

Grenada Landscape Assessment

Mapping of existing systems to address developmental delays in 0-5-year-olds



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2019 – 2020

This document was prepared by Windward Islands Research and Education Foundation (WINDREF) in collaboration with the Government of Grenada and the Office from UNICEF Eastern Caribbean

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LIST OF ACRONYMS

ABR	Auditory Brainstem Response
ADOS	Autism Diagnostic Observation Screening
AFG	Autistic Foundation of Grenada
BFHI	Baby-Friendly Hospital Initiative
BSRA	Bracken School Readiness Assessment
C4CD	Care for Child Development Approach
CAAP	Clinical Assessment of Articulation and Phonology
CARICOM	Caribbean Community
CD	Conscious Discipline
ChikV	Chikungunya Virus
CHORES	Children's Health Organization Relief and Educational Services
CIA	Central Intelligence Agency
CPA	Child Protection Agency
CPO	Child Protection Officers
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
ECA	Eastern Caribbean Area
ECD	Early Childhood Development
ECDC	Early Childhood Developmental Checklist
ECIP	Early Childhood Intervention Programme
ECLAC	Economic Commission for Latin America and the Caribbean
ENT	Ear, Nose & Throat
ESI	Early Screening Inventory
GAP	Grand Anse Playgroup
GDSA	Grenada Down Syndrome Association

GLAMS	Grenada Learning and Memory Scale
GNI	Gross National Income
GRENCASE	Grenada Citizen Advice & Small Business Agency
HANDLE	Holistic Approach to Neurodevelopment Learning Efficiency
HCI	Human Capital Index
HDI	Human Development Index
ILP	Individual Learning Plan
IMCI	Integrated Management of Childhood Illness
INTER-NDA	Intergrowth Neurodevelopment Assessment tool
LMICs	Low-to-Middle-Income Countries
MoE	Ministry of Education (Grenada)
MoH	Ministry of Health (Grenada)
MoSD	Ministry of Social Development, Housing and Community Development (Grenada)
OAE	Otoacoustic Emissions
OAS	Organization of American States
OECS	Organization of Eastern Caribbean States
OX-NDA	Oxford Neurodevelopment Assessment tool
PAHO	Pan American Health Organization
PPVT	Peabody Picture Vocabulary Test
PLS	Preschool Language Scales
RCP	Roving Caregiver Programme
SBG	Saving Brains Grenada
SDG	Sustainable Development Goals
SEIA	Special Education Informal Assessment
SEU	Special Education Unit - Ministry of Education
SGU	St. George's University
SIDS	Small Island Developing States

SPEED	Strategic Plan for Educational Enhancement Development
TES	Therapeutic Early Stimulation
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children’s Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WINDREF	Windward Islands Research and Education Foundation
WPP	World Pediatric Project

PURPOSE OF THE REPORT

This report is in response to a request from the UNICEF Eastern Caribbean office to assess systems that address developmental delays and potential disabilities in children age 0-5 years, and to identify gaps in those systems, in the tri-island Eastern Caribbean independent state of Grenada, Carriacou, and Petite Martinique.

The Eastern Caribbean Area (ECA) is composed of eight independent states and four overseas territories that are classified as high- or upper-middle-income countries, with gross national income (GNI) per capita ranging from US\$6,560 in St. Vincent and the Grenadines to US\$15,550 in Trinidad and Tobago. The Human Development Index (HDI) is categorized as “high”, with Barbados and Antigua and Barbuda ranked the highest, at 57 and 58, respectively, and with Dominica and St. Vincent and the Grenadines on the lower end, at 94 and 97, respectively. Inequality is a concern, with GNI coefficients ranging from 0.37 for Grenada to 0.48 for Antigua and Barbuda. The proportion of children is about one third of the total population, from 34 per cent in St. Vincent and the Grenadines to 27 per cent in Barbados. As Small Island Developing States (SIDS), ECA countries are highly vulnerable to external shocks and the effects of climate change, including intense hurricanes, tropical storms, flooding and landslides. Despite the middle/high income status measured by the countries’ GNI per capita, poverty is still present in the ECA, affecting approximately 25% of the region’s population. Data available from the Organization of Eastern Caribbean States (OECS) Commission and UNICEF child poverty study (2017) indicate that children (aged 0-17 years) are disproportionately represented among the poor, accounting for about 43% of the total poor population in the Eastern Caribbean. At 50.9%, Grenada’s child poverty rate is the highest in the region, meaning that one of every two children lives in a poor household. Poverty among children, which can have irreversible effects on development, is two-thirds higher than among adults. In common with other countries in the region, child poverty is significantly higher in female-headed households; in Grenada, the percentage of poor children in female-headed households is 60% (OECS & UNICEF, 2017).

Education systems throughout the region, including those in Grenada, are challenged to provide high-quality, inclusive learning experiences. There are significant gaps in services for children with physical and learning difficulties and other special needs, including parent support and inclusion in early learning experiences for all children. UNICEF, the OECS Commission and other partners have focused on strengthening the legislative and educational environment based on model legislation and key recommendations, but translating these to actual practice is hampered by lack of resources and the government’s focus on austerity measures in order to address the three-figure national debt.

Poverty and violence go hand-in-hand, increasing the risk for one another and especially for vulnerable children and youth. Commissioned work (e.g. UNICEF, 2018; Global Initiative, 2017) on violence and abuse have contributed to heightened awareness but as yet few initiatives to address abuse in all its forms, including that against children with disabilities. Significant rates of interpersonal violence are still experienced by children in the sub-region. For instance, one to two in every five girls in the Eastern Caribbean face child sexual abuse, and 48% of sexually active adolescent girls have reported that their first sexual experience was coerced (Gibbons, 2015). Children report high levels of exposure to violence in schools, and corporal punishment of children is legal and condoned, despite data demonstrating its links to bullying, drop-outs, and truancy (Global Initiative, 2017; Landon et al., 2016). Moreover, public transportation to and from schools is not always a safe option, nor is it free, increasing the risk and potential for abuse and exploitation of vulnerable children. A further cause for concern is the increasing incidence of youth crime and the paucity of effective responsive programming. Boys commit most youth crime, but girls are increasingly involved. A worrisome minority view violence as a useful tool for survival and social mobility. Unhealthy community elements provide unattached youth with recognition and power denied in their homes and at school. Major risk factors for youth involvement in violence are physical and sexual abuse and school delinquency (UNICEF, 2017).

It is in this context that a Programme Cooperation Agreement was established between UNICEF and WINDREF/SGU to work toward the following three (3) outcomes of the Caribbean United Nations Multi-Country Sustainable Development Framework: (1) an inclusive, equitable and prosperous Caribbean; (2) a safe, cohesive and just Caribbean; and (3) a sustainable and resilient Caribbean. An inclusive, equitable and prosperous Eastern Caribbean will ensure the provision of quality services and support for all children in the areas of education, child protection, social protection and resilience.

To that end, this landscape assessment maps existing systems for early childhood services in Grenada for children age 0-5. We have visited and reviewed all government and (known) non-government programmes, centres, and institutions that provide assessment and/or intervention services for children with developmental delays, interviewing key personnel and stakeholders in order to determine which delays are being diagnosed and addressed and by whom, and whether, how, and by whom interventions are provided. It is our hope that the following information will foster useful, credible, and effective services to ensure that the rights of every Grenadian child, regardless of ability, are respected and upheld.

EXECUTIVE SUMMARY

I believe that each of us must come to care about everyone else's children. We must come to see that the wellbeing of our own individual children is intimately linked to the wellbeing of all other people's children. After all, when one of our children needs lifesaving surgery, someone else's child will perform it; when one of our children is threatened or harmed in the streets, someone else's child will inflict it. The good life for our own children can only be secured if it is secured for all other people's children. But to worry about all other people's children is not just a practical or strategic matter; it's a moral and ethical one; to strive for the wellbeing of all other people's children is also right.

Lillian Katz

2011 World Forum on Early Care and Education

Early childhood development is one of the most prominent public health issues linked to behavioural outcomes across the lifespan. The prenatal period, combined with the first three years of life, is a critical period of development and an opportunity to set children on a path of maximal development. Early intervention for young children - especially those with developmental delays - is the most crucial preventative measure to enhance overall standard of life and health outcomes (for reviews see Guralnick, 2001; Scherzer, Chhagan, Kauchali, & Susser, 2013). In the Caribbean region, policymakers are recognizing that early intervention for children with developmental delays is critical to ensure that all children are given equal opportunities to learn, grow, and thrive. These policies set the foundation for a more inclusive, equitable society in which all citizens have the opportunity to thrive and contribute to the greater good. This report focuses on the educational and developmental opportunities provided to children with and without disabilities or impairments in Grenada, West Indies.

Grenada is a tri-island state consisting of Grenada, the largest island, and its two smaller sister islands of Carriacou and Petite Martinique. Grenada is the most southern island of the Windward Islands in the Eastern Caribbean with St. Vincent & the Grenadines to the north and Barbados to the east. The nation gained independence from the United Kingdom on February 7, 1974 and continues to be a part of the British Commonwealth. The government is a parliamentary democracy with the Queen of England as the head of state represented by an appointed Governor General, with executive power belonging to the Prime Minister as the head of government. The population in 2019 was estimated at 112,002 persons; 50.38% males and 49.62% females. The majority of the population is of

African ancestry (82.4%) while 13.3% are mixed ethnicity and 2.2.% of East Indian descent (PAHO, 2017). Life expectancy as of 2018 is 74.8 years. Grenada is classified as a middle-income country by the World Bank, and is largely dependent on tourism and agriculture for foreign trade (PAHO, 2017). The country has a public health care system guided by the Ministry of Health through the primary health care policy adopted in 2015 (PAHO, 2017). The education system includes four components – pre-primary, primary, secondary, and tertiary. Parents can choose from public and private schools for the first three educational levels. There are five government-owned special education facilities: three schools for special education, the School for the Deaf, and the Resource Centre for the Blind. The investment in the education sector has increased from 5.5-7.7% of the national GDP in the 1970's to 9.9% in 2013 (UNICEF, 2017). The budget dedicated to the educational sector was 12.4% of national recurrent and capital expenditure in 2012-2013, and 10% in 2016, with the result that the MoE receives the largest amount of dedicated funds among all other ministries (UNICEF, 2017). Although small, Grenada is one of the only Caribbean countries with dedicated budgetary special education funding (1.5% in 2012-2013) (UNICEF, 2017). In the 2001 country census, 1.1% of children under the age of 19 were classified as living with a disability, with children with disabilities comprising 0.5% of the country's total population (UNICEF, 2010). In the 2011 census, which asked more specific questions about disabilities and changed age groupings, the number of children living with disabilities increased. Among children age 0 to 14, 2.9% were classified as disabled. The 2011 country census distinguished children with disabilities by gender with 54% as male and 46% female (Grenada Bureau of Statistics, 2012).

Grenada's aspirational approach to children with disabilities generally follows guidelines set out by the international community. Grenada's government signed and ratified the Convention on the Rights of the Child (CRC) in 1990. Grenada signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2010, and the treaty was ratified in 2014. Grenada's Education Act of 2002/2003 specifies that all children are entitled to free and equitable education in settings that are least restrictive. The Act empowers the Minister of Education to create a Special Education Task Force, which it has done when specific tasks needed to be accomplished. In 2006, the Ministry developed a Strategic Plan for Educational Enhancement Development (SPEED), to ensure access to formal education for all eligible children, and to develop enabling conditions for full participation of at-risk and excluded children within the context of gender parity. SPEED targeted special needs by recommending that by 2010, (a) the Ministry of Education ensure adequate provision for all children with special needs in mainstream daycare centres, nurseries, primary schools and secondary schools as well as specialized centres for students who

are deaf or visually impaired; and (b) institution of early identification and diagnostic screening programmes in mainstream schools to allow for the assessment of learning needs of children and routing into appropriate learning support environments within mainstream schools or elsewhere. According to personnel at the Special Education Unit, these recommendations have been partially met (Personal communication, July 31, 2020).

To support maximum child development, expectant mothers are encouraged to come to antenatal clinics as early as possible during the first trimester. A pregnant woman attends antenatal clinic every month for the first 28 weeks, after which she is expected to attend every two weeks, and then every week once she reaches 36 weeks. At each antenatal clinic visit, the progress of the pregnancy is monitored. Genetic screening services are not readily available. All babies receive an APGAR score 1 minute and 5 minutes after birth. Nurses in the maternity units are trained in midwifery and facilitate the birthing process. A pediatrician is present for the birth of premature babies. Nurses are guided by two frameworks for monitoring the development of children aged 0-3 years old: Integrated Management of Childhood Illness (IMCI), (World Health Organization, (WHO), 2014), which focuses on early stimulation; and Care for Child Development Approach (C4CD) (UNICEF, 2012), which includes play, language and interaction. Upon returning home from the hospital post-delivery, a new mother is expected to inform the district nurse that she and the baby are back at home. The district nurse will make 1-3 visits to the mother and infant within a 10-day period. These visits are intended to check in on the mother's recovery process, the child's overall health, and parent-child interaction. Essentially every mother and child receive these home visits; only an estimated 0.5% of newborns are not seen.

In the education sector, there is currently one screening tool (for school readiness) used for evaluation of children between 0-3 years. Developmental screening is conducted by trained teachers in the pre-primary schools. Children between ages 3-5 are referred to the Special Education Unit (SEU) for assessment and evaluation when delays are suspected. Parents may also request SEU evaluations. It is an informal referral system, as there are no specific criteria for referral, and the time lapse between referral and assessment can vary. The SEU has created a referral form that pinpoints areas of concern, which is required in order to initiate the assessment process. Assessors use several early childhood measures, which are detailed in this report. At present, when children are evaluated, the SEU specialist develops an Individual Learning Plan (ILP) if needed, for implementation by the child's teacher. The ILP is monitored by one of two Special Education Specialists from the Ministry of Education. In instances of severe delays or disabilities, the SEU specialist can recommend that the child be enrolled in one of the schools for special

education. The ILP is a tailored plan that will support the individual child while in the classroom. Currently, this plan is suited specifically for the classroom and does not include home care. However, the SEU does suggest that teachers involve parents. There are few specialists available to help with ILP implementation in schools and homes.

Recommendations

The following recommendations are made with the caveat that many of these issues have already been highlighted by a plethora of reports that have been commissioned in the Caribbean Region and globally (e.g., UN Flagship, World Health Organization). At this point, the critical question is not what needs to be done to help children with disabilities perform similarly to children without disabilities. The evidence is clear. Children who receive timely assessments are more likely to be identified as needing extra assistance. Children who receive targeted assistance provided by appropriately-trained personnel perform better. The lack of screening and intervention programmes means Grenadian children with disabilities will continue to lag their non-disabled peers by a wide margin and fail to reach their full developmental potential. Grenada has been identified as having the largest gap between children with and without disabilities in the mainstream education system in Latin America and the Caribbean (ECLAC, 2017). We believe the time for recommendations has come to an end and the time for action is overdue. This report's concluding chapter elucidates these recommendations.

Recommendation #1: A standardized electronic information system of Grenadian children that is open to government officials and appropriately trained professionals in Grenada should be designed and implemented. In addition to tracking each child's educational journey, the system should monitor overall system progress by tracking age, developmental delay or disability, gender, time to assessment, intervention, and effectiveness.

Recommendation #2: Adopt the recommendations of the Flagship Report on Disability and Development.

Recommendation #3: Knowledge is power. Disseminate documents such as the Flagship Report and the ECLAC Situation Analysis cited in Chapter 2 to legislators, policymakers, child welfare advocates, and civil society.

Recommendation #4: Identify and fund key stakeholders and advocates who can represent Grenada's persons with disabilities at regional and international planning and policy-setting meetings.

Recommendation #5: The Grenada National Health Care plan should include systematic policies to support families and children with disabilities to ensure the children have access to schools and the parents are able to work.

Recommendation #6: Grenada should finalize and enact comprehensive legislation regarding persons with disabilities (including children with disabilities).

Recommendation #7: Human resource capacity building should be implemented to carry out screening, assessment, and interventions.

Recommendation #8: The Special Education Unit should work with existing systems (e.g., the Imani programme) to enhance and train currently deployed human resources to become paraprofessionals who can assist with the integration of students with disabilities into the regular school system.

Recommendation #9: The Special Education Unit should disseminate information to parents about options for children with disabilities.

Recommendation #10: Children with disabilities should be integrated into the regular school system rather than attending separate schools.

Recommendation #11: The government should commit funds to providing comprehensive, multidisciplinary therapeutic services in schools so that parents are not required to absorb costs of habilitation and rehabilitation services for children with developmental/sensory disabilities.

Recommendation #12: Employing Grenada's commitment to human rights and liberation, multi-sectoral public education campaigns should be implemented by, for example, a Special Education Task Force, the Early Childhood Unit, and the Ministries of Health and Social Development, to empower persons and families of persons with disabilities and to reduce stigma, fear, and prejudice around disabilities.

Recommendation #13: Screening services should be improved by either validating the screening tools being used or implementing the use of current and validated screening tools.

Recommendation #14: Once children have been screened and referred, standardized assessment tools that are sensitive to developmental delays are needed. The Ministry of Education's Special Education Unit should work with regional educators to identify and adopt standardized measures, and to ensure that personnel who administer them are available and appropriately trained.

Recommendation #15: The Ministry of Education should move beyond a paradigm of Special Education Task Forces, which are problem-focused and of limited duration. The

Ministry should adopt a more strategic paradigm that will allow for high level, multidisciplinary changes in order to provide all children equal access to education. An empowered, high-level, multidisciplinary Special Education Commission should be established to consider and to implement the above recommendations.

