National Seminar on Disability

Organized by

Leonard Cheshire Foundation and
The Social Disability Class of the University
of the West Indies
Trinidad and Tobago
2005
SOCIAL DISABILITY STUDIES AT
THE UNIVERSITY OF THE WEST INDIES

The United Nations states that persons with some type of disability comprise at least 10% of the world’s population. Yet in spite of being such a large number, this group continues to experience social exclusion in education, housing, employment and community activities.

In January 2005, The University of the West Indies, Behavioral Sciences Department, introduced a Social Disability Studies course as a new elective to the Social Work Unit. The Social Disability Studies course is designed to sensitize students to the marginalization and discrimination experienced by the disabled within an unadaptive society. It examines the interaction of persons with disabilities within the existing political, social, cultural and legal system.

The Social Disability Class was taught by Ms. Maria Thomas and tutored by Ms. Jacqueline Huggins under the supervision of Dr. Innette Cambridge, Lecturer in the Department of Behavioral Sciences at the University of the West Indies, St. Augustine Campus. To date twenty (20) students have successfully completed the course. The University is in the process of preparing for the second Social Disability Class for the academic year 2005 – 2006.

The Social Disability Class was pleased to be associated with the national seminar on disability and to be able to partner with the Cheshire Foundation in celebration of the 50th international anniversary and the honoring of Dr. Harry M. Collymore.
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Preface

A national seminar on disability at this period in 2005 is both useful and timely. Not only does it contribute to the celebration of the 50th anniversary of Leonard Cheshire International and honouring the memory of Dr. Harry Collymore, this seminar also serves to continue the ongoing awareness building and current discourse on the integration of persons with disabilities into the society of Trinidad and Tobago. In recent years the national community has been sensitized to the many examples of discrimination, the persistent exclusion of the differently-abled from employment opportunities, equitable participation in education and meaningful participation in social and recreational activities.

This situation has given rise to action on the part of the community of the disabled, the state, the non-governmental organizations (NGOs) and the private sector. Some of these responses have included a hundred day strike by the local chapter of Disabled Persons International, the development of the National Policy for Persons with Disabilities, increased financial support for persons with disabilities from the state and the acceptance on the part of a few employers to include suitably qualified persons with disabilities in the workforce.

This seminar is also coming one year after the National Think-tank for the integration of persons with disabilities into the education system that was organized by the Social Work Unit in 2004. That conference served as the forerunner of the Social Disability Class, which co-hosted with the Leonard Cheshire Foundation this seminar within the university compound. This seminar has served to carry on the interest that that Social Work Unit of The University of the West Indies has demonstrated to give support to improving the social environment within which persons with disabilities have to function.

The fact that this seminar honoured Dr. Harry Collymore is particularly significant. Dr. Harry Collymore was valued, well respected and much loved by Trinidadian society. He was known for his selfless dedication to improving the health of individuals and more importantly for his practice at the Langmore Foundation and the National Centre for Persons with Disabilities. It is hoped that having seen the example established by Dr. Collymore for developing social services to meet the needs of persons with disabilities, participants at the seminar will be inspired to pioneer equally relevant responses for persons with disabilities in our society and at the university campus.

Disability Studies on the campus promotes inclusiveness amongst our diverse population. It assists in helping others appreciate the range of abilities that we all posses. Such an appreciation is another contribution that has been made by this seminar. Helping the university campus to be better prepared for the students with disabilities who are currently part of the student body and the anticipated increase in such students on the campus. This addition to the St. Augustine campus would require an appropriate response on behalf of the university authorities through the provision of supports and services for their integration into the tertiary education. The presence of so many persons with disabilities at this seminar signals some of the needed adaptations that the university will have to make in the future.
Lastly, this seminar has contributed to the establishment of a research agenda at the university that will focus on Disability and Integration into society. The expression of this agenda will develop the many ideas that have been articulated during the day of reflection. More seminars of this nature can continue to strengthen the growing awareness of the condition of persons with disabilities and encourage the evolution of a society that is less disabling of persons with different abilities. It is therefore with great pleasure that the Social Policy Programme through the Social Disability Class has been pleased to have assisted in the realization of this seminar and the production of this seminar report.

**Innette Cambridge (Ph.D.)**
Co-ordinator
Social Policy Programme
Social Work Unit
Department of Behavioural Sciences
University of the West Indies
St. Augustine
TRINIDAD AND TOBAGO
EXECUTIVE SUMMARY

On Friday 24th June 2005 Cheshire, Trinidad held a National Seminar on Disabilities to mark the 50th Anniversary of Cheshire International. This activity was done in conjunction with the Social Disability Class of the Social Work Unit, in the Department of Behavioural Sciences, University of the West Indies, St. Augustine Campus, Trinidad and Tobago. The organization also used this Seminar as an opportunity to honour the memory of Dr. Harry Collymore. T.C., Founder of Cheshire Home, Trinidad.

The Seminar focused on Dr. Collymore’s vision for the development and rehabilitation of persons with physical disabilities as well as current issues affecting all persons with disabilities.

The speakers, which took the audience through the day’s programme were well selected and included persons with disabilities from organizations of and for persons with disabilities, and professionals in the fields of disability, education and health, most of who had met and worked with Dr. Collymore. The speakers stressed the great impact that Dr. Harry Collymore contributed to the development of rehabilitation for persons with disabilities especially through key organizations like the Leonard Cheshire Home in Trinidad and National Center for Persons with Disabilities,

The feature address by Dr. Frankson like the panel discussions provided the audience with much food for thought. The panel discussions focused on topics such as education, transportation, and accommodation for persons with disabilities and the questions and answers session provoked much active participation from the lively audience that encouraged debate on these pertinent issues. In the end there was agreement that much still had to be done and implemented by the relevant authorities to assist the disabled community to assume their rightful status within the wider society.

The entire day’s proceedings were very educational and productive. The University has been given the challenge to effectively develop its Disability Studies Programme and to work in the areas of research, project planning and public awareness by increasing the exposure to other Faculties and to sensitize all students on the issues of people with disabilities in general and students with disabilities in particular.

The day concluded with the Manager of the Cheshire Home, Trinidad and Tobago thanking all the presenters and especially the stimulating audience for their patience and contribution to the day’s proceedings by way of special tokens of appreciation and certificates of participation.
PROGRAMME

Registration

Call To Order  Mrs. Gemma Hudson  
(PRO, Cheshire, Trinidad)

Welcome  Dr. Ricardo Mohammed  
(President, Cheshire, Trinidad)  
Dr. Kathleen Valtonen  
(Head of Dept. Behavioral Sciences, UWI)

Greetings  Hon. Anthony Roberts  
(Minister of Social Development, Social Services Delivery)  
Ms. Desiree Roman  
(Observer – Cheshire Home, Latin America)

Feature Address  Dr. Geoffrey Frankson  
(Director, Wellness Centre)

Fulfilling The Vision  Mrs. Barbara Caesar  
(Manager, Cheshire Home, Trinidad)  
Ms. Beverly Beckles  
(Chief Executive Officer, NCPD)

Questions and Comments  Mr. Harrilal Singh

“How Dr. Collymore’s Vision Restored My Life”  Current Issues Affecting Persons with Disabilities

Panel Discussions  Dr. Innette Cambridge,  
(Lecturer, UWI)  
Mr. Bhawani Persad  
(PAVI)  
Mrs. Joslyn Edwards  
(Ministry of Health)

Education  
Transport  
Accommodation

Question Time

Presentations  Mrs. Barbara Caesar

Vote of Thanks  Mrs. Barbara Caesar
MORNING SESSION

The day’s proceedings started at 9:25 a.m. with the singing of the National Anthem. Ms. Gemma Hudson, Public Relations Officer of the Cheshire Home, Trinidad and also the Chairperson for the morning session gave the participants a hearty welcome. This was followed by the Invocation, which was conducted by Ms. Joyce Joseph of Combined Disabilities, Trinidad and Tobago (CDTT).

WELCOME

Dr. Ricardo Mohammed, President of the Cheshire Home, Trinidad welcomed all present on behalf of his organization. He then gave a short history of the establishment of the Cheshire Foundation, indicating that there were Homes in almost all countries in the world. He also alluded to the fact that these Homes were being successfully managed.

