strengthened, especially in relation to the Disabilities Act, 2014.

Specific recommendations were also provided for each prioritized Ministry. The Ministries of Health, Education, Youth and Information, and Labour and Social Security received tremendous focus from participants given they were identified as the core Ministries. High priority recommendations for the Ministry of Education, Youth and Information include improving and expanding the provision of special education services to ensure better geographical spread, improved quality of education and increased training of special education teachers. Another recommendation was ensuring the strategic location of diagnostic and specialist services such as audiology and occupational therapy, ensuring that services reach traditionally underserved areas. For the Ministry of Labour and Social Security, it was emphasized that greater alacrity is needed to ensure the Disabilities Act, 2014 comes into full force within a short time period. This process should occur simultaneously with the development and/ or revision of policies that support the mandates of the Disabilities Act, 2014. It was also suggested that the Ministry expands the programmes and services offered to better meet the needs of PWDs, giving special attention to disabilities across the lifespan, gendered issues and the type and severity of disabilities to ensure that critical needs of all sub-populations are met. Key recommendations for the Ministry of Health included the sensitization of all staff at the clinical, social support and administrative levels who are involved in the provision of healthcare services to PWDs. All hospitals and health centres should be retrofitted to ensure accessibility for PWDs. This moves beyond the mere installation of ramps to include accessible bathrooms, appropriate seating systems and adjustable beds that allow PWDs to maintain their
privacy, dignity and independence. It was also suggested that another health subvention, similar to the NHF, be established to subsidize the cost of prescription medication for PWDs. Overall, it was perceived that all Ministries need to 1) engage in greater public awareness of the existing programmes or services from which PWDs could benefit; 2) expand the services and programmes offered to ensure that all PWDs have equal and fair access; and 3) engage in continuous sensitization sessions with staff to ensure an awareness of the rights and needs of PWDs and that policies and practices are in tandem with key legislation such as the Disabilities Act, 2014 and the Convention on the Rights of Persons with Disabilities (CRPD).

**Way Forward**

It is recommended that a follow-up study be conducted post the full enforcement of the Disabilities Act, 2014 to better assess the relevance and effectiveness of the Act. It is also suggested that a situational analysis be done for children with disabilities who are 0 to 17 years of age. The time allotted for the research would then exceed the fourteen weeks initially allotted to this project, thus allowing sufficient time for attaining the appropriate ethical approvals, identifying and accessing children with varied disabilities, and procuring the requisite support to ensure the study approach and content are not harmful to the children or any other stakeholder involved in the process.
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<tr>
<td>CBR</td>
<td>Community-based Rehabilitation</td>
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<td>CDA</td>
<td>Combined Disabilities Association</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>CWD</td>
<td>Children with disabilities</td>
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<td>ESP</td>
<td>Early Stimulation Programme</td>
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<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>ICIDH</td>
<td>International Classification of Impairments, Disabilities and Handicap</td>
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<td>JAD</td>
<td>Jamaica Association for the Deaf</td>
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<td>JAID</td>
<td>Jamaica Association for Intellectual Disabilities</td>
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<td>JCPD</td>
<td>Jamaica Council for Persons with Disabilities</td>
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<td>JEPP</td>
<td>Jamaica Empowerment Partnership for Persons with Disabilities</td>
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<td>MLSS</td>
<td>Ministry of Labour and Social Security</td>
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<td>NHF</td>
<td>National Health Fund</td>
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<td>NIDS</td>
<td>National Identification System</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OPM</td>
<td>Office of the Prime Minister</td>
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<td>PATH</td>
<td>Programme of Advancement through Health and Education</td>
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<td>PIOJ</td>
<td>Planning Institute of Jamaica</td>
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<td>PWDs</td>
<td>Persons with disabilities</td>
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<td>STATIN</td>
<td>Statistical Institute of Jamaica</td>
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<td>UNCRBC</td>
<td>United Nations Convention on the Rights of the Child</td>
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SECTION 1: INTRODUCTION

1.1 Background

Persons with disabilities (PWDs) are amongst the world’s most vulnerable and indigent. Globally, they are disproportionately represented amongst the poorest, unemployed, low waged, and those with low health status and lower levels of educational achievement. The rights of PWDs are continuously breached or disregarded and socio-cultural notions of normality and ability continue to hinder the full potential of this population. This reinforces the perspective that disability is a social issue that extends beyond an individual’s impairment to interact with the political, social, economic, legal and cultural contexts that determine the life experiences and outcomes for that individual.

The experiences of PWDs in Jamaica mirrors this global picture, though it is argued that the adversities experienced are greater in comparison to more developed countries. Stigma, discrimination, marginalization and social exclusion historically force PWDs to live in the margins of society. Similar to the global trend, PWDs in Jamaica are largely represented amongst the poor, unemployed and those with low educational and health status. Children with disabilities are at a greater disadvantage, with those attached to female headed households and residing in rural areas being at a heightened risk for economic and social deprivation.

Despite the challenges, a number of milestones have been achieved by Jamaica in the past two decades in its strive to promote the inclusion and protection of the rights and dignity of PWDs. Such milestones include being the first signatory of the Convention on the Rights of Persons with Disabilities in 2007, the approval of the National Policy on Persons with Disabilities in 2000 and the passing of the Disability Act in 2014. These instruments have and continue to guide the country’s efforts to better provide for the needs of PWDs as a part of its developmental plan. Yet, the extent of progress remains hindered by a range of factors including the absence of laws that fully enact the principles of the Act, and a culture that still stereotypes the abilities and potential of PWDs. Progress is also hampered by the time lapse between passing or approving policy and legal instruments and the full implementation and enforcement of same. It took more than a decade to witness the National Policy for Persons with Disabilities become translated into legislation. Further, though the Disabilities Act was passed by the Jamaican Senate in October 2014, it is yet to be Gazetted and thus remains ineffective until this has been achieved.
1.2 The Consultancy

Digicel Foundation along with the United Nations Children’s Fund (UNICEF) and the Government of Jamaica have joined efforts to promote the implementation of the Disabilities Act, 2014, as an intrinsic step towards ensuring Jamaica becomes a more inclusive, equitable and prosperous society. More specifically, the project aims to address issues of access to information, essential services, support services, as well as employment and workforce integration, priority areas identified by the Jamaica Empowerment Partnership for Persons with Disabilities (JEPP). The project also endeavours to strengthen systems advocacy, overall contributing to the overarching aim of improving the livelihoods and wellbeing of PWD in Jamaica.

1.3 Project Objectives

The research consultancy focused on strengthening the inclusion of children with disabilities in Jamaica, drawing on the aforementioned JEPP priority areas, as well as the aim of strengthening system-level advocacy for PWD. The main objective was “to produce a robust, research-based brief that will inform and guide discussions with key government stakeholders” (Project TOR, n.d.). The following were identified as specific objectives for the research consultancy:

a. Review relevant documents and collect primary data from key stakeholders within identified Ministries, government agencies and the disability community to inform the development of a situational analysis of the current population of PWDs in Jamaica.

b. Assess the awareness of the provisions of the Disabilities Act 2014 and relevance to and implications for prioritized Ministries of Government, and identify advances made, as well as gaps, in the service provision by such Ministries or other related government agencies.

c. Provide recommendations on the implementation of specific areas of the Disabilities Act 2014, and areas of improvement of service provision relevant to each prioritized Ministry.

1.4 The Consultancy Team

The Consultancy was primarily conducted by the Lead Consultant, Dr. Shakeisha Wilson-Scott. A detailed overview of the consultant’s qualification, skills and experience to date can be viewed in Appendix A. Project Assistant, Ms Shimeika Fairclough provided administrative
support throughout the project. The services of other team members, namely field officers, data entry officer and transcribers were garnered at appropriate junctures during the project.

1.5 Scope of the Project

This project required the Consultant to produce a robust research-informed comprehensive report that provides a situational analysis of the current population of PWDs in Jamaica, drawing on literature from local research as well as relevant policy documents. The project was also intended to assess the awareness of the provisions of the Disabilities Act, 2014 and identify any advancements made in the implementation of programmes and services that relate to the Act and benefit PWDs. Recommendations were to be provided to guide the prioritized Ministries on the implementation of the Act.

To achieve these outputs, the Consultant was required to conduct document research and collect data from the eight prioritized ministries and key informants from the disability community using the research methods outlined in the methodology (Section 3). Presentations are to be made to selected JEPP members and the High Level Meeting to disseminate key findings of the report. These presentations and the submission of the final report and ministry briefs will complete the assignments for this project. The Consultant will liaise directly with the Education and Special Needs Programme Manager of Digicel Foundation on all matters pertaining to the Consultancy.

1.6 Deliverables

The following are identified as deliverables for the research project:

i. A comprehensive report outlining the situational analysis of the current population of PWD in Jamaica, as well as an evaluation of existent services, programmes or products offered by the prioritized government ministries or related agencies. It will also include an assessment of gaps in services, programmes or products offered with the aim of providing clear recommendations to address the recognized gaps.

ii. A brief for each of the prioritised ministries that summarize the main points from the comprehensive report and recommendations specific to each ministry. A total of eight (8) briefs will be prepared for the following Ministries/ government agencies:
   a. Ministry of Local Government
   b. Ministry of Education, Youth and Information
   c. Ministry of National Security
d. Ministry of Labour and Social Security
e. Ministry of Transport and Works
f. Ministry of Health
g. Ministry of Justice
h. Office of the Prime Minister

iii. A PowerPoint presentation summarizing key takeaways from the Ministry briefs and comprehensive report. This will be used in making two (2) formal presentations to selected JEPP members and at the High Level Meeting.

1.7 Overview of the Situational Analysis Approach

Situational analysis is a systematic tool that enables policy makers, researchers or programme managers to document a detailed review of services offered to a particular population. This methodology is recognized as an extension of the traditional Knowledge, Attitudes and Perception (KAP) studies which fail to sufficiently capture the realities of the supply-side of services (Miller et al., 1997). Situational analysis is therefore seen to better assess the availability, accessibility and quality of services or products being offered. Miller et al (1997) purport that there are four main objectives of a situational analysis study:

1. “To describe the potential of current policies and program standards to promote the delivery of quality services to clients;
2. To describe and compare the current readiness of service delivery staff and facilities to provide quality services to clients against the current policies and program standards;
3. To describe the actual quality of care received by clients;
4. To evaluate the impact the provision of quality services has on client satisfaction” (p. 3)

In addition to evaluating the impact of the provision of services on client satisfaction, the situational analysis assesses the impact on behaviour change and socio-economic outcomes such as health or educational status. Altogether, conducting a situational analysis involves adopting varied methodologies that allow a complex understanding of multi-level nature of programme or service provision. Usually such services or programmes are intricately linked across the national (macro), service provision (meso), and client (micro) levels. It becomes prudent to determine at the outset the extent or focus of the situational analysis being undertaken.
1.8 Research Questions

The following research questions were identified to guide the overarching research and inform the situational analysis:

a. What is the demographic and socioeconomic composition of the current population of PWDs in Jamaica?
b. What are stakeholders’ levels of knowledge and awareness of the provisions of the Disabilities Act, 2014?
c. What are stakeholders’ perceptions of the relevance and/or implications of the provisions of the Disabilities Act to the mandates of the Ministries of Local Government, Education, Youth and Information, National Security, Labour and Social Security, Transport, Housing and Works, Health, Justice, and the Office of the Prime Minister?
d. What programmes, services or products have been provided by the key Ministries to meet the needs of PWDs since the passing of the Disabilities Act, 2014?
e. How well do these programmes, services and products meet the needs of PWDs?
f. What gaps exist in the general provision of services for PWDs, particularly children?
g. What recommendations can be made to address the gaps in service provision identified, particularly those related to access to information, essential services, support services, and employment and workforce integration? How do these recommendations relate to the specified government ministries?

1.9 Limitations and Challenges Experienced

Significant challenges were experienced in accessing and analysing current data collected on PWDs. Both the Census 2011 and JSLC 2014 were noted to have inconsistencies in effectively measuring the population of PWDs. In particular, the changes in each instrument affected the comparability of the data to previous years. The JSLC 2014 dataset was weighted in an effort to adjust for the under-reporting noted for the population of focus. The changes in the Census 2011 questions to a focus on functionality rather than disability (as done in previous years) proved difficult to surmount. This was due to an absence of a clear and justified guide for using some categories of levels of difficulty in functioning as a proxy measure for having a disability. Without this information, the current study could only provide a descriptive overview of persons expressing varied levels of difficulty in functioning, which does not equate to
understanding the proportion of persons having certain types of disabilities, as reported in prior national censuses and household surveys.

The delays encountered in obtaining key documents from various stakeholders, within and external to the disability community, resulted in an alteration of the initially agreed timeline. Given the wealth of documents collected within the third week of the consultancy, the submission deadline for the desk review was extended to the fifth week of the consultancy. The process of collecting and reviewing documents remained ongoing. As a result, the review of literature was further developed in tandem with subsequent phases of the project.

Only six of the identified eight key Ministries participated in the data collection process. Significant effort was made to engage the Ministry of Justice and the Ministry of Local Government and Community Development. The non-participation of these Ministries resulted in gaps in the information on the services, products and programmes offered within each Ministry that serve the needs of PWDs. Though recommendations are provided for all Ministries involved, it would have been better suited against the backdrop of a complete evaluation of the service provision for each Ministry.

It was imperative that the study engage children with disabilities as key stakeholders in the research process. However, there were a number of factors that hindered the full inclusion and optimal participation of children with disabilities. In some instances, parents committed to taking their children but failed to do so for varying reason, including the associated costs of travel despite the willingness to compensate for such costs. A number of children had intellectual disabilities which hindered their attendance and/or constructive participation in the study. Those children with severe disabilities were also unable to participate. In both instances, parents were able to contribute to the study’s findings, especially as they were cognizant of the experiences and needs of their children. Children with physical disabilities and the Deaf were the least represented in the group. This was due to the non-responsiveness or unwillingness of agencies and schools that were asked to facilitate the recruitment of parents and their children with these specific disabilities.

1.10 Overview and Organization of the Comprehensive Report
This comprehensive report presents the compilation of the desk review of literature and findings from the study informing the situational analysis of the current population of PWDs. The remaining sections of the report include the review of the literature, which provides an in-depth insight to the demographic composition, as well as the social and economic contexts of
the disabled community in Jamaica. This is followed by a detailed discussion of the research methodology, including the research design, participants, data collection methods and data analysis. The findings of the study are then reported using the aforementioned research questions as a guide. The report culminates with a brief conclusion and discussion of the way forward.
SECTION 2: REVIEW OF THE LITERATURE

2.1 Introduction
It is estimated that 15% of the world’s population has a disability, of which 3% have a severe disability (PAHO & WHO, 2014). Globally, persons with disabilities (PWDs) tend to have poorer health status, lower levels of educational achievement, access limited economic opportunities, including employment, and experience higher levels of poverty than persons without disabilities (WHO, 2011). The exclusion of PWDs is multi-faceted, cross-cutting and often associated with deeply embedded socio-cultural norms and perceptions. This has contributed to the prevailing social, political, legal and economic issues being encountered by PWDs.

Social perceptions of and responses to PWDs have changed immensely over the years. Whereas PWDs were traditionally treated as medicalized beings who were often locked away or prevented from participating in society, PWDs are now recognized by many countries as key contributors to their country’s social and economic progress. Yet, in many instances, PWDs are still forced to exist on the fringes of society by default of the presence of a disability and consequently their perceived inabilities. This stigma has contributed to the underreporting of disabilities, especially amongst groups outside the elderly. It is perceived that the elderly are more likely to report having a disability as it is seen as a part of the natural aging process (UNDP, 2016).

PWDs in Jamaica are amongst the country’s most vulnerable and marginalized, and are thus more susceptible to a range of social ills including poor health, poverty, lower levels of educational attainment and limited employment opportunities (Planning Institute of Jamaica, 2009). Additionally, disabilities tend to occur amongst groups that are already at-risk or vulnerable, such as the elderly, young males, the unemployed, underemployed or low-waged, amongst which women are disproportionately represented (UNDP, 2016).

A number of strategies have been implemented over the years to positively transform the social experiences and outcomes of PWDs. Perhaps the most promising is the Vision 2030 Jamaica: National Development Plan which specifies in its vision the need to ensure that PWDs “are fully integrated within society, have access to appropriate care and support services and are treated as valuable human resources” (Planning Institute of Jamaica, 2009). This suggests a future where PWDs are recognized and treated as invaluable members of the Jamaican society,
who can contribute effectively to the sustainable economic and social development of the country.

The following review of relevant literature offers some insight to the current demographic and socioeconomic composition of PWDs in Jamaica. It also presents a critical discussion of some of the key issues affecting this population, especially as it pertains exclusion, inequality, access and the push for the recognition of their human rights. An overview of the legal and policy framework across international, regional and national levels is provided to further establish how the legislative environment has evolved to better support the rights and needs of PWDs. Finally, local models of success as well as examples of best practices are featured, to highlight prior achievements and set benchmarks for further progress to be made.

2.2 Understanding disability

2.2.1 Defining disability

There is often a lack of consensus on the definition and identification of disability, especially given its multidimensional and complex nature (Schmid, Vézina & Ebbeson, 2008). As Leavitt (1992) asserted:

Historically, the situation of persons with disabilities has varied greatly from culture to culture. Although the presence of disability is an observable phenomenon in all societies, the significance of having a disability is dependent upon the society’s cultural rules. Each individual culture has defined that which does and does not constitute a disability, the prevailing attitudes toward the disabled, and its own conception of rehabilitation. (p. 19)

Despite such inconsistencies across cultures, there is a general acknowledgment that having a disability is intrinsically linked to a range of disadvantages, caused not solely by the individual’s impairment, but also by the social, cultural, legal and environmental contexts in which PWDs live.

Currently, the International Classification of Functioning, Disability and Health (ICF) provides some guidelines for the definition, classification and understanding of disabilities. It attempts “to provide a coherent view of different perspectives of health from a biological, individual and social perspective” (WHO, 2001, p. 20). Thus the ICF offers a standardized language to discuss, assess and understand the complexities surrounding having a disability and the related challenges, which can be both health-related and socially caused (WHO, 2011). The term ‘disability’ is described within the ICF as “a multidimensional phenomenon resulting from the
interaction between people and their physical and social environment” (WHO, 2001, p. 242). Thus it is the interaction between the person’s health and their social and environmental contexts that produce a disability. Importantly, this current classification embodies the shift away from the Medical Model of disability that personified an individual’s disability, presenting the disability as an illness that needed to be medically treated. The shift now acknowledges the role of the social and physical environments of individuals in creating disabling conditions.

The National Disabilities Act, 2014 establishes that a person with a disability in Jamaica is considered to be someone with “a long-term physical, mental, intellectual or sensory impairment which may hinder his full and effective participation in society, on an equal basis with other persons” (p. 4). This definition represents a slight variation from that presented within the Convention on the Rights of Persons with Disabilities and its Optional Protocol, which acknowledges a linkage between an individual’s disability and the “interaction with various barriers” in hindering his full and effective participation in society. Though subtle, this distinction between the two definitions reflect the acknowledgement of the role of social, cultural, economic and political barriers in contributing to the issues of equality and access often experienced by PWDs.

2.2.2 Classification of disabilities

The classification of PWDs in Jamaica has evolved as greater sensitization permits a deeper understanding and respect for the use of terminologies that remove the stigma associated with disabilities. In particular, the term ‘mental retardation’ listed as a disability grouping in the National Policy for Persons with Disabilities has subsequently been replaced with the term ‘intellectual disability’, as noted in the National Disabilities Act, 2014. This change was also noted in the Jamaica Survey of Living Conditions (JSLC) since data on the country’s disabled population was first captured in 2008.

In general, there are four main categories of disabilities often cited throughout the literature: blindness, deafness, physical disability and intellectual disability. Table 1 presents an overview of the definition of each.
<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blindness/ Visual Impairment</td>
<td>This refers to a visual acuity of 20/20 or worse in the better eye after correction; or peripheral vision of 15 degrees or less or less than 10% of what is considered normal. The leading causes of blindness are glaucoma, diabetes, cataract and trauma. Persons who require the use of a white cane to assist in their mobility are considered “totally” blind and may require additional assistance. On the other hand, visually impaired persons have a limited amount of sight and might be able to operate with minimum assistance.</td>
</tr>
<tr>
<td>Deafness/ Hard of Hearing</td>
<td>There are different levels of deafness, mild – 20- 50 decibel (dB) loss in best ear, moderate 50 – 70 (dB) loss in best ear, and severe – no response.</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>People with physical disabilities may use a wheel chair, cane, walker or crutches, or have limited mobility in terms of distance. A physical disability may also lead to limitations in the use of upper extremities, resulting from stroke or they may have lost a limb. A physical disability may also be caused by an accident, such as in the case of a spinal cord injury or amputation.</td>
</tr>
<tr>
<td>Intellectual Impairment</td>
<td>This refers to a significant impairment in an individual’s mental development, which manifests itself in difficulty in learning and performing certain daily living skills. An individual is considered to have an intellectual impairment based on certain criteria: - Below average intellectual functioning with an IQ of 70 or below - Limitations in two or more social adaptive skills areas, such as communication, socialize, self-direction, leisure and self-care. - The condition is manifested before eighteen years of age</td>
</tr>
</tbody>
</table>

Table 1: Defining the four main types of disabilities


There remains some inconsistencies in the categorization of types of disability across key documents and mechanisms that are crucial in understanding the situation of PWDs in Jamaica. For instance, whereas the National Disabilities Act, 2014 identifies four categories of disabilities, this differs to both the Census and JSCLC that each collect data on seven types of disabilities. Importantly, there is also some variation in the types of disabilities captured within the most recent Census and the JSLC. Table 2 compares the disability categories specified within the National Policy for Persons with Disabilities, Disabilities Act, 2014, Census and the JSLC.
Prior to 2011, the Population Census used disability categories that were more comparable to the JSLC. The 2001 Census listed the following as types of disabilities: sight only, hearing only, speech only, physical disability only, slowness of learning, mental retardation, mental illness and multiple disability. However, this question was amended for the 2011 Census to assess functionality rather than specific disabilities, a change that is in tandem with recommendations presented by the Washington Group on Disability Statistics. Thus these questions now focus on self-reported difficulty in functioning or performing basic universal activities such as walking, seeing, hearing, communication, self-care and cognition (“Washington Group”, 2017). However, the perceived challenge in using this revised measure, is determining what levels of limited functioning should be considered a disability. This is further challenged by the clear distinction made by the WHO between disability and functioning, where disability relates to problems around impairment, activity limitation or participation restriction, whilst functioning relates to body functions, activities and participation that are more health-related (WHO, 2001). A representative from STATIN suggested that in self-identifying levels of functioning, the responses “much difficulty” and “cannot do it at all” should be considered to reflect a person having a disability. This approach highlights the need to further review and establish locally appropriate and valid measures of an individual’s disability status to better provide an accurate representation of the disabled population in Jamaica. This is particularly important as the absence of accurate data can impede the country’s progress in effectively designing, providing and targeting essential programs, services and products for PWDs.
2.3 Demographic profile

Data informing the demographic composition of PWDs in Jamaica was taken from the 2010 through 2014 publications of the JSLC and the 2011 Population Census. The JSLC is an annual survey conducted island wide to measure household welfare and the impact of a range of government policies on the well-being of household members (World Bank, 2002). Usually the JSLC captures information on the health, education, housing, nutritional levels and consumption patterns of households. However additional modules have been added periodically to investigate emerging issues of interest. The Population Census is conducted periodically to assess changes within the population and provide baseline data to inform policy or strategic decision-making aimed at improving the well-being of residents and promoting the development of the country. The following sections provide insight to the demographic composition of PWD in Jamaica, as well as data that charts the social and economic characteristics of the population.

2.3.1 Population size

The Population Census 2001 noted that there were 162 800 persons who self-identified as having a disability. Of this total, 80 000 were males and 82 800 were females. Children under 14 years comprised 21% of the population while the elderly (60 years and over) comprised 29.4% of the population. Figure 1 shows the distribution of persons identifying as having a disability by their age group. Approximately 55.6% of the persons identified as having a disability acknowledged that they were not limited by their disability. For the remaining 44.4%, it was found that limitations due to the disability increased with age (STATIN, 2002).

![Figure 1: Proportion of persons reporting a disability by age groups](source)

Source: Population Census 2001
The JSLC 2014 indicated a disability prevalence rate of 3.3%, which showed minimal changes since data on the population of PWDs was first captured in the JSLC in 2008 (See Figure 2) (STATIN & PIOJ, 2015). Importantly, this prevalence rate differs significantly to global estimates, as the WHO (2011) purports that disability rates in developing countries should exceed the global prevalence rate of 15%. Of the proportion of persons reporting having a disability in 2014, majority (88.6%) indicated experiencing some limitation due to their disability (STATIN & PIOJ, 2015). This represents the majority of the disabled population and thus points to the need for appropriate services or programs that ensure the empowerment and full inclusion of PWDs in tandem with the mandates of the Disabilities Act, 2014 and the development goals for the country.

![Disability Prevalence](image)

**Figure 2: Disability prevalence rates for the period 2008 - 2014**

The data yielded from national surveys were found to differ significantly to the registry of PWDs being maintained by the Jamaica Council for Persons with Disabilities (JCPD). The JCPD, the Government agency with responsibility for the rehabilitation, training and placement of PWDs in Jamaica, currently maintains a registry of persons who self-identify as having a disability across the island (Ministry of Labour and Social Security, 2006). Data provided by the JCPD indicated a current enrolment of approximately 39 000 PWDs across the island. Again, the variance in data highlights the need for more robust, valid and consistent data collection approaches so that there is greater congruence across data sources, which can subsequently inform the improved targeting of services to the population.
Though national surveys did not identify the causes of disability, research suggests that incidences of disability within the Caribbean are largely attributed to lifestyle related illnesses especially amongst the elderly and women (Schmid, Vézina, Ebbeson, 2008). Accidents and serious injuries due to dangerous working, driving and living conditions contribute to disability incidences amongst men in the region (Schmid, Vézina, Ebbeson, 2008).

2.3.2 Disability Type
As noted in Section 2.2, there is some variation in the classification of types of disabilities across the two main surveys that help to inform policy and programme decisions in Jamaica. The challenges encountered in using levels of difficulty in functioning as a proxy measure of having a disability is difficult to surmount without adequate justification. As such, data from the Census 2011 can only be reported as asked – the levels of difficulty experiences in communicating, lifting, self-care, remembering, walking, hearing and seeing (See Appendix B for table distribution on the levels of difficulty for the types of functioning). As a result, the most current data available to inform the situational analysis was taken from the Census 2001 and JSLC 2012 – 2014, given the closer consistency with disability groupings reported in local policy documents and research.

