



# INCEPTION REPORT

**Intellectual Disability in Community Activity**

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## GENERAL INFORMATION

**Name of country** : Guyana

**Area** : East Berbice Corentyne

### **Life expectancy**

Guyana's life expectancy rate has begun to increase and work is being done to raise the population's life expectancy rate to 70 years by 2011. In the past four decade that is the 1970s and 1980s Guyana's life expectancy was reduced to 60s... At the end of 2007 our life expectancy has reached 68. Guyana's life expectancy rate per sex is as follows; male average 63.43 and the female 69.8.

(December 2005) <http://www.paho.org>)

### **Infant mortality Rate**

The infant mortality rate in Guyana was 17.5 per 1,000 live births in 2003. There are broad groups of causes of death that were considered and it was found that, in 1997 communicable diseases were a major causes of mortality among children ages 1 to 4 years, and external causes were especially important in mortality among children 5 to 14 years old.

### **Maternal Mortality Rate**

The maternal mortality ratio was 123.6 per 100,000 live births in 2003. A rising trend is seen in the number of AIDS cases reported annually in Guyana since 1987, among men as well as women.

The number of mothers who die as a result of childbirth, compared to every 100,000 children born alive. In 2004, Guyana's Maternal Mortality Ratio (MMR) stood at 115.9; in real terms, this meant that of the recorded 16,391 live births that year, 19 children would have to grow up without knowing their mothers. Under the Maternal Mortality Reduction Strategic Plan, developed for the period 2006-2010, it is expected that the MMR would be lowered to fewer than 100 deaths for every 100,000 live births. (PAHO/GE. *Gender, Health and Development in the Americas. Basic Indicators 2005*. Washington, DC,2005.)

### **Literacy rate**

Among the population aged 15 years and over, literacy was 99.0% in 2005; male literacy was 99.2% and female literacy, 98.7%. 6 The gross enrollment rate at the primary level was quite high in 2002 and 2003 for both sexes, but it was a lot lower for the secondary level, especially among males. ( : UNESCO. <http://www.uis.unesco.org>, 24 January 2006.)

### **Population**

Guyana's estimated population is 751000 persons. The estimates for this country explicitly take into consideration the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality, higher death rates, lower population growth rates, and changes in the distribution of population by age and sex than would otherwise be expected. (July 2009.) However in region six which is East Berbice Corentyne the population consist of 123,695 persons.

### **Income level**

According to the Guyana Revenue Authority (GRA) the income level varies according to one stratum in the society. The very rich persons such as the politicians, managers, earns between \$800,000-\$600,000 per a month, while the doctors, lawyers, administrators and some teachers are considered as the middle class earns between \$600,000- \$300,000 per a month. However the poor who are the teachers, nurses, officers in government, military and most public servants earns between \$100,000- \$50,000 per a month. Lastly the poorest of the poor who are the sales persons some level of factories workers, waiters, cleaners and the list goes on.

## **Educational system**

The Government of Guyana provides free public education to all Guyanese children from the age of 3 years and six months to early adulthood. This represents the government's belief that education is a priority in order to raise the standard of living of the people of Guyana. Tuition fees have to be paid for University education.

Education, through the school system, is administered and supervised by the Ministry of Education. The Ministry has a political head - the Minister of Education, who is held responsible for education policy and administration in the country and is a member of the Parliament

The schools in Guyana operate from Monday to Friday. Students receive five hours of school per. Classes normally commence at 8:30 a.m. and conclude at 3:00 p.m. The lunch period is from 11:30 a.m. to 1:00 p.m.

The School year begins in September and ends in July. It is divided into three terms of 13 weeks each

- Christmas Term - September to December with two weeks' vacation;
- Easter Term - January to April with two weeks' vacation;
- August Term - April to July with six weeks' vacation

A school year has approximately 378 sessions or 189 days.

There are more than 1273 schools in Guyana of which 386 are nursery schools, 426 are Primary Schools and the similar amount is at the Secondary. There are over 36,000 children attending the school in Guyana. The teacher to child ratio is every eighteen children to one teacher but varies from nursery to primary to secondary and from region to region.

The hours of school are from 8.30 a.m. to 12.00 noon

The school system in Guyana comprises of Preschool/Nursery Education, Primary Education, Secondary Education, Special Education, and Pre Vocational.