The speaker enlightened the audience about the life and work of Dr. Harry Collymore and intimated his gratitude for his involvement. Dr. Collymore who was an Orthopaedic Surgeon saw the need for a home such as the Cheshire Home since it assisted mainly the war veterans with disabilities. He founded the Leonard Cheshire Home in San Fernando and this foundation has grown within the last fifty - (50) years.

Dr. Mohammed stated that in the midst of the celebrations, he was still unhappy that persons with disabilities were not being given the means to improve their standard of living. He made reference to the National Policy for Persons with Disabilities and its slow progress and the fact that there was no significant improvement to level the playing field. He believes this is indicative of Government paying “lip service” to the disabled community and not making any real effort to ensure that they are mainstreamed into society.

He alluded to the importance of having seminars such as the one being held. He concluded his welcome by stressing the fact that the authorities needed to change their ways of thinking and close the gap between policy and practice in the area of disabilities.

Dr. Kathleen Valtonen welcomed the audience on behalf of the Department of Behavioral Sciences, University of the West Indies, St. Augustine Campus. The speaker was quite philosophical in her remarks. She was very clear in the pledging of her support and the support of her department at the University for the further development of the Disability Studies course.

Dr. Valtonen expressed her hope in seeing Disability Studies “take off” and become a quality programme. Additionally, she indicated that she would lobby to see that Disability Studies be included in the research agenda of the University.

The speaker purported that the perspective of the University was that there should be teaching, research practice, and service in Disability Studies to ensure quality education. She felt that the practice and service could be applicable in the real world. She pointed to the role of the Non-Governmental Organizations and suggested that they should be the focal point for action in this area.
NGO’s were seen as forming the web and fabric of the society in civilized Caribbean society and hence could be instrumental in the integration of persons with disabilities and disability studies in the wider Caribbean.

GREETINGS

**Ms. Angela Edwards**, Director of the Disability Affairs Unit brought greetings from the Ministry of Social Development on behalf of the Honorable Anthony Roberts, Minister of Social Development, Social Services Delivery. She apologized for the Minister who was unavoidably absent because of a prior engagement.

Ms. Edwards offered congratulations to the Cheshire Home, Trinidad and the Leonard Cheshire Foundation International for the fifty years achievement and for honoring the life and achievements of Dr. Collymore. She felt that it was a valuable opportunity for the local Foundation to be showcased on the international front in view of the fact that a report of the proceedings of the seminar was being sent abroad.

Ms. Edwards informed the audience of the Ministry’s partnership with NGO’s, one being the Cheshire Home and mentioned further that the Ministry was assisting financially to the day’s programme. She ended her presentation by again congratulating the organization on behalf of the Ministry.

**Desiree Roman** of Cheshire, Latin America was a special visitor of the Cheshire Home, Trinidad. She started her greetings by congratulating the local organization for being the first country in the Caribbean to initiate activities to celebrate the 50th Anniversary of Leonard Cheshire International.

She provided some statistical data to give an indication of the situation faced by the International body. She informed the audience that the Leonard Cheshire International supported over 255 independently managed service organizations for persons with disabilities in fifty-five (55) countries.

Ms. Roman also indicated that countries like Africa, Asia and Latin America were in favor of the rights of persons with disabilities in terms of education and employment and in fact Latin America had adopted the inclusive education system. Despite this however she stated that only 2% of people in developing countries had access to education and 80% of persons were unemployed.

She ended by once again congratulating the organization on its initiative.
FEATURE ADDRESS

Dr. Geoffrey Frankson, Director, Wellness Centre

Although Dr. Frankson’s presentation was short it provided much food for thought for the audience.

Dr. Frankson started his address by looking briefly at his relationship with Dr. Collymore, founder of Cheshire, Trinidad. He spoke highly of the outstanding contributions, which were made to society by Dr. Collymore, especially through his services to persons with disabilities.

Quoting Albert Schweitzer as follows:

“I don’t know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who will have sought and found how to serve.”

Dr. Frankson further spoke of this philosophy of human happiness, which emanated from fulfillment through service. In terms of persons with disabilities, Dr. Frankson referred to studies, which showed that such persons were no more unhappy than others in society. In fact he challenged persons with disabilities to focus on what they wanted to achieve in their search for happiness and fulfillment.

He suggested that one way to achieve fulfillment was to go out into the communities and seek to help people achieve their potential through our service. He felt that the best approach to helping people was to seek to get answers to the pertinent question of, “What can we do to help you to achieve your objectives?” The speaker was quite adamant that as civilized beings, those who find happiness and fulfillment are those who have achieved their personal objectives, supporting this claim with examples from everyday lifestyles.

He spoke about the essence of civilization and suggested that in a truly civilized society there should be no barriers in the way of those seeking to achieve personal fulfillment. Furthermore, it was particularly important in these days of rampant crime to try to be more civilized, not less. Dr. Frankson shook the sensibilities of the audience with the view that hanging was not only primitive, but also an act of cold-blooded killing that had no place in a civilized society. This was stated in light of the fact that there were renewed calls to reinstate the death penalty in Trinidad and Tobago. He believed that criminals are human beings first, and although they are capable of committing extreme acts of savagery, that was no excuse for savage reactions by the rest of society.

The speaker advised persons with disabilities that, despite the difficulties they face, they needed to set clear goals, find personal fulfillment, and be responsible for their own standards of health and well-being. He very candidly stated that he felt that there were very few of us so challenged that we could not find a way to serve their fellow men.

Dr. Frankson ended by making an appeal for us to accept and respect persons with disabilities for who they are and help them to realize their true happiness, hopes, dreams and opportunities as full members of a truly civilized society.
FULFILLING THE VISION

This session was presented by representatives of two organizations, which were founded by Dr. Collymore, namely – Cheshire Home, Trinidad and National Centre for Persons with Disabilities (NCPD).

Mrs. Barbara Caesar, Manager, Cheshire Home, Trinidad

Mrs. Caesar opened her presentation by seeking the indulgence of the audience to sing her organization’s theme song, which was sung at meetings over the many years that Dr. Collymore had served as Life President.

In all humility she spoke briefly about Leonard Cheshire who she noted was Dr. Collymore’s mentor. According to her, Group Captain Leonard Cheshire was a decorated bomber pilot who touched the world as a humanitarian. He would always be celebrated as a hero who established the first Cheshire Home 50 years ago in the United Kingdom. According to the speaker there were now over 500 Cheshire Homes providing care and accommodation to persons with disabilities in the United Kingdom, North America, Latin America and the Caribbean namely, Barbados, Bahamas, Grenada, Guyana, Jamaica and Trinidad.

She then spoke about the work of Dr. Collymore in the establishment of the Cheshire Home, Trinidad in 1967, which began at the old X-ray building of San Fernando General Hospital with four male residents, 38 years ago.

Ms. Caesar provided insight about the operations of the Home and looked at the vision of Dr. Collymore while also making an appeal to potential funders for assistance to ensure that the vision was continued.

How is the Home Run?

Her audience learnt that the Home which provides residential care for persons with physical disabilities is run by a Board of Management made up of volunteers who look after the needs of the residents and have responsibility for the administration as well as funding of the services.

Financial support was provided by: -
- a small government subvention
- Corporate bodies
- service clubs
- generous individuals
An appeal was made for the assistance from large corporate bodies and Mrs. Caesar was firm that it was necessary that Government’s subvention be increased in order that they maintain their standards and assists more persons with physical disabilities.

**Health**

The speaker informed that Dr. Collymore served as the physician at the Home and he always desired to have a Matron and nursing staff, but today this is still not a reality. Despite this however, residents receive care from the General Hospital and nearby Health Centre.

**Physiotherapy**

According to Mrs. Caesar, in 2002, the Harry Collymore Memorial Park was opened on the grounds of the Home in an effort to provide a programme of physical exercises and physiotherapy for the residents. To date the organization has not been able to attract volunteers to provide this service on a regular basis.