The 2001 Census showed the largest proportion of PWDs having sight impairment (28.2%), followed by physical disability (23.9%). Speech impairment and slowness of learning were found to be the least evident amongst the disabled population, scoring 3.3% and 3.9% respectively (See Table 3).

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sight</td>
<td>10526</td>
<td>44.7</td>
<td>13012</td>
<td>55.3</td>
<td>23538</td>
<td>28.2</td>
</tr>
<tr>
<td>Hearing</td>
<td>3548</td>
<td>43.9</td>
<td>4527</td>
<td>56.1</td>
<td>8075</td>
<td>9.7</td>
</tr>
<tr>
<td>Speech</td>
<td>1423</td>
<td>51.0</td>
<td>1369</td>
<td>49.0</td>
<td>2792</td>
<td>3.3</td>
</tr>
<tr>
<td>Physical disability</td>
<td>10462</td>
<td>52.5</td>
<td>9459</td>
<td>47.5</td>
<td>19921</td>
<td>23.9</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>2977</td>
<td>43.0</td>
<td>3948</td>
<td>57.0</td>
<td>6925</td>
<td>8.3</td>
</tr>
<tr>
<td>Slowness of learning</td>
<td>1890</td>
<td>58.0</td>
<td>1368</td>
<td>42.0</td>
<td>3259</td>
<td>3.9</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>3374</td>
<td>58.1</td>
<td>2432</td>
<td>41.9</td>
<td>5806</td>
<td>7.0</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>6136</td>
<td>66.3</td>
<td>3112</td>
<td>33.7</td>
<td>9248</td>
<td>11.1</td>
</tr>
<tr>
<td>Other</td>
<td>1869</td>
<td>49.0</td>
<td>1943</td>
<td>51.0</td>
<td>3812</td>
<td>4.6</td>
</tr>
<tr>
<td>Total</td>
<td>42205</td>
<td>50.6</td>
<td>41170</td>
<td>49.4</td>
<td>83377</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3: Distribution of disabled population by type of disability and sex
Source: Population Census 2001
The JSLC 2014 adopted a different approach to measuring types of disabilities. Prior surveys asked respondents to indicate their type of disability of which the option ‘multiple disabilities’ was included as a category. Where more than one disability was indicated, then multiple disabilities was selected. It was determined that this approach failed to give insight to the specific types of disabilities that comprised an individual considering himself to have multiple disabilities. As a result, the 2014 JSLC was revised to capture both single and multiple disabilities (STATIN & PIOJ, 2015). Though the report indicated that the 2014 data was not comparable to prior years given the different approach, the JSLC 2014 dataset was manipulated to produce data on each type of disability noted in Table 4.

Physical disability has consistently been recorded as the most prevalent type of disability since 2010. This may be due to a number of factors, including the role of accidents, injuries and non-communicable diseases in causing loss of functioning or impairment of limbs. In 2014, over 30% of the disabled population indicated having a physical disability. This was followed by persons reporting having multiple disabilities (24.4%), sight only (15.5%), intellectual disability (15.2%), hearing only (6.6%), learning disability (3.4%), speech only (2.4%) and other disability (1.3%). There is a noteworthy decline, though marginal in some instances, in the prevalence of most types of disabilities between 2013 and 2014. The exception to this was seen for multiple disabilities and hearing only, with multiple disabilities showing a 16.5% increase. This increase may be due to the altered approach to data collection which better captured the representation of persons with multiple disabilities.

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>2008 (n=708)</th>
<th>2009 (n=183)</th>
<th>2010 (n=189)</th>
<th>2012 (n=752)</th>
<th>2013 (n=275)</th>
<th>2014* (n=295)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td>22.1</td>
<td>21.9</td>
<td>22.4</td>
<td>29.5</td>
<td>31.7</td>
<td>31.1</td>
</tr>
<tr>
<td>Sight Only</td>
<td>34.1</td>
<td>26.4</td>
<td>20.7</td>
<td>22.5</td>
<td>19.8</td>
<td>15.5</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>11.8</td>
<td>13.6</td>
<td>15.8</td>
<td>17.5</td>
<td>17.2</td>
<td>15.2</td>
</tr>
<tr>
<td>Multiple Disability</td>
<td>7.7</td>
<td>8.7</td>
<td>14.3</td>
<td>6.9</td>
<td>7.9</td>
<td>24.4</td>
</tr>
<tr>
<td>Hearing Only</td>
<td>11.8</td>
<td>10.2</td>
<td>9.1</td>
<td>6.5</td>
<td>4.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>5.8</td>
<td>11</td>
<td>6.1</td>
<td>6.9</td>
<td>11.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Speech Only</td>
<td>2.4</td>
<td>3.3</td>
<td>4.6</td>
<td>4.6</td>
<td>3.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Other</td>
<td>4.3</td>
<td>5.0</td>
<td>7.0</td>
<td>5.6</td>
<td>3.8</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Table 4: Distribution of disabled population by type of disability 2008 – 2014
There was some consistency between the data derived from the JSJC 2014 and the database maintained by the JCPD. The JCPD registry showed that physical disability ranked the highest amongst the types of disabilities reported, a finding that is consistent with the most recent publications of the JSJC (2012 – 2014). However, there were noted variations across the other types of disabilities (See Figure 3).

![Figure 3: Distribution of types of disabilities with JCPD registry](image)

Source: JCPD registry

### 2.3.3 Gender

The Census 2001 revealed that more females (50.8 %) than males (49.2 %) identified themselves as having a disability. This marginal difference was generally consistent across the varied disability types, though women ranked higher for sight, hearing and multiple disabilities (See Table 3). Similar to the Census 2001, the JSJC 2014 reported a higher proportion of females as having a disability (54 %) (See Figure 4). The gender distribution varied across types of disabilities. More women than men acknowledged having multiple disabilities, intellectual disability, learning disability and speech only. Of those persons reporting sight only, 54.3% were male and 45.7% female. This was similar for persons reporting hearing only, with 52.6% comprising men and 47.4% female. There was an even distribution of males and females with a physical disability (See Table 5).
Figure 4: Proportion of males and females with disabilities in 2014
Source: Jamaica Survey of Living Conditions, 2014

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sight only</td>
<td>25</td>
<td>54.3</td>
<td>21</td>
<td>45.7</td>
<td>46</td>
</tr>
<tr>
<td>Hearing only</td>
<td>10</td>
<td>52.6</td>
<td>9</td>
<td>47.4</td>
<td>19</td>
</tr>
<tr>
<td>Speech only</td>
<td>3</td>
<td>42.9</td>
<td>4</td>
<td>57.1</td>
<td>7</td>
</tr>
<tr>
<td>Physical disability</td>
<td>46</td>
<td>50.0</td>
<td>46</td>
<td>50.0</td>
<td>92</td>
</tr>
<tr>
<td>Learning disability</td>
<td>3</td>
<td>30.0</td>
<td>7</td>
<td>70</td>
<td>10</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>18</td>
<td>40.0</td>
<td>27</td>
<td>60.0</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>75.0</td>
<td>1</td>
<td>25.0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>137</td>
<td>46.4</td>
<td>158</td>
<td>53.6</td>
<td>295</td>
</tr>
</tbody>
</table>

Table 5: Distribution of types of disability by gender
Source: Jamaica Survey of Living Conditions 2014 dataset, calculated by author

2.3.4 Age

The proportion of reported disabilities has been found to increase with age, a finding that is consistent with general biomedical literature (Fried & Guralnik, 1997). The Census 2001 showed that this trend was consistent for certain types of disabilities, particularly sight, hearing, physical disability and multiple disabilities (See Figure 5). Slowness of learning was reported to be the highest for children 0-14 years. This finding may be associated with the academic performance of school age children being used as a benchmark for determining the presence of the disability. Both mental retardation and mental illness were found to be the highest within the 25 – 44 years age group.
The noted trend of disability increasing with age for particular types of disabilities was further reinforced by the data take from the JCPD registry. As with the Census 2001, the JCPD registry revealed that blind and visual impairment, deaf and hearing impairment, physical disability and multiple disabilities were highest amongst the elderly (See Figure 6). Whereas for the Census 2001 most of the elderly reported sight impairment, this was found to follow physical disability for the JCPD registry.

Figure 6: Distribution of persons registered with the JCPD by disability type and age
Source: JCPD Registry, 2017
2.3.5 Geographic Location

In 2014, majority of the population of PWDs was found to be located in rural areas (51.9%), followed by 31.8% residing in the KMA region (See Figure 7). This pattern was similar in 2001 with 54.2% of PWDs residing in the rural areas (See Figure 8). This finding has implications for the provision and effective targeting of services and products for PWDs.

**Figure 7: Proportion of PWDs residing in the KMA, other towns and rural areas**
Source: Jamaica Survey of Living Conditions, 2014

**Figure 8: Comparison of PWDs residing in urban and rural Jamaica, 2001**
Source: Population Census, 2001

2.3.6 Education

Access to education remains a significant barrier to PWDs achieving their full potential. Though significant strides have been made in promoting inclusion and access, PWDs still do not possess educational levels that are on par with the wider population. The Census 2001
showed that the highest level of education attained by the majority of PWDs (41.8%) was primary level education. This was followed by 35.3% attaining secondary level education. In contrast, most persons without disabilities (47.8%) had attained a secondary level education, followed by 27.7% acquiring only a primary level education (See Figure 9).

**Figure 9: Level of educational attainment of PWDs in comparison to persons without disabilities**

Source: Population Census 2001

There has been an intentional effort to promote and support the education of children with disabilities. In the academic year 2015/16, the Special Education curriculum was provided to 3,402 students with special needs, of which 60% were males (Planning Institute of Jamaica, 2017). In addition, there has been ongoing capacity building of special education teachers and caregivers contracted to work alongside students with disabilities in mainstream educational settings (Planning Institute of Jamaica, 2017).

### 2.3.7 Employment Status

The JSRC 2014 data revealed that only a small percentage of PWDs (15.3%) were employed at the time of the survey (See Figure 10). A study conducted on the socio-economic status of PWDs in Jamaica in 2015 underscored the pattern of majority of PWDs being unemployed. This study used a sample drawn from the registry of PWDs monitored by the JCPD. At the time of the study there were 20,280 registered members and as such, has been described as the most comprehensive registry of PWDs in the island. The study also revealed that of the proportion of PWDs who were unemployed, most resided in rural areas (Ministry of Labour and Social Security, 2015). Data also showed that PWDs tend to earn less income monthly and
annually in comparison to persons without disabilities (STATIN & PIOJ, 2015). These findings are indicative of the prevailing issues of barriers to employment and equal treatment, which often contribute to PWDs being disproportionately represented amongst the poorest in society.

Figure 10: Employment status of PWDs, 2014
Source: Jamaica Survey of Living Conditions, 2016

2.3.8 Health
Of the population surveyed for the study on the socio-economic status of PWDs in Jamaica, majority rated their health as either being fair (38.9%) or good (32.6%) (Ministry of Labour and Social Security, 2015). Similarly, the JSLC 2014 indicated that most PWDs reported their health being fair (38.8%), followed by those evaluating their health as being good (26.6%) (See Figure 11). However a total of 30% of respondents reported that their health was either poor or very poor. It is difficult to ascertain whether these findings are directly associated with the presence of a disability, particularly as the pattern of very good to fair health was the same for persons without disabilities, though higher (See Figure 9).
Figure 11: Self-reported health status for both PWDs and the non-disabled population
Source: Jamaica Survey of Living Conditions, 2015

2.3.9 Summary

Much of the data presented is consistent with information noted in the literature. PWDs were found to be disproportionately represented in categories that highlighted their increased vulnerability to limited educational and occupational opportunities, as well as access to key support and essential services. The increase in the prevalence of particular disabilities as the population ages supports studies that identify disability as an outcome of individuals’ health status. The larger proportion of PWDs residing in rural areas also has implications for further redress efforts given support services are often concentrated in the urban areas of the country.
2.4 The socio-cultural conditions of children and persons with disabilities in Jamaica

2.4.1 The socioeconomic context of children in Jamaica

Jamaican children comprise 33% of the total population whilst adolescents and youth (18-24 years) comprise another 11.5% (Office of the Children’s Advocate & UNICEF). Data shows that children born in Jamaica today have more than a 97 per cent chance of surviving beyond age five, and almost a 100 per cent chance of enrolling in school up to the secondary level (United Nations, 2011). In addition, most will live, on average, over 73 years (United Nations, 2011). Yet, their development and survival are threatened by a range of social, cultural, economic and political factors.

Children remain highly represented amongst the poor in society. Child poverty rates have increased from 21.9% in 2010 (Planning Institute of Jamaica, 2014) to 26.1% in 2014 (JamStats: “Percentage of children living in poverty”). Children who reside in rural areas or inner-city communities are at greater risk of living in poverty (Planning Institute of Jamaica, 2014b). In 2010, it was estimated that 27.3% of children in rural areas were living in poverty (Planning Institute of Jamaica, 2014b). As a result, children in rural areas are more susceptible to social ills that will hinder their ability to reach their full potential. Children who reside in female headed households are also seen to be at an increased risk of living in poverty due to females having a higher unemployment rate and tend to be paid lower wages than males (Planning Institute of Jamaica, 2014b).

Poverty has contributed to the reported incidences of child labour in the country. The Jamaica Multiple Indicator Cluster Survey 2011 identified 2521 children as participating in child labour (Statistical Institute of Jamaica and UNICEF, 2013). Yet, a 2002 study found that there were 6500 children working on the streets (Cooke, 2002), a number that children advocates claimed have since doubled (Henry-Lee, 2014). Child labour is seen to be particularly harmful “when it interferes with schooling, deprives children of their childhood, potential and dignity, and when it is dangerous for children’s physical and mental development” (UNDP, 2016, p. 86).

Incarcerated children are also identified as being at risk in Jamaica (Henry-Lee, 2014). The 2012 Caribbean Human Development Report indicated that Jamaica had the highest number of youth that are convicted in the region. More recently, police statistics revealed that between 2016 and 2017, 192 children were arrested for murder, 232 for rape, 152 for shooting, 364 for robbery, and 256 were arrested for breaking and entering (Hines, 2017). Children are also increasingly being identified as the victims.
According to the 2011 Population and Housing Census, 29 109 children ages 5 to 14 years reported having at least one disability. Though children with disabilities are awarded the same rights as other children, a number of their social rights remain violated. Thus children with disabilities tend to be at a greater risk of low educational attainment, poor health and living in poverty. Children with varied disabilities are not easily accommodated in the public education system. The absence of ramps, accessible classrooms and lavatories, and school/ examination material in accessible formats were some of the challenges identified throughout the literature (Henry-Lee, 2014; Morris, 2011). Further, much of the available disability-related services are concentrated in urban areas, thereby denying children residing in rural areas access to social amenities. According to Henry-Lee (2014), “Children with disabilities are usually voiceless: while adults can verbalize their complaints, children with disabilities need advocates” (p. 161-162).

Despite the challenges, significant strides have been made in the past decade to improve the quality of life of children in Jamaica. Some of the progress made have been influenced by key legislative changes such as the passing of the Early Childhood Commission Act in 2003, the Child Care and Protection Act in 2004, and the Trafficking in Persons (Prevention, Suppression and Punishment) Act in 2007. Additionally, the Disabilities Act, 2014 outlines provisions that are specific to protecting the well-being of children with disabilities. Each of these legislative instruments provide guidelines that address the protection of the rights of children as outlined in the United Nations Convention on the Rights of the Child. There remains the need for further strengthening of these efforts, especially as certain social and cultural practices continue to impede the progress made in promoting the rights of all children in Jamaica.

2.4.2 Stigma, discrimination and negative attitudes towards PWDs

Significant research has been done on the stigma and discrimination often experienced by PWDs globally, particularly in relation to those with mental illnesses (Corrigan et al., 2003; Corrigan, 2008; Sharac, Mcrone, Clement & Thornicroft, 2010). Locally, research have also pointed to prevailing issues surrounding the knowledge, attitudes and behaviours towards PWDs, revealing undertones of ignorance, prejudice, stereotypes and discrimination (Anderson, 2014; Gayle & Palmer, 2005; Gayle-Geddes, 2016). As Groce (2001) explained:

Culturally embedded concepts of disability affect the way in which individuals with disability see themselves and the world around them. They also affect the way in which people around them – such as members of their family, their community, and their
Negative terminologies such as ‘dumb’, ‘invalid’, ‘handicapped’ or ‘abnormal’ are often used in reference to PWDs. These are often a reflection of social perceptions that having a disability is a curse, sin, tragedy or grave misfortune from which PWDs suffer, thereby warranting expressions of sympathy or pity. A UNICEF-supported study found that some parents in Jamaica viewed the birth of their child with a disability as supernaturally connected. Forty percent of parents perceived that the child was ‘sent by God’, whilst 18% thought the disability “was due to an evil spirit, punishment for a sin, or looking at a disabled person during pregnancy” (UNICEF, 2006). Such myths and superstitious beliefs are noted to contribute to the social exclusion of children with disabilities.

A study by O’Toole (2001), conducted across 13 Caribbean countries, identified negative attitudes as a key factor that led to families with children with disabilities often feeling excluded from society. Such negative attitudes and perceptions resulted in PWDs becoming “familiar with social separation and courtesy stigma, abandonment, untenable circumstances in homes (such as being hidden and receiving ill treatment), deprivation of independence and privacy, and vulnerability to psychoemotional, sexual, and physical abuse, as well as other discriminatory treatment” (Gayle-Geddes, 2015, p. 43).

A Knowledge, Attitudes, Practices and Behaviour (KAPB) study was commissioned by the Jamaica Council for Persons with Disabilities in 2015 to measure the awareness, values and practices towards PWDs in Jamaica (Moncrieffe, 2015). The initial study comprised a sample of 1500 respondents selected from all parishes across the island. A much smaller sample (600 respondents) was selected to provide specific insight to the attitudes, knowledge and practices of professionals perceived to engage more directly with the disability populace. Such professions included teachers, police officers, transport operators, health workers, community development practitioners, front line service providers, policy makers, government officials and religious leaders. Majority of the sample (96%) indicated either knowing of someone with a disability or living with a disability themselves. This was an important baseline in assessing the knowledge, attitudes and behaviours towards PWDs. However, the data showed that participants had a low level of knowledge of disabilities which was in part attributed to the inadequate and inconsistent dissemination of information. Most respondents (66%) stated they had either never received any information on disabilities or that the information was obtained
too long ago to recall. This lack of knowledge was further reinforced by the consistently high numbers who were unaware of the different types of disabilities. Over 65% of respondents reported having no to little knowledge of each type of disability examined in the study.

Location, severity of the disability and ease of movement were found to influence the levels of negative attitude and stigma meted to PWDs (World Bank, 2016). These evaluative criteria often prevent PWDs from reaching their full potential or engaging in activities deemed the norm for others. To illustrate, PWDs are still criticized for their choice to start families and are often excluded from open meetings that support parent education (Wilson-Harris, 2017). Similarly, PWDs are often barred from accessing particular occupations or full-time jobs due to prevailing stereotypes about the abilities of the population. A review of the Social and Economic Inclusion of Persons with Disabilities (SEIP) Project, which promotes in part training and job placements for persons of working age, found that of the 123 individuals who received job placements upon the initiation of the Project in 2013, only 17% were still employed six months after completing training (World Bank, 2016).

It is purported that the social inclusion of PWDs can be promoted by re-focusing public attention on the resiliency, abilities and strengths of the population (Carter, Satcher & Coelho, 2013; WHO, 2011). This would generate a sense of awareness and understanding of the capabilities of PWDs, thus moving away from traditional misconceptions that focus largely on cultural understandings of an impairment.

2.4.3 Issues of access and inequality

The challenge of access and inequality for PWDs in Jamaica spans a range of areas and affects all age groups. Similar to adults, children with disabilities also experience high levels of social exclusion, being hidden or shunned by their families and communities who often fail to provide adequate care and support that ensure health, educational and social standards that are comparative to other children (McCam Child Development Centre, 2004; Schmid, Vézina, Ebbeson, 2008). Access to education and sexual and reproductive health care were two reoccurring themes found in the literature that primarily affected children with disabilities.

In 2011, a study was conducted amongst 100 primary and high schools in Jamaica to assess the levels of access and inclusion of PWDs in the Jamaican education system. It was found that despite many perceiving education to be an intrinsic right and that children with disabilities should be integrated within the general education system, there remained significant barriers to the full access and integration of children with disabilities in these institutions (Morris,
The availability of ramps and wheelchair accessible bathrooms were used to measure the accessibility of schools for students with physical disabilities. Only 23.8% of respondents indicated that ramps were present at their schools, whilst 10.7% stated that their bathrooms were equipped to accommodate students with physical disabilities. The study also assessed the availability of adaptive technologies, such as Job Access with Speech (JAWS), a computer screen reading program designed for use by persons who are blind or visually impaired. Majority (96.4%) of the schools involved in the study indicated that they were not equipped with adaptive technologies. Similarly, most schools (83.3%) failed to provide reading and examination material in a format that is accessible to visually impaired students. This finding stood in stark contrast to the large proportion of respondents (77.4%) who were aware of the Special Education Unit within the Ministry of Education and the support offered to schools with registered children with disabilities. The study showed that greater provisions were made to facilitate the inclusion of the Deaf as almost half the schools (48.8%) reported having staff members who are trained in the skill of sign language. However, neither the proficiency nor extent of use of this skill were assessed in the study. The challenges pertaining to access and inclusion also extended to the low number of schools equipped with teachers who are specially trained or sensitized to engage students with disabilities. Altogether, the findings revealed significant gaps in teacher training, accessible buildings and infrastructure, and available communicate and assistive technologies which are recognized as critical measures of access for PWDs (WHO, 2011).

PWDs have the same sexual and reproductive needs as other persons, yet they are often criticized or denied access to services and products that would promote their sexual and reproductive health (SRH). It is traditionally perceived that PWDs are asexual beings and thus have no need to access information or resources that support their sexual health (Brodwin & Frederick, 2010). A KVAP Study commissioned by the McCam Child Development Centre in 2005 revealed that barriers to communication, lack of personal competency and the lack of patience/ tolerance were key obstacles in professionals offering SRH services to adolescents with disabilities (Holder-Nevins, 2005). The study also showed that some healthcare providers would not recommend that an adolescent with a disability be given contraceptive due to their personal values or discomfort in doing so (Holder-Nevins, 2005).

The UN Convention on the Rights of Persons with Disabilities outlines several articles that are relevant to protecting the SRH of PWDs. In particular, Article 9 addresses accessibility, including access to medical facilities and information. Article 23 promotes the elimination of
discrimination against PWDs in all matters relating to marriage, family, parenthood and relationships, including family planning, fertility and family life. Article 25 stipulates that states should ensure PWDs have equal access to health services with specific mention of SRH and population-based public health programmes (WHO, 2009).

Some progress has been made locally in the promotion of the SRH rights and needs of PWDs. In 2005, the Government of Jamaica with support from UNFPA launched an island-wide project to sensitize service providers on the SRH rights and needs of adolescents with disabilities. The project acknowledged that adolescents with disabilities were as likely as other adolescents to be sexually active and thus in need of appropriate and accurate information, resources and support to prevent adverse outcomes (United Nations Population Fund, 2007). This was particularly important as PWDs are recognized as having an increased risk of contracting HIV/AIDS. In addition, PWDs are more likely to become victims of physical and sexual abuse (United Nations Population Fund, 2007; McCam Child Development Centre, 2004). Key successes of the project included the development of a comprehensive set of training manuals with supplemental resource material which were widely disseminated to health service providers and relevant institutions. Yet there were challenges, particularly the resistance to certain disclosures that were required to ensure the suitability of the material being presented to more severe types of disabilities, especially as it pertains to intellectual disabilities.

2.4.4 Social Protection

Jamaica has in place a Social Protection Strategy that is intended to use “a comprehensive approach in addressing the various obstacles that impede the enjoyment of adequate living standards” (Planning Institute of Jamaica, 2014, p. 7). The Social Protection Strategy builds on the following definition of social protection:

“Social protection is the set of provisions that employ public and private initiatives, guided by state policies, to prevent, address, and reduce the risk of poverty and vulnerability brought about by lack of, losses or interruptions to income. Its objective is to ensure living standards above specified levels, through effective social, economic and labour market policies that support income security across the lifespan” (Planning Institute of Jamaica, 2014, p. 7).

As a part of its life-cycle approach, the Social Protection Strategy aims to “promote optimal development of all children in all spheres necessary to ensure their well-being, and enhance the potential for their eventual productive engagement in the labour market (Planning Institute of Jamaica, 2014, p. 10). This will be achieved by strengthening the linkage between child-
related services, providing support for parents, and the identification of and support for households deemed to be in the greatest need (Planning Institute of Jamaica, 2014).

Currently, no single Government Ministry has direct responsibility for the provision of services for children with disabilities. The Ministries of Education, Health and Labour and Social Security have traditionally provided most of the specialized services for this population, and by extension all PWDs. Over the years, the Government of Jamaica has offered a range of social protection programmes intended to minimize the vulnerabilities and risks generally associated with the disabled population. For instance, in 2008, the Government reserved five percent of all public sector jobs for PWDs who met the qualifying criteria (ECLAC, 2009). The JCPD also provides grant funding for small income generating projects. In 2014, the JCPD reported that it had disbursed more than 3 million in Economic Empowerment Grants across 43 beneficiaries whose businesses were deemed to facilitate economic development and independence (Palmer, 2014).

Social protection also exists in the provision of social welfare/assistance programmes such as the Programme of Advancement through Health and Education (PATH). The Socio-economic Study on Persons with Disabilities which was conducted in 2015, found that of the 1014 persons surveyed, 36.6% indicated that they had received PATH benefits, whilst 50% stated that they had never received the benefit. The study also revealed a low access rate for other social welfare programmes intended to provide relief for the country’s most vulnerable. Of the 1014 respondents, only 64 indicated receiving assistance from Poor Relief, 5 persons accessed aid from the Constituency Development Fund, 42 persons received support from the Jamaica Drugs for the Elderly Programme, 275 persons received aid from the National Health Fund and 301 persons obtained health fee waivers. In addition, only 15 persons stated they benefitted from a private pension scheme, whilst 34 persons indicated they benefited from a Government pension scheme. A total of 60 persons stated they received assistance from the JCPD and 8 persons acknowledged receiving Rehabilitation Grants (PAD) from the Ministry of Labour and Social Security. Overall, these figures point to a general low access rate of public welfare assistance programmes that could buffer the negative circumstances often experienced by PWDs. The study did not provide an explanation for this low take-up rate and thus presents an area for further research to be conducted.