METHODOLOGY

In addition to desk review of existing data, legislation, and policy briefs, a qualitative research approach was utilized for this report. Initial background information on the topic of early childhood care was sought through unstructured interviews administered to healthcare professionals. From these interviews, and through the combined expertise of the research team, key persons were identified. These persons were from government ministries (social development, education and health) and non-governmental organizations that serve the 0-5-year-old population in Grenada.

A semi-structured questionnaire was created, and face-to-face interviews were conducted to gather preliminary information about the resources available for screening, assessment, and interventions provided for developmental delays in 0-5-year-olds in Grenada. These interviews were conducted by the members of the research team, and notes were taken. The research team analyzed the data received from the initial interviews. Follow-up semi-structured questionnaires were created to refine the information received and to garner more in-depth information from some of the key persons. The findings were analyzed to determine the current screening methods, assessments and interventions in place at the early childhood level, and perceptions of the existing systems. Recommendations for improvement were then determined.

The report was sent to the interviewees and other key persons within the education, social and health sectors after which a number of virtual focus groups and feedback sessions were conducted with various teams and individuals across sectors to ensure that the information presented is an accurate representation of existing systems. These included a community stakeholders' meeting on July 9, 2020, attended by 90+ persons, to review the first draft of this document, and two subsequent focus groups, also in July, for the general public and with the Ministry of Education and Special Education personnel.

INTRODUCTION

Early childhood development (ECD) collectively encompasses cognitive, socioemotional, physical, motor, language, and self-regulation development for children under the age of five (5) years and is one of the most prominent public health issues attached to health behaviors and outcomes (Lu, Black, & Richter, 2016; Barros & Ewerling, 2016). Approximately 250 million children under 5 years old living in low-to-middle-income countries (LMICs), including Grenada, will not achieve their developmental potential--attributable to poverty, poor health, malnutrition, lack of stimulation, and violence (Frongillo, Kulkarni, Basnet, & de Castro, 2017; Black et al., 2017). The brain is at its most fragile and expansive state from the prenatal period to age 3, as both positive (i.e. nurturing relationships, early intervention) and negative (i.e. adversity, toxic stress) influences can significantly impact later development in childhood and adulthood (Center on the Developing Brain, 2007). The environment and available resources play a crucial role in early childhood development. Children from LMICs are less likely to receive early interventions, which can drastically affect their health later in life (Walker et al., 2011; Lu et al., 2016; Black & Hurley, 2016). Shonkoff and Phillips (2000); Young (2017); Black and colleagues (2017) and Britto, Engle, and Super (2013) provide more research on the overall impact of early prenatal and child experience on later child development.

Researchers have clearly demonstrated that early intervention for young children - especially those with developmental delays - is the crucial measure to enhance overall standard of life and health outcomes (for reviews see Guralnick, 2001; Scherzer, Chhagan, Kauchali, & Susser, 2013). In the Caribbean region, policymakers are recognizing that early intervention for children with developmental delays is critical to ensure that all children are given equal opportunities to learn, grow, and thrive. St. Vincent and the Grenadines recently published a country assessment focusing on developmental delay screening, early identification, referral, assessment, and early intervention procedures for their nation's children (Samms-Vaughan, 2019). This country assessment provides an in-depth account of the impact that early life experiences have on child development in a Caribbean context (Samms-Vaughan, 2019). In an effort to build on this existing literature review, we refer to St. Vincent & the Grenadines' country assessment and proceed under the presumption that early childhood development standards in the Caribbean (Charles & Williams, 2018), especially in the Eastern Caribbean, are similar. This review focuses on the tri-island state of Grenada, Carriacou, and Petite Martinique.

This country assessment is comprised of nine chapters:

- **Chapter 1** provides an overview for the Grenadian context: demographics and other information regarding the country's economy, human development, and educational and health systems are provided.
- **Chapter 2** defines Grenada's involvement and response to various legal and policy frameworks, both regionally and internationally, concerning persons with disabilities with a special focus on children.
- **Chapter 3** describes existing screenings, assessments, and interventions available, and lack thereof, for early childhood services in the health sector.
- **Chapter 4** describes the existing screenings, assessments, and interventions available, and lack thereof, for early childhood services in the education sector.
- **Chapter 5** describes the existing screenings, assessments, and interventions available, and lack thereof, for early childhood services in the social sector.
- **Chapter 6** summarizes stakeholders' perceptions of current systems and services that are described in Chapters 3-5, including lack of resources, lack of financial commitments, shortage of trained professionals, and limited integration of local initiatives in Grenada to support children with disabilities.
- **Chapter 7** highlights strengths and deficiencies within existing systems.
- **Chapter 8** provides recommendations for enhancing Grenada's systems of identification, screening, referral, assessment, and educational interventions for young children and their families. It speaks to the need for legislation, trained professionals and paraprofessionals, and advocacy awareness programmes needed to ensure that Every Learner Succeeds.

CHAPTER 1: GRENADA OVERVIEW

THE COUNTRY

Grenada is a tri-island state consisting of Grenada as the largest island and its two smaller sister islands of Carriacou and Petite Martinique. Grenada is the most southern island of the Windward Islands in the Eastern Caribbean with St. Vincent & the Grenadines to the north and Barbados to the east. All three islands can be accessed by sea transport with airports on both Grenada and Carriacou. Grenada's land area consists of 134.6 square miles, Carriacou is 12 square miles, and Petite Martinique is 586 acres. The main island of Grenada is divided into six (6) parishes (St. George, St. David, St. Andrew, St. Patrick, St. Mark, St. John) with the capital of St. George's in the southern parish of St. George. Approximately one-third of the population live in the parish of St. George while the majority of the rest of the population live in coastal villages. Other main towns in the rural parishes include Grenville, Sauteurs, Gouyave, and Victoria.



Figure 1.1. Grenada maps (A Legendary Adventure, 2012; Geoscience News and Information, 2019)

Grenada gained independence on February 7, 1974 from the United Kingdom and continues to be a part of the British Commonwealth. The government is a parliamentary democracy with the Queen of England as the head of state represented by an appointed Governor General with executive power belonging to the Prime Minister as the head of government. There are three main political parties - New National Party, National Democratic Congress, and the Grenada United Labour Party. Grenada's parliament includes thirteen members in the Senate and fifteen members in the House of Representatives, with elections constitutionally due every five years. In addition to membership in the Commonwealth of Nations, Grenada is a member of the Organisation of American States (OAS), Caribbean Community (CARICOM), and the Organisation of Eastern Caribbean States (OECS).

THE PEOPLE

Population censuses occur every ten years with the next planned for 2021. The estimated population in 2019 was 112,002 persons; current gender breakdown is 50.38% males and 49.62% female (World Population Review, 2019). In the last population census of 2011, the country's population was 105,539 persons in comparison to the 2001 census of 103,136 (Grenada Ministry of Finance, 2017). In 2010, the number of children under 5 years of age totaled 7,839 while persons 65 and older totaled 8,378 (PAHO, 2017). The elderly population rose 28% to 11,666 persons in 2014 and continues to grow. Approximately 30% of people born in Grenada live abroad with large groups in Trinidad & Tobago, the United States, Canada, and the United Kingdom.

As noted in the Executive Summary, the majority of the Grenadian population is of African ancestry (82.4%), while 13.3% are of mixed ethnicity, and 2.2% of East Indian descent (PAHO, 2017). Grenada has a long history of indigenous populations of the Tainos and Kalinagos followed by interchangeable foreign control from British and French colonizers. Colonization influenced language and religion in current day Grenada as the official language is English but a small percentage of the population (10-20%) still speak Grenadian Patois/Creole. The predominant religion in Grenada is Roman Catholicism and other Christian denominations are present (i.e. Anglican, Protestant, Baptist, Seventh Day Adventist); there are smaller communities dedicated to Rastafarianism, Hinduism, and Islam.

As of 2018, the life expectancy for Grenadians is 74.8 years with the average for men at 72.1 years and for women at 77.6 years (Central Intelligence Agency (CIA), 2018). Grenada ranks 140th in the world for infant mortality rate (9.6 deaths/1,000 live births) and 119th in the world for maternal mortality rate (25 deaths/100,000 live births) (CIA, 2018). Children aged 14 years and younger comprise approximately one fourth of the population. This highlights the need for early childhood development interventions,

screening, and assessments. Figure 1.2 illustrates the population pyramid divided by gender and age group (CIA, 2018).

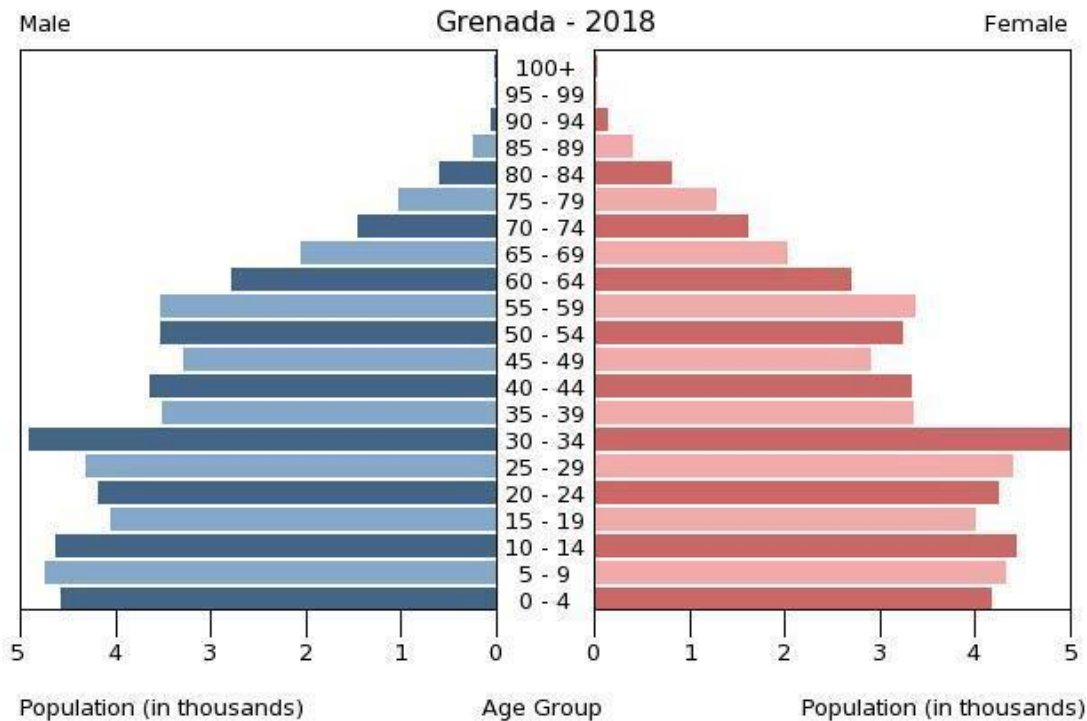


Figure 1.2. Grenada population pyramid (CIA, 2018)

THE ECONOMY

Grenada is classified as a middle-income country by the World Bank, and is largely dependent on tourism and agriculture for foreign trade (PAHO, 2017). As a member of the OECS, its central bank is the Eastern Caribbean Central Bank and its currency is the Eastern Caribbean Dollar (XCD). The EC dollar is fixed to the United States Dollar (USD) with an exchange rate of \$1.00 USD equal to \$2.67 EC. In 2015, GDP growth was 4.6% and the per capita income US\$9,156 each year. As of 2017, the gross domestic product (GDP) for Grenada was US\$1.634 billion which is an improvement from 2016 (US\$1.555 billion) and 2015 (US\$1.5 billion) (CIA, 2018).

The main economic sectors for the country are tourism and agriculture. Known as the "Spice Isle," Grenada is the second largest producer of nutmeg in the world after Indonesia. In addition to nutmeg, it also generates significant revenue from other spices such as mace, cinnamon, clove, and ginger as well as locally made chocolate and rum. St. George's University, a private university with four schools (i.e. medical, veterinary,

graduate, undergraduate) is located in St. George's parish and greatly contributes to the country's economy, job market, and foreigner community.

The unemployment rate in 2017 was 24% compared to 28.2% in 2016 (CIA, 2018). In 2017, 32% of the population was living under the poverty line compared to 38% in 2008. At 13%, Grenada has the highest extreme poverty rate in the EC. Poverty is one of the most significant issues impacting the country.

HUMAN DEVELOPMENT

The United Nations Development Programme's (UNDP) Human Development Index (HDI) combines the three basic components of human development (i.e. a long and healthy life, decent standard of living, and access to knowledge) to construct a summary of how countries compare to one another in this context. Grenada is categorized under the high human development listing as it currently resides at 75th out of 189 countries and territories (UNDP, 2018). In 2017, Grenada's HDI was 0.772 which is a 6.2% increase from 2012's HDI value of 0.727 (UNDP, 2018). In an approximately thirty year span (1990-2017), Grenada has increased in all three HDI categories - life expectancy score increased by 5.2 years, years of schooling mean score increased by 0.9 years, expected years of schooling score increased by 4.3 years, gross national income (GNI) per capita score increased by an overwhelming 88.9% (UNDP, 2018).

	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2011 PPP\$)	HDI value
1990	68.6	12.6		6,809	
1995	69.4	13.5		6,839	
2000	70.3	14.3		9,025	
2005	71.4	15.1	7.8	11,410	0.727
2010	72.6	15.9	8.3	10,600	0.743
2015	73.5	16.7	8.7	12,296	0.767
2016	73.7	16.9	8.7	12,460	0.770
2017	73.8	16.9	8.7	12,864	0.772

Table 1.1. Grenada's HDI trends based on consistent time series data and new goal posts (UNDP, 2018)

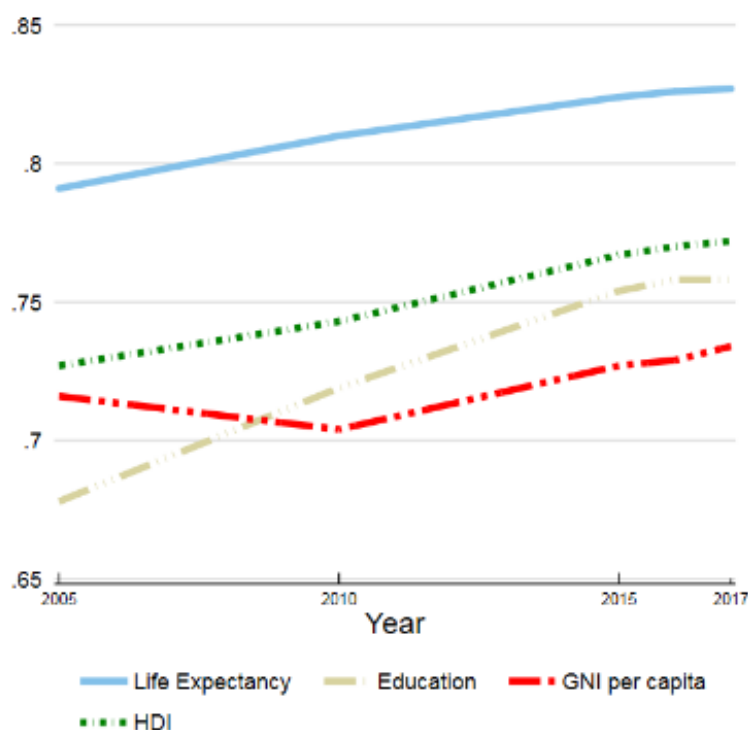


Figure 1.3. Trends in Grenada's HDI component indices 2005-2017 (UNDP, 2018)

Grenada's 2017 HDI places the country within a high average group (0.757), slightly above the HDI average for Latin American and Caribbean countries (0.758) (UNDP, 2018). Antigua and Barbuda and St. Kitts and Nevis are two of the closest Caribbean countries with comparable HDI's, as illustrated on Table 1.2 (UNDP, 2018).

	HDI value	HDI rank	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (PPP US\$)
Grenada	0.772	75	73.8	16.9	8.7	12,864
Antigua and Barbuda	0.780	70	76.5	13.2	9.2	20,764
Saint Kitts and Nevis	0.778	72	74.4	14.4	8.4	23,978
Latin America and the Caribbean	0.758	—	75.7	14.4	8.5	13,671
High HDI	0.757	—	76.0	14.1	8.2	14,999

Table 1.2. Grenada's HDI and component indicators for 2017 relative to selected countries and groups (UNDP, 2018)

Grenada is not represented on the recently published World Bank's Human Capital Index (HCI) (i.e. child survival, school enrollment, quality of learning, healthy growth, and adult survival) nor are any other EC countries. Larger Caribbean countries such as Dominican Republic, Haiti, Jamaica, and Trinidad and Tobago are included in the new World Bank's HCI and provide insight in a regional context (World Bank, 2019).

The Public Health System

Grenada's public health system is under the purview of the Ministry of Health (MoH) which is responsible for the oversight of health services as well as the formulation of health policies and regulations (PAHO, 2017). The services provided within this public health system are guided by a primary health care policy adopted in 2015 (PAHO, 2017). Universal healthcare is available, along with minimum fees for service at public institutions. Care is provided by four public hospitals and public community facilities. These hospital facilities include the General Hospital (St. George's), Princess Alice Hospital (St. Andrew), Mt. Gay Psychiatric Hospital (St. George's), and Princess Royal Hospital (Carriacou). Community facilities include a health centre in each health district, along with 30 medical stations distributed within a 3-mile radius from each other (Ministry of Health Grenada, 2016).

Hospital Facilities

The General Hospital is located in St. George's, the capital of Grenada, with a total bed capacity of 198 (MoH, n.d.). Its staffing and services include accident and emergency, internal medicine, surgery, pediatrics, psychiatry, pathology, obstetrics/gynecology, ophthalmology, anesthetic, orthopedics, radiology, oncology, physiotherapy, medical technology/laboratory, and pharmacy. On selected days, clinics are held in the Outpatient Department by visiting ear-nose-and-throat, cardiology, oncology and dermatology consultants.