**Respite Care**

Similarly as Dr. Collymore believed in going into the community to serve, Cheshire, Trinidad has extended its services on a small scale, by providing Respite Care to assist families who give care to persons with disabilities in their homes and who may need a rest or a vacation abroad.

**Transport**

Mrs. Caesar informed that 21 years ago due to Dr. Collymore’s great work for those physically challenged, the Lions Club of Les Efforts made a donation of a bus fitted with a hydraulic wheelchair lift. Again Mrs. Caesar used this forum to appeal for much needed assistance in the form of a new wheelchair vehicle and a utility vehicle. She played on the conscience of her listeners when she contended that these two gifts to the Home would certainly please Leonard Cheshire as the 50th anniversary was being commemorated.

**The Gentleman - Harry Collymore**

The speaker quite aptly provided great insight into the gentleman who was Harry Collymore. It was learnt that he was a well known Orthopaedic and Plastic Surgeon in Trinidad.

Dr. Collymore was the founding father of the Cheshire Home, NCPD, the Paraplegic Association and the now defunct Langmore Health Foundation where his home also served as a clinic for the lower income bracket. Dr. Collymore also gave his life to service as a Rotarian. According to her, he served with humility and a compassionate heart. His vision and determination to gain recognition and proper living accommodation for persons with physical disabilities have been acknowledged both locally and internationally. This was evident as he achieved for persons with disabilities the dignity and empowerment that they enjoy today transforming them from disabled to differently abled, thus making a difference in their lives. Further to this he won for them the right to comfortable living and some of the opportunities, which they were denied. In his role as physician, he made the lame to
walk and gave hope by restoring broken bones and limbs, even adopting family members into his own home in an effort to rehabilitate them.

What some may consider a reward was the bestowing on him of the Trinity Cross in 1999, which is the country’s highest award for service.

His modus operandi was one where he was able to achieve without a power struggle, never needing a public demonstration, but giving of himself, his skills as a doctor and even his money in many cases. He did all this and he himself was not disabled.

Mrs. Caesar sadly reflected on the fact that today some disabled leaders frown on the able bodied who serve and were willing to assist and continue Dr. Collymore’s labour of love in pursuit of a better life for persons with disabilities in Trinidad. She was candid in her remarks that this attitude by these persons with disabilities was an insult to humanitarians like Leonard Cheshire V.C. and Dr. Harry Collymore T.C.

Dr. Collymore, she informed, died on February 27, 2001 at age 82. Of significance she felt was that people from all walks of life came out in their numbers to bid farewell to this great and cherished son of the soil, demonstrating that his life was not lived in vain. She contended that like Leonard Cheshire, he had left a great legacy for us to follow.

The speaker gave thanks to God for the lives of the two heroes who were being celebrated. She felt that they have given hope to the hopeless and touched the lives of both the famous and the obscure.

The speaker was clear that the vision of a better quality life for the disabled is still very much alive today. In the case of Cheshire Trinidad, Mrs. Caesar indicated that the organization continues to be inspired by the confidence instilled in them by the late founder as they daily step in his footprints and follow a path of service with dedication, love, humility, resolve and commitment and as they look forward to the challenges ahead.

The speaker implored the audience to let the occasion act as a catalyst to take them to higher levels of service to those less fortunate than themselves.

In closing she extended congratulations on behalf of her organization to Leonard Cheshire International on its Golden Jubilee.

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**Ms. Beverly Beckles, Chief Executive Officer, National Centre for Persons with Disabilities**

Ms. Beckles presented a very interesting and well-documented paper on the history of the San Fernando Rehabilitation Centre (SFRC) and its transition to National Centre for Persons with Disabilities (NCPD) while keeping the focus on the vision of the founder Dr. Harry Collymore.
History of San Fernando Rehabilitation Centre

According to Ms. Beckles, in the 1950’s an outbreak of polio rendered a number of children disabled and led to an increase in the disabled population. At that time there was no organization geared specifically towards the development or rehabilitation of persons with physical disabilities.

Despite the establishment of the first Orthopaedic Department located at the San Fernando General Hospital, there was a gap between restoration of the patient to health and the individual’s return to gainful employment.

Based on the recommendation of Mr. E. L. S. Robertson, an Orthopaedic Surgeon, the government appointed the Lockheed Committee in May 1958 to investigate the possibility of establishing rehabilitation facilities for hospital patients. Subsequently in December 1959 an Inter-departmental Committee was appointed by the Director of Medical Services to formulate plans for the early establishment of a Rehabilitation Centre.

According to the history, in August 1960, Dr. Harry M. Collymore who was attached to the San Fernando General Hospital was sent as a representative to the Eight World Congress of the International Society for the Welfare of Cripples. Ms. Beckles believed that Dr. Collymore’s vision started on his return because of the exposure outside of the country. He saw the need, saw what was happening outside and he was moved to make a difference on his return and hence strengthened the fight being fought by him and Mr. Robertson. With other volunteers, he initiated a programme to make the best use of existing facilities for rehabilitation in the hospital.

In 1962, a Steering Committee for Rehabilitation of the Disabled was appointed by the Director of Medical Services under the chairmanship of Dr. Collymore to advise the Minister about the establishment of a Rehabilitation Centre and by February 1962, the Committee obtained the site on the side of the San Fernando General Hospital for its Centre.

In August 1962, the Trinidad and Tobago Society for Rehabilitation of the Disabled, which was chaired by Dr. Collymore, was formed. The Society was incorporated inclusively for charitable purposes to promote the rehabilitation of the disabled throughout Trinidad and Tobago and its main objective was to act as an educational, advisory and research body related to total rehabilitation of persons with disabilities. Another objective of the Society was to set up branches in Tobago and Port of Spain. The Society also had a goal of establishing a Rehab Centre as a pilot project and to have it expanded to Tobago and Port of Spain. According to the speaker, today, San Fernando is still the only one in Trinidad and Tobago.

Dr. Collymore and Dr. Robert Gunness made representations to government to get technical expertise to establish the Rehab Centre. This help came through the International Labour Organization (ILO) who sent Mr. Norman E. Cooper from the United Kingdom to Trinidad in June 1964 to spend six months during the early formation of the Centre.
The speaker indicated that when the Centre was formally opened in 1964 and the first intake of the Centre comprised of seven (7) individuals with physical disabilities (referred to as rehabilitees) who were taught to repair soft-drink cases. It was a dream come true for Dr. Collymore. While government did not put the Rehab Center in place, an NGO with support from a lot of volunteers came together and started the pilot project.

The main focus of the Centre was rehabilitation and employment of persons with physical disabilities. Between 1965 and 1983 the Centre operated as a sheltered environment providing informal training in Garment Construction, Photography, Printing, Bookbinding and Woodwork. Physiotherapy was a service offered but was discontinued in the early eighties.

Dr. Collymore also visualized the further development of rehabilitation in terms of: -
- A National Advisory Council - which did not materialize.
- A Disabled Children’s Clinic - which also did not materialize. However, volunteers taught children while they were on the wards.
- Incorporating the community in rehabilitation activities and thus he decided to go out and develop partnerships, forging relationships with Community Centres, Village Councils and organizing cottage industries by which means the rehabilitees leaving the Centre could make a livelihood.

**Transition to NCPD (1983 to present)**

The speaker noted that by 1983, it was recognized that the work, focus and standards of operations of the Centre had to shift to meet the needs of a wider cadre of persons with disabilities. The Centre was still burdened with a lack of financial resources, lack of qualified human resources as well as by a training programme, which was conducted in an informal, unplanned manner using learn-by-doing methods. Incidentally, it was the International Year of the Disabled and Dr. Collymore who was a Rotarian got help from the Rotary Club of San Fernando to help with the restructuring. Changes were made in administration, physical structure and the human resource base and in the range of services, which were being offered.