Social protection programmes are often credited for their potential to reduce the vulnerability, strengthen the resilience and improve the overall livelihoods of poor and marginalized
populations (Sabates-Wheeler & Devereux, 2013). However the sustainability of such programmes are often challenged by the high dependence on continuous funding. Sabates-Wheeler and Devereux (2013) argue that the aim of social protection programmes should be sustainable graduation, where persons’ livelihoods have been fundamentally transformed to move them across the poverty threshold. Thus there is an acknowledgement that individuals may progress at different rates, especially given their unique circumstances (as may be the case for PWDs), but once graduated they transition into roles that contribute to the economic development of a country, whilst creating an opportunity for others to benefit.

2.5 Legal and policy framework

Jamaica’s legal, policy and programme response to the rights and needs of PWDS has changed significantly within the past two decades. Early redress efforts often adopted a more medicalized approach that treated a person’s disability as a medical condition that required an individualized clinical response. This approach failed to take into consideration the role of environmental, social, political and cultural factors as adversely affecting the well-being and quality of life of PWDs. The International Year of Persons with Disabilities, 1981 sparked a global consciousness that for many led to disability activism that promoted the visibility of PWDs, the acknowledgement of the role of social and environmental barriers and the drive towards the recognition of their rights and dignity. Since then, a number of legal and policy instruments have emerged across international, regional and local levels. This section highlights some of the more pertinent responses, especially in directly shaping Jamaica’s own redress efforts.

2.5.1 International Level

*The United Nation’s Commitment*

The United Nations System (UN) can be considered the key initiator in the drive towards the global inclusion and empowerment of PWDs in mainstream society. Over the years it has produced, implemented and encouraged policies intended to improve the lives of PWDs. The UN’s direct involvement with issues affecting PWDs is grounded in its founding principles on human rights, fundamental freedoms and equality for all human beings.

The adoption of the Declaration on the Rights of Disabled Persons in 1975, as well as the World Program of Action Concerning Disabled Persons (WPA) in 1982, were paramount steps in
showcasing the UN’s commitment to promoting and protecting the rights of PWDs. The WPA’s purpose was:

“to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of ‘full participation’ of disabled persons, in social life and development, and of ‘equality’. This means opportunities equal to those of the whole population and an equal share in the improvement in living conditions resulting from social and economic development. These concepts should apply with the same scope and with the same urgency to all countries, regardless of their level of development” (Metts, 2000, p. 15).

Following this, the era 1983-1992 was declared the ‘Decade of Disabled Persons’ in which many government officials, NGOs and the general society, were encouraged to enforce the values of the WPA. In 1992, efforts to further the development of the rights of disabled individuals was presented in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities passed by the General Assembly in 1994.

*The Convention on the Rights of Persons with Disabilities*

In 2001, an ad hoc committee was established by the General Assembly to develop a convention that could further protect and promote the rights of PWDs globally. The Convention on the Rights of Persons with Disabilities (CRPD) was reviewed and adopted in 2006 but came into force in May 2008 after receiving the qualifying number of ratifications (United Nations: “Convention on the Rights of Persons with Disabilities”). As an international treaty, the CRPD lobbies for the rights of PWDs in eight main areas: non-discrimination; respect for the independence, dignity and autonomy of PWDs; equal participation and inclusion; respect for and acceptance of PWDs as part of human diversity and humanity; access to equal opportunity; accessibility; equality between the sexes; and respect for the development and identities of children with disabilities (Schmid, Vézina, Ebbeson, 2008). An Optional Protocol was also developed to give individuals who have experienced discrimination, an opportunity to petition an international committee once they have exhausted all options in their respective countries (United Nations: “Convention on the Rights of Persons with Disabilities”).

Jamaica was the first country to sign and ratify the CRPD in 2007. This action mandates the Government to maintain its commitment to promote an environment that respects the rights and dignity of PWDs whilst affording them opportunities that are comparable to other members in the society. The CRPD has informed both policy and programme initiatives towards this end.
The United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) is another legally-binding international instrument that is relevant to the wellbeing of children with disabilities. It outlines and protects the civil, political, social, economic and cultural rights of all children, irrespective of their race, religion or abilities. The UNCRC was adopted by the UN in 1989 and since then has been signed by almost 200 countries including Jamaica. Thus Jamaica, as with the other signatories, is bound by law to ensure that the Convention is fully implemented. Four broad categories of rights are covered in the UNCRC:

1. General principles that cover the right to non-discrimination, life, survival and development, participation and ensuring the best interest of the child.
2. Rights to protection from abuse, neglect, exploitation and appropriate representation in the criminal justice system.
3. Rights to survival and development address the rights to access to resources and inclusion in activities that will ensure the appropriate development of a child. These include the rights to water, sanitation, formal education and involvement in recreational and cultural activities.
4. Rights to participation, including the freedom of opinion and association as well as the right to be heard and access information (“Convention on the Rights of the Child”).

The UNCRC has informed much of Jamaica’s policy and legal response to the protection of the rights of its children, including the enactment of the Child Care and Protection Act in 2004 and the establishment of the Office of the Children’s Registry and Child Development Agency, which are now merged as the Child Protection and Family Services Agency (CPFSA). A review of the country’s progress in adhering to the guidelines of the UNCRC for the period 2003 – 2009 found that the country had made some progress in improving the conditions for children with disabilities, particularly in the areas of earlier screening, diagnosis and intervention (United Nations, 2011). This existed as a part of the country’s National Strategic Plan for Early Childhood Development in Jamaica (2008-2013) which was fulfilled in part by the Early Stimulation Programme.

2.5.2 Regional Level

Not much exists at the regional level that firmly establishes and evidences the Caribbean’s unified response to addressing the rights of PWDs. In 1997, Heads of Government of the Caribbean Community (CARICOM) signed and thus agreed to the terms of the Charter of Civil
Society, which was intended to provide a “structure of unity” in the addressing a range of matters pertinent to the Community (CARICOM Secretariat, 1997). The Charter of Civil Society explicitly addresses the rights PWDs in its Article XIV which states that

Every disabled person has, in particular, the right -
(a) not to be discriminated against on the basis of his or her disability;
(b) to equal opportunities in all fields of endeavour and to be allowed to develop his or her full potential;
(c) to respect for his or her human dignity so as to enjoy a life as normal and full as possible. (p. 16)

Another noteworthy document is the Kingston Accord which documents resolutions made at the First Caribbean Ministerial Conference on Disability which was convened in Jamaica in May 2004. Arising from this was an affirmation that every Caribbean citizen has the same human, civil, social, political, economic and cultural rights. The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities was seen to offer a useful framework to guide Governments’ development of national policies and programmes. Specific agreements included the development of a CARICOM model for disability policy and legislation, the development of a common framework for national and regional data collection, and knowledge-sharing of best practices in providing services for PWDs in the region (“The Kingston Accord”). The effectiveness of the Kingston Accord could not be assessed given the absence of information that traced its implementation across member states.

2.5.3 National Level

National Policy for Persons with Disabilities

The National Policy for Persons with Disabilities is foregrounded by the belief that all individuals have the right to an adequate standard of living. This follows the principles outlined by the United Nations’ Standard Rules on the Equalization of Opportunities for Persons with Disabilities, which stipulate that PWDs are entitled to equal rights of existence as any other member of society. The National Policy goes further to state that such individuals should be empowered so that their full potential may be realised in all spheres of life, whether it be political, economic, social or cultural. As such, the National Policy specifies the Government’s commitment to “improve the status and conditions of persons with disabilities so that they can enjoy a better quality of life in areas such as education, employment, health, housing, transportation and accessibility to all areas of society” (Ministry of Labour and Social Security, 2000, p. 3).
Studies that have assessed the awareness of the National Policy for Persons with Disabilities or the Disabilities Act, 2014 have generally found a less than optimal proportion of persons being aware and knowledgeable of these instruments. For instance, Morris (2011) found that of the 100 primary and high schools surveyed, only 63% of schools were aware of the National Policy for Persons with Disabilities. Such lack of awareness of the provisions made for PWDs, both within the Policy and the Act, is expected to directly impact the type and quality of services offered to PWDs, as well as how well they are integrated within society.

National Disabilities Act, 2014

The National Disabilities Act was passed in Senate in October 2014, finally translating into law the equalization of the rights and opportunities of PWDs in Jamaica. In general, the National Disabilities Act, 2014 provides clear guidelines on the protection of the rights and interests of PWDs in the following areas: protection from discrimination, education and training, employment, participation in political office and public life, healthcare, access to premises and housing and public passenger vehicles (The Disabilities Act, 2014).

The National Disabilities Act, 2014 makes provisions for the development of a Codes of Practice and Regulations to guide the implementation of the Act. The Act also outlines the establishment of a Disabilities Rights Tribunal which will have the jurisdiction to hear the complaints of PWDs and arrive at a settlement where deemed necessary. Alternative dispute resolution is also provided for, the proceeding of which are governed by the JCPD. The Codes of Practice and Regulations of the Disabilities Act, 2014 was developed through stakeholder consultations that occurred across the island in 2014 (Lawson-Francis, Bailey, Francis & Watson, 2014).

As noted for the National Policy for Persons with Disabilities, the Disabilities Act, 2014 remains challenged by a number of factors including a lack of awareness of the instrument and the absence of strategic implementation of its mandates. A study conducted by Moncrieffe (2015) found that from their sample of respondents comprising a range of professionals who are deemed to be more directly involved in service provision to the population of PWDs, more than 70% of the respondents knew nothing about the Act, whilst 21.6% stated knowing little. Only 5.3% indicated having substantial knowledge of the Disabilities Act. Supplementary analysis of selected occupations deemed to have regular contact with PWDs revealed similar trends in the general lack of knowledge of the Disabilities Act, 2014. These statistics highlight significant gaps in public education that would ensure a wide and thorough dissemination of
information that has direct impact on the quality of life of PWDs. Further, such high levels of ignorance amongst professionals directly involved in service provision to PWDs exposes a major barrier to the success of the Disabilities Act, 2014, especially in the absence of legal sanctions that ensure compliance with its mandates.

*Child Care and Protection Act*

The Child Care and Protection Act was passed in 2004 with the aim of promoting and protecting the wellbeing and interests of the Jamaican child. The Act resulted in the establishment of the Office of the Children’s Advocate, the Children’s Register and Office of the Children’s Registry. Currently, it is used to guide the work of the Child Protection and Family Services Agency (CPFSA) amongst other agencies serving the needs of Jamaican children. Under the Act, the family is identified as the preferred environment for children, thus parents are acknowledged as having the main responsibility for their children. Nonetheless, provisions are made for the circumstances in which children may be removed from this environment, such as instances of abuse or neglect. The Act also provides guidelines for placing a child in the care of the state and how they should be treated in the justice system.

*Vision 2030 Jamaica*

The Government’s commitment to transforming the lives of PWDs in Jamaica is also captured in the country’s National Development Plan - Vision 2030 Jamaica. The Plan recognizes the invaluable contribution PWDs have to offer in the nation’s strive towards sustainable development. Thus there is the specified need to ensure that PWDs “are fully integrated within society, have access to appropriate care and support services and are treated as valuable human resources” (Planning Institute of Jamaica, 2009). Following this are the goals of increasing PWDs access to public goods and services and promoting the respect and dignified treatment of PWDs. Key actions for the initial three years of the Plan included: strengthening the capacity of the JCPD; creation of a registry of PWDs; building partnerships with businesses and other entities critical in the empowerment of PWDs; sensitization of public service personnel on the appropriate ways to interact with PWDs; increased public awareness of the rights of PWDs; and increased accessibility of public buildings for PWDs (ECLAC, 2009). Some progress has been made in achieving these goals, particularly the strengthened capacity of the JCPD, the establishment of the disability registry and developed partnerships. Public education and sensitization are ongoing processes that need to be scaled-up if the intended outcome is to be evidenced within the timeframe expected.
**Legislative Reform**

Laws and policies are periodically reviewed to ensure current relevance in adequately protecting and promoting the rights of citizens of any country. This process of review and reform has been gradual for PWDs in Jamaica. An example of earlier reform of existing laws include the Road Traffic Act, 2005 which was amended to allow persons with an auditory impairment to obtain a driver’s licence (ECLAC, 2009).

Recently, submissions were made to the Joint Select Committee on the Sexual Offences Act imploring a shift from the use of outdated and offensive terminologies, to language that better captured the dignity and rights of PWDs. In particular, the Sexual Offences Act was found to repeatedly make reference to a person who is “suffering from” a disability. Consequently, it was recommended that the more appropriate and accepted term refer to a person *with* a disability, a standard that is also reflected in the Disabilities Act, 2014 (Myrie et al, 2017). This recommendation highlights a cultural evolution both within and external to the disability community, on politically appropriate terms that minimize stigma and give greater regard to the individual rather than their impairment. Such changes in disability terminologies have also been evidenced in formal policy and programme documents. To illustrate, up to 2012, the JSLC cited mental retardation and slowness of learning as two of the seven categories of disabilities measured in the survey. Subsequent surveys were revised to reflect the more appropriate terminologies intellectual disability and learning disability respectively.

Submissions made to the Joint Select Committee on the Sexual Offences Act also addressed the exclusion of persons with intellectual disabilities. It was argued that this group be explicitly included given the distinction between intellectual disability and mental disorders (Myrie et al, 2017). Doing this ensures that the protection offered under the Act is more appropriately extended across the disability groupings deemed most at risk.
2.6 Illustrating Best Practices

A number of countries have declared making significant strides in embracing the principles of the UN Convention on the Rights of Persons with Disabilities (CRPD). At the center of much of these declarations of success are established and enforced legislation that explicitly protect the rights of PWDs whilst making provisions to ensure the needs of this population are adequately met. There is no single benchmark of success, especially given the geographical, socio-cultural, economic and political differences that distinguish countries. Nonetheless, consideration can be given to the strategies adopted by countries recognized as being ahead in ensuring the rights, opportunities and interests of PWDs are fully protected and entrenched in law.

In 2011, the United Nations produced a document outlining best practices for including PWDs in development efforts. This document was intended to aid in establishing common criteria for implementing the CRPD, particularly in terms of mainstreaming disability. Mainstreaming disability in development was broadly explained as “the inclusion of persons with disabilities in all aspects of development efforts” (p.5). This was further expounded as follows:

Mainstreaming is at once a method, a policy and a tool for achieving social inclusion, which involves the practical pursuit of non-discrimination and equality of opportunity: mainstreaming disability is about recognizing persons with disabilities as rights-holding, equal members of society who must be actively engaged in the development process irrespective of their impairment or other status, such as race; colour; sex; sexual orientation; language; religion; political or other opinion; national, ethnic, indigenous or social origin; property; birth or age. Mainstreaming is also recognized as the most cost-effective and efficient way to achieve equality for persons with disabilities. (p.5)

From the case studies presented, Uzbekistan was identified as offering some key lessons on the development and implementation of disability laws. Uzbekistan is recognized as one of the first Commonwealth of Independent States to pass legislation that specifically addressed the rights and protection of PWDs in 1991. This law was later amended to better reflect the principles of the CRPD which was signed in 2009. Another key instrument developed was the State Rules and Standards on Provision of Accessibility for PWDs. The rights of children with disabilities are also protected under the law on the Guarantees of the Rights of the Child, 2008. These laws are further supplemented by a number of initiatives and regulations that ensure additional support for both adults and children with disabilities, including individual rehabilitation programs and home teaching for children with disabilities who are unable to attend regular schools (“Country profile on disability”).
Despite the existence of such legislation, progress was still hindered by physical barriers that prevented full access to services and participation in socio-political activities. In response to this need, the project ACCESS: Accessibility, Civic Consciousness, Employment and Social Support for Persons with Disabilities was implemented in 2008 and spanned a three-year period. The overarching aim of the project was to “widen social inclusion of people with disabilities by increasing public awareness and breaking stigma, improving mechanisms of implementation of national legislation on disability issues, promoting accessibility and creating a system of social support in the employment of people with disabilities” (United Nations, 2011, p. 53). As it pertains legislative changes, fines were imposed for breaches of legislation that governed the social protection of PWDs. In addition, mechanism were implemented and inspectors within the Ministry of Labour and Social Security were given the authority to impose fines for breaches of accessibility standards (United Nations, 2011).

Overall, it is argued that much of Uzbekistan’s success in enforcing disability legislation surrounds its historical normative stance pertaining to the social protection of the vulnerable (Yuldashov, 2012). Perhaps this is indeed the starting point – an awareness of the society’s most vulnerable, but extends beyond this to reflect political and social commitment to protect these groups despite changes in a country’s governance, economic or socio-political structure. Social protection has remained a central issue for Uzbekistan, evidenced in its Constitution that “Everyone has the right to social provision in old age, disability and loss of breadwinner, and in other cases prescribed by law” (Yuldashov, 2012, p.187).

Japan is another country recognized as having made significant progress in establishing policies and enforcing legislation that support the rights and full integration of PWDs. Though Japan signed the CRPD in 2007, this was not formally ratified until January 2014. Unlike the approach used by many other countries, the government of Japan opted to first engage in comprehensive policy reform to better support the mandates of the CRPD (Osamu, 2013). This approach of ensuring the harmonization of policies before the ratification of Conventions was also noted for the Convention on the Rights of the Child and the Convention Against All Forms of Discrimination Against Women. In 2010, the Japanese government created a roadmap towards the ratification of the CRPD that included the revision of key legislation, including those pertaining disability services and the establishment of new legislation to prohibit disability discrimination (Osamu, 2013). The Act on the Elimination of Disability Discrimination (Law No. 65) was successfully passed in 2013, prior to the ratification of the CRPD. The transformation process was noted to be consistently driven by the disability rights
movement, who halted the government’s efforts to ratify the CRPD in 2009 without substantial policy changes, and a number of whom subsequently served on the Committee for Disability Policy Reform that informed the legislative reform outlined in the roadmap (Osamu, 2013).

Despite the progress made, Japan still experiences a number of challenges that hinder the full effectiveness of disability-related policies and legislation. Studies report that the infrastructure needed to support students with disabilities remains significantly limited (Boeltzig-Brown, 2017), whilst the attitudes and perceptions of employers on the competence of PWDs remain a hindrance to their optimal employment (Ozawa & Yaeda, 2007).

Given the diversity in the historical, social, economic, cultural and political milieus of countries, it is not expected that the experiences of any one country should become a blueprint for others to follow. Rather, the best practices presented simply offer illustrations of success stories from which guidelines can be generated that are specific to our local context. The examples presented by Japan and Uzbekistan reinforce the importance of 1) disability legislation and policy reform including legislation that prohibits disability discrimination, 2) congruence between national disability legislation and international conventions such as the CRPD, 3) engagement of the disability community as the most critical stakeholder in the policy reform process, and 4) political will and commitment across governments in furthering the progress made in improving the experiences and outcomes of PWDs.
2.7 Conclusion

In Jamaica, reports of stigma, discrimination and exclusion often emanate from negative perceptions and attitudes towards an individual, due to misguided understandings of the implications of having a disability. The disability community along with the Government of Jamaica have been active in trying to dispel myths surrounding the various rights and capabilities of the disabled population in Jamaica. Research showed that persons across the age spectrum are continuously affected by negative attitudes, values and practices of members of the society. Exclusionary practices have included being denied access to certain resources or opportunities that are deemed a basic right for all in Jamaica. Children with disabilities are still denied their right to formal education and the appropriate educational support to enhance their learning in various educational settings. Adolescents with disabilities are denied their right to access SRH care and services that would reduce their vulnerability to negative health outcomes. Adults are also denied professional and social opportunities that would enable their full integration and acceptance within mainstream society.

Lack of knowledge and awareness of the National Policy for Persons with Disabilities, the Disabilities Act, 2014 and the role of key agencies such as the JCPD, continue to perpetuate the ignorance, stigma and barriers that deny PWDs and their families access to the type and quality of service provision and treatment deserved. More comprehensive public awareness campaigns would help to ensure a wider dissemination of factual information that would educate the public on the rights of PWDs, as well as the tools available to ensure their access to an equitable standard of living.

Though the CRPD is a legally binding instrument governing all member states who have ratified the document, it largely functions as a guide for countries to develop and implement laws that are culturally-relevant in ensuring the rights of PWDs are protected and promoted. The passing of the Disabilities Act in 2014 is a commendable step in this direction, but remains ineffective until the Act becomes gazetted. As noted by Schmid, Vézina and Ebbeson (2008), “more countries need to implement legislation to protect the legal, social, political and economic rights of the disabled. This would be an essential step toward improving the lives of the disabled and their families” (p. 49).

The success of other countries in fully implementing and enacting laws that protect the rights of PWDs are worthy considerations. A core element for these countries has been their governments’ willingness and commitment to speedily implement laws and supportive
measures that enforce the protection of the rights of PWDs. The process however is not solely top-down, but entails a multi-faceted approach that involves the commitment of key stakeholders, particularly the disability community. Altogether, these successes become guidelines for a potential pathway of success to be undertaken by Jamaica.
SECTION 3: METHODOLOGY

3.1 Research Design: Situational Analysis
A situational analysis was conducted to provide a detailed assessment of the population of PWDs in Jamaica. Situational analysis is a systematic tool that enables policy makers, researchers or programme managers to document a detailed review of services offered to a particular population. This methodology is recognized as an extension of the traditional Knowledge, Attitudes and Perception (KAP) studies which fail to sufficiently capture the realities of the supply-side of services (Miller et al., 1997). Situational analysis is therefore seen to better assess the availability, accessibility and quality of services or products being offered. This type of analysis is recognized as critical in helping to inform priority areas for policy and programme planning (WHO, 2017).

The situational analysis conducted in this study enabled a review of significant quantitative data that was disaggregated to show the demographic and social composition of PWDs in Jamaica, using key variables such as gender, age, area of residence, health and educational attainment. Qualitative data was also reviewed and synthesized. The methodology also enabled an assessment of stakeholders’ awareness of the provisions of the Disabilities Act, 2014, and perceived relevance to and implications for State responsibility through the key government ministries. Stakeholders were defined as the eight prioritized government ministries, individuals or organizations that are active players in or representatives of the disability community, and parents and their children with disabilities. The inclusion of both government and civil society groups is important in engendering ownership of the dialogue towards effecting policy reform and social change (UNICEF, 2011). The situational analysis also identified achievements/ progress made by government ministries in addressing the needs of PWDs, as well as prevailing gaps in service provision. This proved to be an important base for the identification, discussion and agreement on recommendations to improve service provision for PWDs.

3.2 Project Participants
Project participants were selected from three groups of stakeholders: a) the eight key government ministries, b) individuals or agencies that represent the disability community, and c) parents and their children with disabilities. This range of participation ensured an effective assessment of service and programme provision across the national (macro), service provision (meso), and client (micro) levels.
Representatives from the eight prioritised government ministries were identified through initial contact with the Permanent Secretary for each ministry. Their nomination and subsequent participation was based on their knowledge of and expertise in the respective ministry’s delivery of programmes, services and products that benefit PWDs.

Participants from the disability community comprised a range of NGOs, FBOs, individuals and lobby groups who are recognized as key players and thus possess critical insight on the extent or quality of service delivery being offered to PWDs in Jamaica. An effort was made to ensure a representation of agencies, individuals or groups from both urban and rural areas, as well as the key disability groupings defined in the Disabilities Act, 2014.

Parents and their children with disabilities were also invited to participate in the study given the need to capture the experiences of children with disabilities. Children were required to be between the ages 13 to 18 years of age. In instances where the type or severity of the disability prevented a child from actively participating in the discussion, parents or caregivers acted as a proxy for their children, sharing their awareness of their children's daily experiences with living with a disability in varying socio-cultural contexts. This was particularly maintained for children with intellectual disabilities given the varied levels of social and communication skills, and the adverse effect the research process (for example the length of discussions) may have on the child.

3.3 Sampling and Recruitment of Participants

As noted in Section 3.2, participants were recruited from three categories of stakeholders: Government Ministries, disability agency representatives and parents and their children with disabilities. Participants were selected using both the purposive and snowball sampling techniques. Purposive sampling is used to choose participants who fit prescribed criteria for inclusion in the study, such as their knowledge of a particular issue of focus (Engel and Schutt, 2010). For this study, the criteria used was participants’ perceived knowledge of or expertise in addressing the needs of PWDs. Snowball sampling is often used for populations that are not easily accessible. Here, one member of the population is identified and asked to invite others to participate in the study. Thus there were instances where stakeholders, especially those within the disability community, were asked to identify, recommend and invite other potential participants given the inclusion criteria and focus of the study. This proved useful in broadening the scope of inclusion from the initial JEPP membership listing. Though both purposive and snowball sampling techniques allow for adequate representation of the issue being examined,
neither approaches produce a sample that is representative of the broader population (Engel and Schutt, 2010).

### 3.3.1 Government Ministries
Representatives from each of the eight government ministries were predominantly identified by the Permanent Secretaries of their respective ministries. Their nomination for participation in the study was based on their knowledge of and expertise in the provision of services intended to meet the needs of PWDs. Those persons initially selected through this purposive approach, were then asked to identify others within their Ministries who they perceived possessed the requisite insight to contribute to the research objectives. Nominated individuals were generally high level managers such as Chief Technical Directors but also extended to mid-level managers who had direct oversight of policies, research or protection programmes relevant to PWDs (See Appendix C for a list of government stakeholders).

### 3.3.2 Disability-related Agencies
The membership list of the JEPP formed the initial list for the recruitment of agencies or individuals for inclusion in the study. The list comprised a total of 58 institutions and individuals that spanned all disability groupings and had a representation across urban and rural areas. All members of the JEPP were targeted for inclusion in the study in an effort to optimize participation and thus the response rate. The JEPP membership listing was re-organized into zones based on parish location and the number of agencies within each parish. The zones were as follows:

- **Zone 1:** Portland, St. Ann and St. Mary
- **Zone 2:** St. James and Westmoreland
- **Zone 3:** Clarendon, St. Elizabeth and Manchester
- **Zone 4:** St. Catherine
- **Zone 5:** Kingston and St. Andrew

Multiple persons were at times nominated to participate from each agency given their awareness of the issues being discussed. The JEPP listing was further supplemented to include other organizations recognized as serving the population of PWDs, particularly children. Such entities included the Deaf Bible Church in St. Elizabeth, Caribbean Christian Centre for the Deaf in St. James, NAZ Children Centre in St. James, Sophie’s Place in St. Andrew and My Father’s House in Kingston. See Appendix C for the list of disability-related agencies that participated in the study.
A total of 43 representatives from the disability community participated in the survey and related key informant interviews. This figure contributed to an overall 57% response rate for the original JEPP listing provided by the JCPD, noting that the list was further supplemented to include other disability-related organizations. Most respondents functioned in senior roles such as Executive Director, Principal, Vice Principal or Founder of the respective agencies.

Table 6 presents a demographic profile of the disability agency representatives participating in the interview and survey.