Princess Alice Hospital is located to the north-east of the island in the parish of St. Andrew and has a bed capacity of 45.

Mt. Gay Psychiatric Hospital also located in Grenada's capital, provides mental health services. This facility comprises five buildings, including the administrative block, Ward Block C and D, a dining room and occupational therapy area, and the kitchen/storeroom. Although designed to accommodate 80 beds, service demands resulted in the number of beds being increased to 100. Rathdune is an acute psychiatric unit, within Mt. Gay Psychiatric Hospital, with a 20-bed capacity.

Princess Royal Hospital, located on the sister isle of Carriacou, has a 40-bed capacity. There are maternity, pediatric, male and female wards, as well as an accident and emergency department. This hospital is staffed by a district medical officer, house officers, staff nurses, a registered nurse midwife, a registered nurse, orderlies, a pharmacist and ambulance drivers. Given the limited services available, critical cases are stabilized and then transferred to the General Hospital in Grenada.

Community Health Facilities

The island of Grenada is divided into the following six health districts: St. Andrew, St. David, St. George South, St. George North, St. John and St. Mark, and St. Patrick. Carriacou and Petite Martinique represent a seventh district. Each district contains a health centre and several medical stations scattered within a 3-mile radius (Government of Grenada, Ministry of Health, 2016b). A complete list of health centres and medical stations by district is available via the Government of Grenada, Ministry of Health (2016a):

http://health.gov.gd/index.php?option=com_content&view=article&id=128&Itemid=546&lang=en.

Health centres and medical stations open 8am to 4pm from Monday to Friday, and 8am to 12pm on Saturday. The St. Patrick health centre is the only community health facility that is open 7 days per week and has a district doctor on call on the weekends. The address, contact information, and services provided by all community facilities are available via the Government of Grenada, Ministry of Health's eHealthMAP (2012): <http://healthmap.opixels.net/>.

The health centres in both the St. Patrick and St. David health district are equipped as birthing centres but are not being used as such because of a lack of staffing.

There are 15 district doctors. The health centres in the St. Patrick and St. David health districts are the only two that have a district doctor five days per week. A district doctor is available 3 times per week at the other health centres, and once per week at medical stations. The district doctor also visits the homebound population every 3 months, increasing the frequency of visits as per the health status of the individual.

Staffing at health centres includes a community health nurse who is the overall supervisor for the health district; district nurse (a registered nurse with training in midwifery); registered nurse; nursing assistant; orderly (in the St. David, St. John and St. Patrick health districts); and a pharmacist. At medical stations, staffing includes a district nurse and a nursing assistant.

Health professionals who may visit health centres include pediatrician, nutritionist, dentist, environmental health officer, and a mental health team (a doctor, 2 nurses and a social worker).

Human Resources

Medical specialists available within the public health sector include general surgeon, orthopedic surgeon, ENT specialist, internal medicine, pediatricians, gynecologists, ophthalmologist, and a neurosurgeon. Medical specialists available within the private health sector and at St. George's University include a cardiologist, retinal specialist, podiatrist, nephrologist, neurologist, and neurosurgeon.

Presently, there are three speech and language therapists, seven physiotherapists and one psychologist registered with Grenada's Allied Health Professionals Council. There may be others who are practicing but not registered.

Table 1.3 categorizes the number and density of health professionals^a in Grenada for the years 2010 and 2014 (PAHO, 2017).

Category	2010 ^b		2014 ^c	
	No.	Density	No.	Density
Physicians	80	7.6	110	10.0
Dentists	9	8.6	9	0.8
Dental auxiliaries	4	0.4	4	0.4
Registered nurses	315	30.0	339	31.0
Nurse practitioners	3	0.29	2	0.2
Nurse assistants	192	18.3	233	21.3
Nutritionists/dieticians	1	0.1	1	0.1
Lab technologist	13	1.2	22	2.0
Radiographers	6	0.6	15	1.4
Pharmacists	21	2.0	24	2.2
Physiotherapists	1	0.1	2	0.2
Environmental health officers	13	1.2	17	1.6

^a Per 1,000 population.

^b The population in 2010 was 105,038.

^c The population in 2014 was 109,374.

Source: Grenada, Ministry of Health.

Table 1.3. Health professions in Grenada: 2010 – 2014 (PAHO, 2017)

Notwithstanding the increased number of health professionals across a majority of categories during the 2010-2014 period, these are still insufficient for meeting the needs of the population; the lack of specialists, including oncologists, obstetricians and

gynecologists, ophthalmologists, and pathologists is thus supplemented via bilateral assistance from Cuba (PAHO, 2017).

THE EDUCATION SYSTEM

The education system spans across four levels – pre-primary, primary, secondary, and tertiary. Parents can choose between public and private schools for the first three educational levels. Prior to entering the education system, children from 0-3 years may attend private or public daycare centres. The Early Childhood Unit at the Ministry of Social Development is responsible for managing the affairs of the 10 government-run, public daycare centres as well as supervising and regulating approximately 43 registered private daycares. Formal education begins at the pre-primary education level which focuses on early childhood education with children aged 3-4 years old but enrollment is not compulsory. Currently, there are 62 public pre-primary schools.

Primary level education starts at 5 years, beginning with kindergarten and continuing to grade 6. This level is compulsory as all children at this age must be enrolled and regularly attend school. Currently, there are 59 public primary schools. In 2012, the MoE replaced the long existing National Common Entrance Examination (CEE) with the Caribbean Primary Exit Assessment (CPEA) as it integrates formative, summative and diagnostic assessments of the student's performance in both grades 5 and 6, rather than one large sequence of exams at the end of grade 6 as done with CEE. For students who are unsuccessful in achieving passing marks in CPEA and have reached the age of 14 or above, the School Leaving Certificate Examination (SLCE) is administered to provide them with the options of entering technical and vocational education training centres or a certificate to pursue a specific profession (UNESCO, 2010).

Secondary level education is compulsory and is divided into two sections – a second cycle of basic education implemented in Forms 1-3 (grades 7-9), and a cycle of upper level instruction in Forms 4-5 (grades 10-11) (UNESCO, 2010). Currently, there are 21 public secondary schools. In Form 4 and 5, students focus on preparing for their Caribbean Secondary Education Certificate (CSEC) examinations, overseen by the Caribbean Examinations Council (CXC) or the Cambridge General Certificate in Education (GCE), Ordinary-level examinations (O-level) (UNESCO, 2010). During Forms 4-5, students work primarily on their School-Based Assessments (SBAs) which are focused reports on their chosen school subjects they will later sit for in CSEC exams.

Tertiary higher education is offered in three platforms – T.A. Marryshow Community College (TAMCC), The University of the West Indies (UWI) Open Campus, and St. George's University (SGU). TAMCC offers general education university courses and

provides students the opportunity to earn associate degrees. The UWI offers certificate and diploma programmes in a wide variety of subjects including education, business, public administration, early childhood education care and development, etc. SGU offers bachelor level degrees through its School of Arts & Sciences, as well as options to enter pre-medical and pre-veterinary programmes. Figure 1.4 illustrates the structure of the Grenadian educational system (UNESCO, 2010).

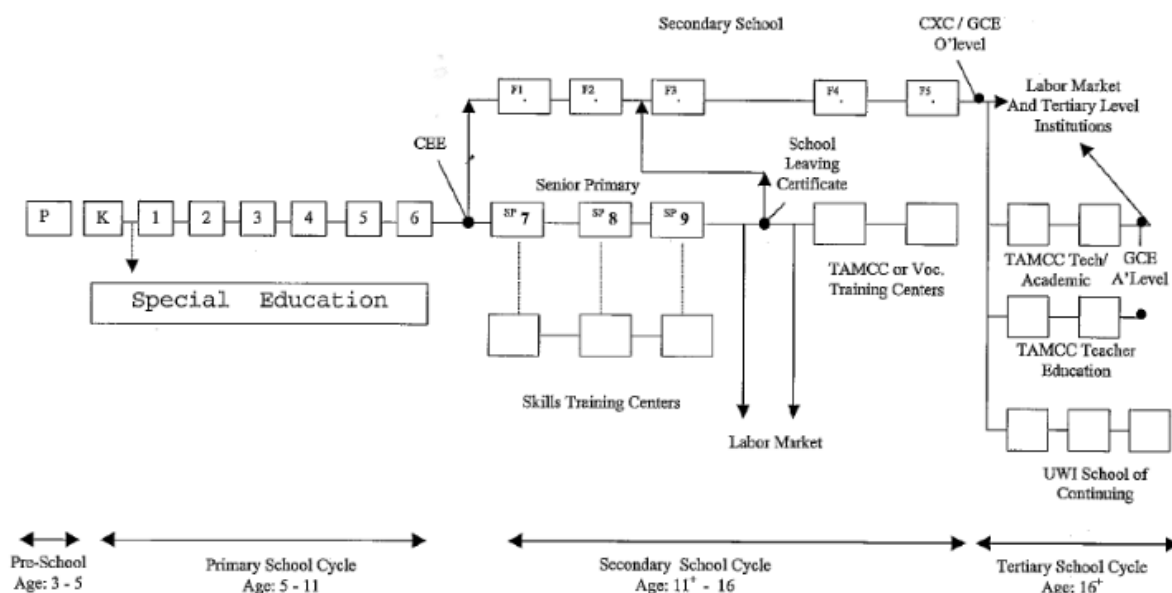


Figure 1.4. Structure of the Grenadian education system (UNESCO, 2010)

Early Childhood Education Sector

Early childhood education delivery for children age 0-5 years is the basis for optimal development in cognitive, linguistic, physical, and socio-emotional domains. According to Healthy People 2020 (2019), this crucial period sets the stage for a country's future health outcomes, work-force, economic productivity, national safety and security, and quality of life. For more information on the benefits of early childhood education, especially for children from low socio-economic families, we refer to the *Situation Analysis of Children in Grenada* (UNICEF Office for the Eastern Caribbean Area, 2017).

As a response to regional and international enhancements to early childhood education, Grenada rolled out the HighScope curriculum in select pre-schools in 2006 as a pilot programme. HighScope is a shared learning curriculum concentrating on "child-focused" teaching methods and active, participatory learning (HighScope, 2019). Its daily patterns include (a) small and large group activities; (b) plan-do-review; and (c) outside time (UNICEF Office for the Eastern Caribbean Area, 2017, p. 43).

In 2017, the Grenada Bureau of Standards, under the supervision of the Bureau's Technical Committee for Education, developed the Grenada National Standard: Requirements for the Establishment and Operation of Early Childhood Centers. All daycare centres and pre-primary schools, whether public or private, are required to adhere to the guidelines presented in this standard, which highlights the minimum requirements for the proper care, stimulation, protection and education of children from six months to five years. The National Standard is aligned with the Education Act of 2002 and draws from CARICOM's regional guidelines for developing regulations and standards in ECD, The HighScope curriculum and the Caribbean Child Development Center at The University West Indies (Grenada Bureau of Standards, 2017). Adherence to these standards are monitored by the Early Childhood Education Desk at the Ministry of Education.

The Ministry of Education is making efforts to train younger teachers in order to decrease future teacher shortages, to ensure that parents in every parish have equal access to qualified, standardized early childhood education, to reduce the teacher to child ratio to 12:1 in pre-primary schools, and to enhance the government's goal of universal access to early childhood education. Subsequent chapters in this analysis provide further detail regarding specific actions and gaps for ECD in both public and private sectors.

According to the Grenada National Standard for Early Childhood education, children under 3 should be in an environment that allows for children to develop in 5 key areas of learning: emotional and social development, physical development (gross, fine, and sensory motor skills, and hand-eye coordination), communication, discovery and exploration, and creative development. Children from ages 3-5 should be poised to gain knowledge and understanding in 9 areas:

- 1) Approaches to learning;
- 2) Social and emotional development;
- 3) Spiritual development;
- 4) Language, literacy, and communication;
- 5) Mathematics;
- 6) Social studies;
- 7) Physical health and well-being;
- 8) Science and technology;
- 9) Creative arts.

The typical daily routine as outlined by the Grenada National Standard is outlined in the table below.

Activity	Allocated Time
Sign in/ Greeting Time	15 minutes
Assembly	15 minutes
Small Group	20 minutes
Small Group	20 minutes
Break/Snack	25 minutes
Plan-Do-Review	45 minutes
Large Group	15 minutes
Lunch/Clean-up/Outside Time	1 hour 30 minutes
Rest	1 hour
Outside Time	1 hour 30 minutes
Prayer & Dismissal	
Team Planning	20 minutes

Table 1.4. Daily routine for Pre-Primary schools in Grenada (Grenada Bureau of Standards, 2017)

Children with Special Needs

The National Standard makes mention of the need for equal opportunities for all children, noting that children with special needs must be “referred to in a manner that is free from derogatory intonation always child first and special needs after” (Grenada Bureau of Standards, 2017). The Standard also indicates that children with special needs be referred to the Special Education Unit at the Ministry. Beyond these two statements, The Standard does not provide specifics regarding children with developmental disabilities or handicaps.

There are five (5) government-owned special education facilities: three schools for special education, the School for the Deaf, and the Resource Centre for the Blind. Current (2019) enrollment at the three special education schools are: St. George’s School for Special Education, 76 students; St. Andrew’s School for Special Education, 48 students; and, Victoria School for Special Education, 47 students. The student to teacher ratio varies from 12:1 to 6:1 among the schools, depending on the school term and dropouts; however, the ideal student to teacher ratio is 5:1 with an assistant (MoE, personal communication, June 2019). The Special Education Unit within the MoE consists of four persons: two education officers (one in Carriacou, one in Grenada), and two speech and language therapists.

The SEU provides training, guidance and resources for the 21 special education teachers. Stigma and discrimination for this target population of children with special needs

continue to be moderately high within the community. The Ministry has identified the need for a) better transitioning of students to mainstream schools; b) ensuring that all children with special needs, especially in rural areas, attend school; c) early assessment and intervention; and d) classroom design and space to be restructured to better support student learning in special education schools. Increased teacher training, qualified educators and clinicians, and specialized curriculum are also needed to support these teachers and their students. Parents who can afford to place their special needs children in private schools do so, but for the many families who cannot afford to do so, public schools are frequently unable to accommodate children with special needs, including physical handicaps; these are the children who are most likely to be left behind.

Education Financing

As a part of the most recent 2006-2015 Strategic Plan for Educational Enhancement and Development (SPEED II), the Grenadian government has made strides in its financing for the four educational levels described above. As noted, investment in the educational sector has increased from 5.5-7.7% of the national GDP in the 1970's to 9.9% in 2013 (UNICEF, 2017). The budget dedicated to the educational sector was 12.4% of national recurrent and capital expenditure in 2012-2013, and 10% in 2016, with the result that the MoE received the largest amount of dedicated funds among all other ministries (UNICEF, 2017). Although small, Grenada is one of the only Caribbean countries with dedicated budgetary special education funding (1.5% in 2012-2013) (UNICEF, 2017). Figure 1.6 illustrates the spending on education in Grenada between 2012-2015 (UNICEF, 2017).

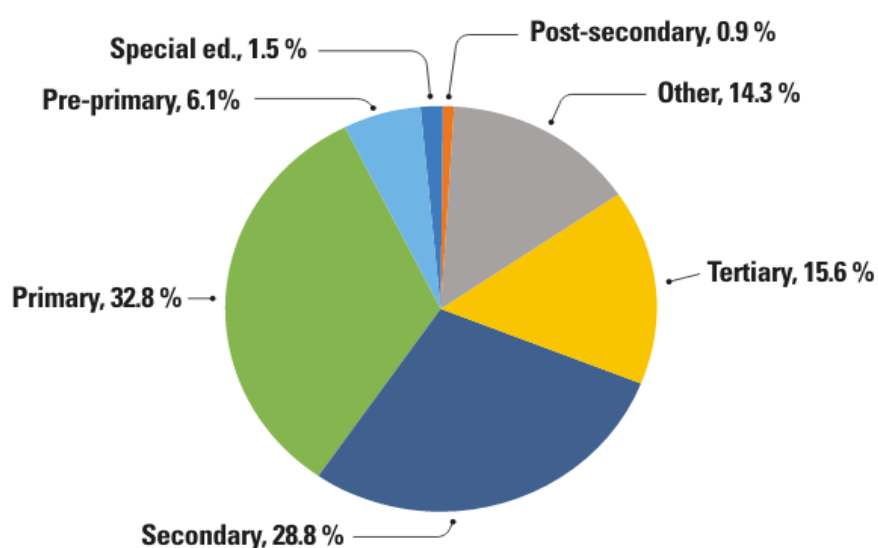


Figure 1.5. Spending of Grenadian education, 2012-2015 (UNICEF, 2017)

It is important to note that although parents have the option to send their children to private or public schools, public school education still has associated annual costs (i.e. school uniforms, school supplies, shoes, school fees, textbooks, etc.). In 2012, the government estimated a cost of EC\$250 per child at the beginning of the new school year (UNICEF, 2017). Schools often hold fundraisers to assist with school operating costs, and may also rely on financial contributions from their Parent Teacher Associations. Parents are frequently asked to donate basic items such as toilet paper and printing paper to offset the schools' budgetary constraints. For low socioeconomic families, especially those with multiple children, there are governmental support programmes, albeit underfunded, with the result that approximately 10% of students from qualified households receive assistance (UNICEF, 2017). Grenada provides a school feeding programme to ensure that underprivileged students have adequate nutrition; the most recent available figures indicate that in 2008, 9,500 students benefited from this programme, with "total expenditures of EC\$55.7 million (3.2% of GDP, 9.2% of expenditures)" (UNICEF, 2017, p. 42).