In order to make a separation from the pilot project and the Centre, the Centre had to become a legal entity becoming a Company Limited by Guarantee and setting up its own structure. By 1994, the name of the Centre was changed from the San Fernando Rehabilitation Centre to National Centre for Persons with Disabilities to convey the national focus of the organization as well as its target population of all persons with disabilities. This change was also necessary because “Rehabilitation” did not have the same meaning then that it has today. NCPD then came into being as a private, non-profit organization involved in the development and integration of persons with disabilities into the wider community. The organization has since moved from being a sheltered workshop to an outstanding vocational training and employment institution, nationally and regionally.
Ms. Beckles read out the organization’s mission, which states that NCPD seeks:

“To provide persons with disabilities with effective and efficient training to enhance the quality of their lives and promote their integration into the wider community”.

To this end she indicated that, “the vision is still there even today as we review elements in terms of rehabilitation, training and the integration of persons with disabilities”.

The capacity of NCPD is one hundred and fifty (150). While Dr. Collymore’s focus at the time was persons with physical disabilities, NCPD now deals with a wide cross section of disabilities including hearing and visually impaired as well as learning disabilities. The target population starts at the age of fifteen. The organization has a comprehensive training programme, which provides certified training in the areas of Woodwork, Garment Construction, Food Preparation, Horti/Agriculture, Printing, Bookbinding, Construction of Orthopaedic/Surgical Footwear and the manufacturing of Disability Aids. All young persons undergoing training must also participate in remedial and numeric, reading and writing skills, computer literacy, independent living skills, sports/recreation and job placement as a total package.

Continuation of the Vision

The speaker was quite clear that the vision of Dr. Collymore was continuing and stated that in fact, the theme for NCPD’s 40th Anniversary was, “Towards a Society for All”. In this light the organization believes that every individual must enjoy full participation in the society. She further added that the goal of the organization is to provide individuals with the best opportunities for vocational growth and success and it will continue to do so. As the organization continues to reshape itself there is the commitment to help trainees meet the demands of the competitive labor market while seeking to increase its work with mainstream technical and vocational education and training institutions in the country, both public and private, to integrate trainees with disabilities into their programmes.

Ms. Beckles avowed her pride in the contributions NCPD has made and continues to make since the humble beginnings of the Rehab Centre. According to her, while tracing the vision of Dr. Collymore we can see today that the question of rehabilitation is still important and that there is not enough in the country. NCPD remains the only rehabilitation center in San Fernando serving all over the country even extending its services to the wider Caribbean. She advised that as service providers there was the need to continue to advocate for the services. She acknowledged that the service organizations faced challenges especially the challenge of finances but that making representations to the powers that be must continue and will continue.

She concluded by indicating that what was said back in the 1950’s is still relevant today, that someone had a vision, which continues, and what NCPD is doing is actually building on that vision.
The morning’s session of presentations was completed before the schedule time so a decision was taken to allow the participants the opportunity to ask questions and make comments on relevant issues. Although this session was unplanned it proved to be very interactive and solicited a number of interesting questions and responses, which were quite enlightening for the audience. Dr. Innette Cambridge was asked to chair this session.

**Question 1:** Harrilal Singh asked whether or not the University had any plans to set up rehabilitation centres in Trinidad?

**Answer:** Dr. Cambridge indicated that to the best of her knowledge the University has never done that. She further stated that the government had given a certain amount of money to support persons with disabilities who wanted to come to the University. She also indicated that the University was establishing a Disability Unit especially for students with disabilities to give them support. This Unit was the responsibility of the Student Affairs Unit and not the Behavioral Sciences Department. She however, gave a comprehensive view of the establishment of the Social Disability Class, which was established at the university within the context of the Department of Behavioral Sciences within the Social Work Unit. Ms. Maria Thomas, a Special Education Specialist teaches the class.

She indicated that she was sensing a high level of commitment from the university in favor of the further development of Disability Studies, which was reinforced she felt by the presence at the seminar of Dr. Valtonen and the comments she made as well as previous comments made by the Dean, Dr. Hamid Ghany. She further indicated that from the Disability Studies programme there would be individuals who will then go out and be in a position to be advocates on behalf of the disabled and also with the necessary competencies to help in establishing centres in terms of personnel and staffing. She believed that this was the best contribution the University could make. She also believed that the University could assist in providing a valid knowledge base through writings and research etc.

Dr. Cambridge emphasized her point about the contributions and services that the University gives and will continue to give by identifying the Tutor of the Social Disability Class, Ms. Jacqueline Huggins and a past student, Ms. Ingrid Anderson who were assisting the host organization by recording the day’s event for the purpose of preparing a report. She reiterated that the University has not given any commitment to establish any centers. She continued by reporting that the University also provides trained personnel who have learnt how to write project proposals, how to develop ideas, how to plan papers and they were now learning about Disability and Gerontology. According to her individuals are coming out with specialist knowledge and they are coming out with basic skills for social service development so that it is left up to their political will and determination to work in challenging environments.

She extended the point about the genuine interest shown for disabilities studies by indicating that through formal discussions she held with the Dean and his indication of things he would like to do, she knew he was supportive. She referred to the example of the Think Tank Conference, which was a national conference on disabilities held in 2004, and the level of financial support, which was received from the University. She also informed the
audience that the host organization for the day's seminar was in fact given a discount for the venue.

**Question 2: Ms. Merle Khoza asked whether there was going to be any input from persons with disabilities in the Class?**

**Answer:** Ms. Anderson, a past student of the class, informed the audience that the class was not only about lectures but also that there were guest speakers, consisting of persons with disabilities and parents of persons with disabilities, sharing their experiences. She felt that this interaction made a difference.

**Question 3: Merle Khoza asked how was that enriching?**

**Answer:** Dr. Cambridge called on students from the Social Disability class and the tutor who were present to address the issue.

Mr. Nicholas Gilbert, a past student of the class stated that the personal interaction with persons with disabilities really affected his way of thinking and understanding as it related to disability. He made reference to the research project, which was given to the class, which had to be conducted with a person with a disability who had made an impact on their community. He recounted that during the interview he was the only person in the institution who could not communicate with everybody else. According to him everybody could communicate with each other and he felt like the person with the disability. It was challenging for him, as he had to come up with a way of interacting with people. He had an interpreter for a short period and he also had to write. This proved to be a hindrance since his handwriting was not very legible. This experience allowed him to understand what persons with disabilities really had to face. He also felt that it was not the person who was disabled but rather how society was structured. He also felt that if things were put in place and if society was structured differently then what we call disability will no longer be a disability.

Madonna Stewart-Morris and Michelle Serrette-Mathews both agreed that there is not much research done in the country that you could go back and look at and get something to build on. Madonna indicated that she was hoping to get into this area when she finishes her studies. She spoke briefly about their research project in the area of substance abuse. They believed that this area was very taboo and that people did not want to share information about it since there were prominent people in the society involved. They felt that they had learnt a lot due to their participant in the class, they were able to share a lot and encourage other students. They felt that there were many core courses to do in Behavioral Sciences Department and strongly suggested that Disability Studies become one of the core courses. It was felt that a lot of students come into the University and take things for granted. One area of concern was how they treated or looked at persons with disabilities. They concluded by suggesting that every student coming into the University should learn and appreciate that not everything is perfect in the world and that for some there is more to life than partying.

Dr. Cambridge provided a brief about the Tutorial system at the University before asking the Tutor to speak. According to her there is a Lecturer who provides the basic lecture and a system of tutorials as it pertains to the English system modeled on the Cambridge practice. Under the system a tutor goes into some depth answering questions, clarifying aspects of the
lecture since it is not possible for the lecturer to do one on one with students. In the class there were twenty (20) students.

Ms. Huggins informed that she had been working with persons with disabilities for a long time and hence doing the tutorials was not a problem. She found that the class was a learning experience for the students. Many in the past took things for granted and they now had an understanding of how to deal with person with disabilities. What worked most effectively was the project assignment where they had to go out into the real world of persons with disabilities. She expressed the hope that the students would follow her advice that they cannot do Disability Studies on campus and not make an impact. She felt that people needed to see Disability Studies that they were doing something and then they could go out and spread the message.