<table>
<thead>
<tr>
<th>Demographic factor</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>20.9</td>
</tr>
<tr>
<td>Female</td>
<td>34</td>
<td>79.1</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 30 years</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>31 – 50 years</td>
<td>20</td>
<td>48.8</td>
</tr>
<tr>
<td>51 – 65 years</td>
<td>18</td>
<td>43.9</td>
</tr>
<tr>
<td>Over 65 years</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Parish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kingston</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>St. Andrew</td>
<td>11</td>
<td>26.5</td>
</tr>
<tr>
<td>St. Catherine</td>
<td>9</td>
<td>22</td>
</tr>
<tr>
<td>Clarendon</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>Manchester</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>St. Elizabeth</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>Westmoreland</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>St. James</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>Hanover</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>Have a disability</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>34.9</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>65.1</td>
</tr>
<tr>
<td>Type of disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical disability</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>Deaf or hard of hearing</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Severity of disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Profound</td>
<td>9</td>
<td>60.0</td>
</tr>
</tbody>
</table>

Table 6: Demographic profile of disability agency representatives
Thirty-one representatives from disability-related agencies participated in focus group discussions across the island. Majority of these individuals were selected from the pool of individuals who participated in the key informant interviews. Figure 12 shows the distribution of participants across the four focus group discussions.

![Disability Agency Representatives](image)

**Figure 12: Disability agency representatives who participated in focus group discussions**

### 3.3.3 Parents and Children with Disabilities

Parents and their children with disabilities were recruited with the aid of schools, CBRJ offices and the JCPD. In some instances, the snowball sampling technique was used as parents of children with disabilities were often aware of other parents of children with similar needs. A total of 36 parents and 12 children with disabilities participated in the study. Of the 12 children who participated in the research, majority were noted to have an intellectual disability.

The lower participation rate for children was due to a number of factors, the most predominant being majority of the parents have children with intellectual disabilities who were deemed incapable of actively participating in the research process. In addition, some schools and agencies that were asked to assist in the recruitment process did not maintain the expressed commitment thereby affecting the inclusion of children. This contributed to the low participation rate for children who are Deaf or have a physical impairment. Further, the scheduled time for the focus group discussions at times conflicted with regular or extra-
curricular school activities in which the children were involved. Scheduling was largely based on the availability of most parents who were generally unavailable on the weekends due to home and work commitments. A few parents also travelled long distances to participate in the study and thus felt it best to avoid taking their child on such long journeys. The figure below shows the number of parents and their children who participated in each focus group discussion.

![Participation of parents and children in research focus group discussions](image)

Figure 13: Participation of parents and children in research focus group discussions

### 3.4 Data Collection

Data was collected using both qualitative and quantitative approaches. The situational analysis was largely informed by a review of documents and further supplemented with information garnered from key informant interviews and focus group discussions. Quantitative data was derived from a short survey used in conjunction with key informant interviews for the disability sector.

#### 3.4.1 Desk Review

Relevant documents were reviewed to inform the situational analysis of the current population of PWD and existing services or programmes that address the needs of this population. Documents included a number of local and international policy instruments, such as the Convention on the Rights of Persons with Disabilities, Vision 2030: National Development...
Plan, the National Policy for Persons with Disabilities and the Disabilities Act 2014. Various research reports from within the disability community were also accessed and considered for inclusion, as well as other relevant reports from government or civil society agencies. Select books, journal articles, and newspaper articles were also reviewed to garner insight to past and/or ongoing research on the livelihoods, well-being and experiences of PWD in Jamaica. The situational analysis was also guided by a critical review of statistical data collated in the National Census and Jamaica Survey of Living Conditions. Though the data was disaggregated to allow a more in-depth understanding of the demographic and socioeconomic composition of the disability population, there were noted limitations that questioned the accuracy of the data. This has been discussed in-depth in Section 2 of this report.

3.4.2 Key Informant Interviews

Semi-structured in-depth interviews were conducted with representatives from the select eight government ministries, and representatives from agencies or groups that advocate for or represent the disability community in Jamaica. Separate semi-structured interview guides were designed for each stakeholder grouping. The semi-structured interview format is noted to offer the researcher the benefit of flexibility in the order and flow of questioning. This supports a more organic flow of dialogue with the participant that is likely to yield more detailed or rich contextual information (Fylan, 2005; Whiting, 2008). The design and format of these interviews for each stakeholder grouping are further discussed below.

Key informant interviews with government ministries

Interviews were scheduled with at least one representative of each of the identified prioritised ministries. Individuals were recommended to participate in the study on the basis of their knowledge of and expertise in their organization’s policies, programmes, products and services that cater to PWDs.

Questions focused on: 1) an awareness of the mandates of the Disabilities Act, 2014, 2) identifying the role of the specific ministry or agency in fulfilling the mandates of the Act, especially as it pertains access to information, essential services, support services, and employment and workforce integration, 3) existing services, programmes or products that cater to PWDs in general 4) existing services, programmes or products that cater specifically to children with disabilities, and 5) any recognized gaps in service, programme or product delivery that can be further addressed within the scope of any of the noted government ministries. See Appendix D for the interview schedule for government ministry representatives.
**Key informant interviews with representatives from the disability community**

Semi-structured interviews were also conducted with key informants from select agencies or groups within the disability sector. The semi-structured interview guide for this group was designed to primarily assess the type and quality of products and services being offered to PWDs, as well as identify gaps in service provision in lieu of the provisions of the Disabilities Act, 2014 and the four JEPP priority areas. Informants were also invited to make feasible recommendations that can be addressed by respective ministries or government agencies. The interview schedule for representatives from the disability sector is presented in Appendix D.

Though most interviews occurred face-to-face, there were a few instances where telephone interviews were conducted instead. This was largely due to the expressed preference of the participant or the convenience offered given the location of the participant and required distance for travel.

Table 7 shows a distribution of disability representatives interviewed across the parish zones used for this study.

<table>
<thead>
<tr>
<th>PARISH ZONES</th>
<th>Total</th>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>1: Portland, St. Ann, St. Mary</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2: St. James and Westmoreland</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>3: Clarendon, St. Elizabeth and</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Manchester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: St. Catherine</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>5: Kingston and St. Andrew</td>
<td>23</td>
<td>3</td>
</tr>
</tbody>
</table>

**Table 7: Distribution of disability agency representatives by parish zones**

### 3.4.3 Survey

A short survey was designed to measure the participants’ perception of the extent and quality of services offered. This instrument provided a standardized measure by which to assess all participants’ perception of or experience with service and product delivery. It utilized a Likert-type scale to measure key informants’ perceptions of the quality and effectiveness of the provision of such products, programmes and services. These were assessed in tandem with the mandates of the Disabilities Act, 2014 and highlighted the four JEPP prioritized areas. Each statement or question within this instrument was followed by an option of five pre-coded responses that measured the respondents’ level of agreement with the statement provided.
Responses included: strongly agree, agree, neutral, disagree and strongly disagree. The survey instrument is presented in Appendix D.

3.4.4 Needs Assessment

A needs assessment was carried out to ascertain information on gaps in service provision that can subsequently inform the priority-setting of needs related to the provisions of the Disabilities Act, 2014 and the JEPP priority areas. Thus it aimed to identify or clarify gaps between the current level of service provision and desired levels of service provision. The needs assessment also allowed some consensus on the alignment of these prioritized needs with the mandates of the key ministries identified. Focus group discussion was used as the method for conducting the needs assessment.

Focus group discussions were held with two categories of stakeholders: a) representatives from the disability community, and b) parents and their children with disabilities. Four focus group discussions were held for each category of stakeholders. It was intended that a focus group discussion occur in each parish zone, however the low response rate for Zone 1 (Portland, St. Ann and St. Mary), resulted in that zone being paired with Zone 2 (St. James and Westmoreland). Focus groups were located in the parish in which majority of the parents, schools or agencies were located.

For the disability community, stakeholders were selected from a pool of individuals and agencies that included members of the JEPP listing as well as other entities recognized as serving PWDs. Of particular note was the effort to include organizations that address disability as an outcome of non-communicable diseases such as the Diabetes Association of Jamaica.

The second group of focus group discussions comprised parents and their children with disabilities. An effort was made to ensure there was diversity across the disability categories present in each meeting. However, this was difficult to manage in areas outside Kingston and St. Andrew given the dearth of specialized schools throughout other parishes that cater to the broad spectrum of disabilities. As a result, most focus group meetings comprised primarily parents of children with intellectual disabilities such as autism, Down’s syndrome and slow learning.
3.5 Procedures

3.5.1 Introducing the research and garnering access to key populations

A letter of introduction was circulated electronically to the JEPP membership at the start of the project. This was subsequently followed with a meeting with the core JEPP group during which the research process was discussed. This process gave credence to the work being conducted by the Consultant, afforded an opportunity to garner feedback from the core JEPP group, and contributed to individuals being more willing to participate in the study. During the meeting, a number of agency produced documents were recommended for inclusion in the desk review. The group’s willingness to provide these documents was seen as an important indicator of the study’s value to the disability community.

Formal letters of introduction outlining the focus and aims of the overarching project were provided by the Digicel Foundation for dissemination to the key government ministries. These letters were not obtained until November, 2017 thereby causing delays in accessing and garnering the participation of these stakeholders.

3.5.2 Review and piloting of instruments

All instruments were reviewed with the technical team at Digicel Foundation early in the project. This process assisted in ensuring that the content of each question met the objectives of the project. Instruments were further evaluated/ tested through various forms.

The survey instrument was piloted with a small group of individuals perceived to possess the requisite knowledge and/or experience with working with PWDs to make them comparable to representatives from the disability sector. This process did not result in amendments being made to the survey instrument.

The interview schedule for disability agency representatives was continuously reviewed with the fieldwork team during the first week of data collection. The aim was to identify any questions that required further clarification given the feedback or experience of the participants. This process resulted in a few amendments. Question 3 of the interview schedule with disability agency representatives was omitted as this question was already addressed in the survey instrument. Question 10a of the interview schedule was supplemented with a chart to facilitate greater ease of addressing the question’s content. In some instances, Question 10a was shifted to Question 10d, thereby allowing a review of other key areas before delving into the detailed evaluation of each Ministry and subsequently the identification of recommendations.
The focus group instrument for parents and their children with disabilities was piloted at the Maranatha School for the Deaf in St. Elizabeth on November 2nd, 2017. This entailed prior planning and preparations with the aid of the school’s principal and a support teacher. Formal letters of invitation were sent to the parents outlining the objectives of the study and research process. The school is currently under-populated having a total of eleven children with various disabilities; though deaf/hard of hearing was the most represented. Of the eleven children, ten parents were in attendance at the focus group session. None of the parents/guardians in attendance expressed having challenges hearing, however a sign language interpreter was still present to facilitate the inclusion of a stakeholder who is Deaf.

3.5.3 Accommodating special needs
Careful consideration was given to the special needs of all persons willing to participate in the study. This entailed ensuring that all venues were wheelchair accessible, seating was properly arranged to allow visibility and audibility for all, and sign language interpretation services were provided as deemed necessary. Though research documents were not converted into Braille, the interviewers or facilitators allotted time to reviewing documentation in detail with participants who are blind. In general, all information written on flip chart sheets during focus group discussions were re-read to ensure all participants were engaged and following the discussion. Verbal rather than written consent was given by persons who are blind or profoundly visually impaired, though some persons were able to sign their consent form with the aid of an assistive device.

3.6 Ethical Considerations
The scope of work within this consultancy were not deemed to pose any potential threat to participants involved in the study. Each participant was asked to sign a consent form to indicate their willingness to participate in the study, allow the discussions to be audio recorded and permit the use of information shared. Parents were asked to provide informed consent for both themselves and their children, whilst children were asked to sign assent forms. In general, the anonymity of individual participants was assured.

The Consultant and all related team players acted in a professional and ethical manner in ensuring the personal and professional reputation of all were maintained. Integrity forms were signed by all personnel (Field Officer, Transcriber and Data-entry Officer) to ensure the safety and confidentiality of all data collected.
3.7 Trustworthiness and Authenticity of the Study

As this study was largely qualitative, it is imperative to address the steps taken to ensure the trustworthiness and authenticity of the research findings. Guba (1981) posited that the trustworthiness of qualitative research be established using four criteria: credibility, transferability, dependability and confirmability. The following strategies were used to ensure that these criteria were met:

**Triangulation:** Triangulation refers to the use of multiple methods and/or multiple sources in researching a particular phenomenon (Carter, Bryant-Lukosius, DiCenso, Blythe & Neville, 2014). This study utilized a range of qualitative methods including key informant interviews and focus group discussions that involved three broad categories of informants. The study also included a document review and the use of the survey. The findings from the four data collection methods and various informants were found to be corroborative, thereby strengthening the credibility, dependability and confirmability of the study (Shenton, 2004). Further, the detailed description of the research design, methods and qualifications and experience of the researcher also contributed to the transferability and credibility of the study (Shenton, 2004).

**Debriefing:** Debriefing sessions between the researcher and superiors have been noted to contribute to the credibility of a study (Shenton, 2004). Debriefing sessions were constantly held with the supervising team at Digicel Foundation who reviewed all data collection instruments and progress reports throughout the study. This ensured that the research methods and processes were achieving the intended objectives of the study. Further, each data collection method was linked to a guiding research question to ensure that the methods were relevant and consistent with the research aims (See Table 3).

**Peer review:** The team of researchers involved in conducting the fieldwork provided constructive feedback throughout the data collection phase. Critical feedback helped to inform amendments that were made to either data collection instruments or the approach to conducting the fieldwork. As Shenton (2004) noted: “Questions and observations may well enable the researcher to refine his or her methods, develop a greater explanation of the research design and strengthen his or her arguments in the light of the comments made” (p. 67).

**Review of background data:** The review of secondary data and literature helped to inform the context of the study and an understanding of the general quality of life and experiences of PWDs in Jamaica. According to Shenton (2004), this approach allows
comparisons to be made between the research findings and the background information, thereby strengthening the transferability of the study.

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Data Collection Methods &amp; Deliverables</th>
</tr>
</thead>
</table>
| 1. What is the demographic and socioeconomic composition of the current population of PWDs in Jamaica? | Deliverables 1, 2 & 3: Situational analysis, ministry briefs and presentation  
  ➢ Desk review                                                                 |
| 2. What are stakeholders’ levels of knowledge and awareness of the provisions of the Disabilities Act, 2014? | Deliverables 1 & 2: Situational analysis and ministry briefs  
  ➢ In-depth interviews with government ministries                                                                 |
| 3. What are stakeholders’ perceptions of the relevance and/or implications of the provisions of the Disabilities Act to the mandates of the Ministries of Local Government, Education, Youth and Information, National Security, Labour and Social Security, Transport, Housing and Works, Health, Justice, and the Office of the Prime Minister? | Deliverables 1, 2 & 3: Situational analysis, ministry briefs and presentation  
  ➢ In-depth interviews with government ministries                                                                 |
| 4. What programmes, services or products have been provided by the key Ministries to meet the needs of PWD since the passing of the Disabilities Act, 2014? | Deliverables 1, 2 & 3: Situational analysis, ministry briefs and presentation  
  ➢ Desk review  
  ➢ In-depth interviews with government ministries                                                                 |
| 5. How well do these programmes, services and products meet the needs of PWDs? | Deliverables 1, 2 & 3: Situational analysis, ministry briefs and presentation  
  ➢ In-depth interviews with disability community  
  ➢ Needs assessment                                                                 |
| 6. What gaps exist in the general provision of services for PWDs, particularly children? | Deliverables 1, 2 & 3: Situational analysis, ministry briefs and presentation  
  ➢ In-depth interviews with disability community  
  ➢ Needs assessment                                                                 |
| 7. What recommendations can be made to address the gaps in service provision identified, particularly those related to access to information, essential services, support services, and employment and workforce integration? How do these recommendations relate to the specified government ministries? | Deliverables 1, 2 & 3: Situational analysis, ministry briefs and presentation  
  ➢ In-depth interviews with disability community  
  ➢ Needs assessment                                                                 |

Table 8: Framework showing linkage between research questions, methods and deliverables
3.8 Data Analysis
Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS). Univariate analyses were conducted to identify and summarize patterns in the data, such as frequency distribution.

Qualitative data was analysed manually by using the thematic analysis approach. Here the narrative was analysed, to identify patterns or repeated themes in relation to the research questions. NVivo, a qualitative data management software, was also used to aid in data management and sorting.

3.9 Project Timeline
The research project was intended to be completed within fourteen weeks post the commencement date of the project. However a number of factors resulted in delays in maintaining the initially agreed timelines. A key hindrance was the time lapse between initial communication and receiving the formal commitment of key stakeholders, particularly the Ministries. As a result, interviews with the Ministries continued through to January 2018. The final report was submitted in May 2018.
SECTION 4: REPORT ON THE FINDINGS

4.1 Overview
The following section provides a detailed review of the findings of the study. The findings are reported within the frames of the research questions that guided the study (See Section 1.8). Seven research questions were developed to assess: a) the demographic and socioeconomic composition of the population of PWDs; b) stakeholders’ knowledge and awareness of the Disabilities Act, 2014; c) stakeholders’ perception of the relevance of the Disabilities Act, 2014 to the mandates of the eight key Ministries; d) the programmes and services provided by these Ministries to meet the needs of PWDs; e) the suitability of these programmes and services in effectively meeting the needs of PWDs; f) gaps in service provision; and g) recommendations to address these gaps, especially in relation to access to information, support services, essential services, and employment and workforce integration.

4.2 Research Question 1: What is the demographic and socioeconomic composition of the current population of PWDs in Jamaica?
Though the first research question was aptly addressed in the desk review of relevant literature, it was felt that the information could be further qualified by the experiences of members of the disability community. It was acknowledged that Jamaica, in comparison to the wider Caribbean, has made significant strides in addressing the needs of PWDs. “If we were to look at Jamaica and look at the status of PWDs in the Caribbean, we could say that Jamaica is way ahead. We have made significant in-roads in ensuring that PWDS have equal access to support services [and] essential services. But at the same time we must want the best for our country and with the Vision 2030 in mind, where Jamaica is the place to live, work, do business and raise our families, [then] there is a lot of work to be done” (DR\textsuperscript{1}-Interview-Kingston). Education was suggested to be an area in which significant progress has been made, particularly in relation to the increased access to both public and private specialized schools. Another participant shared, “more persons have been employed than before, more persons with disability own their house now and I guess we have transportation. We do not have as much, but we do have transportation for persons with disability” (DR-Interview-Kingston).

Despite the existence of policies that promote the inclusion of PWDs in various spheres of society, there remains numerous accounts of exclusion, discrimination and stigma. One noted

\textsuperscript{1} DR: Disability Representative
effort to promote the inclusion of PWDs is the quota policy that encouraged the employment of a specific proportion of qualified PWDs in each government agency. This was however not maintained given the lack of commitment of related stakeholders, as well as the absence of clear procedures for the training and subsequent recruitment of PWDs. According to one stakeholder: “Their policy is that five percent of jobs in the public sector should be reserved for persons with disabilities. Nobody pays attention to that, not even Government pay attention to that. You know they probably set a realistic goal and then they can’t live up to the goals that they themselves set; that is why we have a problem” (DR-Interview-Kingston).

When asked their perception of the status of PWDs in Jamaica, 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. Much of these experiences relate to the prevailing stigma surrounding disabilities which limit the functioning of an individual. The experiences of PWDs were also noted to exist in stark contrast to the quality of life and experiences afforded to persons deemed ‘normal’ in society. Certain sub-populations of PWDs were identified as being more disadvantaged, namely persons residing in rural areas, youth, and persons with intellectual disabilities.

PWDs residing in rural areas are often denied access to services and resources that are largely concentrated in the Kingston Metropolitan Area (KMA). This was evidenced in the sparse geographical distribution of specialized schools in parishes outside Kingston and St. Andrew. Some parishes were noted to have only one specialized school, often catering to the needs of children with intellectual disabilities, whilst a few parishes were identified as not having a government-funded specialized school. The private sector has increasingly played a role in supplementing the gap in the public provision of these educational services. This is however challenged by the cost of private education which is unaffordable for many, especially in impoverished rural communities.

Youth with disabilities were perceived to be disadvantaged due to the absence of programmes that effectively linked them to post-secondary opportunities including life skills, vocational training and transition into employment. Youth in rural areas were deemed to be at greater risk, again due to the limited availability of resources in these geographical locations. One parent stated that employers in rural areas were less willing to employ youth with disabilities due to the prevailing stigma surrounding their inabilities, which was more dispelled in urban areas.
Persons with moderate to severe intellectual disabilities are considered to be more disadvantaged than persons with other types of disabilities. This was largely due to the social and cognitive limitations that often prevent someone with an intellectual disability from functioning independently and being fully integrated within the regular spheres of daily living.

The experiences shared by stakeholders, particularly parents and their children, highlighted the social and economic challenges encountered by PWDs. There were numerous accounts of financial challenges, discrimination, abuse and uncertainty of the future for children, especially for children with severe disabilities. These challenges are examined in subsequent sections of this report.
4.3 Research Question 2: What are stakeholders’ levels of knowledge and awareness of the provisions of the Disabilities Act, 2014?

The survey revealed a general consensus that the Disabilities Act, 2014 is an important milestone for Jamaica. Majority of the respondents either disagreed or remained neutral regarding the impact of the Act on the increased provision of programmes and services for PWDs. Some respondents further elaborated that the usefulness of the Disabilities Act, 2014 was currently limited given it is yet to be fully enforced. For these individuals, it was difficult to attribute progress made in the service delivery for PWDs to the Disabilities Act, 2014. To illustrate, one participant noted that progress within the disability community commenced before the Disabilities Act, 2014 was passed. Another participant stated: “Since the Act, nothing has changed; the issues that were, still remain” (DR-Interview-St. Catherine). There was strong agreement (88.4%) that the Disabilities Act, 2014 remains ineffective until laws are implemented.

Most respondents (64%) indicated knowing enough about the Disabilities Act 2014, yet almost 80% disagreed that enough was being done to educate the public on the provisions of the Act. Disability agency representatives in Kingston, St. Andrew and St. Catherine were found to have a more detailed knowledge and understanding of the Act. This may be due to their greater involvement in the development phases of the Act than those agencies located in rural areas. Not all Ministry representatives were familiar with the Act. During the interview, one participant in Kingston described it as a holistic legal instrument that lobbies for the protection of the rights of PWDs. Another described it as: “a platform for social services, ensuring persons are given the dignity they deserve and are not left behind” (GA Representative2-Kingston).

Only a few parents were aware of the Disabilities Act, 2014 and its provisions. Greater awareness was noted for the focus groups in Kingston and St. James. No parent in the pilot group could indicate being aware of the Act. Though a few parents in the St Catherine group stated they have heard of the Disabilities Act, 2014, none could offer details on its provisions. Altogether, this pointed to the failure to effectively promote the Act, especially amongst those who are directly affected by its provisions. Parents and caregivers of children with disabilities must be equipped with the knowledge of their rights and provisions available to ensure an optimal quality of life for themselves and their children with special needs.

2 Government Agency Representative
In general, participants perceived that principles outlined in the Disabilities Act, 2014 adequately addressed the needs and issues affecting the disabled community. However, the Act was seen to be limited in its current state, failing to fulfil its intended purpose:

“I heard that it was a long way in coming; it took forever to happen... and for it to have gotten to where it is and not serve the purpose for which it is intended...” (Parent-Focus Group-St. James).

“The only problem now is for it to be disseminated adequately so persons are exposed to it and that it is enforced...we are in 2017 and couple years have passed and it is still in that state. As I said many persons are not aware of it...” [DR-Interview-Manchester].

“A lot of persons with disabilities do not know about the Act so it won't influence the person with disability.” (DR-Interview-Kingston).
4.4 Research Question 3: What are stakeholders’ perceptions of the relevance and/or implications of the provisions of the Disabilities Act to the mandates of the Ministries of Local Government, Education, Youth and Information, National Security, Labour and Social Security, Transport and Mining, Health, Justice, and the Office of the Prime Minister?

Respondents generally perceived the Disabilities Act, 2014 to be relevant to all Government Ministries. Some persons questioned the rationale for the selection and exclusion of some Ministries from the core group. In particular, the Ministries of Finance and Public Service, Economic Growth and Job Creation, and Science, Energy and Technology were identified as Ministries that ought to have been considered as key in the provision of services for PWDs. Of the eight Ministries listed, respondents were less able to articulate specific expectations of the Ministry of Local Government and Community Development, and the Office of the Prime Minister. Nonetheless, the Disabilities Act, 2014 was seen to offer clear guidelines that were applicable to all Ministries.

The Ministries of Education, Youth and Information, Labour and Social Security, and Health were identified as the Ministries having core responsibility for the population of PWDs in Jamaica. These Ministries were seen to historically and currently offer more direct services to PWDS, unlike the other Ministries. The Ministry of Labour and Social Security was identified as being responsible for the economic and social welfare of PWDs, with the aim of empowerment and enablement of the population. The Ministry of Education, Youth and Information was perceived to be critical given its role in the provision of special education as well as assessment and diagnostic services. The Ministry of Health was noted to be responsible for ensuring adequate provision of healthcare and support throughout the lifespan of an individual. This encompassed early diagnosis at birth, medical support across the lifespan, especially at the onset of disabilities which often occur during older years. The roles of each of these Ministries presented a comprehensive approach to addressing the more critical needs of the disabled community. As a result, they were considered to be more instrumental in the transformational process being directed by the Disabilities Act, 2014.

The relevance of the Disabilities Act, 2014 to each Ministry was discussed in relation to the perceived role and function of each Ministry. The Office of the Prime Minister was seen to be intrinsic in the gazetting the Act, ensuring existing and developing policies and legislation are complementary to the Act, and leading the public sensitization process on the Act. The Ministry of Labour and Social Security, through the JCPD was expected to have direct oversight of the
effective implementation of the Act, holding the Government accountable whilst ensuring that PWDs along with the wider public are kept abreast of developments. The Act was seen to inform the service provision of the remaining six Ministries within the scope of ensuring that the specific services offered would be non-discriminatory and supportive of the rights of PWDs. The following diagram illustrates participants’ views of the role of each Ministry in relation to the Act.

Figure 14: The role of key Government Ministries in relation to the Disabilities Act, 2014
4.5 Research Question 4: What programmes, services or products have been provided by the key Ministries to meet the needs of PWD since the passing of the Disabilities Act, 2014?