Stigma, Access, and Social Protection

In 2014, the Government of Grenada ratified the Convention on the Rights for Persons with Disabilities (CRPD) yet special provisions as well as legislation to prohibit stigma and discrimination for persons with disabilities has not been enforced. Similarly, while there is a building code which speaks to access for persons with disabilities, these codes are rarely observed, which inhibits access to public buildings, venues, and activities. Along with stigma, discrimination, and difficulty for freedom of movement, a large percentage of the population with disabilities are unemployed, with the result that persons with disabilities are more isolated and vulnerable (UNICEF, 2017). Non-governmental organizations (NGOs) such as the Grenada National Council for the Disabled (GNCD) and the Rotary Club provide advocacy and equipment for persons with disabilities, and collaborate with other NGOs locally, regionally, and internationally.

The National Insurance Scheme (NIS) provides both short-term protection (sickness, maternity, funeral and employment injury) and long-term protection (age, invalidity, and survivors) (National Insurance Scheme, n.d.). A newly developed National Health Insurance (NHI) project was launched in 2017 and continues to be under development in order to offer essential health services for the Grenadian population - primary health visits, imaging services, prescription medications, rehabilitation/physiotherapy, emergency ambulance services, private and public hospital inpatient and outpatient care, laboratory services, basic oral health care, personal prevention/screening, and specialist care visit and psychological care (UNDP, n.d.).

Population Prevalence of Children with Disabilities

Figure 1.6 illustrates the 2001 figures published on the percentage of children living with disabilities in Grenada (Blenman, 2013).

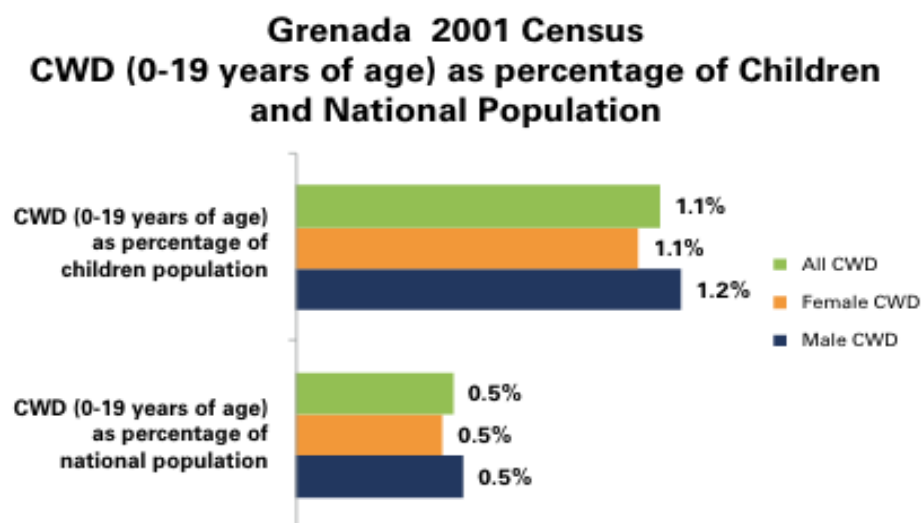


Figure 1.6. Grenada 2001 census of children with disabilities as percentage of children and national population (Blenman, 2013)

In the 2001 Census, child disabilities were predominantly classified under three categories - vision (28%), speech (24%), and learning (21%). Physical disabilities were classified as upper limb, lower limb, and neck and spine with lower limb disabilities being the most predominant physical disabilities for both genders at 17%. Figure 1.7 illustrates the 2001 Census figures published on the types of disabilities for children living with disabilities in Grenada (UNICEF, 2010).

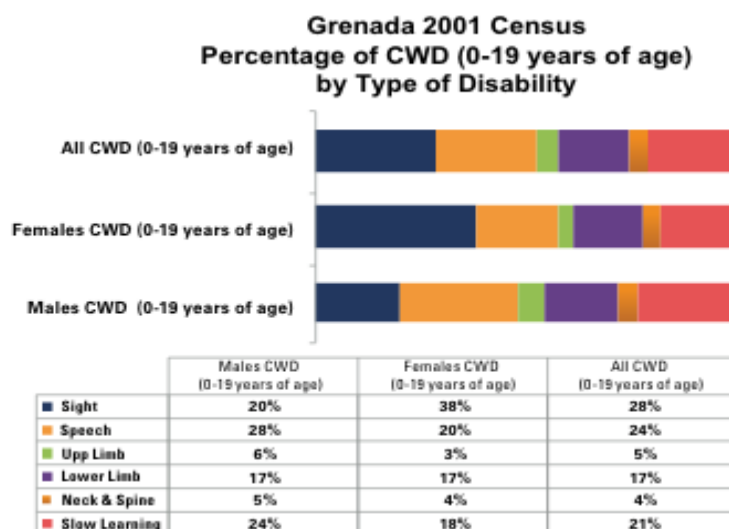


Figure 1.7. Grenada 2001 census of percentage of children with disabilities by type of disability (Blenman, 2013)

In Grenada's most recent (2011) Population and Housing Census, items about disabilities were significantly altered, with the result that the percentage of children living with a disability under age 14 increased to 2.9%, or approximately 5% of disabled persons nation-wide (Figure 1.8). The census reconfigured age groups (0 to 14 versus 2001 census 0-19), and census items asked about difficulties with seeing, hearing, walking, remembering, self-care, upper body functioning, and communicating. The census also queried the origin of disability (e.g. from birth or acquired) (Population and Housing Census, 2011). By gender, the 2011 census reported that 54% of disabled children were male, and 46% female, and that 4.9% of disabled persons were children age 0 to 14.

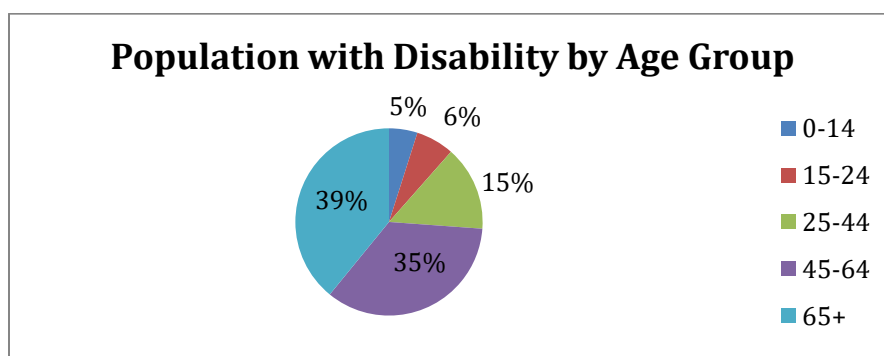


Figure 1.8. Disabilities by age (Population and Housing Census, Grenada Bureau of Statistics, 2011)

For the first time, the 2011 census provided data according to origin of disability, asking whether disabilities were since birth, or acquired by accident, illness, or 'other.' Table 1.5 provides figures for individuals disabled from birth, by type of disability. From these can be extrapolated an approximation of individuals, including children, who were born with physical or other developmental disabilities, providing a country-wide estimation of prevalence.

Disability since birth (all ages)	Sex		Total
	Male	Female	
Vision	164	264	428
Hearing	98	123	221
Mobility/Walking	80	88	168
Remembering	122	110	232
Self-care	65	65	130
Upper body functions	41	44	85
Communicating	224	171	395
Total	794	865	1,659

Table 1.5. Origin of disabilities (Population and Housing Census, Grenada Bureau of Statistics, 2011)

Consistent with the general population distribution, census figures indicated that the majority of disabled individuals of all ages were living in St. George Parish, followed by St. Andrew and St. Patrick. In 2011, 13.9%, or 14,655 Grenadians were counted as disabled. Table 1.6 provides data by age. Table 1.7 provides child data by type of disability.

Age Group	Sex		Total
	Male	Female	
0-14	5.4%	4.6%	4.9%
15-24	6.3%	6.8%	6.6%
25-44	15.7%	13.9%	14.6%
45-64	36.1%	33.8%	34.7%
65+	36.4%	40.9%	39.1%
Total	100.0%	100.0%	100.0%

Table 1.6. Percentage distribution of population with disability within sex category by age group (Population and Housing Census, Grenada Bureau of Statistics, 2011)

	<u>Male</u>		<u>Female</u>		<u>Total</u>
Sight	115	0.9%	203	1.7%	318
Hearing	28	0.2%	53	0.4%	81
Walking/Mobility	60	0.5%	65	0.5%	125
Remembering	92	0.7%	73	0.6%	165
Self Care	87	0.7%	90	0.7%	177
Upper Body Functions	37	0.3%	44	0.4%	81
Communicating	107	0.9%	102	0.8%	209
Total	526		630		1,156

Table 1.7 Numbers and percentages of Grenadian children age 0-14 by type of disability (Population and Housing Census, Grenada Bureau of Statistics, 2011)

Because this report has been finalized during the COVID-19 pandemic, and because Grenada's 2021 Census has likely been somewhat delayed (personal communication, Sept 25, 2020), little is known about how questions about disabilities will be configured for the next census, nor about whether the pandemic has disproportionately affected children with disabilities in Grenada. The authors will monitor trends and publish an addendum to this report as needed.

CHAPTER 2: GRENADA'S LEGAL AND POLICY FRAMEWORK FOR CHILDREN WITH DISABILITIES

INTERNATIONAL CONTEXT

Grenada's approach to children with disabilities generally follows guidelines set out by the international community. Grenada's government signed and ratified the Convention on the Rights of the Child (CRC) in 1990. As noted in the preceding chapter, Grenada signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2010, although this treaty was not ratified until 2014. This chapter discusses Grenada's policies in the context of these and other international agreements, organizations, and policy documents, particularly in the context of the UN 2030 Sustainable Development Goals (SDGs). The chapter concludes with a description of Grenada's laws pertaining to children with disabilities, including the Education Act of 2004.

CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child (CRC) is an international treaty adopted by the United Nations on November 20, 1989, establishing global standards to ensure the protection, survival, and development of all children, without discrimination. It is the most widely and rapidly adopted international treaty in human history, signed and ratified by all but one member state (the United States). The CRC is a legally binding treaty requiring its signatories to ensure that all children have rights in four basic categories:

- The Right to Survival, including the right to be born, to minimum standards of food, shelter and clothing, and the right to live with dignity;
- The Right to Protection from neglect, exploitation, and abuse at home and in all other settings;
- The Right to Participation in decision-making that involves them, based on age and maturity; and
- The Right to Development: emotional development, through love and care; mental development, through adequate education, and physical development, through recreation, play, and nutrition.

The CRC contains 41 articles and applies to all children of the world. It specifically addresses those with disabilities in Articles 2 and 23. Article 2, the right to non-discrimination, is one of four articles identified as general principles, and includes disability as one of those situations for protection from discrimination. Article 23, which indicates the special efforts to be made by countries, states that children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives (Samms-Vaughn, 2019).

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities (CRPD) is also a legally binding treaty requiring its signatories to ensure the rights of all persons with disabilities, including children. It was adopted in 2007 and has been ratified by most UN member states, including Grenada in 2014. The Convention adopts a social model of disability, recognizing that disability is an evolving concept and that disabilities result from the interactions between persons with impairments and attitudinal and environmental barriers that hinder their full, equal, and effective participation in society. In general, persons with disabilities are described as those who have long-term physical, mental, intellectual, or sensory impairments that serve as those barriers.

There are eight guiding principles underlying the CRPD's 50 Articles:

- Respect for the dignity and autonomy of persons with disabilities, including the freedom to make one's own choices;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equal opportunities;
- Accessibility;
- Equality between men and women; and
- Respect for the evolving capacities of children with disabilities and respect for the rights of children with disabilities to preserve their identities.

Two articles of the CRPD specifically address the needs of children with disabilities. Article 7, Children with Disabilities, states that countries should use all means necessary to ensure that children with disabilities fully enjoy all the human rights and fundamental freedoms on an equal basis with other children, and that the best interests of a child, including a child's right to express his or her views about matters affecting him or her, must be prioritized. Article 26, Habilitation and Rehabilitation, states that countries should take measures to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. In other words, countries should organize, strengthen and extend comprehensive services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services begin at the earliest stage possible, are based on multidisciplinary assessments of individuals, and support participation and inclusion in communities and all aspects of society. Article 26 states that countries should also promote the development of initial and continuing training for professionals and staff working in services for persons with disabilities, and promote the availability, knowledge and use of assistive devices and technologies designed for persons with disabilities (Samms-Vaughn, 2019).

INTERNATIONAL AGENDA: THE SUSTAINABLE DEVELOPMENT GOALS

In September 2015, the UN General Assembly adopted the 2030 Agenda for Sustainable Development that includes 17 Sustainable Development Goals (SDGs) for the year 2030. The SDGs replace the Millennium Development Goals and emphasize an equitable and sustainable world for all, including persons with disabilities. The SDGs and the 2030 Agenda are aspirational in nature, not legally binding as are the UN Conventions themselves. The SDGs are currently serving as most governments' aspirational guidelines, including Grenada's. As of this writing, the SDGs are displayed prominently in the Secretariat at Grenada's MoE.

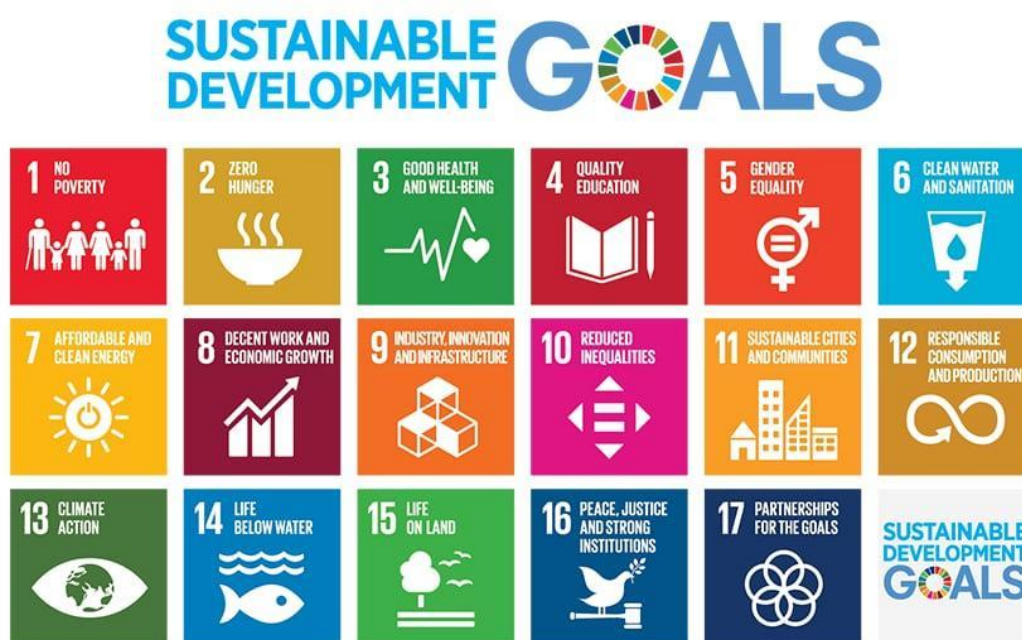


Figure 2.1. The Seventeen Sustainable Development Goals (UNDP, 2019)

UN FLAGSHIP REPORT ON DISABILITY AND DEVELOPMENT 2018: REALIZATION OF THE SUSTAINABLE DEVELOPMENT GOALS BY, FOR, AND WITH PERSONS WITH DISABILITIES

Based on the SDGs and a compilation of research demonstrating the vulnerability of persons with disabilities, the *UN Flagship Report on Disability and Development* was published in 2018 to emphasize that the SDGs can only be achieved with full participation of everyone, including persons with disabilities. Upholding rights and ensuring full inclusion of the world's one billion persons with disabilities is seen as both a moral imperative and a practical necessity for building healthy societies. The *Flagship Report* was assembled with contributions of over 200 experts and represents the first effort to examine disability in terms of the SDGs, reviewing international databases and legislation. It demonstrates that despite progress, persons with disabilities continue to experience barriers to full inclusion in society, including discrimination and stigma, higher rates of poverty and violence directed against them, poorer health, higher rates of illiteracy, and reduced access to services and to physical and virtual environments. The report emphasizes that member states' governments are primarily responsible for upholding citizens' rights. It discusses all SDG targets and goals in terms of disabilities,

and emphasizes those most pertinent for persons with disabilities: SDGs 1 and 2 (ending poverty and hunger), SDG 3 (ensuring healthy lives and promoting well-being for all citizens), SDG 4 (ensuring inclusive and equitable quality education), and SDG 16 (promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable, and inclusive institutions at all levels). Its key recommendations can serve as guides for countries such as Grenada which have not yet achieved equity and justice for citizens with disabilities of all ages.

UNESCO GUIDELINES FOR INCLUSION: EDUCATION FOR ALL

An additional international policy document is UNESCO's *Guidelines for Inclusion*, first published in 2005, in order to assist countries in making national education plans. While the CRPD and the *Flagship Report* apply to all rights of all persons with disabilities, the UNESCO Guidelines are specific to children and their rights to education. The *Guidelines* have been compiled as a living document, subject to ongoing updates, in response to the need for a systematic approach for identifying excluded groups, and to the realities of children worldwide who have been marginalized due to disabilities. The original (2005) guide presented theoretical, practical, and economic justification for inclusive education, arguing forcibly that segregated education for children with disabilities reinforces stigma and generally results in poorer outcomes for both children and their societies.