**Question 4: What research if any has been done on sports for the disabled?**

**Answer:** Dr. Cambridge indicated that the research agenda is relatively new. She was aware of two postgraduate students who were doing work on persons with disabilities. One student did work on physical impairment and the other who had a background in medical social work did work on the hearing impaired. She felt that the latter had material that was enough for her to build on but there was the need to understand that students were functioning under a great deal of stress, lacking finances, working and studying and a host of other problems. She also felt that it might be some time before the student takes up that work again. That student had done work with children in the St. Patrick area. Dr. Cambridge was unaware of any research dealing specifically with sports and disability but informed that the University now had a sports unit in the Faculty of Social Sciences. They were offering Sports Management at the level of a minor and she believed that disability would be one area within the programme.

Dr. Niles indicated that presently, once a week the Paraplegic Society conducted practice sessions in wheelchair basketball at the University’s facilities.

Mr. Bhawani Persad provided further details on the existence of sporting activities for persons with disabilities. According to him there are different activities including wheelchair tennis in Barbados, botchee, floor hockey and the Special Olympics where the Caribbean team and local team have been making the disabled community proud in many areas internationally. Blind cricket is now coming into its own and presently there is preparation to send a West Indies team to South Africa next year for the World Cup in Blind Cricket. Despite all of this he feels that more needs to be done.

**Question 5: Mr. Bhawanie Persad wanted to know what, if any, was the correlation between HIV/AIDS in the context of it being seen as a disability and Disability Studies?**

**Answer:** Dr. Cambridge provided vital information in this area. She clarified the role of the Social Work programme informing that it essentially consisted of a range of courses which exposed the undergraduate student to the theory of social practice, social policy and planning and also to practical skills which is done on placement. Among the range of courses being taken some are called electives and Disability Studies is one such course available to all students of the University. Although the course is taught from the Social
Work programme there are students from other faculties for example, Humanities, in the class.

She further shared that in terms of HIV/AIDS, it is being viewed as a developmental issue at the University. For example, in Social Planning it is looked at in terms of social exclusion looking at its effect on the work force and the general population should the increase not be contained. The subject is covered in other areas and it is known that administration has indicated that it should be included wherever it is possible in all courses. She felt that because of the seriousness of the issue and the fact that it is being addressed in other areas there was no real need to have it included in Disability Studies. However if the lecturer saw the need to do so then she would be given the support.

**GENERAL COMMENTS**

- **Ion Gibbon**, member of the Board of NCPD suggested that the government should give permanent and sufficient funding to the University for research on disability.

- **Ms. Oma Nagir**, a parent of a child with a disability and an employee of the Examinations Department of the University informed that the number of students with disabilities had grown over the years. Disabilities consisted of a range of physical disabilities and mental disabilities including schizophrenia and panic anxiety. In fact the University was preparing to take in two (2) students who were visually impaired in the new academic year 2005 - 2006. They were in the process of purchasing relevant machinery and equipment to accommodate the students.

  She felt that many students do not disclose their disability because of the fear of stigmatization. However her department experiences problems at examination times when disabilities are then revealed and the University is hard pressed to provide the proper accommodation to enable students to write exams. Her experience has been that she had to educate herself about the many disabilities so that she could assist students and advocate on their behalf. To date concessions are provided in the form of extra time to write exams, providing special rooms where students can be alone and educating invigilators about what to expect and how to deal with students.

- **Maude Joseph** of the Leonard Cheshire Foundation Home shared that she and Mrs. Barbara Caesar had undergone training at the University in 1997 - 1998. At the conclusion of their training they conducted a survey in the community of Pleasantville, San Fernando where the Cheshire Home is located. The results showed that there were many persons with disabilities in the community but many preferred to live in their own homes. They however, had two major needs, that of the need for transport to visit medical facilities and their caregivers needed assistance in the form of access to respite care when they needed a rest or to go on vacation. At present the organization provides respite care on a small scale and provides transportation to persons in the community.

- **Sandra Tambi**, Diagnostic Specialist, Ministry of Education alluded to the suggestion of Ms. Huggins the Tutor of the Disability Studies Class that students
should implement a project at the University. She suggested that during orientation week for new students may be an ideal time to do it and suggested the setting up of an Information Booth providing the kind of education and awareness needed. She also offered the assistance of organizations involved in disability in terms of brochures and other materials.

- **Ms. Chandra Ragoonauth**, employee of the Admissions Department at the University suggested that there be some form of sensitization of students before they enter the University. She indicated a major concern of her department was the fact that students did not reveal their disability status despite the fact that the question is asked on the application form. She also informed that this has negative consequences at examination time when they don’t have a choice and this places the university at a disadvantage when the examination section has to make arrangements for the student. There was the need to convince applicants to inform the University of their condition.

- **Mr. George De Pena**, Associate of the ILO and Board Member of NCPD, offered congratulations to the Cheshire Foundation. He made a call for the University to look at the stigmatization of HIV/AIDS and its effect in the workplace bearing in mind the disabling effect on its victims who lose their jobs, cannot work and are abandoned by their families. He indicated that there was funding available from CARICOM special programmes, which the University could tap into.

This session ended at 12:20 p.m.

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**AFTERNOON SESSION**

Mr. Nicholas Gilbert ably chaired the afternoon session. This session like the morning session proved to be very informative and enlightening for the audience. It started with a moving account of the personal experience of a person with a disability who had the good fortune of meeting and developing a relationship with Dr. Collymore and it ended with presentations on key issues for persons with disabilities by a panel that provided information and much food for thought for the audience. Once again the audience had the opportunity to ask questions and make dialogue before the day’s event came to an end.
Mr. Harrilal Singh

“How Dr. Harry Collymore’s Vision Restored My Life”

Mr. Singh gave a touching presentation about his good fortune of meeting and developing a close relationship with Dr. Collymore from the age of twenty years. He focused on how Dr. Collymore’s vision restored his life starting from their first meeting and the subsequent relationship, which ensued up to his death.

Mr. Singh informed that in 1968 he suffered a spinal injury while cutting trees in the forest, and became paralyzed. After his traumatic injury, while in hospital he understandably went through his “why me” stage and for the first time in his life he found himself without a clear-cut purpose and he was devastated. This gave him the privilege to meet Dr. Harry Collymore and he believed that it was due to the encouraging words from Dr. Collymore that he gained hope and has made every challenge an opportunity to make something of himself. During his therapy for example he pushed himself beyond normal limits in order to do more for himself.

He described Dr. Collymore as, “a man of virtue who had a heart of gold, a man so dedicated, energetic and adorably wholesome”. He truly admired him and felt that he had never before met a more genuine soul. He further stated that Dr. Collymore's sacrifices for his patients' comfort and well being were far greater than his rewards.

As he recounted the assistance he received from Dr. Collymore he shared that when the doctor saw him trying to continue his studies while at the hospital, he was so moved and became instrumental in getting him enrolled at the San Fernando Rehab Centre now called the NCPD. Arrangements were made for a nurse to accompany him to the Centre each day for training, return to take him to the hospital for his lunch and then take him back to the Center for the rest of the day. At 4:00 p.m. another nurse would come to take him back to the ward. He strongly believes that this was a case of a man who was dedicated to caring for people especially those who were disabled.

Even after he left the hospital and started living at the Leonard Cheshire Home their relationship grew. He further described Dr. Collymore as a father to him (and the other residents) who comforted him when he was around and one who had time to listen.

According to him, “he was a social worker, doctor, father, everything...”. During his daily life he had to face many challenges because of his disability but it was made easier because of the many things he was taught by Dr. Collymore, including great morals, patience, tolerance, love and being sensitive to the feeling of others.

This allowed him to share the vision of Dr. Collymore and therefore he was able to experience triumph over tragedy. Mr. Singh proudly stated that he has learnt to live independently; he is gainfully employed for the last 36 years, drives his own car, and does his own shopping and goes wherever he wants to go. He also believes that the influence of Dr. Collymore has led him to join the crusade since the early 1970’s to get involved in social work to make the lives of other persons with disabilities happier by guiding them to independent living.
He concluded his presentation by affirming his belief that happiness comes from fulfillment.

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**PANEL DISCUSSIONS**

The panel discussions were successful in highlighting certain pertinent points in relation to current issues affecting persons with disabilities in the areas of Education, Transport and Accommodation. Unfortunately, the presenters for the areas of Health and International Labour Organization were unable to attend the seminar.