Interviews with representatives from the key Ministries informed the audit of services offered to PWDs. The Ministry of Education, Youth and Information, through its Special Education Unit, and the Ministry of Labour and Social Security, through its Social Security Division and the JCPD were the only Ministries with programmes that were designed specifically to address the needs of PWDs. Similarly, these Ministries were the only two noted to have policies that are specific to PWDs, namely the Special Education Policy and the National Policy for Persons with Disabilities. Other Ministries were found to offer services and programmes that spanned broader populations such as the poor, vulnerable or at-risk, categories that notably include PWDs. Table 9 presents an overview of the programmes, services and policies that are offered by each Ministry that cater to the needs of PWDs. Information regarding the services and programmes offered by the Ministries of Justice and Local Government and Community Development were not available upon the conclusion of the study.

<table>
<thead>
<tr>
<th>Government Ministries</th>
<th>Programmes/services specific to PWDs</th>
<th>Corporate policies/strategic plans that address PWDs</th>
<th>General services that can include PWDs as a vulnerable group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the Prime Minister</td>
<td>No(^3)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Education, Youth and Information</td>
<td>Yes</td>
<td>Yes(^4)</td>
<td>Yes</td>
</tr>
<tr>
<td>Labour and Social Security</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Justice</td>
<td>na(^5)</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>National Security</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Health</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Transport and Mining</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Government and Community Development</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
</tbody>
</table>

Table 9: Programmes, services and policies offered by each key Ministry

\(^3\) No direct programmes or services are offered; however this is done indirectly through sub-entities such as the National Housing Trust
\(^4\) Strategic plan addresses children with disabilities as a sub-category of children at risk to which the plan specifically refers.
\(^5\) na – Information not available.
The following sections examine the programmes, services and policies provided by each participating Ministry.

**Ministry of Education, Youth and Information**

The Ministry of Education, Youth and Information currently governs a range of schools that offer special educational services to children with special needs. There are five schools for children with intellectual disabilities with a number of satellites across the island. There are also a few schools for the Deaf which receive government funding despite being operated by NGOs. The Salvation Army School for the Blind located in Kingston, is the only school at the primary level serving the blind in Jamaica. Children who are blind are also accommodated in mainstream settings with extended support from the Ministry. This support includes the training and sensitization of staff, school visits, parent support and transcription services. Funding is also provided for persons requiring assistance in procuring assistive devices or technologies such as laptops and supportive software. The Ministry also provides parents with information and directive regarding assessment and placement options, and offers support services such as examination accommodation and shadow caregivers for children within the mainstream setting. The Ministry has in place an assessment team comprising a diagnostic specialist, clinical psychologist and educational psychologist. Ideally this team should be replicated across all the educational regions; however, at the time of the study, only one region had all three specialists available.

The Ministry aims to ensure that all children across the island have access to special educational services in the least restrictive environment. This encompasses the option of a segregated setting or partial integration through a Special Education Unit that is available in some mainstream schools at the primary level. Despite this effort, some rural parishes, such as St. Thomas, remain underserved. Further, the demand for placement often exceeds the capacity of these settings, resulting in extensive waiting lists that force some parents to either enrol their children in regular schools without the necessary support or to access private education facilities. Where government funded schools are unable to accommodate a child (whether due to space or inability to meet the specific needs of that child), the Ministry will then provide funding for placement in a private setting. This enables the Ministry to meet the needs of children with disabilities in rural areas.

Information on the services offered by the Ministry is not publicly available on its website or through any readily accessible output. The main mode of disseminating information about such
services was stated to be through training and sensitization sessions offered by the Ministry or during public broadcasts conducted by the Minister of Education. This approach is recognized to restrict the number of persons who are aware of and consequently access these services

The Ministry is aiming to promote greater inclusion through the use of the least restrictive environment where children with mild and some moderate disabilities are integrated, where possible, in mainstream schools. Ideally, segregated settings should be reserved for children with severe disabilities or who are deemed better served in such settings. The Special Education Policy, once passed, is expected to guide the process of ensuring a child is educated in the least restrictive environment. The Policy is intended to work in tandem with the Disabilities Act, 2014 in promoting the rights of children with special needs to an education.

Ministry of Labour and Social Security

The Ministry of Labour and Social Security (MLSS) was often described by participants as the welfare arm of Government as it pertains PWDs. A number of programmes are offered through the Social Security Division from which PWDs are able to benefit. The Programme of Advancement through Health and Education (PATH) is one such programme that is arguably the most accessed by PWDs. PATH is a conditional benefit that provides cash transfers to families deemed the most vulnerable or poor in society. Though PWDs are listed amongst the five target groups for the PATH benefit, the eligibility criteria often hinders them from accessing the benefit. To be eligible, persons must establish, through means testing, that their family/household meets the social and economic criteria of the benefit. Thus there are reported instances where PWDs failed to access the programme despite their individual needs.

The Social and Economic Inclusion of Persons with Disabilities Programme is a four years pilot project under PATH that seeks to facilitate the inclusion of PWDs, who are PATH beneficiaries, in various segments of society such as the labour force. The project has two components, of which the first focuses on the skills training and employment of PWDs and the second addresses the strengthening of the Early Stimulation Programme. The Employment Disablement Benefit, under the National Insurance Scheme, is another benefit that is specific to PWDs within the Ministry. It provides a benefit for persons who are injured and become disabled whilst fulfilling their job functions.
The Ministry houses the JCPD, which is the government agency with specific responsibility for the protection of the rights of PWDS. The JCPD offers programmes that facilitate the training and placement of PWDs, as well as a suite of social benefits including the Margaret Moody Scholarship and an entrepreneurship grant. Individuals must first be registered with the JCPD to participate in programmes or receive benefits. The JCPD played a key role in the development and passing of the National Policy for Persons with Disabilities in 2000. The Policy provides guidelines for the protection and promotion of the rights, inclusion and equalization of opportunities of PWDs. The JCPD was also instrumental in the drafting of the National Disabilities Act, 2014 and will maintain a central role once the Act comes into full force.

The Ministry also offers support and specialized services for young children with developmental disabilities through its Early Stimulation Programme (ESP). The ESP is an early intervention programme that targets children between the ages 0 – 6 years. The services provided include developmental assessments, community-based interventions, parent/ staff training, parent/ family support and access to physiotherapy and speech therapy. Currently, the ESP is offered at four centres, with two being located in the KMA, one in Portland and the other in St. James. To date, the Programme has aided over twenty thousand children since its inception in 1975 (“Early Stimulation Programme”).

The Ministry also collaborates with the Abilities Foundation and the HEART Trust National Training Agency in the provision of vocational training to PWDs. This partnership aims to equip PWDs with knowledge and marketable skills that allow them to become productive members of the society.

Ministry of Health

The Ministry of Health is commissioned to ensuring “the provision of quality health services and to promote healthy lifestyles and environmental practices”. This takes into account the needs and capabilities of vulnerable groups. PWDs are not specifically targeted by any of the Ministry’s services or programmes, but are rather subsumed under the category of vulnerable populations. This approach reinforces the Ministry’s aim to focus on inclusion and universal access to care. Prior to the Disabilities Act being passed in 2014, the Ministry of Health engaged in a range of operational, programme and policy practices that give regard to the rights of PWDs. Such practices were informed by international regulations such as the Convention
Accessibility Manual, the American Disabilities Act and the Canadian Disabilities Guidelines.
Thus the Disabilities Act, 2014 upon being passed, was seen to complement pre-existing
operational practices whilst offering guidelines for further transformation.

The Ministry works in collaboration with the Ministry of Education, Youth and Information
and the Early Childhood Commission in the promotion of early stimulation. It also partners
with the Down’s Syndrome Foundation in providing assessment, ensuring children are properly
immunized and have access to healthcare.

The Sir John Golding Rehabilitation Centre, a hospital that caters to persons with physical
disabilities, falls within the purview of the Southeast Regional Health Authority of the
Ministry. The Centre is the national referral clinic for patients recovering from stroke, gunshot
wounds or accidents. It provides psychosocial support, aiding persons to come to terms with
their disability, as well as skills training in support of independent living.

The Ministry offers basic and advanced training in sign language to its healthcare providers.
This is done as the Ministry recognizes the importance of confidentiality in addressing the
health needs of all individuals, thereby enabling persons who are Deaf to access healthcare
where they can communicate directly with a healthcare provider. In 2016, the Ministry trained
19 healthcare providers in advanced sign language. Healthcare providers are also sensitized on
the needs and rights of PWDs. These sensitization sessions have drawn on the expertise of key
stakeholders within the disability community including the JCPD, Combined Disabilities
Association (CDA) and the Jamaica Association for the Deaf (JAD). Additionally, there is an
effort to monitor the number of PWDs accessing healthcare from the various health centres. In
the past, the Ministry has produced health education material in Braille, covering topics such
as HIV/AIDS, dengue fever, diet and nutrition.

The Ministry also employs a number of PWDs in various capacities. Accommodations have
been made for the individual’s disability through the provision of computer software,
motorized wheelchairs or home-to-work transportation arrangements. The Ministry also seeks
to adhere to the guidelines of the National Building Code to ensure that its existing and new
buildings meet the specified regulations. Overall, these strategies highlight the Ministry of
Health’s commitment to adhering to international and local standards, as well as providing
services that are accessible by PWDs.
Office of the Prime Minister

The Office of the Prime Minister (OPM) does not offer direct services or programmes to PWDs. However, the population is indirectly provided for through agencies that fall under the purview of this Ministry, namely the National Housing Trust, Registrar General Department, CHASE, Jamaica Social Investment Fund and the Electoral Office of Jamaica. The recent development of the National Identification System (NIDS) drove the OPM to consider the implications of this venture for the disability community. This resulted in a consultative process that informed changes that are more sensitive to the needs of PWDs. It is expected that the NIDS will improve the registration of PWDs, thereby providing a more accurate measurement of the population of PWDs in Jamaica.

The Ministry’s corporate policies and strategic plans do not explicitly refer to PWDs; however there was expressed commitment to continuously engage with the community especially as it pertains decisions that have implications for their well-being. Overall, the OPM aims to be guided by the provisions of the Disabilities Act, 2014, though it is not yet gazetted.

Ministry of National Security

The Ministry of National Security is largely focused on the safety and security of Jamaica. Their crime prevention strategy has five main pillars: effective policing, swift and sure justice processes, crime prevention through social development, situational crime prevention and rehabilitation and redemption. Services are generally disaggregated by sex or age, for example the identification of at-risk youth, but do not extend to specifically target PWDs. It is expected that some departments and agencies of the Ministry may offer services that are specific to the population. This is noted for the Jamaica Constabulary Force that has participated in disability sensitization sessions that educate on the types of disabilities and the methods of engaging persons with different types of disabilities.

Ministry of Transport and Mining

The Ministry of Transport and Mining is integral to the transportation needs of PWDs. It provides policy guidelines for entities that offer transportation services directly to the public. Such entities include the Jamaica Urban Transit Company (JUTC), Jamaica Civil Aviation
Authority and the Maritime Authority of Jamaica. The JUTC offers concessionary bus fares and special bus services along three bus routes for PWDs, namely Kingston, Spanish Town and Portmore. Regular buses are also equipped with seats that are designated for the elderly and persons with special needs. The Civil Aviation Authority and Maritime Authority of Jamaica must comply with international regulations that mandate that certain provisions be made for PWDs, such as wheelchair access and wheelchair assistance to board an aircraft or sea vessel.

The Ministry has in place a National Transportation Policy, which endeavours, amongst other goals, to provide equal access to transport. Despite this, the Policy does not explicitly address PWDs. However the Policy is currently being reviewed and is expected to include the population in its revised policy statements.
4.6 Research Question 5: How well do these programmes, services and products meet the needs of PWDs?

The following sections address stakeholders’ evaluation of service provision for PWDs generally, as well as more specifically in relation to the identified JEPP priority areas.

4.6.1 Evaluating general service provision in light of the JEPP priority areas

The survey revealed the general perception that the type, quality and coverage of services, programmes and products offered to PWDs were inadequate or unequally distributed. Only three persons agreed that the current service provision offered to PWDs by the Government were adequate in meeting the needs of this population. This pattern was similar for the question that evaluated the quality of service provision offered, as only three persons agreed that the quality of services and products offered by the Government are at a suitable standard.

Majority of the respondents (79%) disagreed that all PWDs have the same opportunity as persons without disabilities in accessing social assistance programmes provided by the Government. Of the few who agreed, one individual elaborated that the same access exists, however some PWDs are hindered by their lack of awareness of the available services. Over 60% of the respondents disagreed that all PWDs have an equal opportunity to access social assistance programmes irrespective of their type and severity of disability. Similarly, majority of the participants (74%) disagreed that PWDs have equal opportunities irrespective of their residential location. There was a general consensus (79.1% – strongly agree; 20.9% – agree) that more needs to be done to ensure PWDs have greater access to services.

As it pertains the JEPP priority areas, most respondents either disagreed or strongly disagreed that the quality of service provision across all four JEPP prioritized areas had improved since the passing of the Disabilities Act in 2014 (See Table 10). Some respondents argued that it was difficult to associate changes in the quality of service provision to the Disabilities Act, 2014 given it is yet to be fully enforced and thus deemed to be ineffective.
The quality of service provision for the JEPP priority areas has improved since the passing of the Disabilities Act in 2014:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>-</td>
<td>35.7</td>
<td>16.7</td>
<td>35.7</td>
<td>11.9</td>
</tr>
<tr>
<td>Support services</td>
<td>2.4</td>
<td>33.3</td>
<td>11.9</td>
<td>40.5</td>
<td>11.9</td>
</tr>
<tr>
<td>Essential services</td>
<td>-</td>
<td>31.0</td>
<td>9.5</td>
<td>45.2</td>
<td>14.3</td>
</tr>
<tr>
<td>Employment opportunities and workforce integration</td>
<td>2.4</td>
<td>24.4</td>
<td>7.3</td>
<td>46.3</td>
<td>19.5</td>
</tr>
</tbody>
</table>

Table 10: Perception of the quality of service provision for the JEPP priority areas since the Disabilities Act, 2014

4.6.2 Stakeholders’ perceptions of programmes and services offered

Stakeholders were asked to evaluate the performance of the eight key Government Ministries. In general, the Government was credited for its role in the provision of subventions through the various Ministries and their related agencies, and its support (though considered limited) of NGOs. Yet, there was consensus that insufficient was being done by the Government to provide for the needs of PWDs in general and more specifically, children. Financial resources were felt to be inadequate in comparison to the daily expenses of families, and support services were found to be limited in supply and geographical spread. Significant onus is placed on the Government to take the lead in service provision, despite the recognition that NGOs have, and continue to be central to this process.

Respondents were less familiar with the role and functions of the Office of the Prime Minister and thus struggled to fairly evaluate how well it functioned in meeting the needs of PWDs. A number of respondents were also unfamiliar with the role and functions of the Ministry of Local Government and Community Development. Despite respondents’ greater familiarity with the remaining Ministries, there were still accounts of uncertainty that hindered the evaluative process. This pointed to the need for strategic marketing of the role and function of each Government Ministry, a process that can aid in increased awareness of the services offered in general and more specifically to PWDs.

The following sections further review stakeholders’ evaluation of the programmes and services offered within each Ministry.
Ministry of Labour and Social Security

This Ministry was considered by many to be the only Ministry that offered services to PWDs. As one key stakeholder noted, “they say the Ministry of Labour and Social Security is the one agency that has the most and employ the most persons with disabilities but it’s just because JCPD is in it” (DR-interview-Kingston). Parents of children with disabilities were mostly aware of PATH as a benefit offered by the Government through the Ministry of Labour and Social Security. Some parents claimed being denied their request for PATH benefits as they did not meet the eligibility criteria. Others felt the process was discriminatory, providing assistance only to families with children without disabilities. As one parent asked: “Why regular children on PATH and the children with disabilities can’t get on it?” [Parent – St. Elizabeth Focus Group]. PATH, as a household benefit, focuses on the standard of living of the household to determine whether its members are in need of a benefit. This means that the benefit is not based on individual qualities or needs, such as the presence of a disability. Parents who benefitted from PATH argued that the subvention was inadequate in meeting their daily expenses.

The JCPD was consistently criticized for the role it played in ensuring the adequate provision of goods and services to meet the needs of PWDs across the island. It was deemed to fail in holding the Government accountable in fulfilling its commitments to the disability community, including the full enactment of the Disabilities Act, 2014. The JCPD was also perceived to be inadequate in ensuring the fair and timely distribution of resources. A number of parents claimed being unaware of the grants provided by the JCPD or the requirement of being registered to be able to access such benefits. This highlighted the need for greater promotion of the services offered by the JCPD.

Ministry of Education, Youth and Information

The Ministry of Education, Youth and Information was consistently rated as having improved its service provision over the years. Despite this, there remains a need for further development and expansion of services, especially in rural areas. Parents in rural parishes continuously expressed the sentiment of feeling excluded from the educational services and opportunities that are concentrated in Kingston and St. Andrew.
Some parents within both urban and rural parishes indicated being aware of the general services offered by the Ministry. A few parents in both urban and rural settings acknowledged the role of the Ministry in assisting in the placement of their children in special needs schools. Other benefits that were accessed included tuition assistance and grants towards the payment for specialist services.

Beyond the unequal spread of resources, the Ministry was criticized for its failure to adequately promote the full range of products and services that are available to parents and their children with disabilities.

**Ministry of Health**

The Ministry of Health was generally ranked as fair in its service provision to PWDs. Most parents utilized public health facilities, such as health clinics for the healthcare of their children. Challenges experienced within these facilities included lengthy waiting periods and staff insensitivity to children’s disabilities. The latter included communication barriers for children who are Deaf.

The National Health Fund (NHF) was often used by parents to aid in the purchasing of medication. The NHF allows individuals to purchase certain pharmaceuticals at subsidized costs, or where applicable, access them free of charge from selected pharmacies. Parents of children with epilepsy noted that the NHF enabled them to access medication that would otherwise be unaffordable. Some parents reported stock-outs for medications related to their child’s disability, thereby forcing them to pay full cost for the item or resulting in the child missing his or her medication.

**The Office of the Prime Minister**

The Office of the Prime Minister was described as being misguided in its priorities, especially as it pertains PWDs. Some stakeholders perceived that the Government’s focus on the National Identification System could be re-directed to better cater for the needs of PWDs in the country – “I say spend some of that money to develop a system to document and provide the proper social services to care for PWDs” [Parent 1 – St. James Focus Group]. “I think they are going
it’s just not feasible because there are other things that immediately need that money, like the disability body” [Parent 2 – St. James Focus Group].

It was established that the OPM needed to extend its scope to better address the disabled community. A critical aspect of this was the adequate promotion of services and programmes, given respondents were generally unaware of the functions of this Ministry.

Ministry of Justice

The Ministry of Justice was assessed in relation to the judiciary system. Respondents perceived that PWDs were often unfairly treated within the court system. This was due to the lack of awareness of and sensitization to the unique needs and communication styles of some PWDs. The effort to provide sign language interpretation services was acknowledged; however this was noted to have limitations as the service was not consistently offered to Deaf individuals. The lack of knowledge of sign language within the judiciary system was seen to place the Deaf at risk of misrepresentation which could have adverse effects.

Ministry of National Security

In general, participants recognized the need for the training and sensitization of police officers as it pertains to engaging persons with varied disabilities. There were some accounts of police insensitivity, whilst in other instances respondents shared experiences of the police aiding in handling matters pertaining to their children or other family members with disabilities.

The lack of knowledge of sign language was again highlighted. One disability representative shared the experience of intervening in a case involving a Deaf male who was wrongfully accused and remanded by police officers as he was unable to effectively communicate and thus defend himself.

Ministry of Transport and Works

Participants in Kingston, St. Andrew and St. Catherine acknowledged the Ministry’s role in the provision of special needs bus services, albeit limited. One representative from the disability sector shared, “In terms of Transport, there are either three or four buses that are available,
“pop down half of the time but they are available” (DR-interview-Kingston). Persons in rural and remote areas were not privy to these bus services and were thus at a greater disadvantage in light of transport options. There was the perceived need for this Ministry to significantly scale-up the number and spread of bus services offered to persons with special needs.

**Ministry of Local Government and Community Development**

Though no specific services or programmes were identified, respondents perceived that the Ministry had the onus to ensure its general provisions positively impacted PWDs. Challenges encountered by PWDs included the absence of disability-friendly recreational spaces such as public parks, the failure to ensure full sidewalk access for persons who are blind and who use wheelchairs, and the absence of clearly designated and appropriately sized parking spaces.
4.7 Research Question 6: What gaps exist in the general provision of services for PWDs, particularly children?

4.7.1 Identified gaps in relation to the JEPP priority areas

From the survey it was found that respondents generally agreed that despite the passing of the Disabilities Act in 2014, PWDs still experience barriers in accessing information, support services, essential services and employment and workforce integration – the four JEPP prioritized areas. This finding was related to the view that the Act, given it is yet to be fully enforced, could not influence significant change for the community. Table 11 shows the participants’ evaluation of the accessibility of each JEPP prioritized area.

<table>
<thead>
<tr>
<th>Despite the passing of the Disabilities Act in 2014, PWDs still experience barriers in accessing:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
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<td>39.5</td>
<td>7.0</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Support services</td>
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<td>46.5</td>
<td>7.0</td>
<td>4.7</td>
<td>2.3</td>
</tr>
<tr>
<td>Essential services</td>
<td>46.5</td>
<td>41.9</td>
<td>7.0</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Employment opportunities and workforce integration</td>
<td>74.4</td>
<td>16.3</td>
<td>-</td>
<td>4.7</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Table 11: Perception of access to JEPP prioritized areas since passing of Disabilities Act in 2014

Participants’ personal access to information, essential services, support services and employment opportunities varied. In general, majority of persons either disagreed or strongly disagreed that their access to each priority area had improved since the passing of the Disabilities Act, 2014 (see Table 12). The difference to those who agreed or strongly agreed was found to be marginal in some instances, thereby showing that some improvements have been made in PWDs access to JEPP priority areas since 2014. Though improvements were acknowledged for all four JEPP priority areas, respondents were more likely to elaborate on the improvements made in employment opportunities for PWDs. In particular, there was the repeated reference to an increased training of PWDs under the Social Inclusion and Empowerment Programme within PATH, which has led to an increase in the employability of PWDs. One respondent attributed progress made in these areas to personal advocacy rather than changes at the macro/policy level.
My access to the following have improved since the passing of the Disabilities Act in 2014:

<table>
<thead>
<tr>
<th>Area</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
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<td>38.1</td>
<td>7.1</td>
<td>40.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Support services</td>
<td>9.5</td>
<td>33.3</td>
<td>4.8</td>
<td>40.5</td>
<td>11.9</td>
</tr>
<tr>
<td>Essential services</td>
<td>4.8</td>
<td>21.4</td>
<td>14.3</td>
<td>45.2</td>
<td>14.3</td>
</tr>
<tr>
<td>Employment opportunities and workforce integration</td>
<td>4.8</td>
<td>31.0</td>
<td>4.8</td>
<td>38.1</td>
<td>21.4</td>
</tr>
</tbody>
</table>

Table 12: Perception of personal access to JEPP prioritized areas since passing of the Disabilities Act in 2014

Some respondents who disagreed that their access had improved since the passing of the Disabilities Act, 2014 cited examples of barriers to employment opportunities and workforce integration. For example, one participant shared the experience of a student being unable to participate in his job interview as the building did not permit wheelchair access. Another participant argued that the barriers to employment were greater for young PWDs living in rural areas. It was also perceived that the opportunities were better for PWDs who achieve tertiary level education.

The persons who remained neutral for each response clarified that it was difficult to assess their level of access to each area given the linkage to the Disabilities Act, 2014 which is yet to come into full force.

4.7.2 Gaps in service provision for parents and their children with disabilities

A number of challenges were reported to be experienced by parents and their children with disabilities. These varied across personal/individual to more service-related and macro issues (See Figure 15). Some of the challenges reported were not considered to be unique to PWDs but were nonetheless seen to be more exacerbated for the population.

Difficulty accepting the child’s disability was noted as a major challenge by respondents in both urban and rural focus groups. This highlighted the trauma often experienced by parents who discover that their child has a disability. As one parent shared: “The first challenge in having a child with a disability is acceptance, accepting that this child has some special need” [Parent in St. James focus group]. The challenge of acceptance extended to family members and contributed to the lack of family support and incidences of the child being rejected, ostracized or abused. These experiences reveal the need to have parent support services that
equip parents and their family members with information on their child’s disability, coping skills and access to useful resources.

Parents also listed communication barriers as another challenge experienced that affect how they relate to their child with a disability, as well as how the child communicates with others within the home and wider community. This comment was predominantly reiterated by parents with Deaf children. However the sentiment was also shared by parents of children with intellectual disabilities. Having a Deaf child often requires parents to learn sign language; yet most parents in the study confessed having either no or limited knowledge of sign language. When queried, some parents acknowledged improvising, using gestures that conveyed the information they hope to relay to the child. For parents with children with intellectual disabilities, communication challenges were dependent on the type and severity of the child’s disability.

![Figure 15: Challenges experienced by parents of children with disabilities](image-url)

- Difficulty accepting child’s disability
- Communication challenges
- Financial challenges especially as it pertains to daily expenses
- Lack of family support and acceptance of child with a disability
- Extended (life-long) dependence on parents for support
- Loss of earning opportunities or other obligations to care for child with a disability

- Lack of access to quality education and suitable educational facilities
- Lack of accurate, affordable and accessible disability diagnostic and assessment services
- Inadequate provision of specialized services such as speech therapist
- Lack of support for parents of children with disabilities, for example, assistance with caregiving.
- Barriers to accessing government social assistance programmes such as PATH
- Poor quality of healthcare service provision
- Transportation barriers, especially in the rural areas.
- Physical infrastructure not designed to accommodate PWDs.

- Children with disabilities often left behind due to their social and cognitive challenges
- Disability is equated to mobility (physical) impairments thereby marginalizing other disability groupings.
- Social stigma and discrimination still prevalent. Children are bullied, made fun of, not seen as equal, abused or exploited.
- Absence of appropriate/adequate policies, programmes and laws to effectively protect and provide for children with disabilities and their families.
- Lack of social and economic opportunities, for example employment opportunities.
The financial challenges expressed by parents surrounded the daily expenses of providing for their child’s special needs. For some, this was further exacerbated by the loss of income due to the need to provide full-time care for their children. Some parents shared that they were forced to resign from their jobs to provide care and support for their children at home. There was also the loss of additional earning opportunities: “There is a need for something to offset the excess for caring for a child with a disability. I can’t go and get a second job because I have this child with a disability. I am limited in what I can do” [Parent – St. James Focus Group]. A related challenge was the absence of social support programmes that would provide roving caregivers who would tend to children with disabilities whilst parents worked. One parent in St. Catherine shared the challenge of maintaining his job commitments on a weekend due the need to be home with his son who has a severe intellectual disability.