The current guide (2017) is informed by the SDGs, particularly SDG 4 (inclusive and equitable quality education) and built around an assessment framework to help countries (a) review how well equity and inclusion currently figure in existing policies; (b) identify needs for improving those policies, and (c) monitor progress. Its central message is that *Every learner matters, and matters equally*. The document itself is conceptual, in that it emphasizes values of inclusion and equity for national education systems, including curricula, assessments, and staffing. It is policy-directed, in that it provides a set of standards and guidelines for leaders who create policy. It is systems-oriented, in that it encourages multi-systemic considerations for vulnerable learners, and it is practice-based, in that it provides both guidelines and international examples of inclusive, equitable educational innovations. The guide proposes a methodology whereby country stakeholders can conduct self-study for policy review and reform.

As the United Nations branch responsible for education in all its member states, UNESCO has published and circulated its own international treaties, including two with relevance for children with disabilities: the Convention against Discrimination in

Education (1960), and the Convention on Technical and Vocational Education (1989). As of July 2020, Grenada has not signed nor ratified either of these treaties.

UN TREATY BODIES

The UN's human rights treaty bodies are committees of independent experts, nominated for their competence in human rights, who monitor implementation of the core international human rights treaties. Each State party to a treaty has an obligation to ensure that everyone in the State can enjoy the rights set out in the treaty.

Since it has ratified the CRC and CRPD, Grenada has been reviewed for its adherence to those treaties. Grenada's compliance was reviewed in a Universal Periodic Review in April, 2015. The treaty body expressed concern about access to education for children with disabilities, and recommended for a second time that Grenada develop early identification programmes to prevent disabilities. The full text of its recommendation may be found in an appendix at the conclusion of this report, and via UNESCO (n.d.): <http://www.unesco.org/education/edurights/index.php?action=countries&lng=en>.

WORLD HEALTH ORGANIZATION (WHO) AND PAN-AMERICAN HEALTH ORGANIZATION (PAHO): PLANS OF ACTION ON DISABILITIES AND REHABILITATION

In acknowledgement of the SDGs, and in recognition of the one billion persons, 93 million of whom are children, living with one or more disability, WHO published an updated global disability action plan in 2014, intended for the years 2014-2021. Citing the WHO plan and estimating that 140 million persons in the Caribbean and Latin American region live with disabilities, PAHO published its own action plan in the same year. These international health organizations recognize disability as a global public health issue, a human rights issue, and a development priority. The vision of the action plans is a world in which all persons with disabilities and their families live in dignity, with equal rights and opportunities, and are able to achieve their full potential.

The WHO action plan lists detailed indicators, proposed evidence of successes, and means of verification for subsets of each of the following three objectives: (1) removing barriers and improving access to health services and programmes; (2) strengthening and extending services and community-based rehabilitation; and (3) strengthening data collection and research on disability and related services.

The PAHO action plan is more specific to the unique challenges of developing states in the region, noting that national plans to include persons with disabilities must be integrated and multisectoral, and that they must specifically acknowledge the obstacles that people with disabilities face, including physical barriers, transportation issues, lack of competencies among service providers, negative attitudes toward people with disabilities, communication barriers, and lack of information among people with disabilities about their rights and available services. Because the region is vulnerable to climate-related disasters, the report also emphasizes that persons with disabilities should be included in National Disaster Plans.

Although the PAHO plan does not specifically address children, it is important to children with disabilities for its mandate to Ministries of Health to approach disabilities from an integrated approach by working with multiple sectors, and for its emphasis on including persons with disabilities as stakeholders. The WHO plan calls for nations to improve accessibility for all persons with disabilities, including children, to institute national reporting from education ministries, to promote increased understanding, knowledge, and positive perceptions, to support education and training of skilled personnel, to improve and track referral services between health and education sectors, and to work with a range of stakeholders to ensure services for children with disabilities are available and coordinated. In its introduction to the strategic plan, the WHO document states that:

“Disability is a global public health issue because people with disability, throughout the life course, face widespread barriers in accessing health and related services, such as rehabilitation, and have worse health outcomes than people without disability. Some health conditions may also be a risk factor for other health problems, which are often poorly managed, such as a higher incidence of obesity in people with Down syndrome and higher prevalence of diabetes or bowel cancer in people with schizophrenia. Disability is also a human rights issue because adults, adolescents and children with disability experience stigmatization, discrimination and inequalities; they are subject to multiple violations of their rights including their dignity, for instance through acts of violence, abuse, prejudice and disrespect because of their disability, and they are denied autonomy. Disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another. Poverty increases the likelihood of impairments through malnutrition, poor health care, and dangerous living, working and travelling conditions. Disability may lead to a lower standard of living and poverty through

lack of access to education and employment, and through increased expenditure related to disability” (WHO, 2014, p. 3).

OAS INTER-AMERICAN CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST PERSONS WITH DISABILITIES

In 1999, at its 23rd Convention in Guatemala City, the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities was adopted by the Organization of American States. It was ratified by a majority of member states in 2001. Except for the Dominican Republic, no Caribbean states are signatories; Latin American states have all signed. Signatories have undertaken to adopt comprehensive legislative, social, educational, labor-related, or any other measures needed to eliminate discrimination against persons with disabilities and to promote their full integration into society, including, but not limited to availability of goods and services, and access to buildings, vehicles and transportation, communication, training and, most relevant to children, early detection and intervention services. Signatory states have also committed to increasing public awareness through educational campaigns aimed at eliminating prejudices and stereotypes.

REGIONAL POLICY RECOMMENDATIONS: ECONOMIC COMMISSION FOR LATIN AMERICA AND THE CARIBBEAN (ECLAC)

With populations ageing, lifestyles changing, and an increasing number of people suffering from non-communicable as opposed to infectious diseases, the number of people in the Caribbean living with some form of disability is expected to rise in coming years. In anticipation of this and in acknowledgement that no Caribbean state has committed to the OAS agreement, the ECLAC subregional headquarters for the Caribbean has advocated for a proactive response, commissioning *Disability, Human Rights, and Public Policy in the Caribbean: A Situation Analysis* (Jones & Serieux-Lubin, 2017). The introduction of this document states that:

“Previously, disability was seen as primarily a medical problem and persons with disabilities were seen as being in need of treatment, charity and care. However, the recognition that persons with disabilities are full and equal members of society, with the same human rights as everyone else, has much wider implications.

Societies themselves must also change to remove the barriers that prevent equal participation thereby enabling the effective exercise of rights. Human rights have thus become a focus for advocacy and a framework for public policy on disability” (Jones & Serieux-Lubin, 2017, p. 7).

The *Situation Analysis* summarizes which Caribbean nations have passed comprehensive legislation regarding persons with disabilities; Grenada has not. The analysis provides guidelines for data monitoring and the use of statistics for evaluating policy effectiveness. Since only census data is available, and because uniform methods for data collection are nonexistent, it is difficult to quantify disabilities in the region; there are many unknowns. In addition, some census questions applicable to adults are inappropriate for measuring disability among young children: for example, “Do you have difficulty walking or climbing stairs?”

Based on projected demographics, the ECLAC analysis anticipates that Grenada’s prevalence of disabilities will increase between 2015 and 2050 by 2.7 per cent, which is the highest projected percentage in the Latin American and Caribbean region (Jamaica is second highest at 2.3%). This suggests that Grenada will need to prioritize public health initiatives and access to services. The ECLAC analysis devotes a chapter to education reform, which has been shown to be a driver of wider social and economic change:

“The inclusion of children with disabilities in mainstream education is a crucial step towards the creation of inclusive societies. For children with disabilities, it is vital for their social development, the fulfilment of their academic potential, and ultimately their future well-being as adults. More broadly, education systems in which children with disabilities participate on a full and equal basis with non-disabled children help to change attitudes towards disability (among both groups)” (Jones & Serieux-Lubin, 2017, p. 45).

Based on census data from 2010-11, among the ten Caribbean countries for whom the gap between persons aged 3-18 with and without disabilities attending school is reported, Grenada’s gap is largest, at 25%. Two countries, Bermuda and the Cayman Islands, have achieved parity, meaning the same percentage of children with and without disabilities attend school. The countries with the next smallest gaps were Barbados (10% in 2010) and Saint Lucia (7% in 2000).

Regarding education, the *Situation Analysis* calls for specialized teacher training, more inclusion as opposed to schools for special education or for sensory impaired students, and more commitment on the parts of governments to legislation protecting the rights of persons with disabilities. Regarding poverty and economic opportunities, it also calls for more vocational training, legislation forbidding discrimination against persons with

disabilities (which Grenada has passed), and income protection programmes for persons with disabilities (which is only partially available to Grenadians with disabilities – see Appendix).

Following publication of the *Situation Analysis*, ECLAC-Caribbean assembled policy makers in the fields of disabilities, social development, and human rights from Barbados, Cayman Islands, Jamaica, St. Vincent and the Grenadines, and Trinidad and Tobago, as well as representatives of other UN and international organizations and other experts in order to review the current situation of persons with disabilities in the Caribbean.

There were no representatives from Grenada. A press report on the meeting stated that there was wide recognition among participants that education systems must be made more inclusive for children with disabilities. The need to improve the quality of professional education and training, access, and statistics on persons with disabilities, particularly in respect of between-country comparability, was also discussed.

REGIONAL POLICY RECOMMENDATIONS: CARICOM

Grenada is one of fifteen member states of CARICOM, one of the oldest economic unions in the world. In December 2013, in response to a mandate from the Conference of Heads of Government, the CARICOM Secretariat and the Government of Haiti convened a high level meeting of representatives from the 15 CARICOM member states to examine the issue of disabilities and to chart the way forward for an inclusive Region.

Among the outcomes of that meeting was a political document, the Pétion-Ville Declaration, which replaced an earlier (2004) document, the Kingston Accord, identifying actions for advancing the goal of an inclusive society for persons with disabilities. A CARICOM Special Rapporteur on Disability, Senator Dr. Floyd Morris, was appointed, and a network for regular consultation among representatives was established. None of the proclamations of this or the previous documents specifically mentions children or education; however, a quote by Dr. Morris acknowledges the challenges faced by children with disabilities, and the potential to overcome those challenges:

“I knew and understood that if I wanted to escape poverty, then emphasis would have to be placed on education and so I went to Kingston in 1991 and got rehabilitated at the Jamaica Society for the Blind, then went to the Mico Evening College to do my GCE O’ and A’ Level Exams and then to The University of the West Indies to do my first and second degrees and in 2017, 31 years after I graduated from high school without a single academic subject, I graduated with a PhD” (F. Morris, cited in CARICOM, 2019, p. 8).

Based on press releases and social media postings, CARICOM has continued to advocate for comprehensive educational and economic support of persons with disabilities, helping to raise awareness and reduce stigma in addition to addressing human rights.

REGIONAL POLICY RECOMMENDATIONS: ORGANIZATION OF EASTERN CARIBBEAN STATES (OECS)

Grenada is one of nine full members of the OECS. The OECS supports an Education Sector Strategy, which has adopted the equity-based motto, “Every learner succeeds.” The main purpose of the Education Sector Strategy is to guide educational directions and priorities of member states, providing a framework by which member states align their national Education Plans. While not specifically addressing children with disabilities, its ten-year Strategic Imperatives, developed for the years 2012-2021, include increasing access to quality early childhood development services to meet the needs of all children from birth to age five, including the most vulnerable.

Representatives from Grenada have long advocated for early childhood education. In conjunction with the Caribbean Development Bank, UNICEF has identified and published several “best practices” for early childhood, including the key recommendation that countries establish early identification and intervention systems for children with disabilities. Although the guide highlights the processes by which early childhood policies, standards, and teacher trainings in Grenada have been formalized, it is Saint Lucia which has led the region in childhood disabilities by establishing the Child Development and Guidance Centre. This centre is cited in the best practice guide as a model policy-guided centre for other OECS nations to follow. The guide describes the process by which the Child Development and Guidance Centre was established and formalized as a community-based service for children in Saint Lucia with developmental disabilities.

GRENADA LEGISLATION AND POLICIES REGARDING CHILDREN WITH DISABILITIES

Grenada’s Education Act of 2002/2003 specifies that all children are entitled to free and equitable education in settings that are least restrictive. Sections of the Act describing education for children with disabilities are appended to this report. The Act empowers the Minister of Education to create a Special Education Task Force for specific tasks. There

is an updated special education policy, currently in draft form and under legal review, that was developed by the Special Education Unit of the Ministry of Education.

In 2006, the Ministry developed a Strategic Plan for Educational Enhancement Development (SPEED), to ensure access to formal education for all eligible children, and to develop enabling conditions for full participation of at-risk and excluded children within the context of gender parity. SPEED targeted special needs by recommending that by 2010, (a) the Ministry of Education ensure adequate provision for all children with special needs in mainstream daycare centres, nurseries, primary schools and secondary schools as well as specialized centres for “severe learning difficulties” such as deafness and visual impairment; and (b) institution of early identification and diagnostic screening programmes in mainstream schools to allow for the assessment of learning needs of children and routing into appropriate learning support environments within mainstream schools or elsewhere. As previously noted, these recommendations have been partially met.

Like all children, those with disabilities grow up to be adults. Although Grenada has not yet passed comprehensive disability legislation, its employment act of 2016 stipulates that employers may not discriminate against persons on the basis of race, colour, national extraction, social origin, religion, political opinion, sex, marital status, pregnancy, family responsibilities, age, disability, non-communicable disease or illness, including HIV or AIDS in any manner arising out of the employment relationship; suggesting that persons who can work may do so. In reality, however, there are disparities in education. Some children with disabilities may not receive adequate training that would enable them to enjoy full rights as citizens of the country.

The National Insurance Scheme provides for persons who become “invalids,” but does not cover those who have never worked. A National Health Insurance scheme is under development; at the time of this writing there was limited information about whether or how children with disabilities will be covered.

CHAPTER 3: SCREENING, ASSESSMENT AND INTERVENTION IN THE HEALTH SECTOR

ANTENATAL CLINIC VISITS

An expectant mother is encouraged to come to the district antenatal clinic as early as possible during the first trimester. She will attend the antenatal clinic every month for the first 28 weeks after which she is expected to attend every 2 weeks, and then every week once she reaches 36 weeks.

The first antenatal clinic visit involves a complete physical examination; documentation of personal details, past and present medical history, surgical history, current medication and family history (diabetes, twins, tuberculosis); blood tests (complete blood count, blood sugar, sickle cell, blood type, STIs including HIV, HTLV 1 and 2, and syphilis); and an overview of family planning options (2 types of injections plus the pill).

At each antenatal clinic visit, the progress of the pregnancy is monitored. The height of the fundus is visually represented on the gravidogram. If the fetus is too big or too small, a physician referral is made.

An ultrasound is not mandatory because of cost, but it is recommended if the rate of growth during pregnancy is not normal or if there are any known risk factors for the baby. Ultrasound services are available for a fee at the General Hospital or at private health facilities.

Genetic screening services are not available.

A nutrition officer from the Grenada Food and Nutrition Council visits community health facilities on the same day as the scheduled antenatal clinic to speak about nutrition during pregnancy. The nutrition officer also provides guidance for persons experiencing gestational diabetes.

THE NEWBORN AT DELIVERY

All babies receive an APGAR score 1 minute and then 5 minutes after birth. Nurses in the maternity units are trained in midwifery and facilitate the birthing process. However, a pediatrician is present for the birth of premature babies. The pediatrician would refer

premature babies for physiotherapy. The physiotherapist offers basic range and motor exercises for upper and lower limbs, massages, and positioning (head control); parents are involved in these sessions to ensure they understand and can continue the exercises at home (between visits). Also, after being discharged from hospital, mothers have the option of bringing their babies to a hospital unit from 6am to 6pm where they receive practical (bathe and feed babies) and social (conversation with other mothers) support. Fathers are also welcomed at this unit.

The Baby-Friendly Hospital Initiative (BFHI) is a WHO/PAHO initiative to promote breastfeeding. This programme aims to encourage breastfeeding and de-emphasize the use of formula in maternity units at the hospital facilities. As part of this initiative, the Ministry of Health embarked on a 6-month breastfeeding drive to encourage mothers to breastfeed for as long as possible, since it is best for the baby and cost-effective. Mothers who must return to work before six months are being educated on how to extract and store breast milk.

In recognition that bonding between mother and child occurs within the first hour of birth, BFHI also entails changes to the delivery of services in the maternity unit of hospital facilities. Instead of placing fabric (such as a towel) between the mother and child, initial contact is skin-to-skin. Even when a baby needs immediate care, nurses initiate skin-to-skin contact first.

POSTNATAL AND CHILD HEALTH CLINIC VISITS

Nurses are guided by two frameworks for monitoring the development of children aged 0-3 years old: Integrated Management of Childhood Illness (IMCI), which focuses on early stimulation; and Care for Child Development Approach (C4CD), which includes play, language and interaction.

Upon returning home from the hospital post-delivery, the mother is expected to inform the district nurse that she and the baby are back at home. The district nurse will then make 1-3 visits to the mother and child within a 10-day period. These visits are intended to check-in on the mother's recovery process, the child's overall health, and parent-child interaction. Practically every mother and child receive these home visits; an estimated 0.5% of newborns are not seen.

At 6 weeks, child health clinic visits begin with a postnatal checkup. The mother receives a complete check to ensure she is recovering as expected. The baby is also checked to

ensure expected developmental progress, and the next child health clinic visit is scheduled.