**PANELIST - DR. INNETTE CAMBRIDGE**

**EDUCATION**

Dr. Innette Cambridge is a Lecturer in the Department of Behavioural Sciences at the University of the West Indies, St. Augustine Campus. Dr. Cambridge provided a thought-provoking presentation as she sought to highlight critical points within the context of disability and education, the main being that of integration of persons with disabilities within the education system.

**Current Situation**

Dr. Cambridge began her presentation by reviewing the current situation with disability and education in Trinidad and Tobago. She informed that education for persons with disabilities had traditionally been conducted in special schools and there was the establishment of a number of schools for specific disabilities for example, the blind, deaf and physical disabilities. In talking about the range of disabilities she pointed out that on one side of the spectrum were visible disabilities like seeing and mobility impairment but on the other side there were persons who had invisible disabilities like mental and learning disabilities which were overlooked. She emphasized the point by comparing when we see someone in wheelchair how we are automatically sensitized to what the person’s needs are but persons with invisible disabilities in some ways have a harder time especially in the education system.

The speaker identified diversity as an important issue in understanding the current situation. According to her there is the need to understand within our society that we have tended to put persons with disabilities in special situations because we felt to a large extent that at the time they could not be accommodated within the general education system. And even within the special school system when we speak of disability we tend to focus on physical disability or seeing impairment.

She shared some of her experiences both as a teacher and a PhD student studying in the United States of America. She particularly singled out persons with visual impairment who she had worked and studied with indicating that she was impressed with their high levels of intelligence.
Dr. Cambridge suggested that it was therefore time that it was recognized that we are dealing with a situation where persons can be seen as normal but are just disabled from full participation in society. She felt that in the case of the education system there is the need to appreciate how disability in its many forms can affect the learning process for example in the case of a child who cannot see the blackboard, cannot hear or who may be hyperactive.

**Integration as a Goal**

Another issue discussed by the speaker was that of Integration. She indicated that both internationally and on the national front there are policies of integration with the emphasis on equity and equality within the system for students. She intimated the recognition that Education is a right for all students including those who traditionally have been kept out of the education system under the claim that they cannot be “taught”. She emphasized that Education was a right for all persons.

Dr. Cambridge substantiated her claim by making reference to a number of existing policies and rules, which govern the rights of persons with disabilities to have access to an education. She referred to the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities of 1993 which states that the education of persons with disabilities should be an integral part of the education system at all levels - primary, secondary and tertiary.

She also referred to the United Nations Declaration of Human Rights and the Social Economic and Cultural Rights, which were much older documents. The speaker indicated that more recently, there was a large international meeting held at the end of 2004 which sought to reinforce the existing declarations. In essence, the principle is and what is being worked towards is the integration of persons with disabilities in the education system at all levels including the University.

**Challenges of Integration**

The speaker admitted that there are challenges to the integrative process as it took the political will, mind set, commitment and financial resources to make integration a reality.

- She further explained that the **political will** or lack of political will inform certain **attitudes** and a **mindset** that affected decision-making in the society. In the case of persons with disabilities e.g. when arguments are brought to the table there is the need to defend and justify why persons with disabilities are entitled to an equal share of the pie as other people. She declares that with the mind set is a feeling especially in the educational world not so much that people are unwilling but that people are sort of apathetic, a feeling that they do not really know how to deal with this, almost a fear of getting involved. There was a suggestion from the audience that there is really a fear of victimization in a small society, which keeps people from speaking out, and Dr. Cambridge agreed citing the situation of the public servants who sign an agreement not to speak out on public platforms.
Dr. Cambridge believed though this has to do with a cross between lethargy and a kind of crisis, which is a part of our society. This situation she believes applies not only to the issue of the disabled but also to many other areas where people feel paralyzed and powerless and not too sure what to do and as a result they do nothing. According to her when you do nothing you have made a choice and you are supporting the status quo and have made a conscious decision to leave the situation as it is.

- The speaker then introduced the issue of policy and **policy development** as she indicated that Policy was about choice and that the political will further requires that we begin to think about policy and policy development. She suggested that there was the need to recognize that when people feel they are sitting on the fence in reality they have made an unconscious decision to maintain the situation as it is. There is the need to develop clear policy within the educational arena as to how do we include people with disabilities in the society or into other institutions.

- She further suggests that we also need to make **commitments of financial resources**. According to her, commitment was not only about mother or father roles but also about developing your society, although incidentally in the normal scheme of things, people were scared of commitment. She was adamant that people had to commit to being nationals, adhering to certain principles, ascribing to a certain value system and living a particular value system.

- Connected to commitment was what she termed “walking the talk” and therefore ‘putting your money where your mouth is”. Not only committing financial resources but also **establishing supports**.

**Making Integration a Reality**

She provoked the audience’s mind by asking the question of how do we make integration reality? However, the speaker provided some solutions.

- She suggested that it had to start off with the early childhood education where we look at **early childhood assessment** and integration. She informed that the policy of the Trinidad and Tobago Government was to move away from special schools, which the children were familiar with and to integrate the children into mainstream schools. All children with special needs would then be able to go to a school with the special supports in their neighborhood. In order to do that there was the need to start not with primary school but at early childhood education where all children, not just children who are looking “special”, are assessed to ensure early detection. It is felt that because we are a diverse people children should be going to schools with persons who have disabilities, or different ethnic groups etc. Diversity must be a natural and normal way of life so that from childhood we get accustomed to seeing persons with disabilities and we also know what kind of supports they need and they get to know how to relate to others because when you are secluded you do not get a chance to interact and develop many of the social skills which are so needed to live as a holistic people.
Another suggestion made was that of **staff preparation**. The speaker indicated that staff is sometimes at a disadvantage since they are expected to teach without the proper training and deal with a diverse class. At times they are not even told that they have someone with a disability and are therefore unprepared. This sometimes leads to a paralysis that persons feel when they are faced with teaching persons with disabilities. With reference to her personal experience she indicated that she felt teaching the visually impaired was easy but that she had not discovered the art of relating to the hearing impaired.

There was still hope today fortunately because of the availability of many technological advances in society. It was important to realize that there are **technical supports** that can be obtained not just for the blind but one can get different devices to assist persons with other kinds of disabilities.

She suggested that support was also needed in the form of **adaptation of buildings and other physical structures**, which needed to be suitable so that persons with disabilities can be a part of the class.

She concluded on the strong point that making integration a reality rests on promoting the value that **Education is a Right** for all children as determined by the Declaration of Human Rights.

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**PANELIST - BHAWANIE PERSAD**

**TRANSPORT**

Mr. Bhawanie Persad has been blind since birth. He presently holds several key positions in organizations of and for persons with disabilities. He is the Secretary of Persons Associated with Visual Impairment (PAVI), the West Indies Blind Cricket Council and the Caribbean Council for the Blind. He is also the Chairman of the Trinidad and Tobago Blind Cricket Association and Member of the Consortium for the Empowerment of Persons with Disabilities.

The speaker provided a very interesting presentation on this topic as he recounted **“Transportation and My Experience as a Disabled Person”**. Mr. Persad started his presentation by reviewing the current situation with transportation for persons with disabilities in Trinidad and Tobago. He informed the audience that the transport system was generally based on the free enterprise system. The available options ranged from the government managed Public Transport Service Corporation (PTSC), which provides bus services to the private individual who offers his or her vehicle for hire.

He then informed about what was specifically available for persons with disabilities in Trinidad. He indicated that there were improvements with the coming on stream of the
Dial-a Ride services. In Port of Spain, there was a service operated and managed by the Institute for International Health Care and Human Development (IIHHD) and in South Trinidad, there was the service being operated by National Centre for Persons with Disabilities. The government through the PTSC had also added a compliment of five (5) special buses to their transport services to bring further relief. Despite this however, he indicated that there was a need for more buses, which would enable the participation of more person with disabilities in events like the Seminar being hosted by the Cheshire Foundation.

Further to this, the PTSC had for many years provided concessions for the challenged passenger, senior citizens and pregnant women who are allowed to board the buses first. Of note is the fact that all the buses now have signs, which indicate, “Seats reserved for the disabled”. There were some individuals who because of ignorance, chose not to adhere to the signs and disobeyed the rules.