### **Preschool/Nursery Education**

Nursery schools in Guyana offer a two year early childhood program to all children acquiring the age of three years and one month. This level of education is not compulsory but each child is guaranteed a place in school. Parents however may choose not to send their children to nursery schools, however the early childhood programs give the child the foundation for future learning.

### **Primary Education (Elementary).**

Primary schools accept children who attain the age of five years and nine months and provide a six year program leading to entrance in a secondary school program. This level of education is, by law, compulsory thus it's imperative that parents enroll their child in school at the correct however, they can be deemed negligent if a child older than five years and nine months is not enrolled and does not attend school. Upon completion of the program of study, the children take the Secondary Schools Entrance Examination (SSEE) so that they might gain entrance to Secondary Schools however entrance to a secondary school do not entirely depend on the assessment SSEE alone but a series of assessment from level 2,4 and 6. The scores gained from will determined what school your child goes to.

### **Secondary Education (High School).**

Secondary schools offer three types of program for children who have completed Primary School and taken the Secondary School Entrance Examination (SSEE). Entrance to these programs is solely dependent on the student's performance score on the SSEE or assessments. The secondary schools in Guyana are ranked according to performance of their school population. For example a grade (A) school will have students gaining 95% and above passes in all the subject areas, while the grade (B)'s scores 90% and below and the list goes on. (National *Development Strategy (Guyana) chapter 18*)

The program in the Community High School is designed to prepare students for life in the Guyanese society by developing in them practical skills which will make them employable for a variety of jobs required by the society.

Students undergo a four year program. During the first two years, they are exposed to basic academic studies, i.e., English Language, Mathematics, Science, Social Studies, Health and Physical Education and Music, and pre-vocational activities such as Art and Craft, Agriculture, Home Economics and Industrial Arts and vocational activities needed in the community.

As students are guided through the first two-year phase, their aptitudes, interests and abilities are identified. In the final two years, emphasis is placed on vocational activities while basic academic studies continue to be an important part of the school experience. Based on ability, interest and aptitude, students are guided by teachers to select one vocation or part of it on which they will concentrate, e.g. Agriculture, Arts and Crafts, Home Economics or Industrial Arts. An important experience during the second period is exposure to actual job experiences and tasks which enable participants to prepare for their working lives.

The Grade (A) school program provides a general high school program with emphasis on practical application. The program prepares students to take the Caribbean Examination Council (CXC) examinations. These Schools provides a more academic based program leading to certification in the CXC and London General Certificate of Education (GCE), Advanced Level. It takes an average student five years to the CXC and an additional two years to the Advanced Level. The subjects taught in the secondary schools to examination level include –those in the arts section, science and technology, home economics, and the business field. With such a wide range of studies offered, the Secondary Schools are intended to offer Guyanese a wide choice of educational and professional opportunities.

### **Special Education**

The Government provides programs of study for children and adults who have special needs in the areas of intellectual disabilities, hearing impairments visual impairment and physically and mentally challenged. The some of the children at the special needs are being taught basic life care skills while some are more academically inclined.

## **Vocational Education**

Provision for this level of education is shared by both the government and the private sector. The government provides training programs in several vocational fields including commerce, home economics, automotive mechanics, agro-studies, business, engineering, architecture and other technical fields. Private schools provide programs in business and commercial studies. (*National Development Strategy (Guyana) chapter 18*)

## **Health Centers**

There are a number of hospitals in Guyana ranging from private to public. Each region has a major hospital and the villages in the out regions have health centers.

## **Major industries**

Guyana's major industries are the rice, sugar and bauxite companies. There are other industries which also contribute to the development of Guyana. They are the timber, aquaculture as well as the cultivation of cash crops, and gold mining industries.

## **Law for persons with Intellectual disabilities**

The Constitution was recently amended by Bill 9 of 2003 which declared discrimination against people with disabilities unconstitutional. The amendment process began in 1998 with the consultation of individuals and representatives of civil and political groups. There were both oral and written presentations at the consultations and included those by disability groups. At the conclusion of the exercise, a committee was established with representatives from both civil and political groups. No representatives from disability organizations were invited to participate in this committee. The committee's task was to review the submissions and determine which recommendations would be acceptable as constitutional amendments.