Age	Clinic Visits	Developmental Screening Checklist	Immunization Schedule
At Birth			*
6 weeks - 2 months	* 6 weeks	*	* 2 months
4 months	*	*	*
6 months	*	*	*
9 months	*	*	
12 months	*	*	*
15 months	*	*	
18 months	*	*	*
21 months	*		
24 months	*	*	
30 months	*		
36 months	*	*	
48 months		*	
4½ -5 years			*
15 years and over			*

Table 3.1. Schedule of Clinic Visits, Developmental Screening and Immunization in Grenada (Personal communication, Ministry of Health, May 2019)

At each child health clinic, infant developmental progress is documented in a Child Health Record Book (one of which remains at the clinic while the other is kept at home). This record includes a developmental screening checklist and international growth standards, which are used as an indication of healthy development. In August 2018, nurses received updated training in the use of these measures. If a child is not meeting

developmental milestones, the nurse will make a referral to the district doctor or pediatrician who will then make further referrals as needed to the appropriate health professional.

There is no institutional means of assessing neurodevelopment in children. However, discussions are underway at the ministry level to identify a suitable assessment tool to be used within the public health sector.

Although the Child Health Record Book was developed to improve record keeping and monitor child development, the future of record keeping within the public health sector is an electronic one. Three key steps towards this have been the implementation of (1) the perinatal information system (SIP), (2) bedside registration of newborns as part of a civil registration record on an electronic platform, and (3) an electronic medical system for immunization. Electronic medical records software was acquired a couple years ago and is currently being implemented.

PEDIATRICIANS (IN PRIVATE PRACTICE)

If clinical assessment of children, based on developmental milestones checklist, suggests a delay, then pediatricians make referrals:

- Hearing: Children's Health Organization Relief and Educational Services (CHORES)
- Visual: ophthalmologist (at the General Hospital and in private practice)
- Communication: speech pathologist (MoE)
- Autism (no diagnosis): Early Childhood Intervention Programme (ECIP) and Autistic Foundation of Grenada, which can offer the Autism Diagnostic Observation Schedule Assessment (ADOS)
- Cerebral palsy: physiotherapy; early stimulation

According to the pediatricians interviewed, pediatricians (in private practice) host a family education meeting for all members of a household when a child has a developmental delay. These meetings are ad hoc; there are no specified time frames, specific referral points, nor policy documents requiring follow-up or evaluation. The pediatrician-initiated family meetings are aimed at describing the delay/disability, explaining what can be done, and offering encouragement and hope. There is no indication that these meetings are offered by the General Hospital. One district clinic

(Grand Anse) offers services through visiting physicians who donate resources and medical expertise.

COLLABORATIVE EFFORTS ACROSS MINISTRIES

The MoH, in collaboration with the MoE and MoSD, combined efforts in 2017-18 to train nurses, preschool teachers, daycare workers and Roving Caregiver supervisors in Therapeutic Early Stimulation (TES). This training, which was funded by United States Agency for International Development (USAID), equips participants with skills for an early intervention response targeting key developmental areas: social/emotional; language/ communication; cognitive; and motor/physical. Approximately 50 persons have been trained in recognition of delays, and in providing therapeutic stimulation.

SCHOOL HEALTH PROGRAMME

The school health programme involves the screening of child health at two significant physiological development periods in a child's life: ages 5 to 7 and adolescence. Thus, a primary health team would visit all students in Grade 1 at the primary school level and in Form 1 at the secondary school level. This team consists of a physician, nurse, dentist, social worker, nutritionist, environmental health officer and school counselor. Students receive dental screening, and the physician conducts a global assessment of the entire child, making referrals as needed to other members of the health team as well as health professionals outside of the health team. The school health programme has been implemented in all schools throughout Grenada, Carriacou and Petite Martinique, except for private schools that opted out of the programme. The plan is to expand the school health programme to include both a neurodevelopmental survey and screening for sickle cell disease.

GRENADA FOOD AND NUTRITION COUNCIL

The Grenada Food and Nutrition Council (GFNC) was established in 1980 under the People's Revolutionary Government (PRG). It is a statutory body housed within the Ministry of Agriculture and governed by a board of directors. The staffing of GFNC includes an executive secretary; a community nutritionist; a nutrition education and

promotion officer; a product development and training officer; and three nutrition officers, two of whom perform dual roles as a community nutrition supervisor and a surveillance officer.

The nutrition officers keep a register and monitors the nutritional status of children 0-5 years old who are overweight/obese, wasted, or stunted. These children are identified in numerous ways: from the delivery book at both the General Hospital and Princess Alice Hospital in Grenada, as well as Princess Royal Hospital in Carriacou; when hospitalized and identified as 'failure to thrive'; and referrals from community health facilities. At the beginning of each year, the number of children to be monitored is listed in the register; this includes children from the previous year, and new cases are added. These children are visited every month and an assessment of their nutritional status is conducted every three months. The nutrition officer guides parents and caregivers on how best to ensure the child receives the nutrition needed. For instance, if a child eats a small portion, parents/caregivers are advised on how to increase the nutritional value of the meal. Children who attain a normal nutritional status are then removed from the register.

The GFNC conducts an annual daycare survey whereby they assess the nutritional status of all children in both government and private daycare centres. A survey of children's nutritional status is also conducted in all preschools every four years.

CHAPTER 4: SCREENING, ASSESSMENT AND INTERVENTION IN THE EDUCATION SECTOR

OVERVIEW OF SCREENING, ASSESSMENT, AND INTERVENTION IN ECE IN GRENADA

In the education sector, there is currently one screening tool used for evaluation of children between 3-5 years. The screenings are conducted by trained teachers in the classrooms. These teachers may refer children for further assessment using a required referral form.

Children displaying signs of developmental delay are referred to the Special Education Unit (SEU) for formal evaluation. Parents, teachers, pediatricians and other medical professionals, Ministry of Social Development representatives or child protection officers may make referrals based on observation of the child in the home or in school. It is an informal referral system, as there are no specific criteria that the child must meet to qualify for referral. However, the referee is required to complete a referral form which was created by the SEU to pinpoint their areas of concern. Submission of the referral form, along with signed consent from the child's parents, leads to the child being observed in the school setting and evaluated by SEU personnel using an assortment of assessment instruments. At present, when children are assessed, the assessor develops an Individual Learning Plan (ILP) for the child if needed, which is to be implemented by the child's teacher, with the support of the SEU officers. In instances of severe delays or disabilities, the SEU can recommend that the child be enrolled in one of the schools for special education. Due to concerns about fidelity and copyright, copies of assessment measures are not attached to this document; however, those currently in use are described below.

The Special Education Unit, or Desk, as it is informally called, has been in existence at the Ministry of Education since the passage of Grenada's Education Act in 2003. As noted, it is currently staffed with four members of staff: two special education officers, and two speech and language therapists. The SEU receives approximately 60 referrals per year. Because there is no formal data tracking system, neither the number of assessments conducted nor trends of findings are accessible, although all children within the special education system are known to the SEU.

The following sections identify the existing measures available to children with developmental delays within the education sector. Pathways for the use of these

instruments are generally established by the SEU as needed; however, there are no specialists within the unit for psychometrics or validation of instruments. Most instruments are normed on North American children, although a few have been validated internationally. None has been validated on Caribbean children per se, although several have been in use in the region for over a decade. Because no data system exists, there has been no tracking of scores in order to follow a particular child, nor to identify trends or target specific domains for interventions.

SCREENING IN THE EARLY CHILDHOOD EDUCATION SYSTEM

The Early Childhood Developmental Checklist (ECDC)

The MoE developed the ECDC to gather information about children's physical, academic and social emotional progress in their pre-primary years (3-5 years). The checklist, which is approximately 24 pages long, identifies tasks on four domains that normally developing children should be able to complete by the end of their pre-primary years. The four (4) areas of functioning that the checklist covers are:

- Language, Literacy and Communication
- Mathematics
- Physical Development and Health
- Social and Emotional Development

Pre-primary teachers monitor their students and at the conclusion of each school term, record whether each skill was mastered, in progress, not yet or not taught for all domains except for social and emotional development, which specifies whether a child will complete the tasks very often, sometimes, or never. There is a remarks section for additional information the teacher may provide about a particular child. The information collected paints a picture of the child's readiness for primary school, and can be used to guide kindergarten teachers and inform instruction during the transition from pre-primary to primary school. There are no formal scoring measures or established cutoff points; rather, the ECDC is a tool for teachers to be able to identify and monitor progress. The Ministry's Early Childhood sector has provided training for its use.

ASSESSMENT IN THE EARLY CHILDHOOD EDUCATION SYSTEM

The Early Screening Inventory – Revised Edition(ESI-R)

When concerns about a child's development are raised, the SEU begins an evaluation with the ESI-R. This is a widely used, international screening instrument that provides an overview of developmental concerns in areas of language and cognition, visuomotor, and gross motor functioning. The instrument also outlines behavioral observations that can suggest delays in different areas of functioning. There are two versions of the inventory, one for ages 3 to 4½ and the other for ages 4½ to 6 years. Children's overall scores on the ESI-R will fall into one of three categories: "refer", "rescreen", and "OK". A "refer" score suggests that the child may be at risk for some delay or disability. A child may get a "rescreen" score if their scores caused concern, in which case the tool is re-administered in 8-10 weeks to ensure that the screening was accurate, or to determine whether a referral is necessary. A score of "OK" indicates that the child is developing as expected. The ESI-R is administered by the Special Education Officer or other staff members of the SEU.

Special Education Informal Assessment (SEIA)

This informal assessment was created by the Grenada School for Special Education and targets children from age 5 and up who have been recommended for special education interventions. The assessment is usually administered by teachers within the Special Education Schools. The results of the assessment are used for placement within specific grade levels, as well as for creating any necessary intervention plans for the student while at the school. These interventions are carried out by the teachers in the schools and are assisted by parents. The SEIA assesses the child's basic knowledge (shapes, names, body parts, colors etc.), and their capabilities in mathematical computations. There are no specific cutoff points, and the scale has not been validated.

Preschool Language Scale – 4th Edition (PLS-4)

The PLS-4 is designed for screening and assessing emerging communication skills in children from birth to 7 years old (Zimmerman, Steiner, & Pond, 2011). Auditory

comprehension and expressive communication are assessed in the areas of attention, play, gesture, vocal development, social communication, semantics, language structure, integrative language skills and emergent literacy skills.

The PLS-4 is a comprehensive assessment of developmental language, that allows for diagnosis of speech and language delays and disorders. Its most recent iteration (PLS-5) was normed on a sample of US children matching the US census, 80% of whom spoke Standard American English. Although scoring rules for adapting for children who speak other dialects are included in the test manual, there is no information explaining sample selection or whether participants with disabilities were included in the standardization sample. This is relevant because inclusion of participants with disabilities can affect mean (average) scores of the test and impact its ability to distinguish between typically developing children and children with disorders (Pena et al., 2006). It is unclear whether adaptations to Grenadian English have been made.

Clinical Assessment of Articulation & Phonology (CAAP)

The CAAP is administered as needed to children between 2 ½ years – 6 years after being referred to the MoE's Special Needs Unit. The measure is based on the fact that a child's acquisition of sounds occurs gradually and progressively. The CAAP looks at the child's capabilities in English phonology and articulation and takes about 20 minutes to administer. Like the PLS, it is also normed on US children; however, a British validation study has been conducted on its first edition, the edition being used by the SEU at this time. The most recently published edition of this assessment is the CAAP-2, published in 2013.

If a child is noticed to have a speech articulation delay, generally the speech and language pathologist who provides the assessment will also create an intervention plan for the child's teachers in collaboration with parents. The child can also be referred to speech and language therapy or hearing assessment if needed.

Peabody Picture Vocabulary Test PPVT- 3

The PPVT is internationally known and one of the most commonly used standardized tests. It was originally published in 1959 and now has 4 revisions, the latest being the PPVT-5. Currently, the 3rd edition is being used to conduct assessments in Grenada. This

test screens verbal ability and measures receptive vocabulary and comprehension of spoken English. It is designed for use with people from age 2½ years to 90 years old. The test items are presented in 17 sets of 12 (a total of 204 items) and contain 4 illustrations on a page. The examiner says a word that corresponds to one of the images, and the participant's task is to choose the corresponding illustration. While the assessment contains such a large number of items, the age of the person being assessed will dictate the relevant start point in which case 35-45 of the items can be sufficient to assess the person's ability. Similarly, the test is discontinued when a number of items are incorrectly answered.

Bracken School Readiness Assessment (BSRA)

The BSRA is an assessment tool to measure a child's readiness to enter primary school. Standardized on US children, it tests a child's concept of colors, letters, numbering, counting, sizes/comparisons, and shapes, giving her/him a School Readiness composite score, as well as a standard score. This assessment is usually administered to children aged 3-5 years. The BSRA is administered by Ministry of Education Staff; results in the domains above range from very advanced and advanced, followed by average, to delayed and very delayed. It is unclear whether the Bracken is administered to all children or only to children for whom delays are suspected. The 3rd edition of the BSRA was published in 2007. However, the 1st edition, originally published in 2002, is what is presently in use by the SEU.

INTERVENTION IN THE EARLY CHILDHOOD EDUCATION SYSTEM

Individualized Learning Plan (ILP)

Children who have been assessed and have been found to have certain developmental delays will have an ILP that has been developed by SEU personnel. The ILP is focused on developing a tailored plan that will support the individual child while in the classroom. Currently, this plan is suited specifically for the classroom and does not include home care. However, the SEU does suggest that teachers involve parents.. Attempts were made to determine whether these ILPs are adjusted or evaluated to ensure that the child is able to continuously benefit from the recommendations given on the basis

of the assessment, or whether an adjustment to the ILP is needed. However, no information was found on whether ILPs were routinely evaluated or adjusted, with the exception of the student's performance in the classroom being used as an indication of its effectiveness.

Speech and Language Therapy

Free speech therapy is provided to students at school from the SEU's speech therapists. There are currently three registered and licensed speech and language therapists in Grenada, with only one who offers private clinical services (Allied Health Professionals Council of Grenada, personal communication, July 2019).

Grenada Schools for Special Education

There are five schools for Special Education in Grenada - all of which are run by the Government of Grenada. The SEU is responsible for monitoring the schools. The schools include three general schools for special education, the School for the Deaf and the Resource Centre for the Blind, and are spread across the island of Grenada, but there are none in Carriacou or Petite Martinique. The schools cater to children who are 5 years and older, who may be experiencing varying levels of developmental disabilities and delays - which include hearing, vision, cognitive, physical, and behavioural disabilities. Attending a school for special education is not mandatory, as confirmed diagnoses are not made in the assessment phase. However, the SEU may make a recommendation to parents based on the results of the assessment. Parents can choose whether to heed the advice of the SEU or keep their child within the general schooling system.

Children in the Special Education schools complete the Special Education Informal Assessment (SEIA, see above) which is used to determine the child's level of functioning. The children are divided based on their age and the level of their abilities. However, the schools are highly over-populated and in many instances, teachers must cater for more students than is ideal in the classroom. The SEU and the staff at the Special Education schools are making provisions available to allow children in the schools to perform at their highest standard. In 2018, the Grenada School for Special Education saw its first student attempting and achieving success in the Caribbean Primary Exit Assessment (CPEA) for entry into secondary school.

School for the Deaf

The School for the Deaf uses several hearing assessment tools for children age 0-5: an audiometer (4-5-year-olds); ling sound test (4-5-year-olds); noisemakers; and otoacoustic emissions (OAE) test (0-5-year-olds). The audiometer gives the pure tone average (PTA). With the ling sound test, familiar sounds are presented verbally by the test administrator to determine if the child can hear them; this assessment is used with children who have already developed speech. The noisemakers assessment is an informal assessment whereby both high and low pitch sounds (tuning forks, drums, etc.) are played and the child's response is noted in order to determine hearing. The Maico ERO.SCAN OAE hearing test is used to identify hearing loss that can influence communication, development, health or academic performance throughout a child's life. The assessment is used on children from birth to 5 years old, and is administered by the trained staff at the School for the Deaf, as well as trained nurses within the health care system, and staff of the Special Education Unit of the Ministry of Education. A child will score either 'pass', 'fail' or 'referred' on this test, after which the child will be given further assessment.

Referrals to the School for the Deaf are received from teachers, medical professionals (particularly pediatricians and Ear, Nose and Throat (ENT) specialists), the Special Education Unit, parents and community members. If hearing loss is determined, the child is referred to the ENT specialist at the General Hospital who will use an otoscope to examine the ear (for wax, infection, etc.) and medication is prescribed if need be. Then, the child is resented to the School for the Deaf for a follow-up assessment.

The School for the Deaf does not currently operate as a physical school, and children with hearing disabilities are integrated into the national school system – with itinerant teachers for support. Children with severe delays or dysfunctions are assigned an itinerant teacher from the School for the Deaf, who will visit the schools on a regular basis to assist children with hearing disabilities. These teachers teach sign language and work with the student to ensure accomplishment of tasks presented by the classroom teacher. Children with profound hearing loss who are dependent on sign language are visited in school three to four times per week. Children who use some speech and are not as dependent on sign language are visited less frequently, but also receive support services from the SEU's two speech therapists. It has been noted that although assistive devices will be useful for children with hearing impairment, funds are not available to purchase these, and parents are often unable to afford them. In addition, the lack of human resources means that children may not be visited as often as is needed. Classroom teachers have not been mandated for special training in teaching children with disabilities within the regular

schooling system, which represents challenges when itinerant teachers are not present. Nonetheless, the student's performance in classroom tasks is the marker to determine that the assistance of an itinerant teacher is an effective intervention. However, cognizant of the importance of parental support for the success of children with hearing impairments, the School for the Deaf also incorporates educational sessions into their PTA meetings, which aim to better equip parents to understand and effectively support their children.

Resource Centre for the Blind

The Resource Centre for the Blind offers an informal assessment for children 3-5 years old whereby a two-person team visits the home or school to observe the child for signs of vision impairment. Referrals for this assessment are made by preschool teachers, nurses, parents and community members. Three (3) two-person teams are allotted different districts across the island, and generally make two to three visits to home or school to observe the child for a 45-60-minute period. If a vision problem is suspected, a referral is made to the ophthalmology department at the General Hospital.