In Tobago, thanks to the help of the Tobago House of Assembly (THA) there are two special buses. Whilst many challenged persons have benefited from the improvement it has brought most relief for persons with wheelchairs since these buses were designed with lifts, which facilitate easy access.

**My Experience as a Blind Traveler**

The speaker shared his personal experience and made several recommendations for decision makers as well as persons with disabilities. He indicated that despite his disability he was capable of using the various means of transportations, which were available.

There were times when some private individuals who offered their vehicles for hire made negative remarks, but during his travels he has found some drivers who were courteous, honest and willing to go the extra mile to facilitate and assist persons with visual impairment. He has hope that the negative experiences will change sooner rather than later through education and awareness building.

Mr. Persad also informed that many visually impaired persons including himself who travel on their own relied on the various landmarks or impressions on the pavements or roads so that they know where their stop is. Some of the good landmarks are the smell of fried chicken from a Kentucky Fried Chicken fast food outlet, an impression or pothole on the road, which indicate you are near your stop. There may be times when someone may take a doze, but good instinct will perk him or her up at the appropriate moment. As a precaution though, he made the suggestion that buses and maxi-taxis should be fitted with mini public address systems instead of boom boxes so that drivers could alert passengers of the next stop. He also added that this would be of benefit not only to blind passengers but other passengers including persons using the route for the first time.

The speaker mentioned his preference for using a white cane rather than a guide dog, since he believes it affords him to travel with less hassle to use a cane. At present there are about
three persons in Trinidad and Tobago using guide dogs but unfortunately there is no legislation in the country governing the rights of persons who prefer to use a guide dog. Such persons using this form of assistance, encounter a lot of problems in trying to get taxis, buses or maxi-taxis to pick them up since in this country taxis are not one passenger taxis but made for everyone.

He enlightened the audience about what the term “to travel” really meant. According to him, it is not only to come in and out of a vehicle but it also entailed learning in the basic techniques in street mobility, and it also required that pavements, buildings and other facilities be accessible for the challenged.

To the visually impaired traveler, he suggested that learning orientation and mobility skills were vital tools to ensure their independence. A lot of agencies have been teaching this. To the decision makers he further suggested that street signs should be clearly visible and that traffic lights must be fitted with audible devices and buttons strategically placed. According to Mr. Persad, some of this is already in place but there still had a lot more to be done. This he suggested could only be attained by the disabled and their respective organizations continuing to advocate for and on behalf of challenged persons with one voice.

He closed his presentation by expressing best wishes to the Cheshire network for the continued growth and noted that celebrating 50 years was a landmark. He also wished that clients who are served by such institutions realized that they have a great opportunity to help to empower themselves.

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**PANELIST - JOSLYN EDWARDS**

**ACCOMMODATION**

Ms. Joslyn Edwards is a registered Nurse and Midwife and presently works with the Ministry of Health, Community Health Services on its Community Based Rehabilitation Programme.

Ms. Edwards began her presentation by suggesting that the Disability Seminar provided an important opportunity to discuss and share insights on new and important strategies to support persons with disabilities. She indicated that the fact that the seminar was taking place demonstrated just how far we have come as a society in our understanding of the needs and the abilities of persons with disabilities, but however, we still have a long way to go. Like other presenters, Ms. Edwards was very comprehensive in her delivery.

Her introduction looked at the existence of international legislation with reference to persons with disabilities. According to her, over the last 50 years, societies have moved to recognize the rights and contributions of persons with disabilities. Since the celebration of the International Year of Disabled Persons in 1981, many countries have established disability legislation to promote human rights and equality of life of persons with disabilities.
There has also been considerable progress in the deinstitutionalization of service provision to persons with disabilities and improvements in community acceptance of such persons. Special reference was made to the Equalization of Opportunities for Persons with Disabilities policy, which was ratified by governments worldwide expressing the commitment of the international community to improve the lives of persons with disabilities through rehabilitation, education, employment and integration into economic and social life.

Ms. Edwards acknowledged that Accommodation is a major challenge and defined it as “providing persons with disabilities with accessible housing and environmental options, so that they can function and maximize their potential in life by ensuring that they gain the best possible support in an environment that suits their individual life”. Despite the progress in developing legislation and policies, she felt that Trinidad and Tobago needed further work and commitment to develop the appropriate administrative systems for the promulgation of legislation. It is felt that the policies and plans thus applied will enable persons with disabilities the following:
- To have control of their lives
- To provide resources to address shortfalls in service a quantity and quality
- To make communities accessible
- To further increase community awareness and positive regard for person with disabilities through advocacy.

The speaker informed that in recent years there has been considerable emphasis placed on reform within the Public Service with particular reference to Health Sector Reform and Social Sector Reform programme. The government was continuing the work to identify and address situations that impact on the provision of suitable accommodation for persons with disabilities and to develop and strengthen inclusive communities where persons with disabilities have equality of opportunity and status.

The speaker provided some information on the available legislation and policies, which addressed the issue of accommodation for persons with disabilities. She noted that although they are written, some of the policies and programmes coming out of the documents have not been able to be implemented.

- **Equal Opportunity Act No. 69 of 2000** - This act applies to discrimination in relation to employment, education, the provision of goods and services and the provision of accommodation. The speaker considered the Act as a powerful tool for promoting the inclusion of persons with disabilities by ensuring that a whole range of agencies and individuals are willing to make their services and facilities available and accessible wherever this does not cause ‘unjustifiable hardship’ to the provider.

- **Draft National Policy on Persons with Disabilities** - This is seen as the principle policy relating to provision of services for persons with disabilities in Trinidad and Tobago. She outlined the objectives relating to accommodation as:
  - To ensure that housing is accessible by adopting the concept of “Universal Design” in all housing developments
  - To establish supervised residential facilities
  - To provide assistance to construct their own homes where persons own land
  - To provide assistance to homeowners to modify their homes in the event that they develop a disability.
- Access to the built physical environment, which is supported by measures to ensure a barrier free environment. The development, maintenance and enforcement of standards for planning, building and construction of public buildings, modifications of existing buildings and the allocation of parking spaces and the display of the “Access Symbol” will ensure this.
- Provisions for technical aids and equipment
- Prevention of disabilities and rehabilitation that would assist persons with disabilities to utilize appropriate accommodation.

**National Housing Policy** - Makes provision for person with disabilities by offering non-profit and religious groups 100% financing for constructing shelter for the elderly and persons with physical and mental disabilities. Homeowners are assisted with 100% financing to establish “Granny suites”.

**Draft National Policy on Ageing** - This document addresses issues of housing by enabling older persons who are at risk for disabilities due to chronic illnesses to live in their homes for as long as possible.

Other legislation listed included **Homes for Older Person’s Act 2000, Children’s Act 2000** (including 5 pieces of legislation), **Socially Displaced Persons Act 2000, Education Act** and **Sports Policy**.

**Structure of the Service Sector**

The speaker indicated that central to the discussion was the reality that the majority of persons with disabilities are accommodated and cared for in their own homes by their families who are in turn further assisted in varying degrees by other individuals e.g. friends, neighbors, other family members, communities and the government.

She also informed that although over the last 10 years there has been a rapid increased demand of residential accommodation services, which have been met mainly by NGO’s, community based organizations and private agencies only about 50% of the residential homes provide minimal placement of adults with disabilities and there were no homes that cater exclusively for adults with disabilities.

The Government’s contribution however has been twofold, one as provider of funds through pensions, grants and allowances, contractor of services and two, as a provider of services to meet the needs of accommodation for persons with disabilities particularly when they are without social network.

**Community Care Development Programme**

Government’s contribution as a provider of services is exemplified in the Community Care Development Programme, which is being facilitated through the Ministry of Health under its Health Sector Reform Programme. The Programme aims at the provision of a range of services to enable children and adults who are inappropriately institutionalized in acute health care settings and who are in need of social care to live as normally as possible in a community care setting, through the increased involvement of the NGO/CBO and private
sector. The long-term goal is to raise the quality, responsiveness, appropriateness and cost effectiveness of community care services. This phase of the programme aims at deinstitutionalizing of patients from acute care in hospitals to community care settings.