Though some parents were PATH beneficiaries or had accessed JCPD grants, they indicated that the support offered was insufficient in adequately meeting their needs. The financial strain was partly due to the loss of income, especially for parents who are forced to be full-time caregivers because of the severity of their child’s disability. Parents were unable to afford costs associated with personal hygiene items such as diapers, medication not covered by the NHF and transportation, especially where private operators are used. One parent shared her experience of unsuccessfully trying to procure diapers for her son through the Poor Relief Programme.

A number of service-related challenges were experienced by parents. Parents felt that there was insufficient access to affordable assessment and diagnostic services that were appropriately dispersed throughout the country. This at times forced parents to access diagnostic and treatment services overseas.

“I had known about autism prior to even having a child with it. But when we initially took her to be properly assessed, we were told that ‘she is only three, wait another year, you might see her start talking’. So it wasn’t until she was almost four that we decided to travel overseas and that’s when we got the diagnosis” [Parent 2 – St. James focus group].

“I was fortunate with my son, to have the opportunity to take him abroad to do heart surgery for a congenital heart disease. He is a Down’s syndrome child that had congenital heart disease and needed to do surgery. At that time there was only a visiting team that came to the island, to Bustamante [Children’s Hospital] and I remember specifically at that time that there were children age 11 waiting for that team to come and do their surgery. So I think we need to do better in terms of general healthcare and also whatever support service in terms of practitioners doing diagnostics, speech therapy” [Parent 3 – St. James focus group].
Many parents reported challenges in accessing resources that are concentrated in Kingston and St. Andrew and the imposition of excessive costs that forced their children to be excluded from accessing such benefits. Altogether, there was a recognized need to expand the educational services available to children with disabilities at the primary, secondary and tertiary levels. This exists against the backdrop of the closure of some privately funded specialized schools in the rural areas, which further limited the options of suitable environments for children with special needs. “Basic, Primary, High School, College— the regular kids have it; what about the children with disabilities? [Parent 3 – St. Elizabeth Focus Group]. “When they reach to grade six and ready to move on to high school, they can’t move on from here because they don’t have another school for them…If they stay home, how do we cope? Because when they are at school we try to get a little work. How do we cope when we have to stay home with them forever?” [Parent 5 – St. Elizabeth Focus Group]. The lack of specialized schools at the primary and secondary levels across the island was found to contribute to children with disabilities being placed in inappropriate educational settings that impair their learning experience. Placement in regular schools was also due to parents’ lack of awareness of schools that cater to their children’s special needs: “a challenge was finding a school environment that would cater to [my child’s] needs. So for the first eight to nine years of his life he went to a regular school and then I decided that he needs to be in an environment that he is catered to. It was a challenge to find that.” [Parent – St. James Focus Group].

Parents in all settings highlighted the need for more health professionals trained in physical, speech and occupational therapy. These professionals were seen to provide essential care and support that are helpful in the development of a child with a disability. Currently there are few specialists in these fields, majority of whom operate privately in Kingston. “Right now I want him to do speech therapy because I think he is ready for it…and I have been fishing around for a while to establish who is the speech therapist in Montego Bay” [Parent – St. James focus group]. Most parents expressed concerns regarding the unaffordability of these essential services, whilst this challenge was further exacerbated by the additional transportation costs for parents residing outside Kingston, St. Andrew and St. Catherine. There were also concerns regarding doctors’ inability to communicate with persons who are Deaf or hard of hearing. Some felt that sign language should be known by general practitioners and specialists who offer care and support to PWDs. “I strongly believe that doctors in ENT should be doing sign language because it’s not just hearing persons that come to see an ENT... [and] that is where you are going to take your child first” [Parent – St. James focus group].
There was the general consensus that transportation issues were greater for persons in the rural areas. The disability bus service provided by the JUTC does not extend to parishes outside Kingston and St. Catherine. One parent noted that having a child who uses a wheelchair often resulted in her being exploited by taxi drivers who charge her excess to take the wheelchair. This challenge was also cited by another parent who uses a wheelchair. A few parents in St. Catherine shared the experience of their children coming home late periodically because taxis refused to take them given their intellectual disability.

Though the JCPD is the Government agency with responsibility for ensuring the social and economic well-being of PWDs, a number of parents reported either being unaware of, or experiencing challenges in accessing the services offered by the agency. In addition, some persons indicated the lengthy processing times for applications for grants. Not all children of the parents in attendance were registered with the JCPD due to parents’ lack of awareness of the registry and the benefits that are available.

Much of the gaps in service provision/challenges experienced at the macro-level were driven by disability-associated stigma and discrimination, and the absence of anti-discrimination laws. Children cited bullying as a challenge they often experience at school and at times in their communities. “Sometimes they [children with disabilities] are discriminated by others, amongst their peers and by normal persons... They also underestimate us. Like they say that you blind and you can’t reach anywhere in life. They put you down and make you feel low of yourself.” [CWD⁶ –Focus Group- Kingston]. Stigma also extended to the labels imposed on children, and by extension PWDs, that limit their capabilities and opportunities to progress in society. Derogatory labels included terms such as “fo-fool”, “idiot” and “mad”. As one parent explained: “They are afraid to be themselves in the public... they don’t feel accepted. They don’t feel like they are like you or I; they feel inferior to the public” [Parent – Focus Group-St. James]. Another parent noted: “People don’t see them as equal to themselves” [Parent – St. Elizabeth Pilot Group].

It was felt that specialized schools contributed to the prevailing stigma and exclusion often experienced by children with disabilities. “I think we need an educational system that is a lot more inclusive... I want these children to live in a society where we don’t have all these little centres popping up all over the place to isolate them” [Parent – St. James]. Overall, the passing of anti-discrimination laws would empower and better enable parents to lobby for the rights of

⁶ CWD: child with a disability
their children, particularly in relation to accessing service provision of a high standard. Until such laws come into effect, some parents continue to engage in personal advocacy without much effect.

4.7.3 Gaps identified by disability agency representatives

Disability agency representatives provided critical insight to some of the gaps in service provision as well as broader challenges experienced by PWDs. These were found to span three categories: i) programme and service provision, ii) governance and iii) legal and policy issues.

Programme/service provision

There is a recognized imbalance in the spread of social support services throughout the island. Services are largely concentrated in the KMA, thereby denying PWDS residing in remote or rural areas, or who may not have access to the resources necessary to travel to the KMA. “The focus has been on Kingston and the Metropolitan Area where most of the support services are just here in our parts of the island. But when you go out West, there are certain places where PWDS are still inside their homes. They are not registered; they have no idea of the support services that are available. They have limited access to training. They have limited access to healthcare.” (DR- Kingston). Similarly, there is a lack of access to information, especially in the rural areas. Information on available services are likely to be better circulated in the Kingston, St. Andrew and St. Catherine. Persons with intellectual and hearing impairments were perceived to be more disadvantaged given the additional efforts required to present the information in an accessible format.

Post-primary and post-secondary educational services, vocational training and life skills development opportunities were found to be limited. A child who is Deaf, has a visual impairment or an intellectual disability was seen to have greater access to post-primary educational opportunities than a child who is autistic or has a physical impairment. NGOs such as the Salvation Army School for the Blind and the Jamaica Association for Intellectual Disability have contributed significantly to the provision of educational services for their respective populations. The absence of similar NGOs for persons with physical disabilities and mental health illnesses has resulted in a disparity in post-primary opportunities offered to these individuals. Post-secondary and life skills training are deemed to be sparse for all disability groupings. There is also a recognized need for greater tertiary level educational opportunities, skills training and school-to-work transition for PWDs across all disability groupings.
The geographic spread of educational services across disability groupings is also limited, showing a concentration of specialized schools for various disabilities in the KMA. As a result, specialized schools in the rural areas were noted to be overcrowded, have an extensive waiting list, cater to disabilities outside their specialized area of focus, or have students travelling long distances or boarding, thereby separating children from their families for protracted periods.

A number of government service or essential service buildings still remain inaccessible to PWDs. Though some health facilities are fitted with ramps or rails, it was found that they did not facilitate accessibility as they did not adhere to the specifications outlined in the Building Code. New buildings are also being erected that fail to adhere to the Building Code and stipulations pertaining accessibility. Thus there is a need for more stringent measures to be applied in instances of non-adherence to ensure full compliance.

The justice system was seen to have a number of limitations, including the failure to ensure that all courts offered physical access, as well as appropriately cater to the needs of those who are differently abled, particularly the Deaf. Members of the disability community reported that in their experience the courts failed to provide interpreters as needed, resulting in interpretation services being personally arranged. One sign language interpreter also shared her experience of not being remunerated after being recruited to provide interpretation services for a number of court cases.

Public areas such as sidewalks and parks are inaccessible or poorly maintained. There were reports of overgrown shrubs that blocked access to sidewalks, thereby forcing wheelchair users to traverse in the roads which placed them at risk of injury. “The physical layout of the country does not take into account that there are persons who are differently abled and needing different facilities” (DR-female-Kingston).

There was the general sentiment that the Government needed to scale-up existing benefits to better meet the needs of families with children with disabilities. Existing subventions, whether through the JCPD or other government arms, were found to be inadequate in effectively meeting the daily needs of children with disabilities and their families. Thus there was the identified need for increased financial and psychosocial support of parents, particularly those with children with severe disabilities.

**Governance**

Governance largely concerned the role of the JCPD. A number of stakeholders expressed dissatisfaction with the performance of the JCPD. Many persons expected the JCPD to be
driving the Government’s commitment to ensure positive social, policy and programme transformation. Instead, the JCPD was repeatedly criticized as failing to fulfil its mandates, especially as it pertains the promotion of available resources, as well as, adequate and timely provision of services and benefits. In some instances, the JEPP was posited to be a better alternative in engendering an inclusive, unified and transparent transformational effort. The CDA was also credited for its role in past disability activism that helped to give credence to the disability movement in Jamaica.

*Legal/Policy issues*

There is a need for greater public awareness of the Disabilities Act, 2014 and any other relevant policy, programme or service that could benefit the population of PWDs. A significant proportion of respondents expressed being unaware of the Act as well as a range of other programmes or services which were identified during the study. This general lack of awareness prevents PWDs from being empowered to lobby for their rights and access services that could positively impact their well-being. In addition, the extensive delay in passing the Disabilities Act, 2014 allows for the continuous breaching of the rights of PWDs. Laws are needed that hold persons accountable and provide PWDs with appropriate recourse.

There is an absence of an accountability framework that would ensure that policies which are designed to improve the livelihood of PWDs, fulfil their mandates. Many policies have been penned by varying institutions for improvement in support services and the quality of service provision, however, some things have not been operationalized. Without this framework, there is little or no follow up on whether or not intended objectives have been achieved.

Negative attitudes, perceptions, stigma and discrimination remain major barriers to the acceptance, full inclusion and recognition of the rights of PWDs. It is perceived that such stigma and discrimination is much greater for persons with mental illnesses, resulting in a further degradation of their access to a suitable standard of living. Children with disabilities are often denied opportunities that are comparable to other children due to low expectations of their capabilities. Again, such perceptions impose barriers that hinder the full potential of PWDs.
4.8 Research Question 7: What recommendations can be made to address the gaps in service provision identified, particularly those related to access to information, essential services, support services, and employment and workforce integration? How do these recommendations relate to the specified government ministries?

4.8.1 General Recommendations

A number of recommendations were provided that covered service and programme provision, governance in the disability sector and policy/legislation. The recommendations have been grouped accordingly and listed below:

Programme/ Service Provision

- Public education on the risks of acquiring a disability across the lifespan need to be strengthened. Relevant resources need to be made accessible and provided at an affordable cost. Such risks include nutrition or dietary factors, lifestyle choices and behavioural habits that can lead to diabetes, stroke or road accidents respectively.

- Information provided to the general public should be presented in accessible formats to ensure PWDs can enjoy their right to access information provided to the public. This would entail the use of suitable technologies including closed captioning, sign language interpretation, large print and braille.

- Information on the programmes and services offered by each Ministry should be intentionally promoted and presented in accessible formats. Social media is considered a viable option that is accessible by most PWDs.

- There needs to be an intentional, wide scale and comprehensive training and sensitization of public and private sector institutions, particularly those involved in the direct service provision to PWDs (such as healthcare providers) and who function as existing or potential employers.

- There is a need for further capacity building of professionals who work directly with PWDs. This is inclusive of frontline staff in essential and social services such as teachers, police officers, service administrators and social workers.

- All government agencies should have trained sign language interpreters to facilitate communication with Deaf clients. In addition, professional courses in communicating with persons with special needs should be provided in an effort to enhance the customer service experience of all PWDs.
- Partnerships with the private sector, parents and the diaspora need to be strengthened in improving the type, quality and expansion of services offered to PWDs.

- Community-based rehabilitation programmes need to be better supported as the community provides a viable option for more readily accessible and sustainable support.

- A referral system needs to be developed and implemented that offers clear pathways for persons to access essential and support services in both the public and private sector. This could be linked to a database that identifies health and social support professionals and their areas of specialization.

- A central place is needed to access information on the services and resources available to parents. This information should also be provided in a booklet format and offered free of charge.

- Service provision should be regionalized and a team of support staff assigned to each region. This is similar to the model used by the Ministry of Education in the assignment of specialists to each school region.

- Existing essential buildings, such as schools, hospitals, clinics and courts, should be retrofitted to allow physical access for PWDs. This process should be phased in tandem with the Disabilities Act, 2014 and penalties for breaches meted appropriately.

- All Ministries must address the need for greater access to information, essential and support services, as well as increased representation in areas outside of Kingston and St. Andrew.

**Policy/ Legal changes**

- A standardized definition of disability needs to be established to ensure parity across all national surveys. This definition has to be culturally specific, ensuring relevance especially as it pertains accurately capturing the population of persons who self-identify as having a disability. The process of establishing a standardized yet culturally appropriate definition could be led by the Statistical Institute of Jamaica.

- Demographic data on the population of PWDs needs to be more effectively and consistently captured to ensure an accurate representation of the population and more efficient targeting of redress efforts. Data should be captured by various agencies with direct responsibility for service provision to PWDs. For instance, the Ministry of Education, Youth and Information ought to have a current database that tracks students with disabilities in both mainstream and segregated settings. This would help to
evaluate the effect of programme and policy changes on the performance of these students, and thus better inform further programmatic changes.

- There needs to be an intentional drive to increase public awareness of issues facing PWDs, the Disabilities Act, 2014 and any other policy that helps to dispel stigma and promote the rights and dignity of PWDs.

**Governance**

- The JEPP should function as an oversight mechanism, having the responsibility to advocate on behalf of PWDs. It should also monitor and report on the country’s progress in meeting its targets regarding the commitments to improve the quality of life of PWDs. This monitoring role would allow the JEPP to score Government Ministries, thereby creating a system of accountability.
4.8.2 Specific Ministry Recommendations

The following recommendations have been noted for the respective Ministries.

**Ministry of Education, Youth and Information**

**High priority**

- The capacity of the existing educational system needs to be improved to better accommodate and adequately cater to the needs of children with disabilities. This includes an expansion in the number and greater geographic spread of special education schools and units. This expansion in service provision will require an increase in the number of trained special education teachers.

- Additional assessment and diagnostic centres need to be established and strategically dispersed across the island. This is to address the issue of lengthy waiting periods that prevent swift intervention which further impairs the progress that can be made by children.

- More publicly funded schools for children with various disabilities need to be established in parishes outside Kingston, St. Andrew and St. Catherine. At least one specialized school for each disability type should be made available in each county, thus minimizing the need for children to travel long distances for school or to board away from home.

- More specialized secondary schools need to be established to facilitate continuity and easier transition for CWDs from the primary school level. Many children who attend special needs schools at the early childhood and primary levels are transitioned to mainstream schools because of the unavailability of special needs schools at the secondary school level.

- More inclusive schools need to be established especially at the primary level. This contributes to the promotion of inclusiveness and helps to reduce the stigma surrounding PWDs. This also strengthens the Ministry’s aim to provide education in the least restrictive environment.

- More skill training centres that are similar to the Abilities Foundation should be provided that will enable PWDs to acquire lucrative vocational skills thereby increasing the likelihood of employment opportunities. At present, the Abilities Foundation in
Kingston, is the only training centre that is accessible to PWDs regardless of their disabilities. Thus there is a need for the strategic development of such centres in rural areas.

- Alternative assessments, grading approaches and timelines for completion should be developed to better measure the potential and capabilities of PWDs. Currently adolescents with disabilities are disadvantaged by the standardized assessments at the secondary and post-secondary levels. Alternative assessments will also aid in PWDs being able to better transition into and excel in skills training programmes such as those offered by the HEART Trust/NTA.

- Information on the programmes and services offered by each Ministry should be intentionally promoted and presented in accessible formats. Social media is considered a viable option that is accessible by most PWDs.

- There needs to be an increase in the number of trained, accessible and affordable specialists, particularly in audiology, speech and occupational therapy. Scholarships or bursaries can be offered as incentives to encourage individuals willing to be trained in these specialist areas. This will aid in the Ministry’s expansion of services offered to schools within its educational regions, and reduced the current strain being placed on the small pool of specialists.

- Jamaican Sign Language courses should be offered free of charge to parents and caregivers of PWDs. This is believed to contribute to improved levels of communication with their child/ward.

**Moderate priority**

- There needs to be greater monitoring and review of data garnered from testing mechanisms that exist within the school curriculum. An evaluative system needs to be designed that will analyze the data that these tests produce and appropriate intervention strategies implemented where learning challenges or intellectual disabilities are identified. Teachers should be trained to deliver appropriate intervention strategies to children who are deemed to be ‘at risk’. Where necessary, psycho-educational assessments must be conducted to determine if learning or intellectual disabilities is the root cause.
- The Ministry should facilitate continuous sensitization sessions with teachers and administrators of special education schools to ensure familiarity with current educational practices, as well as local and international legislative/policy changes. This practice is expected to engender an educational environment that is more supportive of children with varied levels and types of disability. It also allows local educational settings to operate comparably to international standards.

- Teacher sensitization should also extend to regular/mainstream schools. This broader approach would promote anti-discrimination by creating greater awareness and understanding of disability-related issues. Sensitization would also assist in teachers being more aware of indicators of more hidden disabilities, which can lead to earlier assessment, diagnosis and linkage with the appropriate resources.

- The school census offers an opportunity to better monitor efforts to improve the accessibility of schools across the island. Thus, the census should be strengthened and periodically revised to ensure improved accuracy in measurement. This can subsequently lead to more efficient designs of programmes and strategies that can better meet the needs of children with disabilities.

**Low priority**

- A more extensive special education curriculum needs to be developed to which a wider cross-section of educators must be exposed. This revised curriculum would offer a more in-depth understanding of disabilities, unique learning styles of children with special needs and offer an introduction to Jamaican Sign Language. One option is the inclusion of a special education module for each subject area, allowing each subject specialist to have an awareness of how to teach that subject matter to children with varied disabilities. Another option is mandating that a minor in special education be completed by all trained teachers. Overall, the development and broader implementation of this revised special education curriculum is expected to produce a higher calibre of trained teachers who are equipped to be sensitive to the needs of children with varied disabilities, aid in the earlier identification of a disability or disability-related challenges (especially those within the mainstream setting), provide useful referral to assessment centres, as well as effectively work alongside parents. This compulsory training would allow for better linkage across primary, secondary and the tertiary levels that can support easier transition for PWDs across the educational levels.
- An incentive can be offered to promote an increase in enrolment in special education teacher training programmes. This would drive the supply side of trained teachers thereby enabling the Government to come closer to achieving a target of at least one special education trained teacher in each school.

- The current primary level curriculum should be revised to better identify intellectual delays or learning challenges and respond to them accordingly through appropriate intervention strategies.

- There needs to be greater commitment to and consistency in providing much needed subsidies to special needs schools, thereby increasing their ability to remain operational and also to reduce the fees being paid by parents and caregivers of children who attend these schools.

Ministry of Labour and Social Security

High priority
- Greater urgency must be placed on ensuring the Disabilities Act 2014 comes into full force. These enforcement measures provide critical support for the recommendations arising from this project, for all the Ministries involved.

- Improve the promotion of welfare programmes and services for which PWDs are eligible, placing greater emphasis on persons in rural areas and ensuring that information is in an accessible format.

- Revise the criteria that allow an individual or family to access PATH. Currently, the primary indicator for identifying who qualifies to become a beneficiary of PATH is extreme poverty. A common complaint from parents/caregivers of PWDs is that they have not been able to access PATH benefits because they do not meet the prescribed criteria. As a result, they are excluded from benefits that could offset certain recurring expenses.

- A special programme should be designed that caters specifically to the needs of PWDs. Currently PATH is the most accessed welfare programme within the Ministry but this fails to capture all PWDs given its eligibility criteria. The proposed programme would target all persons diagnosed with a long-term disability but scale benefits according to the severity of the disability. Someone with a severe disability who is unable to work
and live independently would be eligible for a benefit that would allow their family to care for them. This benefit would remove the financial strain that is often experienced by caregivers of persons with profound disabilities. Persons with mild to moderate disabilities would receive another scale of benefits given they are likely to be trainable, employable and thus be more self-sufficient.

- The Early Stimulation Program should be extended to areas outside of Kingston, and additional centres developed in the KMA to match the growing demand. The program has been recognized as being very useful for applying early intervention methods to children with disabilities, family members and the communities to which they belong. However, emphasis has been placed only on the centre in Kingston, while none has been established in other parishes.

- There needs to be an intentional effort to increase public awareness of issues facing PWDs, the Disabilities Act, 2014 and any other policy that helps to dispel stigma and promote the rights and dignity of PWDs. This can be achieved by engaging in wide-scale public education campaigns, sensitization efforts and social marketing.

- A referral system needs to be developed and implemented that offers clear pathways for persons to access essential and support services in both the public and private sector. This could be linked to a database that identifies health and social support professionals and their areas of specialization. This database would include an indication of those professionals trained in the use of sign language for ease of communication with the Deaf.

- A central place is needed to access information on the services and resources available to parents. This information should also be provided in a booklet format and offered free of charge. Ideally this should be the responsibility of the JCPD.

- The government needs to bring to fruition the objectives of the JCPD. They should be the hub of information, having an online as well as physical presence. Field officers should be deployed across the island to ensure the spread of information and subsequent access to resources.

- The Government should partner with NGOs in its plans to improve welfare provisions, post-secondary engagement and employment for PWDs. NGOs in the disability sector operate at the grassroots level and thus offer critical insight and expertise to inform the effective conceptualization and implementation of programmes.
Moderate priority

- Outside of a monetary benefit, families with children with disabilities should be provided each month with a sustenance basket that would include hygiene items such as bathing soap and diapers if needed, as well as basic food items that would ensure children receive the essential nutrients required for adequate growth and development.

- Under the Labour Division, incentives should be provided for companies that adhere to the Government’s policy which stipulates that five (5) percent of a company’s vacancies should be reserved for PWDs. Such incentives can include tax exemptions.

- Incentives should be provided for employers to make reasonable modifications in accommodating an employee with a disability. Such modifications can improve workplace accessibility and the productivity of the individual. Thus, if an employee requires the assistance of an aide in carrying out their daily functions, then this would be provided for by the Ministry rather than the employer.

- Policy and programme planning for PWDs must take into consideration the role of aging and non-communicable diseases in causing life-long disabilities. This widens the scope of work to be done and the stakeholders who need to be engaged in the decision-making process. Policy makers and programme planners will work alongside traditional disability representatives but also involve groups such as the Diabetes Association, Heart Foundation of Jamaica and the National Council for Senior Citizens.

- Implement an apprenticeship and/or internship project/program in corporate Jamaica. This is with the aim of giving PWDs the opportunity to gain much needed experience after acquiring a skill through training centres. Not only will this provide an opportunity for PWDs to gain experience in their skilled area, but it may also boost public confidence in the hidden potential of PWDs and could possibly increase their employment opportunities across Jamaica.

- Develop partnerships and/or stronger collaboration with NGOs to better respond to the needs of PWDs. There needs to be equity and equality in sharing the responsibility of meeting the needs of PWDs.

- As the parent Ministry for PWDs, a change in approach should take place, in that the potential and capabilities of PWDs should be more emphasized rather than their shortcomings or inabilities. In this instance, the accomplishments of PWDs should be marketed through national forums in order to advance the belief that PWDs also contribute to economic value.
- Engage national discussions and participation through town hall meetings, conferences, agency level meetings and with members of the disabled community that are geared towards sensitizing the public about the existence of the Disabilities Act, 2014, its passing and steps for implementation.

- Host support and discussion sessions that will provide advice and encouragement to PWDs, their families and/or caregivers. This may help to motivate PWDs and their families as it is intended to foster openness in sharing their experiences and shaping possible solutions for overcoming challenges. This may also serve as a networking tool within the disabled community.

- An employment or labour policy needs to be developed to guide the employment of PWDs in both the public and private sector. Such a policy would promote non-discriminatory practices, and the provision of a supportive environment that enables PWDs to function at an optimal standard.

**Low priority**

Construction of more supported living residential areas that can cater to the needs to persons with varied types and severity of disabilities. This could follow the model of the Chesire Village that was developed in Papine for persons with physical disabilities.

**Ministry of Health**

**High priority**

- All hospitals and health centres should be retrofitted to ensure accessibility for PWDs. This moves beyond the mere installation of ramps to include accessible bathrooms, appropriate seating systems and adjustable beds that allow PWDs to maintain their privacy and independence.

- PWDs should be prioritized at hospitals and health centres, especially children with disabilities and adults with severe disabilities. PWDs often wait for lengthy periods in severe discomfort at public health facilities.

- All staff involved in the direct provision of healthcare service, at the clinical, social support and administrative levels should be engaged in sensitization sessions that engender an awareness of key disability issues, including the rights of PWDs, communication skills specific to all types of disabilities and strategies to improve the treatment, care and general well-being of patients with disabilities, noting the variation in types and levels of severity. PWDs, as with any other subpopulation, is not
homogenous and thus planning for this population must take into consideration the complexities surrounding identity and related issues.

- Efforts to train healthcare providers in the use of basic and advanced sign language needs to be strengthened to improve the health experiences and outcomes of the Deaf.
- The Ministry should provide access to more speech, occupational, behavioural, and physical therapists at healthcare facilities, who will respond to the growing needs of PWDs. These services should be accessible in all parishes and provided at low costs so that persons of low socio-economic groups may also benefit.
- The NHF should be extended to cover other serious health conditions such as epilepsy that is experienced by some PWDs and more costly adaptive devices such as hearing aids.
- A subvention program, that is similar to the NHF, should be established so that PWDs can access prescription drugs at lower costs. Many PWDs are unable to work and do not have an income to support the costs associated with medications that are critical to their comfort and care.
- There needs to be an intentional effort to promote information on the services, products and programs that are beneficial to PWDs. This information should be presented in formats that can be understood by PWDs irrespective of their disabilities. Opportunities to disseminate this information exists at community and school fairs, public spaces such as libraries and community centres and through partnership with churches.