At the ophthalmology department of the General Hospital, a fix-and-follow (F+F) assessment is conducted, whereby a child is asked to visually track a light. Refraction problems are corrected with eyeglasses. Children who require surgical procedures are waitlisted for a pediatric ophthalmologist from CHORES or SGU. Children with profound visual impairments are referred for rehabilitation services through the Resource Centre for the Blind.

Although the Resource Centre for the Blind does not offer any interventions for 0-3-year-olds, 3-5-year-olds with visual impairments are visited twice per week in their preschools by itinerant teachers. These teachers read to them, teach them how to button their clothes, and engage them in pre-braille skills such as squeezing a ball to develop hand muscles.

CHAPTER 5: SCREENING, ASSESSMENT AND INTERVENTION IN THE SOCIAL SECTOR

MINISTRY OF SOCIAL DEVELOPMENT, HOUSING, AND COMMUNITY DEVELOPMENT (MoSD)

Grenada's MoSD delivers a range of welfare services with the aim of achieving sustainable and equitable improvement in the quality of life of the country's citizens. The Ministry has an Early Childhood Unit, which is responsible for managing the affairs of the 10 government-run, public daycare centres. The Ministry also supervises and regulates all (approximately) 43 registered daycares in the country, which are guided by the Grenada National Standard - Requirements for the Establishment and Operation of Early Childhood Centres. In the 10 government daycare centres, there is currently no official screening or assessment for developmental delays performed, either by daycare workers or by MoSD personnel. Screenings conducted by the Ministry of Health are used to determine developmental delays in early childhood before entering the school system. The Food and Nutrition Council also screens for physical impairments and delays.

Children who are determined to have mild delays in various areas of functioning, through observation by trained teachers at the daycare centres, receive careful attention from daycare staff to increase the likelihood that they will meet developmental milestones. Representatives of MoSD emphasize that the intention is not to single out or isolate children who may have these mild delays, but to ensure that they are able to reach their full potential. If personnel at a daycare centre determine that additional assistance is needed, the MoE's SEU is contacted for an assessment and recommendations. Children who are determined to have severe delays based on their health assessments are not accepted into the national daycare centres, due to lack of resources to adequately care for and attend to their needs. In situations in which children are not accepted into the daycare, they likely remain at home during the day. No information on the screening process for accepting children into the private daycares was available, as this is not currently being monitored by the Ministry.

The national daycare centres follow the HighScope curriculum and infuse concepts from the Conscious Discipline curriculum, which allows for early therapeutic stimulation and

social emotional as well as academic development of all children in the daycare settings. The national centres also focus on working with parents to foster early stimulation and healthy environments at home.

Child Protection Authority (CPA)

The CPA is a statutory body which was mandated by the Child Protection and Adoption Act of 2010 and is funded by the Ministry of Social Development. The CPA's focus is the care and protection of children who have been subjected to abuse - physical, sexual, psychological, emotional or neglect and abandonment. There are three offices on the island of Grenada, and one sub-office located in Carriacou.

This organization is also in charge of overseeing three child care homes of Grenada - Bel Air Children's Home, Queen Elizabeth Home for Children and Dorothy Hopkin Home for the Disabled. They also fully govern one child care home, the Father Malligan Home for Boys - which houses displaced boys between the ages 12-18. Table 5.1 describes recent interventions by the CPA.

	JANUARY - DECEMBER 2018	JANUARY - JUNE 2019
CLASSIFICATION	NO. OF CASES	NO. OF CASES
Custody Issues	64	26
Sexual Abuse	203	88
Child Behavioral Issues	75	56
Physical Abuse	107	70
Emotional/Verbal Abuse	13	30
Neglect/Abandonment	102	44
Domestic Violence	11	5
Financial Difficulties	10	3
Parenting Difficulties	25	25
Family Dysfunction	18	15
Other	0	7
Grand Total	628	369

Table 5.1. Number of New Cases Recorded by CPA from January to December, 2018 and from January to June 2019 (CPA, personal communication, July 23, 2019)

CPA's interventions are carried out by Child Protection Officers (CPO) and counsellors within the organization. There are between 15 - 20 CPOs currently attached to the

Authority, with varying degrees of formal education (such as an Associate's Degree or Bachelor's Degree) in fields such as social work, counselling and psychology. In addition to this formal training requirement, CPOs receive in-house training to ensure that each member of staff meets a required standard. Officers are responsible for meeting with and interviewing children who have been referred. They are also called on to make statements in the court in certain cases, meet with parents, teachers and other persons in the child's environment in order to make a determination on the severity of the case and the type of intervention needed. The officers are also responsible in some cases for intervening with the child, and following up on cases as time progresses. The current caseload of each CPO is on average between 40-60 cases, sometimes more.

There are three master's level counsellors currently attached to the CPA - two full-time and one part-time, who are charged with the responsibility of providing counselling and psychotherapy services for CPA's direct clients, as well as for children who are placed in the various child care homes. In the child care facilities, the children often engage in group therapy sessions, or individual therapy when recommended.

The CPA receives a subvention from the Ministry of Social Development to facilitate its operations. This includes payment of salaries to all staff; payment of stipends to persons who are taking care of children in foster care or adoption; subventions to the child care homes which they oversee, including the Father Madigan Home for Boys, facilitation of training and workshops for staff and parents, and public awareness campaigns.

The CPA is not involved currently in screening or assessment of developmental delays in children, but there is an intention to have all CPA cases undergo psychological and psychiatric assessments in order to allow for placements that are best suited to the specific needs of the child, whether it be in the child's current home, foster care, adoption or a child care facility. At present, children with developmental delays who are removed from their home environment are referred to the Dorothy Hopkin Home for the Disabled. However, there are some instances in which the Home lacks resources to fully meet the needs of a given child, depending on the type of disability he/she displays. In these cases, it is difficult to determine the best placement for the child. For example, in one instance, CPA opened an additional child care home for two children with severe developmental disabilities, with caretakers specifically trained to take care of them. In order to facilitate holistic intervention, there is an effort to collaborate with external organizations, such as the schools, Legal Aid and Counselling Clinic, MoE, and MoSD.

WINDWARD ISLANDS RESEARCH AND EDUCATION FOUNDATION (WINDREF)

There are three studies related to early childhood development (assessment) currently under way at WINDREF:

ChikV and Neurodevelopment Study

The InterNDA and Cardiff Vision Test were used to assess 706 children of mothers who were pregnant during the ChikV outbreak, 16 of whom were 2 SDs below the mean. A hands-on half-day parent training/workshop has been proposed to the Ministry of Health in order to train parents in therapeutic stimulation.

Rescuing Neurodevelopment in Zika-exposed Children Study

The OxNDA, InterNDA, and Cardiff Vision Test were used to assess 388 children exposed to Zika virus. In addition, EEG data collection is ongoing. Results have not yet been thoroughly explored; however, this study's international research team is in the process of building norms using the control populations and results from Zika-exposed children to implement early interventions. There is some evidence indicating that a few children are experiencing developmental delays and impairments including seizures and motor delays. These children will require ongoing monitoring, evaluation, and interventions.

Saving Brains Grenada Project

Saving Brains Grenada (SBG) is a four-part social innovation programme aimed at child, parent, and teacher well-being in Grenada. While its overarching vision is to eliminate child maltreatment by teaching alternative skills to adults, the focus lies on safety and connection as the basis of education and development of human capital.

As part of the project, the NEPSY-II, a neuropsychological assessment which is used to determine developmental strengths and weaknesses in children ages 3 to 16, will assess 600 3-5-year-olds, providing a snapshot of the neuropsychological functioning of children

within this age group. Like other measures currently employed in Grenada, it has been normed on US children, but employed internationally. In addition to NEPSY subtests, a newly developed measure, the Grenada Learning and Memory Scale (GLAMS), a brief measure of learning and memory, is being administered, with the intention of creating a normative dataset and later widespread distribution in the region.

Saving Brains Grenada is funded by Canada Grand Challenges, UNICEF, and the National Institutes of Health. It is focused on providing a culturally adapted curriculum known as Conscious Discipline (CD) throughout Grenada. CD is a trauma-informed, brain-based self-regulation programme that has been shown to be effective in special education as well as regular classroom settings. It teaches adults how to facilitate child environments that optimize neurodevelopment. The curriculum integrates discipline, social-emotional learning and school climate. SBG distributes this curriculum in a number of ways. Through the Zika arm of the study, master Roving Caregivers provide 12-week Conscious Discipline therapeutic stimulation in homes of Zika-exposed children, all of whom have been assessed for developmental delays using the OxNDA. Through its home visiting arm, a Saving Brains bus staffed with CD-trained Roving Caregivers has provided mobile group sessions with parents and children in over 30 communities in Grenada. Finally, through its preschool arm, CD coaches visit pre-primary classrooms in 24 schools, assisting teachers in providing neurodevelopmentally informed environments for their students.

There are two known additional studies at SGU, not funded through WINDREF. The first, "Identification and analysis of genetic events associated with developmental anomalies," is currently being conducted by an SGU genetics professor and two local pediatricians, which provides genetic testing for children born with facial anomalies or deformations. A second study proposes genetic testing for children at risk for sickle cell disease so that early identification can lead to health interventions to ensure that children have equal access to education and other rights.

GRENADA CITIZEN ADVICE AND SMALL BUSINESS AGENCY (GRENCASE)

GRENCASE is a non-governmental organization whose mandate is to initiate, coordinate and support programmes that provide employment and entrepreneurial development to underemployed groups. They focus primarily on the employment needs of youth and women, by providing opportunities for small businesses and skills training. One such

programme is the Roving Caregiver Programme (RCP), which was in the past housed under the MoSD. The RCP involves home visits by caregivers in rural areas and to underprivileged families to provide early stimulation and to teach parents useful skills and interventions to use with their children. In late 2018, a USAID-funded group, jphiego, provided additional training to supervisors in the Roving Caregivers and Ministry of Social Development personnel in order to enhance capacity for recognizing and providing interventions for children with developmental delays.

EARLY CHILDHOOD INTERVENTION PROGRAMME

Formerly known as ECIP at St. George's University Grand Anse Playgroup (GAP), ECIP currently operates through the Grenada Autism Foundation (see below). ECIP was first introduced in 2010, serving 0-18 year olds with a free monthly programme offering a play-based learning environment for children with autism or developmental delays. It is staffed by volunteers the second Saturday of each month. Volunteers receive special training in order to develop trusting relationships with children and their families.

CHILDREN'S HEALTH ORGANIZATION RELIEF AND EDUCATIONAL SERVICES (CHORES)

CHORES is a non-for-profit, non-sectarian children's health organization based in Jacksonville, Florida, founded in 1989. The organization is comprised of pediatricians, pediatric surgeons and anesthesiologists, pediatric sub-specialists, pediatric physical, occupational and speech therapists, prosthetic specialists, engineers, contractors and educators all willing to donate their time and expertise to assist children's health on a global basis twice per year. CHORES is staffed mostly by both local and offshore volunteers (see below), conducting a biannual Special needs clinic consisting of speech, occupational and physical therapy, along with an annual ENT clinic. CHORES runs a biannual cardiac clinic for children from birth to young adulthood who have cardiac issues. Children who require major surgery travel to the US (Wolfon Children's Hospital) for surgeries through the assistance of Grenada Heart Foundation & Patron of the Heart.

As part of the Special needs clinic, auto-acousting emissions (OAE) hearing assessments are conducted at a soundproof room at the General Hospital. Since the OAE can in some cases require sedation, especially in young children, the School for the Deaf often refers

children to CHORES for this more sensitive measurement of hearing. In addition to the OAE, CHORES also provides the Auditory Brainstem Response (ABR) test, also performed under sedation.

Although pediatric surgeries for visual impairment are not currently available at the General Hospital, when these are needed, children are waitlisted for visiting surgery specialists brought either by SGU or CHORES. CHORES has been a very active organization in Grenada, and in October 2019 celebrated 30 years of service to Grenada. Table 5.3 highlights accomplishments and contributions to Grenada in its 30 years of service.

CHORES contributions in Grenada 1989 - 2019	
Services Rendered	\$20M USD
Cardiac Surgeries	\$4M USD
Equipment Provided	\$1M USD
Cardiac Visits	9,000
Special Needs Visits	7,500
Plastic Surgeries/Visits	382
ENT Surgeries/Visits	241
Urology Surgeries/Visits	210
Orthopedics Surgeries/Visits	207
Ophthalmology Surgeries/Visits	187

Table 5.2. CHORES's Contributions to Grenada of 30 Years (Campbell, 2019)

THE WORLD PEDIATRIC PROJECT (WPP)

The WPP provides prosthetics and offers pediatric surgeries for children up to age 21. Based in Richmond, Virginia, the WPP has a hub in St. Vincent and the Grenadines, where children from Grenada can receive care such as diagnostic services, surgery, plastic surgery, orthopedics, cardiology, ophthalmology, urology, and physiotherapy. There is a cost to accessing these services (airfare and accommodations); the WPP works in partnership with the Ministry of Health.

KINGDOM WORKERS-GRACE LUTHERAN

Through Grace Lutheran School, a private primary school, the NGO Kingdom Workers has trained an individual, their former principal, in a program called HANDLE (Holistic Approach to NeuroDevelopment Learning Efficiency) spearheaded by the HANDLE Institute in the US. Children with special needs have been identified and screened through the school. The screening consists of parent and teacher interviews and a motor screening that looks at systems such as eye tracking. A number of intervention programs, including Barton Reading, Handwriting without Tears, Touch Math, and others, have been introduced to individual children at the three special needs schools. No information is available about the psychometric properties or validity of the HANDLE system.

AUTISTIC FOUNDATION OF GRENADA (AFG)

The Autistic Foundation exists to increase awareness and understanding of autism spectrum disorders, and to advocate for individuals and families affected by autism. The Foundation meets quarterly. In addition to providing support, its members work to provide programming for World Autism Day, April 2. Through the AFG, an assessment, the Autism Diagnostic Observation Schedule (ADOS) may be administered; its protocol consists of a series of structured and semi-structured tests involving social interaction. Currently, one person in Grenada is trained in the ADOS. Because validity studies have been inconclusive, the ADOS does not purport to be a diagnostic instrument per se.

The AFG has estimated that, based on world prevalence figures, an estimated 1,000-2,000 individuals in Grenada could be affected by autism spectrum disorder, while remaining undiagnosed, misdiagnosed, and unable to access support services. One of the issues contributing to this is that there is no means of formal diagnosis for individuals suspected of autism, meaning that these estimates cannot be validated.

GRENADA DOWN SYNDROME ASSOCIATION (GDSA)

The Grenada Downs Syndrome Association is a non-profit organisation whose mission to enhance the lives of individuals and families by providing education, family support and social opportunities. The GDSA meets monthly and promotes public awareness through social media and a number of annual events such as “Walk Your Socks Off” initiative in commemoration of World Down Syndrome Day, their annual Christmas

party, and a fun day for children with special needs which is held in collaboration with the Jason Roberts Foundation, which allows parents to attend and to witness their childrens' various skills.

DOROTHY HOPKIN HOME FOR THE DISABLED

The Dorothy Hopkin Home for the Disabled is an institutional care home for persons with mental and/or physical disabilities and has been in existence for almost 50 years. This institutional care home is funded by government subvention, fundraising, and donations. As of September 2020, the age range of its 30 residents spans from 9 to 55 years old, although at times there have been younger children in its care. Many church and youth organizations volunteer at this home to provide donations and stimulating activities for its residents.

CHAPTER 6: STAKEHOLDER PERCEPTIONS OF EXISTING SYSTEMS AND SERVICES

This chapter summarizes key themes derived from interviews with stakeholders.

Lack of resources - particularly financial resources - is considered the root of most challenges in providing adequate services and support for Grenadian children with disabilities and delays, and for their families. Without adequate finances, the initial provision, sustainability, and impact of support services is in jeopardy. This lack of financial resources was identified as a main contributing factor to other resource constraints.

In nearly every ministry and NGO, personnel often take on multiple roles, which limits their ability to focus/specialize and enhance targeted skills. Persons are making the best of the present circumstance: "doing what we can with what we are given." While professional development is offered and available, it is challenging for personnel to advance in one particular field as they are called away to assist in other, non-related areas. Some interviewees discussed the need for a monitoring and evaluation process to ensure capacity building is implemented effectively, including the provision for specialization among personnel. Although any effort to expand and enhance the skill-set of current staff members is a step towards providing better quality services, there is a recognized need to offer specialized services (via psychologists and assessment professionals). However, such positions are not available nor is there an existing budget to employ these specialists. Yet, the need for more targeted services (such as the assessment of functioning and development of individualized intervention plans) remains. Thus, there is a need to request expanding budgets for more staffing but the government either has limited funding or the ministries and/or organizations lack supporting data to substantiate a case for the need for such individuals.

Another key issue mentioned by interviewees is the lack of physical space and facilities. Multiple staff members often share offices which can create a problem when it comes to confidentiality and meetings. It is also challenging for personnel to develop and implement more specialized skills when the facilities do not support such a division of labour.

At CPA, a common theme was the need for more case workers. Each worker has an average of 60 cases compared to the ideal 30 cases. Simultaneously, the Ministry of Education suggests that there are currently too many teachers and the number needs to be reduced. While this may conflict with what teachers experience in the schools, there

appears to be a need to shift personnel from some areas of early childhood work (i.e., schools) to other areas, such as child protection. Further, it was recognized that external human resources are sometimes valued more than internal human resource capacity. It was suggested that a systematized process for ensuring capacity development within Grenada is needed, including a proper system of follow-up to ensure the capacity building is implemented.