The objectives in relation to persons with disabilities are to:
- Develop models of care and standards
- Develop licensing and registration protocol for residential homes
- Develop clients assessment and classification system
- Conduct surveys of residential homes
- Develop mechanisms to purchase quality, consumer-centered support services
- Liaise with other ministries on matters relating to persons with disabilities
- Develop partnerships with other agencies and ministries to plan services and develop policies to meet current and future support needs of persons with disabilities.

According to the speaker, the Division of Ageing, National Family Services, Disability Affairs Unit, Socially Displaced Unit, Ministry of Education and other tertiary education establishments are also doing work in the area.

The speaker stated quite clearly her belief that the empowerment of persons with disabilities themselves was another important factor in the provision of accommodation services. She also felt that the best outcomes could only be achieved when they, their families and caregivers, are central to all aspects of service planning and delivery and are enabled to make decisions about their lives and the services they require.

**Key issues in the provision of Accommodation for persons with disabilities**

The speaker provided the following suggestions for consideration when providing accommodation for persons with disabilities:

- **Needs assessment** - the extent of need for accommodation services was still not fully known because of lack of analysed data from National Census and surveys conducted.

- **Legislative review** - This was needed to reduce the possibility of overlap and to check for appropriateness and relevance based on changes in societal values.

- **Funding** - This funding should not be developed in isolation but it should be part of the entire needs assessment process. There must also be proper monitoring of service delivery and accounting procedures must be in place.

- **Monitoring and evaluation** - Accreditation or application of minimum standards provides an important baseline for evaluating accommodation service quality in the absence of which minimum criteria can be used. It is also important that quality outcomes in the provision of accommodation services be evaluated to see if they are meeting the satisfaction of persons with disabilities.
Partnership - Accommodation services for persons with disabilities are uncoordinated, fragmented and duplicated. There is not yet established a “single point of entry” to the system of care and support and so, individuals and families become frustrated when accessing care and support. The roles and responsibilities of the participating agencies should be clearly defined and mechanisms should be established to improve coordination for example the development of quality teams. Partnerships should therefore be formed among agencies and ministries to coordinate their efforts to have an impact on the well being of the person with disabilities and all efforts should be made to provide a seamless service.

The speaker concluded her presentation by alluding to the fact that there is no doubt that development of accessible and responsive communities would help to minimize the need for ‘special’ support to accommodate persons with disabilities. She added though that where it is needed, systems should be in place to ensure that provision of accommodation services are focused on real needs and on efficient use of resources to achieve positive outcomes.

The panel presentations were followed by a question period and the following highlights some of the thoughts shared during this period.

QUESTIONS AND COMMENTS

Question 1 - Merle Khoza asked when the Community Care programme would come on stream in light of persons with disabilities being presently abused in homes?

Answer: Ms. Joslyn Edwards informed that the Ministry of Health had already trained homeowners, and assessed patients who will move as part of the pilot project into the community homes. She also indicated that they have developed minimum criteria by which both homes should operate and have also been in the hospital working with staff in terms of sensitization. She conceded though that as part of the Health Sector Reform that programme should have started a long time ago but there were many setbacks and she believed that there is now some level of commitment by the policy makers. However, the police makers cannot make laws without information.

She has recognized that a lot of laws and policies are being put forward but they did not have the necessary pieces of research that would guide as to what is truly needed. In fact she felt that the programme may be a long time in coming but that the process has started and there is hope that when the pilot phase has come to an end that the programme is going to move out in terms of not only getting the rest of the patients out of the hospitals but also developing the services that are needed to support them while they are there.
In the case of other Ministries she indicated that the Division of Ageing has done some work on a policy for the elderly and have in fact sat down and looked at their legislation since they have done research on all the homes in the community. It is draft legislation on the homes for the elderly and is presently being revised.

**Question 2 - Mr. Harrilal Singh asked whether the National Housing Authority had started developing units for persons with disabilities?**

**Answer:** Ms. Edwards clarified that the NHA project was different from the Ministry of Health’s project and she was not in a position to answer the question. She however noted she would seek to get an answer to the question.

**Question 3 - Mr. Bhawanie Persad asked about the location of the different pieces of legislation to which the speaker had referred and the fact that they were not reaching the people they ought to reach for consultation like the NGOs for and of persons with disabilities.**

**Answer:** Ms. Edwards informed him that organizations could write to the Law Review Commission office.

**Question 4 - Mr. Simon Croney wanted to know in light of government’s plans to convert Special Schools to Resource Centers to house children with different disabilities in one classroom whether that was the way to go for full integration?**

**Answer:** Dr. Innette Cambridge informed that it has been indicated that where it is practical, full integration is the direction they would like to go but they are recognizing it is sometimes not feasible in every type of disability and at all times. There is however a little leeway in terms of the policy and a lot of it has to be determined by the school in particular, curriculum and the resources that country has. Each country will have to deal with it phase by phase. She also indicated that it is ideal but there is the need to alert people to the mindset, which works against taking action, and to indicate what is the type of action to be taken. There are problems with full integration in this country.

Ms. Sandra Tambi, Ministry of Education, explained that the resource centers are for students who will not be able to be integrated for various reasons e.g. level of disability into the regular schools. She emphasized that it will not be a large population and students will have trained teachers to work with them.

**Question 5 - Mr. Bhawanie Persad queried whether we were ready for the process?**

**Answer:** Ms. Sandra Tambi indicated that it was going to happen slowly at first. She informed that currently, the Student Support Services Unit was at a small percentage of regular schools working and looking at the system to see what will happen and to do an evaluation at the end of a period. They will be looking at issues such as what has worked, what was necessary, intensive training of schools, converting schools and attitudes at schools. She believes that a system change has to happen for full integration to happen over a period of time. She indicated that they were at a level where they have accepted this is the way to go as has happened in other countries and at the Ministry of Education they are
putting their money where their mouth is. School Principals have been given funds to purchase equipment and materials e.g. braille readers and computers with JAWS software.

**Question 6** - Mr. Harrilal Singh asked whether by September 2005 there would be the start of integration of children with hearing impairment in the elementary schools and whether there was the need for interpreters and special training in sign language for teachers.

**Answer:** Ms. Tambi indicated that integration had started but there was some concern about training adequate numbers of teachers in sign language.

**Question 7** - Ms. Desiree Roman, Cheshire Latin America is the concept of inclusive education been introduced into Trinidad or do you use integration and inclusive education as synonyms?

**Answer:** Sandra Tambi informed that previously, Special Schools did the integration of the first set of students. These schools only accommodated the primary level and allowed students to sit the Common Entrance examination like everybody else. The bright students went ahead and were integrated to regular schools. This was done especially in the case of the visually and hearing impaired. This still happens but ultimate intention of the Ministry's new initiative is for inclusive education for children to go to schools within their districts. This is already happening and support is now provided where the students are placed. It also means providing for teachers and for schools themselves in terms of equipment and technology.

**Question 8** – Ion Gibbon Board member of NCPD expressed concern about discrimination from Principals towards children with disabilities.

**Answer:** Ms. Tambi indicated that discrimination couldn’t occur because individuals can take the matter to court. She also added that there are sometimes implications if schools were forced to take in students due to the attitudes of teachers and other parents, which can make life miserable for the student. It was suggested that parents take their children to schools, which were accommodating.

The session ended with closing remarks by the panelists and of note was the remarks made by Mr. Bhawanie Persad that, a lot has been accomplished and a lot more needs to be accomplished. This he believes can be done if we all work in unity with one voice to achieve what we want to achieve.
CLOSING SESSION

The day’s proceedings ended with a vote of thanks and the distribution of certificates of participation and tokens of appreciation given by Mrs. Barbara Caesar. Mrs. Caesar thanked all persons who contributed in some way to the success of the Seminar (see acknowledgements) and distributed tokens of appreciation to the speakers and presenters on the day’s programme. Certificates of participation were given to all persons who attended the seminar.

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# ACKNOWLEDGEMENTS

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