**Moderate priority**

- The Ministry should offer parent support workshops through health centres across the island. These workshops would address a range of issues such as accepting and coping with a child’s disability, understanding the unique needs of a child with a disability, stimulation exercises, stress management, time management, and advocacy skills.
- There needs to be an improvement in the referral to products, options for schooling and social assistance programs where persons can access appropriate care after being diagnosed with a disability. Many parents noted that after receiving a disability diagnosis, information on services and programs that they can access for their child was not readily available. This change will reduce the time lapse between diagnosis and appropriate linkage to services that can help improve the wellbeing of children and adults.
- Hospitals and health centres provided a good opportunity for data capturing and monitoring that can help to inform policies and programmes that impact PWDs. This
data monitoring process should capture information that spans an individual’s lifespan, focusing in particular on earlier testing and diagnosis of disabilities, linkage with appropriate referral services and a follow-up system that measure the progress of individuals, particularly the more severely affected. This data can then be reviewed in relation to school census data and national data on the health of the disabled population.

**Low priority**

Improve the monitoring of the Passport Booklet and Apgar scores that were implemented to help identify progress and delays in the development of children in order to better identify or detect disabilities at an early stage. This entails developing or strengthening a system of reviews that will hold health practitioners accountable.

**Ministry of Justice**

**High priority**

- The Ministry should treat with urgency, its role in hastening the full enactment of the Disabilities Act 2014, and any other legislation that protects the rights of PWDs.
- There should be ongoing training and sensitization of all members of the justice system to ensure a better understanding of the different types of disabilities, respectable ways of communicating with someone with a disability, and the rights which should be respected and assured.
- All public service buildings such as courts should be made accessible for PWDs. This will involve the retrofitting of existing buildings or shift of services to locations that are more readily accessible.
- Provide the services of an interpreter for all matters involving the Deaf or hard of hearing. This will prevent the postponement of cases due to barriers to communication.
- A disability advocate should be attached to each court to ensure appropriate representation as deemed necessary. This individual would govern the recruitment of sign language interpreters, social workers or other relevant professionals whose services may be required to afford the individual fair representation in the court system.
- Implementation of technologies (assistive devices, technological gadgets or accessible software) that will allow for improved communication with PWDs, particularly those who are Deaf or blind. These persons are often barred from accessing the judiciary system because of the communication barriers that exist.
- Improve accessibility to information regarding laws by providing this information in formats that can be interpreted by PWDs irrespective of their disabilities.

- Access to legal aid support should be strengthened given the vulnerability of this population.

Low priority

- Law School curriculum should be revised to include a module on disabilities in an effort to engender early awareness of and sensitization to the needs and rights of PWDs.

**Ministry of National Security**

High priority

- Engage members of national security forces in ongoing sensitization processes that integrate current data on population demographics, new terminologies, and revised policies and laws. This will ensure that all security personnel are kept abreast current trends in the disability sector, which should subsequently improve the relationship between the members of national security forces and PWDs and their families.

- Police responsiveness to reports of abuse (whether physical, sexual or verbal) must be improved and appropriate routes for redress are to be established in situations of breach or disregard.

- Police training curriculum should include communication strategies that will reduce the communication barriers for PWDs. This is to include basic Jamaican Sign Language and guidelines of appropriately communicating with persons with varying disabilities.

- At least one police officer at each police post should be equipped with sign language skills and trained in disability advocacy to better meet the needs of PWDs who may call on them for assistance. Alternately, a disability advocate can be appointed and strategically positioned at divisional police headquarters, thereby allowing the individual to serve other police posts within close proximity, as may be deemed necessary.

- Information that are of great importance, that hold potential implications for the safety of PWDs, should be disseminated in accessible formats. For instance, the current ZOSO strategy should be publicized using closed captioning for television broadcasts, sign
language interpretation for live presentations and the reproduction of print materials in Braille or large print.

Moderate priority

- Police stations and other organizations pertaining to national security should be equipped with a referral handbook on key agencies or individuals who can be contacted to assist in any matter relating to someone with special needs. This list would include sign language interpreters who are within close proximity to the respective police post, as well as relevant agencies to assist in sensitive matters such as rape or abuse.

- The “Stay Alert” application, which can only be accessed if an individual has a smartphone, should be reviewed as many persons within the disabled community do not have access to smartphones and therefore cannot access the benefits of this service.

Low priority

- The text messaging service that allowed persons who are Deaf to report crimes to the police or any matter that brings discomfort should be re-established.

Ministry of Local Government and Community Development

High priority

- Ensure conformity, through the implementation of sanctions, with the National Building Code standards that will allow for easy access to buildings by PWDs. Many buildings are without ramps and functioning elevators that will permit easy access to and within these facilities.

- Encourage compliance with the establishment of restroom facilities that conform to the measurement standards, wherein they can be easily accessed and used by PWDs at public facilities. Though quite a number of organizations may designate a separate cubicle for PWDs, persons using wheelchairs or walkers may experience difficulty while trying to access the facility as there is not enough space to accommodate a wheelchair or walker, or to even facilitate movement from the wheelchair to the toilet.

- Repair roads and pavements so that persons with physical disabilities can traverse easily and without facing the risk of becoming victims of vehicular accidents or falls. Many
times persons who are traveling in wheelchairs and with walkers are not able to use sidewalks because the surfaces are uneven or too small.

- Develop disability-friendly recreational spaces that promote inclusion and integration. These can emerge as community-based projects with support from the Ministry and in collaboration with other donors.

Moderate priority

- Revise and improve upon the dissemination of information regarding disaster preparedness and management for PWDs. Many television and radio information broadcasts are aired daily and/or during seasons of disaster, however, these are not readily accessible to PWDs, especially those who are deaf, blind or visually impaired.
- Establish community centres that will foster programmes geared towards integration and/or social inclusion at the community level.
- Libraries and post offices should be transformed into disability-friendly spaces that provide information in an accessible format. This could include the provision of computers to allow internet access and public broadcasts on large screen monitors.

Increase the number of fixed parking spaces for PWDs in parking facilities and increase the dimensions of parking spaces for PWDs. This will allow PWDs to enter and exit vehicles more comfortably, as in most cases, the parking spaces do not have enough room to allow an individual with a physical disability to exit his/her vehicle and enter a wheelchair or to use a walker.

Ministry of Transport and Mining

High priority

- There needs to be an increase in the number of special needs buses in the Kingston Metropolitan Area and St. Catherine. These buses should be available on all main routes used for the regular bus services.
- Public transportation services that cater to the special needs of PWDs need to be extended to rural areas, especially where there are larger populations of PWDs. This extended service should include concessionary bus fares.
- A system of governance needs to be established to monitor private operators and prevent the abuse and exploitation of PWDs. Standard fares must be established and periodic checks done to ensure compliance.
- The current system of accountability that monitors public transportation services needs to be strengthened and periodically assessed to ensure that both regular and special bus services operate in a manner that does not disadvantage any member of the disability community. An important aspect of this is ensuring that priority seating is respected.

- Persons involved in the planning and provision of transportation services, whether public or private, should be engaged in continuous sensitization sessions that promote disability awareness and educate on the appropriate ways of providing for their transportation needs. This wide-scale effort is intended to engender a culture of respect and regard for the dignity and rights of PWDs.

- Greater urgency should be placed on revising the existing National Transport Policy to include a clear policy statement on providing accessible transport services for PWDs across the island.

Moderate priority

- Where possible, existing buses should be retrofitted with fold-out ramps to accommodate persons with physical disabilities.

- Assisted transportation services for persons with moderate to severe disabilities should be organized, and perhaps contracted to private operators as part of the Ministry’s effort to provide transportation for all.

Low priority

- Buses should be equipped with an audio system that announces the bus route and major bus stops. This would assist persons who are blind or visually impaired in better navigating their journeys.

- Traffic lights should have a “WALK” button as well as audio instructions that will assist persons who are blind/visually impaired to safely cross roads.

Office of the Prime Minister

High priority

- Identify PWDs as a priority group to be considered in all programme and policy planning that are geared towards national development.

- Promote the programmes and services offered that cater to the special needs of PWDs.
- Under its information and telecommunications portfolio, the Ministry should provide greater access to information through sign language interpretation at all national forums, and a dedicated camera that will allow for in set feed on television screens.

- Given the Ministry’s oversight of STATIN, the directive should be given to conceptualize, in collaboration with the disability sector, a standardized definition of disability that is socio-culturally appropriate to the local context. This standardized definition will provide a clear definition of what comprises a disability and an outline of the types of disabilities, and is to inform the measurement of disability in all national studies, thereby creating greater congruence of data and opportunity to more effectively identify the target population for redress.

- Lobby for the provision of housing solutions that are more in tandem with the needs of the disabled community. This includes an increase in the value of the current grant intended to facilitate the retrofitting of homes for greater accessibility.

- The OPM, through the Ministry of Economic Growth and Job Creation, should create more employment opportunities for PWDs. This is intended to reduce dependency on parents/caregivers, and to a large extent, on social assistance programs accessed through the Government.

- The OPM should partner with NGOs with responsibility for particular disabilities, to explore ways of improving post-secondary vocational options and employment opportunities for PWDs. These disability-specific NGOs will provide critical insight to their respective populations that will aid in more effective programme planning, design and implementation.

- The OPM should contribute to national sensitization efforts and promote the social inclusion of PWDs. The aims of full inclusion, participation and respect for the rights and dignity of PWDs should be integrated in all policy documents or Ministry papers that present matters that can impact the lives of this population.

**Moderate priority**

- Provide subtitles on all television programs so that the Deaf and hard of hearing can access information through televised broadcasts and also enjoy television programs.
SECTION 5: CONCLUSION AND WAY FORWARD

The state of PWDs in Jamaica continues to be characterized by issues of inequality, disadvantage and poor socio-economic outcomes. Data indicates that there is a relatively even distribution of disabilities amongst males and females (Statistical Institute of Jamaica, 2002). The data also shows that children, the elderly and persons residing in rural areas are the most vulnerable within the disabled community.

Many persons remain unaware of the Disabilities Act, 2014 and its provisions. Though the Act was passed in 2014, it is yet to be fully enforced thereby limiting its usefulness. Thus, the progress made in improving the quality of life of PWDs was not seen to be attributable to the Act. Nonetheless, it was generally agreed that the Act holds tremendous promise for the community.

The Office of the Prime Minister was perceived to be responsible for ushering requisite policies and legislation that function in tandem with the Act. The Ministries of Health, Labour and Social Security, and Education, Youth and Information were identified as core service providers to PWDs with other key Ministries playing supportive roles. Altogether, the Act was seen to hold implications for any Government Ministry that potentially served the needs and interests of the disabled community.

Only a few Ministries offer services, programmes and/ or policies that specifically target PWDs. To date, the Ministry of Education, Youth and Information and the Ministry of Labour and Social Security, are the only two key Ministries that have spearheaded the development of policies and programmes that are specific to the community. The Ministry of Health provides for the needs of PWDs as a part of its focus on improving the health status of the vulnerable in society. The Office of the Prime Minister and the Ministry of Transport and Works offer services to the community through their related agencies such as the National Housing Trust and the Jamaica Urban Transit Company.

The assessment of current service provision revealed the need for the Government to scale-up efforts to adequately meet the needs of the disabled community. Most Ministries failed to satisfactorily provide access to information, support services, essential services and employment and workforce integration, which are the JEPP priority areas. The core service Ministries were deemed the most successful in this regard, though there remained noteworthy
gaps. In particular, children with disabilities, PWDs residing in rural areas and persons with mental illnesses and multiple disabilities were recognized as being the most underserved.

Gaps in service provision spanned micro, meso and macro levels for parents and their children with disabilities. The issues raised by disability agency representatives related to programme and service provision, governance, and legal and policy frameworks. The gaps identified by both parents/guardians and disability agency stakeholders were found to be similar. For instance, it was resounded that there is an imbalance in the geographical spread of specialized schools, service agencies and professionals offering specialized care or treatment for PWDs. In addition, stigma and discrimination related to prevailing socio-cultural norms were identified as major barriers to the full inclusion of PWDs. All categories of stakeholders had limited knowledge of the Disabilities Act, 2014, underscoring the failure to effectively promote the Act.

Recommendations arising from the study span micro, meso and macro levels. These are feasible recommendations that can be achieved within the short to medium term. Paramount to the process of social transformation is an increased and more wide-scale public education on the nature of living with a disability, services and programmes available to assist the community, and policies and legislative frameworks that help to protect the rights of PWDs. The challenge of scarce resources can be better managed through effective targeting, prioritization of needs, greater transparency, wide-scale public education and greater accountability through continuous dialogue with stakeholders. Achieving this target will require political will and commitment to fully enact the Disabilities Act, 2014 and develop other relevant instruments that will improve the quality of life of PWDs.

In the way forward it is recommended that a follow-up study be done post the full enactment of the Disabilities Act, 2014. This study would provide a more accurate assessment of the usefulness and effectiveness of the Act in influencing change that is relevant to the disabled community. It is proposed that this study utilize a mixed methods approach that includes using a standardized measure for social perceptions, whilst offering space for an in-depth analysis of the achievements and limitations of the Act and how well Ministries have worked in achieving the JEPP priority areas.

Given the limitations of this study, it is also suggested that a follow-up study be done to further assess the current state of children with disabilities in Jamaica. In doing this, the scope of the study should focus specifically on children ages 0 to 17 years. The time allotted for the research
would then exceed the fourteen weeks initially allotted to this project, thus allowing sufficient time for attaining the appropriate ethical approvals, identifying and accessing children with varied disabilities, and procuring the requisite support to ensure the study approach and content are not harmful to the children.
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Appendix A: Professional profile of consultant

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<td>• Competent quantitative and qualitative research skills, including the use of NVivo and SPSS</td>
</tr>
<tr>
<td>• Past experience in policy development and programme design for persons with disabilities</td>
</tr>
<tr>
<td>• Prior experience of working with and engaging in research on persons with disabilities in Jamaica</td>
</tr>
<tr>
<td>• Knowledge of key policy and legal instruments, including the Convention on the Rights of Persons with Disabilities, the National Policy for Persons with Disabilities and the Disabilities Act 2014</td>
</tr>
<tr>
<td>• Taught Disability Studies at the University of the West Indies, Mona which targeted a number of majors, including Social Work, Social Policy and Development, Sociology and Education.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
</tr>
</thead>
</table>
| • **Doctor of Philosophy in Health** (2016)  
Auckland University of Technology (AUT), New Zealand |
| • **Postgraduate Diploma in Education: Tertiary Level** (2013)  
University of Technology (UTech), Jamaica |
| • **Master of Science in Sociology: Social Policy specialization** (2005)  
University of the West Indies (UWI), Mona, Jamaica |
| • **Bachelor of Science in Sociology and International Relations** (Honors) (2001)  
University of the West Indies, Mona, Jamaica |

<table>
<thead>
<tr>
<th>LANGUAGE SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language</strong></td>
</tr>
<tr>
<td>English:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEMBERSHIP OF PROFESSIONAL BODIES/ PUBLIC SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Member, American Men’s Studies Association (AMSA), current.</td>
</tr>
<tr>
<td>• Member, International AIDS Society (IAS), 2015 - 2016.</td>
</tr>
<tr>
<td>• Member, Advisory Committee on the Development and Implementation of New Training Programmes in the Professions Allied to Medicine, 2009 - 2012.</td>
</tr>
<tr>
<td>• Technical Adviser/ Volunteer, the Jamaica Network of Seropositives (JN+), 2010-2011.</td>
</tr>
<tr>
<td>• Member, Committee for Special Students’ Needs, UWI, Mona, 2006 - 2007.</td>
</tr>
<tr>
<td>• Member, the National Task Force for Persons with Disabilities, 2008 – 2009.</td>
</tr>
</tbody>
</table>
WORK EXPERIENCE

January 2017 to present

HIV/AIDS Awareness Trainer
- Facilitate HIV/AIDS awareness training on a voluntary basis to educational institutions or local groups.

External Examiner, Council for Community Colleges
- Review assessment for the course Disability Studies and provide recommendations as deemed necessary in ensuring a quality and standardized assessment process across community colleges.

Auckland University of Technology (AUT), New Zealand

Teaching Assistant, School of Interprofessional Health Studies
- Duties entailed grading various assignments that evaluated students’ understanding of the types and components of research methodologies.
- A noted achievement was reaching my marking targets within the timeframe given.

Teaching Assistant, School of Social Sciences and Public Policy
- Tutored and assessed coursework for a range of papers including Introduction to Sociology, Culture and Society and Introduction to New Zealand Society. Duties also included supervising final year students enrolled in the ‘Cooperative Education’ paper which is geared towards preparing students for transitioning into the New Zealand labour market.
- A key achievement was being able to integrate and apply my knowledge to diverse groups of learners, given the multi-cultural nature of New Zealand.

Public Policy Paper Leader, School of Social Sciences and Public Policy
- Responsibilities included organizing and managing a teaching schedule that involved a number of academic staff, addressing student queries and managing the online course webpage.
- A significant achievement was minimizing the potential negative effect of staffing disruption, which included ensuring students’ needs or queries were addressed in a timely and effective manner.

Research Assistant, Gambling and Addictions Research Centre
- Conducted data collection on a project focusing on a trend analysis of gambling addictions in Auckland. Participated in relevant training and provided requisite feedback pertaining to the quality and effectiveness of research outputs.

Teaching Assistant, School of Public Health and Psychosocial Studies
- Assisted in grading assignments for select papers within the Master of Public Health programme.
- This task broadened my awareness of a range of public health issues, international health standards and examples of best practices in certain areas of health.

The University of the West Indies (UWI), Mona

Part-time Lecturer, Department of Sociology, Psychology and Social Work
- Replaced a colleague on sabbatical leave and taught the course Sociology for the Caribbean to ungraduated students.
Researcher, Tropical Medicine Research Institute 2013
- Conducted focus group discussions with children diagnosed with epilepsy and prepared requisite reports of the findings, which included recommendations for further research.
- This role drew on my interviewing skills and knowledge of engaging children in research, which is distinct to interviewing adults. It was quite rewarding to be able to manage groups comprising 6 – 8 children with varying attention spans, to ensure the research objectives were achieved.

Assistant Lecturer, Department of Sociology, Psychology and Social Work 2005 to February 2012
- Taught a range of courses within the fields of Sociology, Social Policy and Social Work. Courses included Caribbean Social Issues, Disability Studies, Health, Society and the Human Services, and Sociology for the Caribbean. Duties also included supervising Social Work students during practicum placement. Also participated in departmental research and coordinated the Department’s Centre for Population, Community and Social Change.
- A number of achievements were attained during my tenure at UWI, Mona, including playing an instrumental role in the conceptualization of the UWI, Mona/ Lions Club Centre for Students with Disabilities which was later renamed the Centre for Disability Studies.

Other Work Experience (Research and Training Focus)

Researcher, Gambling and Research Centre (GARC), Auckland 2015
- Recruited and interviewed participants for a study on the gambling habits of citizens in Auckland, New Zealand.

Team Leader/ Researcher, World Bank and the Jamaica Social Investment Fund 2008
Project: A Summative Evaluation and Beneficiary Assessment of the National Community Development Project in Jamaica.
- Duties included supervising the team of researchers, conducting fieldwork and preparing reports for submission to the project leader. The project was geared towards ensuring adequate citizen consultation in improving poverty reduction programmes.

Researcher, The Planning Institute of Jamaica 2007
Project: Poverty Mapping in Jamaica.
- Duties comprised community consultations, report preparations, and recommendations for poverty alleviation.

Researcher, The European Union and the Department of Sociology, Psychology and Social Work 2006
Project: Social Assessment of the Impact of Proposed Changes to Jamaica’s Sugar Industry
- Duties entailed conducting fieldwork using participatory learning action (PLA) techniques to ensure citizen involvement in the critical evaluation of the impact of changes in the sugar industry. Substantial reports were prepared and submitted that drew on advanced research techniques, report writing and analytical skills

Writer and Training of Trainers Workshop Facilitator 2005 to 2008
GOJ/EC/UNFPA Joint Programme in Sexual and Reproductive Health
- Contributed to the development of training materials that focused on addressing the sexual and reproductive health needs of adolescents with disabilities in Jamaica. Also facilitated a series of sensitization and training workshops that targeted providers of sexual and reproductive health services to adolescents with disabilities in Jamaica.
RELATED RESEARCH OUTPUTS

Thesis

• “An examination and analysis of educational facilities for hearing impaired children at the primary school level. Are their needs being met?” Thesis submitted in partial fulfilment of the Master of Science degree in 2004.

Book Chapters


Journal Article


Conference Presentations

• “From classroom to board level: Teaching disability studies as a transformational tool at a tertiary institution”. Poster presented at the Society for Disability Studies Conference, Temple University, Philadelphia, USA, June 2-6, 2010. Poster awarded Tanis Doe Best Poster Award.

Invited Lectures

• Guest lecture on Teaching Disability Studies at the University of the West Indies, delivered to graduate students within the Department of Sociology, Psychology and Social Work, University of the West Indies, Mona, November 2010.
• Guest lecture on Leadership for the Athletes Leadership Programme – Special Olympics, 2006. This programme was targeted as a special effort of students within the University of the West Indies Quality Leadership Programme.

SKILLS/ COMPETENCIES

• Microsoft Excel, Power Point and Word
• NVivo Software (Qualitative software)
• Statistical Package for the Social Sciences (SPSS) (Quantitative software)
• Motivational interviewing
• Designing and conducting ethical research
Appendix B: Distribution of types of function by the levels of difficulty, Census 2011

Distribution of types of activity by the levels of difficulty for all PWDs

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEVELS OF DIFFICULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No difficulty</td>
</tr>
<tr>
<td>Seeing</td>
<td>1700490</td>
</tr>
<tr>
<td></td>
<td>84.4%</td>
</tr>
<tr>
<td>Hearing</td>
<td>1939463</td>
</tr>
<tr>
<td></td>
<td>96.2%</td>
</tr>
<tr>
<td>Remembering &amp; concentrating</td>
<td>1936718</td>
</tr>
<tr>
<td></td>
<td>96.1%</td>
</tr>
<tr>
<td>Lifting, reaching &amp; carrying</td>
<td>1917594</td>
</tr>
<tr>
<td></td>
<td>95.1%</td>
</tr>
<tr>
<td>Self-care</td>
<td>1961194</td>
</tr>
<tr>
<td></td>
<td>97.3%</td>
</tr>
<tr>
<td>Communicating</td>
<td>1966237</td>
</tr>
<tr>
<td></td>
<td>97.5%</td>
</tr>
<tr>
<td>Walking or climbing stairs</td>
<td>1896967</td>
</tr>
<tr>
<td></td>
<td>94.1%</td>
</tr>
</tbody>
</table>

Source: Population and Housing Census 2011

Population 5-14 years reporting level of difficulty for activities

<table>
<thead>
<tr>
<th>ACTIVITY(^7)</th>
<th>LEVELS OF DIFFICULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total reporting difficulty</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
</tr>
<tr>
<td>Seeing</td>
<td>8059</td>
</tr>
<tr>
<td>Hearing</td>
<td>2754</td>
</tr>
<tr>
<td>Communicating</td>
<td>2014</td>
</tr>
<tr>
<td>Walking or climbing stairs</td>
<td>1546</td>
</tr>
<tr>
<td></td>
<td>FEMALE</td>
</tr>
<tr>
<td>Seeing</td>
<td>11988</td>
</tr>
<tr>
<td>Hearing</td>
<td>2874</td>
</tr>
<tr>
<td>Communicating</td>
<td>1420</td>
</tr>
<tr>
<td>Walking or climbing stairs</td>
<td>1574</td>
</tr>
</tbody>
</table>

Source: Population and Housing Census 2011

\(^7\) The activities for the age group 5-14 years are limited as some activities are deemed more relevant to adults (Statistical Institute of Jamaica, 2012).
Appendix C: List of stakeholders consulted

I. Prioritized Government Ministries:

<table>
<thead>
<tr>
<th>Ministry</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the Prime Minister</td>
<td>Mrs. Jacqueline Lynch – Stewart</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Dr. Melody Ennis</td>
</tr>
<tr>
<td></td>
<td>Mrs. Michele Morgan Evans</td>
</tr>
<tr>
<td>Ministry of Education, Youth and Information</td>
<td>Mrs. Sharon Anderson-Morgan</td>
</tr>
<tr>
<td></td>
<td>Dr. Michele Meredith</td>
</tr>
<tr>
<td>Ministry of National Security</td>
<td>Mrs. Rochelle Grey</td>
</tr>
<tr>
<td></td>
<td>Mrs. Shamara Valentine</td>
</tr>
<tr>
<td></td>
<td>Ms. Shernette Giscombe</td>
</tr>
<tr>
<td>Ministry of Labour and Social Security</td>
<td>Mrs. Elsa Mark-Willis</td>
</tr>
<tr>
<td></td>
<td>Mrs. Belinda Brown Austin</td>
</tr>
<tr>
<td></td>
<td>Mr. Kareeme Morrison</td>
</tr>
<tr>
<td></td>
<td>Mr. Damion McLean</td>
</tr>
<tr>
<td>Ministry of Transport and Mining</td>
<td>Ms. Paula Brown</td>
</tr>
<tr>
<td>Ministry of Local Government and Community Development</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Ministry of Justice</td>
<td>Did not participate</td>
</tr>
</tbody>
</table>
## II. JEPP Membership Listing:

<table>
<thead>
<tr>
<th>PARISH</th>
<th>AGENCY</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ZONE 1</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| St. Ann | JAID – St Ann | Ms Loraine Lewis  
Mrs. Marshalee Mande-Williams |

| **ZONE 2** | | |
| St. James | Jamaica Christian School for the Deaf | Ms. Shevonne Biggs  
Mrs. Letricia Small |
| | Caribbean Christian Centre for the Deaf | Mr. Brevinal Ross  
Geraldine Thompson |
| | Montego Bay Autism Center | Founder & Principal: Mrs. Adama Blagrove  
Petagaye Sloley |
| | Montego Bay Learning Centre | Unit Coordinator: Mrs. Oneida Scott-McKenzie |
| | Cornwall Combined Disability Association | President: Mr. Andrew East  
Vice President: Mr. Robert Blake  
Howard Morratt |

| Westmoreland | Llandillo School of Special Education | Vice Principal (Acting): Ms. Tamika Saffrey |

| **ZONE 3** | | |
| Clarendon | Clarendon Group for the Disabled (CGD) | Parish Coordinator: Ms. Shaunette Grant  
Mr. Victor Pusey-Brown |
| St. Elizabeth | Community Based Rehabilitation Jamaica (CBRJ) | Parish Supervisor: Mrs. Madge Sanderson  
Barrington Buchanan |
| | Maranatha School for the Deaf | Principal: Ms. Precious Kennedy |
| | Santa Cruz Learning Centre | Ms. Euphemia Kerr  
Leisha Henry-Williams |

| Manchester | Woodlawn School of Special Education | Acting Principal: Mr. Christopher Turner |

| **ZONE 4** | | |
| St Catherine | Community Based Rehabilitation Jamaica (CBRJ) | Mrs. Sandrea Long-White  
Mrs. Dorothy Daniels |
| | Portmore Self-Help Disability Organization | President/Founder: Mrs. Bridget Johnson-Thompson  
Kevin Anderson  
Errol Williams |
<p>| | Windsor School of Special Education – Spanish Town | Mr. Glendon West |
| | Windsor School of Special Education | Mrs. Dionne Henry-Levy |</p>
<table>
<thead>
<tr>
<th>ZONE 5</th>
<th>Kingston &amp; St. Andrew</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adonijah Group of Schools</strong></td>
<td>Principal: Mrs. Ruthlyn James, Special Needs Coordinator: Ms. Gemma Gibbon</td>
</tr>
<tr>
<td><strong>Genesis Academy</strong></td>
<td>Principal: Mrs. Donna Lowe, Vice Principal:</td>
</tr>
<tr>
<td><strong>Jamaica Association for Children with Learning Disabilities (JACLD)</strong></td>
<td>Director: Ms. Alicia Francis</td>
</tr>
<tr>
<td><strong>Jamaican Association on Intellectual Disabilities (JAID)</strong></td>
<td>Executive Director: Mrs. Christine Rodrigues</td>
</tr>
<tr>
<td><strong>Jamaica Down’s Syndrome Foundation</strong></td>
<td>Mrs. Denise Williams</td>
</tr>
<tr>
<td><strong>McCam Child Development Centre</strong></td>
<td>Director: Dr. Pauline Watson-Campbell</td>
</tr>
<tr>
<td><strong>Mico Care Centre</strong></td>
<td>Senior Manager: Mrs. Allison McGraham</td>
</tr>
<tr>
<td><strong>Promise Learning Centre</strong></td>
<td>Principal: Mrs. Marjorie Hylton</td>
</tr>
<tr>
<td><strong>Paraplegic Development and Outreach Foundation (PARADOF)</strong></td>
<td>Director: Lennox Edwards</td>
</tr>
<tr>
<td><strong>Nathan Ebanks Foundation</strong></td>
<td>Founder/Executive Director: Mrs. Christine Staple-Ebanks</td>
</tr>
<tr>
<td><strong>Abilities Foundation</strong></td>
<td>Managing Director: Ms. Susan Hamilton</td>
</tr>
<tr>
<td><strong>Combined Disabilities Association (CDA)</strong></td>
<td>Executive Director: Ms. Gloria Goffe</td>
</tr>
<tr>
<td><strong>Jamaica Council for Persons with Disabilities (JCPD)</strong></td>
<td>Executive Director: Mrs. Christine Hendricks</td>
</tr>
<tr>
<td><strong>Jamaica Mental Health Advocacy Network</strong></td>
<td>Chairperson: Ms. Jhanille Brooks</td>
</tr>
<tr>
<td><strong>MENSANA</strong></td>
<td>Ms. Carol Narcisse</td>
</tr>
<tr>
<td><strong>Early Stimulation Programme</strong></td>
<td>Executive Director: Mrs Antonica Gunter-Gayle</td>
</tr>
<tr>
<td><strong>Jamaica Society for the Blind (JSB)</strong></td>
<td>Executive Director: Mr. Conrad Harris</td>
</tr>
<tr>
<td><strong>Salvation Army School for the Blind &amp; Visually Impaired</strong></td>
<td>Principal: Mr. Iyeke Erharuyi</td>
</tr>
<tr>
<td><strong>Caribbean Christian Centre for the Deaf</strong></td>
<td>Mr. Stephen McFarlane</td>
</tr>
<tr>
<td><strong>Jamaica Association for the Deaf (JAD)</strong></td>
<td>Executive Director: Dr. Iris Soutar</td>
</tr>
</tbody>
</table>
# OTHER STAKEHOLDERS NOT INCLUDED IN JEPP LISTING

<table>
<thead>
<tr>
<th>PARISH</th>
<th>AGENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston &amp; St. Andrew</td>
<td>Sophie’s Place</td>
</tr>
<tr>
<td></td>
<td>Diabetes Association of Jamaica</td>
</tr>
<tr>
<td></td>
<td>- Nicole Nugent</td>
</tr>
<tr>
<td></td>
<td>- Lurline Less</td>
</tr>
<tr>
<td></td>
<td>My Father’s House</td>
</tr>
<tr>
<td></td>
<td>Planning Institute of Jamaica</td>
</tr>
<tr>
<td>St. James</td>
<td>NAZ Children’s Centre</td>
</tr>
<tr>
<td></td>
<td>- Mrs. Alixann Narcisse-Campbell</td>
</tr>
<tr>
<td>St. Elizabeth</td>
<td>The Deaf Bible Church</td>
</tr>
</tbody>
</table>
|                   |   - Mrs. Pauline Bent
Appendix D: Data Collection Instruments

INTERVIEW SCHEDULE: GOVERNMENT OFFICIALS

1. Tell me about your role in the Ministry?
2. How does your role relate to the population of PWDs in Jamaica?
3. Is there anyone else you could identify within this Ministry who is integral to the process of providing services for PWDs?
4. What policies/programmes/services currently exist within this Ministry that cater to the needs of PWDs?
   a. Could you describe these policies/programmes/services?
   b. Approximately how many PWDs do you perceive access these services or programmes?
   c. Are these service/products available island wide?
   d. What process is required for accessing such services and products?
   e. Do any of the services or products offered cater specifically to children with disabilities?
5. Are there any programmes or services that were designed to meet the needs of the disabled population but are no longer offered? If yes, could you advise why these were discontinued?
6. Are you aware of the National Disabilities Act, 2014?
   a. What is your understanding of the Act?
   b. Are there components of the Act that you perceive relate directly to your job function?
7. What do you perceive is your Ministry’s current role in providing for PWDs, noting the mandates of the Disabilities Act?
8. Has the Ministry incorporated or considered any aspect of the Act in developing its strategic plans since 2014?
9. The JEPP (Jamaica Empowerment Partnership for Persons with Disabilities) identified access to information, essential services, support services, and employment and workforce integration as priority areas to be addressed by Government in better meeting the needs of PWDs.
   a. How well does this Ministry currently address these areas of focus?
   b. Ideally, what do you think the Ministry’s role should be in fully implementing the mandates of the Disabilities Act, 2014, especially as it pertains the identified priority areas?
   c. In general, are there any existing mechanisms within the Ministry that could be further expanded to better meet the needs of PWDs, in light of the noted priority areas?
10. Beyond the eight key Ministries identified (including your own), are there any other stakeholders you perceive to be integral in fully and effectively addressing these JEPP priority areas, particularly as it pertains the implementation of the Act? Please explain your response.
11. If you had the opportunity to single-handedly determine the vision for Jamaica in the next five years as it pertains PWDs, what would be your vision?
12. Ideally what do you perceive are feasible steps to be taken within the next 2 – 5 years to further the implementation of the Disabilities Act, 2014?
13. Is there anything else you would like to share that may prove invaluable in this study?
INTERVIEW SCHEDULE: DISABILITY REPRESENTATIVES

1. Explain the role of your agency in relation to providing for the needs of PWDs.
2. Tell me about your role in this agency.
3. Do you have a disability? If yes, what is your disability?
4. How would you describe the status of PWDs in Jamaica currently, in relation to issues of access, equality and integration?
5. Are you aware of the National Disabilities Act, 2014?
   a. Please share what you know about the Act.
   b. In your opinion, how has the Disabilities Act, 2014 influenced changes that impact the well-being of PWDs in Jamaica?
6. What are some of the benefits of having passed the Disabilities Act?
7. Are there any perceived limitations or challenges surrounding the Act?
8. What stakeholders do you believe are most important in the process of implementing the Disabilities Act? (Please specify individuals and names of agencies)
   a. Explain the perceived roles/ responsibilities of each stakeholder identified in relation to implementing the Act.
9. Which Government Ministries do you perceive to be more central in providing for the needs of PWDs in general, and more specifically your clients? Explain your choice.
10. The JEPP (Jamaica Empowerment Partnership for Persons with Disabilities) identified access to information, essential services, support services, and employment and workforce integration as priority areas to be addressed by Government in better meeting the needs of PWDs.
   a. In view of the Disabilities Act, 2014, how well do you think each of the key Ministries (to be listed) meet the needs of the disabled population in relation to these JEPP priority areas?
      [Eight key Ministries: Local Government and Community Development; Education, Youth and Information; National Security; Labour and Social Security; Transport and Mining; Health; Justice; and the Office of the Prime Minister]
   b. What are some of the services, programmes or products being offered by these Ministries (or any other) that contribute to these selected priority areas?
   c. How well have these programmes, services and products provided for the needs of PWDs in general, and more specifically your clients?
   d. How well have these programmes, services and products provided for the needs of children with disabilities?
   e. What other steps could be taken by each Ministry (to be listed) to further the progress being made in these priority areas within the next two years?
11. Overall, what recommendations would you make to improve the implementation of the Disabilities Act, 2014 within the next two years?
12. Is there anything else you would like to share that may prove invaluable in this study?

THANK YOU
Focus Group Discussion: Disability Agencies/ Representatives

Location: ____________________ Participants total: ___________
Day/ Time: ____________________ Male: _________ Female: ________

Introduction

Digicel Foundation in collaboration with UNICEF and the Government of Jamaica have embarked on a two-year project that focuses on “Strengthening the inclusion of children with disabilities in Jamaica”. This aspect of the study engages in research that will inform a situational analysis of persons with disabilities (PWDs) in Jamaica. More specifically, this focus group discussion aims to inform a needs assessment that includes 1) identifying the needs of PWDs in Jamaica 2) review progress made to date in light of the National Policy for PWDs and the Disabilities Act, 2014, 3) identify reasonable solutions that can adequately address these needs/ gaps and achieve consensus on same.

Participation in this focus group is voluntary and thus you maintain the right to withdraw at any time prior to the completion of the discussion. Consent forms have been issued to obtain your formal consent to be included in the study and have the discussion audio recorded. The information provided will be treated with confidentiality and thus identifiers will not be used in the final report.

Introduction of team (facilitator, note taker, interpreter)

Icebreaker

Indicative Questions

1. What are some of the challenges experienced by PWDs in Jamaica?
2. Are these the same for persons without disabilities?
3. What are the prevailing needs of PWDs in Jamaica?
   a. How can these needs be provided for?
   b. Who should have the responsibility to ensure these provisions are implemented? (explore the role of all stakeholders, including the government)
4. The Government currently provides some services and programs that help to meet the needs of PWDs. Do you know of any? If no, what are some of the services that should be provided?
5. What social assistance programs (for example PATH, NHF, School Feeding Programme) and public benefits (such as NHT benefit, income tax exemption, and concessionary bus fares) do you and/ or your members access?
   a. What are some of the strengths and limitations of each of these programs or services?
6. What do you know about the National Policy for Persons with Disabilities?
   a. Has the Policy helped to inform the development and provision of services for PWDs?
   b. If yes, what services and programmes? Have the quality and standard of the provision of these services been suitable in meeting the needs of PWDs?
c. If no, what do you perceive are the main hindrances?

7. **What do you know about the Disabilities Act, 2014?**
   a. Do you think the Act has contributed to an increase in the provision of services and programs for PWDs in general?
   b. If yes, can you give examples of such programmes or services? Have the quality and standard of provision of these services/programmes been suitable?
   c. If no, what do you perceive are the main hindrances?

8. **There are eight line Ministries identified as central to the implementation of the Act:** Ministries of Local Government and Community Development; Education, Youth and Information; National Security; Labour and Social Security; Transport and Mining; Health; Justice; and the Office of the Prime Minister.
   a. Do you think the Act has resulted in an increase in access to information within each of these Ministries?
   b. Do you think the Act has resulted in an increase in access to essential services within each of these Ministries?
   c. Do you think the Act has resulted in an increase in access to support services within each of these Ministries?
   d. Do you think the Act has resulted in an increase in access to employment opportunities and workforce integration through each of these Ministries?

9. **What recommendations could be made to Government to ensure that access to information, essential services, support services, and employment and workforce integration are better met by each of the following key Ministries **within the next two years**?**
   a. Local Government and Community Development
   b. Education, Youth and Information
   c. National Security
   d. Labour and Social Security
   e. Transport and Mining
   f. Health
   g. Justice
   h. the Office of the Prime Minister

10. **Are there any stakeholders external to these eight Government ministries that you think should also be responsible for ensuring these measures are implemented?**

11. **Is there anything else that you deem important for us to note in a study of this nature?**
FOCUS GROUP DISCUSSIONS: PARENTS AND CHILDREN WITH DISABILITIES

Location: __________________  Participants total: _________
Day/ Time: _________________  Parents:_______  Children: _______

Introduction

Digicel Foundation in collaboration with UNICEF and the Government of Jamaica have embarked on a two-year project that focuses on “Strengthening the inclusion of children with disabilities in Jamaica”. This aspect of the study engages in research that will inform a situational analysis of persons with disabilities (PWDs) in Jamaica. More specifically, this focus group discussion aims to inform a needs assessment that includes 1) identifying the needs of PWDs in Jamaica 2) review progress made to date in light of the National Policy for PWDs and the Disabilities Act, 2014, 3) identify reasonable solutions that can adequately address these needs/ gaps and achieve consensus on same.

Participation in this focus group is voluntary and thus you maintain the right to withdraw at any time prior to the completion of the discussion. Parents, consent forms have been issued to obtain your formal permission to have your children participate in this study. Children, you have been given assent forms to sign to show that you have also given us your consent to be included in the study. Note that the information provided will be treated with confidentiality and thus no reference will be made to your names in the final report.

Introduction of team (facilitator, note taker, interpreter)

Icebreaker

Indicative Questions

1. What are some of the challenges experienced by children with disabilities and their parents/ caregivers in Jamaica?
2. Are these the same for children without disabilities and their parents?
3. What are the key needs of PWDs in Jamaica?
4. The Government currently provides some services and programs that help to meet the needs of PWDs. Do you know of any? If no, what are some of the services that should be provided?
5. Have you ever benefitted from any social assistance programs (for example PATH, NHF, Poor Relief, School Feeding Programme, JCPD grants) offered by the Government?
   a. If no, why not?
   b. If yes, what social assistance programs do you access?
   c. Are there any other services that you have used which was not listed?
   d. How would you rate each of the government services that you have accessed? (excellent, good, fair, poor)
   e. What are some of the strengths and limitations of each of these programs or services?
6. Do you think enough is being done to provide for PWDs in general, and more specifically children with disabilities?

7. What do you know about the Disabilities Act, 2014?
   a. Do you think the Act has contributed to an increase in the provision of services and programs for PWDs in general?
   b. If yes, can you give examples of such programmes or services? Have the quality and standard of provision of these services/programmes been suitable?
   c. If no, what do you perceive are the main hindrances?

8. There are eight line Ministries identified as central to the implementation of the Act: Ministries of Local Government and Community Development; Education, Youth and Information; National Security; Labour and Social Security; Transport and Mining; Health; Justice; and the Office of the Prime Minister.
   a. Do you think the Act has resulted in an increase in access to information within each of these Ministries?
   b. Do you think the Act has resulted in an increase in access to essential services within each of these Ministries?
   c. Do you think the Act has resulted in an increase in access to support services within each of these Ministries?
   d. Do you think the Act has resulted in an increase in access to employment opportunities and workforce integration through each of these Ministries?

9. What are some of the measures you would want to be put in place by the government in the next two years, to better meet the needs of children with disabilities in Jamaica?
   a. Which are the most important (ranking)?
   b. Do you think each of these can be reasonably achieved in the next two years?
   c. What would be required to ensure that these recommendations are achieved in the next two years?
   d. Of the eight key ministries identified, which do you think should have responsibility for ensuring each of these issues are effectively addressed? (Multiple responses accepted)
   e. Are there any stakeholders external to these eight Government ministries that you think should also be responsible for ensuring these measures are implemented?

10. If you had the opportunity to meet with the Prime Minister and advise him on changes needed to better improve your life and the lives of other children with disabilities, what would you say to him?

Is there anything else that you deem important for us to note in a study of this nature?
**SURVEY ON THE PERCEPTION AND QUALITY OF SERVICES ACCESSED BY PERSONS WITH DISABILITIES IN JAMAICA**

**Introduction**

Digicel Foundation in collaboration with UNICEF and the Government of Jamaica have embarked on a two-year project that focuses on “Strengthening the inclusion of children with disabilities in Jamaica”. This aspect of the study engages in research that will inform a situational analysis of persons with disabilities (PWDs) in Jamaica. More specifically, this instrument is intended to garner your perception of a range of factors affecting the lives of PWDs in Jamaica, including the role of the Disabilities Act, 2014 and the quality of service provision that currently exists.

Participation in this survey is voluntary and thus you maintain the right to withdraw at any time prior to the completion of the survey. The information provided will be treated with confidentiality and thus identifiers will not be used in the final report.

As the interviewer, I will be administering this questionnaire by saying statements to which you will indicate your level of agreement with one of the following responses: strongly agree, agree, neutral (or not sure), disagree or strongly disagree. This exercise should take approximately 15 minutes to be completed.

**BACKGROUND INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Disability: Yes [] No []</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Affiliation:</td>
<td>Type of disability: Physical disability [] Sight only [] Intellectual disability [] Learning disability [] Hearing only [] Speech only [] Multiple disabilities []</td>
</tr>
<tr>
<td>Role in Agency:</td>
<td>Severity of disability: Mild [] Moderate [] Profound []</td>
</tr>
<tr>
<td>Gender: Male [] Female []</td>
<td>Age: 18 – 30 [] 31 – 50 [] 51 – 65 [] Over 65 []</td>
</tr>
<tr>
<td>Parish of Residence:</td>
<td></td>
</tr>
</tbody>
</table>
Interviewers: Tick (✓) the response that applies to each statement.

<table>
<thead>
<tr>
<th>Knowledge and awareness of the Disabilities Act, 2014</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The Disabilities Act, 2014 is an important milestone for Jamaica</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 I know enough about the Disabilities Act, 2014</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Enough is being done to educate the public on the provisions of the Disability Act, 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 The Disabilities Act has resulted in greater provisions being made for PWDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The Disabilities Act, 2014 is ineffective until laws are implemented.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of service provision</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 The current services, programmes and products offered to PWDs by the Government are adequate in meeting their needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 The quality of the services, programmes and products offered to PWDs by the Government are at a suitable standard/quality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 All PWDs have an equal opportunity as persons without disabilities in accessing social assistance programmes provided by the Government.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 All PWDs have an equal opportunity to access social assistance programs irrespective of their type of disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 All PWDs have an equal opportunity to access social assistance programs irrespective of the severity of their disability</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All PWDs have an equal opportunity to access social assistance programs irrespective of their residential location.

More needs to be done to ensure greater access to and an improved quality of the services offered to PWDs.

| Perception of the implementation of the Disability Act, 2014 as per JEPP prioritized areas |
|---------------------------------|--------|-------|--------|--------|
| 13 Access to information, essential services, support services and employment and workforce integration are the most important issues that need to be addressed within the framework of the Disabilities Act, 2014 |
| 14 Despite the passing of the Disabilities Act in 2014, PWDs still experience barriers in accessing the following: |
| a. Information |
| b. Essential services |
| c. Support services |
| d. Employment opportunities and workforce integration |
| 15 My access to the following have improved since the passing of the Disabilities Act, 2014: |
| a. Information |
| b. Essential services |
| c. Support services |
| d. Employment opportunities and workforce integration |
| 16 In my personal experience, the quality of service provision in the following areas have improved since the passing of the Disabilities Act, 2014: |
| a. Access to information |
| b. Essential services |
| c. Support services |
| d. Employment opportunities and workforce integration |
PARTICIPANT INFORMATION SHEET

Project Title: Strengthening the inclusion of children with disabilities in Jamaica

Lead Researcher: Dr. Shakeisha Wilson-Scott

An Invitation

Digicel Foundation has partnered with the United Nations Children’s Fund (UNICEF) and the Government of Jamaica to embark on a two-year project that seeks to strengthen the inclusion of children with disabilities in Jamaica. The project addresses access to information, essential services, support services as well as employment and workforce integration – all priority areas identified by the Jamaica Empowerment Partnership for Persons with Disabilities (JEPP) as being crucial to the livelihood of PWDs. The project also seeks to strengthen systems advocacy on behalf of PWD’s. Specific project objectives include:

1. Supporting access to services by registering children with disabilities
2. Raising awareness of issues around PWD’s through media campaigns
3. Encouraging duty bearers to enact the Disability Act, 2014
4. Developing stronger advocacy by strengthening the capacity of JEPP

In order to achieve these objectives, Digicel Foundation has recruited the services of a consultant, Dr. Shakeisha Wilson-Scott, who will be conducting research to inform a comprehensive review of the current situation of PWDs in Jamaica. Dr. Wilson-Scott will be working alongside a select team to engage in a series of research activities which you may be invited to participate in, including interviews, a short survey and focus group discussions.

Your participation in this research project is voluntary and you may withdraw from the study at any time prior to the commencement of data analysis. Please note that your participation in this study will have no implications for your job or access to services offered by any agency, ministry or individual involved in this study. Therefore you will not be advantaged or disadvantaged in any way if you choose to participate or not.

What is the purpose of this research?

The objective of this engagement is to produce a robust, research-based brief that will inform and guide discussions with key government stakeholders.

How was I identified and why am I being invited to participate in this research?

Two categories of stakeholders were identified for this research:

1. Representatives from select Ministries who possess vast knowledge of the services and products provided to PWDs in the respective Ministries. Eight Government Ministries were identified at the start of the project: Ministries of Local Government and Community Development; Education, Youth and Information; National Security;
Labour and Social Security; Transport and Mining; Health; Justice; and the Office of the Prime Minister.

2. Representatives from the disability community comprising a range of NGOs, faith-based, lobby groups and individuals who are recognized as key players in the community. The membership list of the JEPP will form the initial list for the recruitment of representatives of the disability community.

What will happen in this research?

The project would require that you participate in an interview, a short survey and perhaps a focus group discussion. You may also be asked to participate in a follow-up interview which will be used to clarify or expound on information collected across participants.

Note that all interviews will be audio recorded. All audio/ voice recorded data will be transcribed and checked for accuracy.

To be included in this study, persons must sign a consent form showing their willingness to participate in the data collection process, be audio recorded and permit the information discussed to be included in the findings of the study. Note that confidentiality will be maintained. Anyone choosing not to sign the consent form will not be included in the research.

What are the discomforts and risks?

In general, there are no expected discomforts or risks associated with this research. Though youth with disabilities will be included in the focus group discussions, the content of the discussions and the presence of parents (as deemed necessary) are anticipated to offer a safe zone that does not threaten the well-being of the children or their parents.

What are the benefits?

It is anticipated that by participating in the research you may benefit from sharing your experience of living with a disability or working with persons with disabilities, in light of service provisions, the role/ impact of policies and the Disabilities Act, 2014, as well as access to services that would enhance the quality of life of PWDs.

How will my privacy be protected?

As the lead consultant, I will ensure that your information is treated with the utmost respect and will be kept confidential. No reference will be made to your name in relation to the information shared in the interview or focus group discussion. However, the names of agency representatives and independent stakeholders will be included in the report to identify the participants involved in the process. The names of all parents and their children will be withheld.

What are the costs of participating in this research?

There is no cost for you to participate in this research. It is anticipated that you will need to commit approximately 1 hour for the interview. If you are asked to participate in a follow-
up interview, you will be required to commit approximately 30 minutes for the interview. The survey is anticipated to require a maximum of 20 minutes for completion. The focus group discussion is more in-depth and may require approximately two hours to permit detailed discussion and participation in activities. A stipend will be offered to invited participants of the focus group discussions in an effort to offset costs associated with travelling to the venue.

**How do I agree to participate in this research?**

To participate in the research you must complete and sign a Consent Form which will be collected at the time of the scheduled interview or focus group meeting.

**Will I receive feedback on the results of this research?**

If you desire, a summary report of the research findings will be given to you upon completion of the study.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Lead Consultant, Dr. Shakeisha Wilson-Scott, shakeisha_w@yahoo.com, (876) 344 4717.

You may also contact Ms. Jennifer Spence-Silera, the Education and Special Needs Programme Officer, Digicel Foundation, Jennifer.Spence-Silera@digicelgroup.com, (876) 893 2591/619 5179.
CONSENT FORM

Project Title: Strengthening the inclusion of children with disabilities in Jamaica
Lead Researcher: Dr. Shakeisha Wilson-Scott
Interviewer:

○ I have read and understood the information provided about this research project in the Participant Information Sheet.
○ I have had an opportunity to ask questions and to have them answered.
○ I understand that notes will be taken during the interviews/ focus group discussions and that they will also be audio-recorded and transcribed.
○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
○ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
○ I agree to take part in this research.
○ I agree to be contacted for a follow-up interview if necessary.

Participant’s name: ............................................................................................

Participant’s signature: ............................................................................................

Participant’s contact details (if appropriate):
........................................................................................................................................
........................................................................................................................................

Date: ..................

Signature of witness: .................................

Name of witness: .................................

Date: ..................
ASSENT FORM

**Project Title:** Strengthening the inclusion of children with disabilities in Jamaica  
**Lead Researcher:** Dr. Shakeisha Wilson-Scott  
**Facilitator:**

We are doing a research study about persons with disabilities, including children who may have special needs.

**What we want to know:**
- We want to understand how the policies, programmes and services provided by the Government benefit you, as well as what more needs to be done.
- We also want to know your ideas or recommendations on how the lives of children with disabilities in Jamaica can be improved, and who should be responsible for ensuring these ideas happen.
- This research will help us to learn more about you and other children with disabilities, and even adults with disabilities.

**If you decide that you want to be a part of this study:**
- You will be asked to come and sit with other parents and their children with disabilities as we discuss some topics.
- You will have the opportunity to listen to others’ ideas and share your own thoughts.
- The discussion may last between 1 – 2 hours. Though it may take a long time, it is important to hear your opinion.
- You will not be at risk. We will not discuss your personal or private information.
- If you do not want to be in this research study, that is okay. If you decide to stop after we begin, that’s okay too. No one will punish you or treat you differently if you do not want to participate.
- When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.
- Your parents know about the study too.

If you decide you want to be in this study, please sign your name.

I, ________________________________, want to be in this research study.

_________________________________ (Sign your name here)    (Date)

______________________________
Witness