These recommendations were then reviewed by a special parliamentary oversight committee and after months of deliberation several Constitutional Amendment Bills, including the Bill 9 of 2003, were tabled in parliament.

No other laws have been passed that specifically protect the rights of persons with disabilities. Guyana's disability policy is established by the National Policy on Rights of People with Disabilities. However, the policy lacks legal standing and would need to be passed into law before it would be force able.

The national policy on the rights of persons states that it is the responsibility of the state to recognize the principle of equal primary, secondary and tertiary educational opportunities for children, , youth and adults with intellectual disabilities in and integrated setting. However the policy will soon be accompanied by and established laws that enforce or encourage compliance.

The number of children with disabilities in Guyana and by extension the number in the public school system could not be ascertained. Nevertheless, the Ministry of Education reports having made significant efforts to integrate children with disabilities in to the mainstream school system, although education opportunities typically depend on the type and degree of disability

Many children with disabilities are either kept out of school by their families, or are excluded by the inaccessibility of the school system's buildings and information. A national policy is not in place to facilitate access to school buildings, although some international donor agencies stipulate that schools built with their funds be accessible.

Other children with disabilities attend special schools. There are some public primary schools in Guyana that provide education for children with Intellectual Disabilities; the majority is located on the coast. There are no public secondary schools for students with disabilities. One recently established private institution in Georgetown, the Open Door Centre, offers vocational training for persons aged 17 to 45 who have physical or mild intellectual disabilities. It provides basic training in Information Technology and Electronics and a remedial English and Math course and so on.

### **Financial assistance for intellectual persons with disabilities**

Financial assistance for person with intellectual disability is on the negative side. The Ministry of Human Services lends support to persons with disabilities if shown just cause for the help.



Persons who are given a medical report from the doctor are sometimes given assistance from the government. Officials from the department decide who receive the monthly assistance from the government. Many persons with intellectual disability do not receive any financial assistance from the government since they are deemed capable of providing for themselves. This is done even if there is medical produce by a doctor. Some are however fortunate to get the financial assistance from the government. This is difficult since there no law that governs persons with disabilities as a result persons with intellectual disability continue to suffer as a result of this.

However many persons with intellectual disabilities are supported financially by their families and care givers.

### **Employment**

According to the National Policy on the Rights of People with Disabilities, the right to gainful employment in the public and private sectors should be reflected in national legislation. Aside from the Constitutional Amendment forbidding discrimination, there are no laws requiring the employment of people with disabilities by either the government or the private sector. There are some people with disabilities employed by the government, but only a few occupy mid-level positions.

### **Welfare**

The Ministry of Human and Social Services maintains a program that provides limited assistance. Other resources are available from non-profit organizations such as the Lions Club and the Rotary Club. For example, the Lions Club provides glasses for low-income individuals. Both organizations occasionally provide wheelchairs or other assistive devises

### **Outline of your organization:**

The New Amsterdam Special Needs School caters for 76 children with various types of disabilities such as hearing impairment, visual impairment, intellectual disabilities and physical disabilities. Their ages ranged from age 3years 9mths to 18years, ranging from the school's daily program includes academics such as basic mathematics, language, current affairs, science, and life care skills.

### **Brief history of the institution.**

The National Rehabilitation Committee established the New Amsterdam Special Needs School in September 1986. The school was housed at the Lion's Den on Republic Road. Three teachers were employed at that time to teach the differently able.

Conditions at the Lion's Den was not conducive for learning so the Rotary Club and the Lion's United decided in 1993 to build a new school at another location. A plot of land was given by the Regional Democratic Region to commence building of a new school.

In 1994 a new school was completed for the new school year. In October of the said year the school was handed over to the Ministry of Education by the then president of Guyana Mrs. Janet Jagan. At present the school is being managed by the Ministry of Education with help of some NGO.

### **The institution's mission statement is:**

The New Amsterdam Special Needs School strive to be a social training ground by providing opportunities where each child can develop social skills to the best of his ability. The school encourages pupils to develop good working attitude and good self esteem.

We are also committed to working with families/ care givers of children with disabilities and the community in our Endeavour to help these children to live full and productive lives.

The motto is striving to be the best you can.

### **Situation of Persons with Intellectual Disabilities**

A survey was done and here are the detailed interviews with a sample of 1,485 persons with disabilities in regions 4, 6, 7 and 9. This is approximately 2 – 3% of the disabled population in Guyana. There has been an overwhelming positive response from persons with disabilities participating in the survey (response rate of 99%). This is the first time that many of them have been approached to tell their story about the issues they face on a daily basis with regard to accessing services, and participating within their community and wider society. Persons with disabilities must participate in the definition of their needs, the design of projects to address those needs, and included in the management of systems to deliver them. NCD believes that the

participation of persons with disabilities at all levels of planning and implementation of the survey is testimony to an effective recommended policy action plan that defines and addresses the needs of persons with disabilities. The survey included a full range of disabilities including visual (30%), hearing (21%), mobility (58%), self-care (34%), communication (54%) and remembering (linked to recall and learning disabilities) (57%). The International Classification of Health, Functioning and Disability (ICF) measured disability, examining the interaction between the impairment, environmental and attitudinal factors, accounting for personal factors, environmental factors and levels of participation.

**Key themes and issues** Education Access to education can be limited, or entirely prevented, for persons with disabilities. The survey data identifies transportation, financial constraints, attitudes (individuals, peers, parents and teachers), teaching and care provisions, curriculum and physical access as interacting factors that create barriers to education. Fifteen per cent (15%) of all respondents had never attended school; and the proportion dramatically increases to 42 % when looking at those aged less than 16 years.

Most respondents (61%) currently in education attend mainstream education facilities and one-third (29%) attend special educational needs (SEN) schools. Guyana's current education facilities face challenges providing a continuation of education facilities for persons with disabilities, particularly post primary. Only 16% of respondents aged between 11 and 18 years are in any form of secondary education (including vocational). The results highlight the need for renewed efforts to expand SEN provisions, both within mainstream and specialist education and training providers, in all regions in Guyana.

## **Health**

Access to healthcare services including basic health care, specialised health care or rehabilitation treatment can be difficult for persons with disabilities to access. The survey found that access to healthcare provisions differs by type of impairment; respondents with physical (72%) and visual (55%) impairments more frequently accessed services in comparison to those with hearing/speech (44%) and learning disabilities (27%). Utilisation of existing health services is not only dependent upon individual factors (type of impairment, location, transportation and financial) but also on the capacity of initial contact health services to recognise, diagnose

impairment and refer the person to the most appropriate service. Although the survey data is limited it suggests that health sector faces challenges in providing accessible treatment and rehabilitation in hinterland regions (60 – 80% of respondents in these regions have not accessed any treatment or therapy). The survey shows that generally there is a low level of utilisation of assistive aids (10 – 48% of respondents use an assistive aid) and many are struggling to access basic medical supplies to meet their needs.

Between 20 - 50% of respondents are born with a disability. The data indicates that prenatal care and education, screening programs for all children and early intervention programs could reduce the occurrence and impact of disability.

### **Employment**

Only 17% of respondents are currently in employment (of those above 18 years). Employment of respondents differs by sector: self-employment (46%) and private sector (29%) are the most frequently reported. High clusters of respondents are employed in semi-skilled or unskilled roles, for example, domestic and labouring. The disparity in employment roles may be attributed to socio-economic variants and attitudinal barriers that prevent equality of opportunities in the workplace and access to educational and training qualifications. Many unemployed respondents (40%) have lost their job as a result of gaining their disability of respondents. Almost half (47%) of unemployed respondents are willing to work but they require training, assistance or both. The evidence demonstrates a lack of focused rehabilitation services for persons willing and able to return to work. Nine per cent (9%) are qualified, skilled and able to work; they only require the opportunity.

### **Social & recreational**

The opportunity for social participation by persons with disabilities in Guyana is indirectly restricted through limited access to education and employment. The stigma surrounding disability unfortunately often deters participation in social and recreational activities. Almost half of respondents experience difficulties participating in recreational activities (43%) and community activities (56%). Social participation often occurs within a limited context of family (62%) or close friends (32%). Fourteen per cent (14%) of respondents are totally socially excluded; they are neither attendees nor invitees to social occasions and are rarely visited in their own homes.

## **Family**

Disability does not just affect the individual but impacts on the entire family. Most respondents (90%) live with their immediate or extended family. The survey shows that the impact of caring for a family member is threefold: caring responsibility tends to fall largely with one member of the family (63%); financial difficulties (79% of respondents families have experienced financial difficulties); and emotional.

Often caring limits the main care takers level of engagement in employment, 50% of respondent care takers are not employed, of which 11% had to give up work to care. Reduced family income then creates difficulties meeting additional costs of disability including medical treatment and medicines, transportation, specialist equipment and dietary products. This impact of caring can perpetuate the vicious cycle of poverty and disability.

Focus group discussions explored the emotional impact of caring for a person with a disability. Main care givers report stress, anxiety and additional financial concerns. An extended support network, often of family members and close friends, is vital to assist the main care giver; those without are likely to be particularly prone to stress and anxiety. Families need support and assistance to identify and access treatment, education, information and support for their family member with a disability.

## **Access**

Access in the context of disability refers to barriers that prevent persons from disabilities participating in society. Accessibility must be considered in three contexts: physical, attitudinal and information. Access is a cross cutting themes which spans across all services and support and is addressed specifically under education, health, employment, social and recreational participation and family. Despite two-thirds (65%) of respondents believing that their disability limits their ability to conduct their daily activities, their ability to access services is likely to have a greater impact on their level of participation rather than their medical impairment. Often architecture, construction, maintenance, design, service, systems and policies create access restrictions to buildings, private and public spaces and services (health, education, social, economic, political, transportation, civil and legal, and utility).

Almost half of respondents (44%) have experienced negative attitudes or behaviours as a result of their disability. Negative attitudes have a dual impact on persons with disabilities: an internalization of negative views can create feelings of low self-esteem and achievement hindering participation; and reduced participation pushes them further out of public view. The experience of focus group participants demonstrates that even simple interaction with persons with disabilities helps to reduce discrimination and prejudice. The evidence suggests that empowerment of persons with disabilities to participate in society is key to change public perceptions.

Equal access to information is key to ensure full participation in society for persons with disabilities. It is not simply about alternative formats but also about raising awareness of where and how to access further information, services, support and advice.

#### **Number of Governmental Agencies concerns with Intellectual Disabilities.**

In Guyana the Ministry of Health along with the Ministry Education (training and planning) is associated with Persons with Intellectual Disabilities. The Ministry of Health has embarked on a campaign to train speech therapist to work with Persons with intellectual Disability.

The Ministry of Education on the other hand has employed Volunteer Services Overseas (VSO) to help formulated programs that will help Persons with Intellectual Disabilities. For example presently there is a program for children who have Autism Spectrum conducted by VSO Meria. There is the National Commission on Disability, this commission is working tirelessly with the government to ensure the disability Bill is been passed. With the passage of the Disability Bill, it will ensure that certain rights can be enjoyed by persons with disability in Guyana.

#### **Number of Non-Governmental organization concern with Persons with Intellectual Disability**

A number of Non-governmental Organization that are helping Disabled organization which catered for persons with intellectual disability in Guyana. First there is USAID that give financial assistance to disabled groups to help with projects of the organizations. One such case is a donation of 6 computers to the New Amsterdam Special Needs Schools to assist in training young persons with disabilities.

**6. Based on the information above what is the issue to solve, to conduct effective support for Persons with Intellectual disability.**

Persons with disabilities are often the most disadvantaged of all groups in society. Many do not have access to education and employment which leads to social and economic exclusion. Persons with disabilities are often trapped in a cycle of poverty and disability; each being a cause and consequence of one another.

Further work is required to deal with the challenges and realities facing those living with a disability in Guyana. Equal opportunities for persons with disabilities have to be created through investments in education, health, social care, employment, and recreational sectors to allow persons with disabilities to lead full and productive lives. Similarly a holistic approach addressing the perceptions of disability as well as related policies is required to ensure successful integration of persons with disabilities.

Approaches to tackling the restrictions imposed upon persons with disabilities must be multi-disciplinary and multi-dimensional. A dual approach to disability is required: activities should be designed to address the particular needs of persons with disabilities through sector specific projects; and, the needs of persons with disabilities should be considered within the planning framework of any program to ensure the needs of persons with disabilities are met within any programs' target population