Finally, some interviewees recognized a larger sociocultural phenomenon of external locus of control rather than an internal empowerment. That is, social development, education, and community health initiatives are sometimes spearheaded and driven by organizations based outside Grenada rather than from within the country. This can lead to disjointed programmes and a burden on government officials to assess and vet the many proposals. Further, these programmes can draw limited government resources, including personnel, away from key internal initiatives and reduce personnel development and specialization. It has been suggested that leadership officials could consider designing and implementing an internally-driven agenda where 4-7 priority areas for development are identified and used to vet external organizations for the support that is needed to move the internally-directed development agenda forward.

Finally, some interviewees identified a fundamental “chicken and egg” problem, in that minimal support systems need to be in place before children can be effectively screened and referred for intervention. Without adequate assessments, intervention services cannot be developed wisely. Without data, little is known about what services are needed. Without services, assessment can only point to what is needed, but not how to attain it.

CHAPTER 7: ANALYSIS OF EXISTING SYSTEMS

This chapter summarizes what is known about the strengths and weaknesses within the current system. Through the public health system, screening for developmental delays is a routine part of child clinic visits. International standard growth charts (height and weight) are used to monitor the child's development. The developmental milestones checklist being used for these clinic visits is not standardized but it does cover all areas of functioning. However, without formal assessment tools possessing cutoff points and normative data, there is the possibility that developmental issues, which are not readily determined through screening, might go unnoticed.

Grenada's education sector currently has one screening tool in place, which is normed on US children and assesses academic, physical, and social emotional development. Referrals for assessment for developmental delays are generally informal and based on observations at home or in the classroom. All referrals are sent to the MoE's Special Education Unit, who are responsible for conducting assessments to determine the needs of the child. Some assessment tools are outdated and of questionable validity due to their being based on normative samples outside the Caribbean--hence they may unfairly compare Grenadian children to those raised in other cultures. In most instances, a report and recommendations are sent back to the school, although timeliness varies based on available resources. Once assessment has taken place and an ILP created by SEU, teachers, regardless of their level of training, are responsible for implementing an Individualized Learning Plan for the student, based on the recommendations of the Special Education Unit. The SEU works with the child as well and monitors implementation of the plan. The SEU recommends that parents be involved in the ILP, so that learning strategies can be used in the home, but this is not mandatory and follow-up may be inconsistent. Currently, the SEU is not in a position to diagnose developmental disabilities due to a lack of professional resources - there are no psychologists attached to the unit. Interventions are restricted to ILPs, or a recommendation by the SEU to send the child to the school for special education in cases of severe developmental delay.

Grenada has schools for special education, including the School for the Deaf and the Resource Centre for the Blind. There are special assessments for hearing and vision carried out by the School for the Deaf and the Resource Centre for the Blind respectively to determine the needs of children who have impairments in these areas. At present,

children with hearing and vision impairments are integrated into the national school system, and are assisted by itinerant teachers who visit the schools twice a week, on average. The teachers in the classrooms have not undergone any training specific to teaching children with disabilities within the normal classroom setting.

The Early Childhood Unit at the MoSD is charged with setting the standards for the operation of daycare centres in Grenada and ensuring that the standards are met across the board. Daycare centres are not responsible for screening or assessing children, but use results from health and nutrition screening to guide acceptance into the school, as well as planning for the needs of children who may have mild developmental delays. Trained daycare workers are also able to observe children for developmental delays and will intervene with the child using principles of the HighScope curriculum, or Conscious Discipline. Children with severe disabilities are turned away from national daycare centres due to lack of resources.

The social sector consists of various private, non-profit and non-governmental organizations, and government offices, which may contribute in some way to the welfare of children between the ages of 0-5, but efforts are rarely multidisciplinary or coordinated.

Various NGOs and non-profits are involved in screening, assessment, and interventions within specific populations. Many of these private organizations also refer children to one another, and may collaborate to ensure that a child is able to receive care in the various areas needed. While these services sometimes cater to specific groups of children, some of these organizations are able to make an impact on the lives of children who may have severe delays. Others contribute to statistics and a better understanding of the population of Grenada, and the potential long-term effects of viruses that are endemic to Grenada.

CHAPTER 8: RECOMMENDATIONS

The following recommendations are made with the caveat that many of these issues have already been highlighted by a plethora of reports that have been commissioned in the Caribbean Region and globally (e.g., UN Flagship, World Health Organization). At this point, the critical question is not what needs to be done to help children with disabilities perform similarly to children without disabilities. The evidence is clear. Children who receive timely assessments are more likely to be identified as needing extra assistance. Children who receive targeted assistance provided by appropriately-trained personnel perform better. The lack of screening and intervention programmes means Grenadian children with disabilities will continue to lag their non-disabled peers by a wide margin and fail to reach their full developmental potential. Grenada has been identified as having the largest gap between children with and without disabilities in the mainstream education system in Latin America and the Caribbean (ECLAC, 2017). We believe the time for recommendations has come to an end and the time for action is overdue.

Recommendation #1: A standardized electronic information system of Grenadian children that is open to government officials and appropriately trained professionals in Grenada should be designed and implemented. In addition to tracking each child's educational journey, the system should monitor overall system progress by tracking age, developmental delay or disability, gender, time to assessment, intervention, and effectiveness.

Currently, the child development system appears to be social network-based as opposed to a purpose-driven information technology system that can be easily accessed for target information. There are a handful of people in Grenada whom everyone contacts to obtain needed information. While this system can be effective it has potential risk in that if these individuals are not readily accessible, the information system could collapse. De-identified and aggregated data could be made available to the public. This standardized system would allow for efficient communication between government offices and professionals and provide a pathway from data to individualized education plans. Electronic data can be accessed internally within Grenada and remotely, allowing plans to be developed with the assistance of global experts while allowing for efficient periodic review and updating. The Grenada Ministry of Health is moving towards electronic medical records, which would be helpful, especially if these records are available across ministries to allow for a more integrated and seamless approach to child health. A better tracking system (data monitoring) will provide data that can quantify the status of

developmental needs and inform policymaking. This can also illustrate the demand for professionals/specialists, and the information can be used to secure the necessary resources to support the needs of children with developmental delays/disabilities. In addition, the effectiveness of intervention programs can be monitored and adjusted. Policies cannot be written and implemented until the scale of the problem is known. Concurrent with the addition of an electronic records system, it will be imperative to require organizations and Ministries to provide the data required by the system, and to train personnel in its use, including the confidentiality of sensitive health information. Data security is a significant challenge that will need to be addressed.

Recommendation #2: Adopt the recommendations of the Flagship Report on Disability and Development.

Many of the issues surrounding educational and socioeconomic disparities between disabled and non-disabled children in Latin America and the Caribbean have already been highlighted by a plethora of reports that have been commissioned in the Caribbean Region and globally (e.g., UN Flagship, World Health Organization). At this point, the critical question is not what needs to be done to help children with disabilities perform similarly to children without disabilities. The Flagship Report is a powerful and highly practical document. Clear guidelines and action plans outlining simple ways for countries to monitor and assess their progress in closing the educational gap have been published and should be reviewed. There is little indication that these are in place or are being acted upon. These existing guidelines should be carefully reviewed by Grenadian authorities and considered for implementation. This will likely involve an assessment of the applicability of the recommendations for the Grenadian context as well as the development of an implementation blueprint, including identification of required resources.

Recommendation #3: Knowledge is power. Disseminate documents such as the Flagship Report and the ECLAC Situation Analysis cited in Chapter 2 to legislators, policymakers, child welfare advocates, and civil society.

It is important to raise awareness about some glaring educational disparities. A two-pronged approach will be needed to achieve lasting change and allocate needed resources: top-down legislative and bottom-up grassroots action. Through interviews with key stakeholders on the ground, it was clear that lack of information about the degree of disparity in educational attainment between disabled and non-disabled

children is problematic. A targeted message of hope and change for the better – that something can be done to close this gap of disparity – can be disseminated, drawing on the conclusions and recommendations of these reports as a call to action.

Recommendation #4: Identify key stakeholders and advocates who can represent Grenada's persons with disabilities at regional and international planning and policy-setting meetings.

Grassroots bottom-up advocacy is an important piece of the puzzle. Given the size of the country and economies of scale, Grenada will likely continue to rely heavily on international and regional funding and expertise (i.e., UN, WHO, PAHO, CARICOM). It is important to have representation and a voice at the table when these organizations meet to write policies, recommendations, and implementation plans. It is also important to identify individuals with disabilities whose voice is critical in establishing standards and policies for creating equitable conditions for individuals with disabilities, and to see that they receive funding in order to participate. The international call: "Nothing for us without us" is important to heed.

Recommendation #5: The Grenada National Health Care plan should include systematic policies to support families and children with disabilities to ensure the children have access to schools and the parents are able to work.

Top-down government policies and resource allocation are both critical to lay the foundation of needed support for families with disabled children. Many families lack the necessary resources to secure private support for disabled children; however, Grenadians, including the Grenadian diaspora, value a social safety net in which the most vulnerable in its society are protected and supported. Most Grenadian parents are proud and determined to do their part; they should be provided the ability to contribute to the greater society through meaningful employment whilst knowing that their children are safe and cared for. Some families will need financial resources to support their disabled children. A balance must be struck between these opposing forces. This may involve implementing specific policies within the National Health Insurance scheme to support families with children born with disabilities.

Recommendation #6: Grenada should finalize and enact comprehensive legislation regarding persons with disabilities (including children with disabilities).

A concerted effort is needed to join with regional efforts to systematically recognize and institute policies to support persons with disabilities in the national legislation. Model comprehensive legislation has been developed. Given political understanding and will, this model legislation (e.g. Fougeyrollas et al, 2019) can be adapted and followed. There is some evidence that comprehensive legislation is under development; it should be prioritized and publicized.

Recommendation #7: Human resource capacity building should be implemented to carry out screening, assessment, and interventions.

Professional human resources are lacking in the child disabilities field. For example, there is an insufficient number of counsellors at CPA; only two speech and language therapists, both of whom are in the education sector; very few health professionals who specialize in pediatrics, and no psychologists attached to the special education desk. The lack of intervention capacity means that intervention services are being carried out by non-professionals who have not necessarily been trained in this capacity. Further, the majority of the responsibility to intervene with children with developmental delays falls on parents. Despite the need, many organizations lack capacity to hire professionals in positions that are needed in order to ensure that the system works as it should. Communications/ethical issues currently exist: When screening, children who require additional support are identified. If the required interventions do not exist, it may be impossible to follow-up, creating an ethical dilemma. Furthermore, capacity needs cannot be accurately known until assessments are conducted, further exacerbating the ethical dilemma of knowing who needs support but not having it in place immediately. To address this paradox, it may be necessary to procure some known level of support while carrying out systematic assessment to accurately determine needs.

Recommendation #8: The Special Education Unit should work with existing systems (e.g., the Imani programme) to enhance and train currently deployed human resources to become paraprofessionals who can assist with the integration of students with disabilities into the regular school system.

It is important to leverage existing programs to address some of the human resource needs while also addressing the problem of capacity building in the region. Excellent community-based programs are currently in place in Grenada that rely on dedicated and passionate workers at employment entry levels. These workers can become teacher aides who assist children with disabilities in classrooms. A process allowing for the

identification, self-selection, and specialized training of individuals who are particularly passionate about supporting children with disabilities can enhance and support other recommendations made in this report.

Recommendation #9: The Special Education Unit should disseminate information to parents about options for children with disabilities.

Parents should be made aware of possibilities for screening, assessment, and support of children with disabilities. Currently, some parents are not interested in assessment given the potential stigma associated with disabilities and/or the perceived inability to help these children and/or the belief that these children cannot improve (i.e., that their function is set at birth). An awareness campaign is needed to inform parents that the children can improve with targeted assistance and that systems are in place to assist.

Recommendation #10: Children with disabilities should be integrated into the regular school system rather than attending separate schools; regular schools will need learning centres to accommodate children with special needs.

Stigma with sending children to separate schools is a significant challenge. A large body of research demonstrates that children's outcomes improve exponentially when they attend school with non-disabled peers, and that societies become more inclusive when they do so. When possible, children with disabilities should be integrated into "regular" schools. If this is implemented, parents will need information on how to integrate disabled children into the regular school system and what the role of the learning centres will be. Teachers in the regular school system will require professional development and training in teaching children with disabilities. Specialized Learning Centres, which can be staffed by existing personnel in the Special Education Schools, can include both assessment and intervention services. A strategic plan allocating resources, specifying training, and establishing timelines will be required; the Flagship Report sets out guidelines for making this recommendation a reality.

Recommendation #11: The government should commit funds to providing comprehensive, multidisciplinary therapeutic services in schools so that parents are not required to absorb costs of habilitation and rehabilitation services for children with developmental/sensory disabilities.

Learning Centres suggested in Recommendation #10 can provide expertise and professional services. Many parents do not have financial resources to pay for needed services; yet, the commitment to *every learner* mandates that resource allocation priorities

must shift. This is a top-down policy decision by government, which must make difficult choices around limited resource allocation. It is our hope that Grenada and the Grenadian diaspora prioritize support for the most vulnerable in society.

Recommendation #12: Employing Grenada’s commitment to human rights and liberation, multi-sectoral public education campaigns should be implemented by, for example, a Special Education Task Force, the Early Childhood Unit, and the Ministries of Health and Social Development, to empower persons and families of persons with disabilities and to reduce stigma, fear, and prejudice around disabilities.

A significant amount of fear and stigma surrounds people with disabilities in the Caribbean, including misconceptions about the cause of disabilities. Targeted public education campaigns are needed to dispel these myths and ensure support for the allocation of public resources to help these individuals. Cultural attitudes will not change quickly but it is important to start this process.

Recommendation #13: Screening services should be improved by either validating the screening tools being used or implementing the use of current and validated screening tools.

While there is a timeframe for screening in health centers using the developmental milestone checklist in the child health record book, this checklist has not been validated. Standardized screening is done at specific set intervals, and systems are in place to follow up appointments to ensure parents don’t forget. This includes calling parents to ensure they come at the specific scheduled time. A standardized written checklist to guide postnatal home visits ensures consistent information across home visits and nurses who follow up with parents if a clinic visit is missed. However, screening tools need to be validated to ensure the most accurate measurement and databasing. Validation, accomplished using inter-rater reliability, test-retest reliability, context analysis, and principal components analysis, ensures that screening and assessment tools actually measure what they purport to measure.

Recommendation #14: Once children have been screened and referred, standardized assessment tools that are sensitive to developmental delays are needed. The Ministry of Education’s Special Education Unit should work with regional educators to identify and adopt standardized measures, and to ensure that personnel who administer them are available and appropriately trained.

These tools should possess well-established reliability and validity for Grenadian children. They should assess all areas of functioning to ensure the full spectrum of information needed is in fact acquired. Assessment is a key step in diagnosing developmental difficulties and thus informing next steps, such as the intervention that will be most helpful. Systematized screening and assessment designed to identify specific needs of children will provide data needed to determine on-the-ground human resource requirements (specifically for physiotherapists, speech and language therapists, psychologists etc.) for interventions.

Recommendation #15: The Ministry of Education should move beyond a paradigm of Special Education Task Forces, which are problem-focused and of limited duration. The Ministry should adopt a more strategic paradigm that will allow for high level, multidisciplinary changes in order to provide all children equal access to education. A high-level multidisciplinary Special Education Commission could be established to fulfill this role.

In the past, the Ministry has tasked Special Education Task Forces with specific directives; for example, in 2002 a Task Force was appointed in order to develop a life skills program in schools; subsequently, the Health and Family Life Curriculum, currently implemented in secondary schools was established, and the Task Force disbanded. An additional Task Force, which met from January – June, 2003, developed a reading screen for primary school children.

The Ministry of Education needs more than a Task Force to accomplish its goals of equal education for all children. The Ministry should consider taking the lead regarding children with disabilities by establishing a high-level, multidisciplinary, strategic Special Education Commission that is empowered to address legal, social, and economic issues related to the recommendations set forth in this document.

A number of reports have assessed the state of education and identified potential ways forward. Officials recognize the need to establish protocols and implement change, but often lack resources and personnel (see Recommendation #8). The establishment of a Special Education Commission within the Ministry of Education with a mandate and autonomy to implement needed changes and programs could help establish this area as a priority and move recommendations to action.

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APPENDIX

Appendix to Chapter 2

Recommendations of the Universal Periodic Review by the CRC Treaty Body, April 2015:

Children with disabilities

41. The Committee notes with interest the work of the Task Force on Special Education established in 2002 by the Ministry of Education and the development of the Strategic Plan for Educational Enhancement and Development (2006-2015). It also notes other initiatives and programmes to assist children with disabilities, including the existence of two schools for special education in Grenada, of Itinerant Teacher programmes targeting visually impaired and hearing impaired children and of the dedication of a Month of Awareness for persons with disabilities. Nevertheless, the Committee is concerned that access to education for children with disabilities is limited and that the Itinerant Teacher programme covers only a limited proportion of the children with disabilities who could benefit from its services. Furthermore, recalling its previous recommendations (CRC/C/15/Add.121, para.) the Committee regrets that no early identification programmes to prevent disabilities have been developed.

42. The Committee recommends that the State party: (b) Continue and further strengthen its programmes and services for children with disabilities, including through the development of early identification programmes, the broadening of its Itinerant Teacher Programme to cover all children with disabilities in need of its services. In this regard, the State party should ensure that such services receive adequate human and financial resources; (c) Continue, strengthen and broaden training for professional staff working with children with disabilities, such as teachers, medical, paramedical and related personnel and social workers.

Sections of GRENADA EDUCATION ACT-2002/2003:

114. Special education programmes

1. The Chief Education Officer must provide a special education programme for any student of compulsory school age (or for any child beyond that age who is still a dependant) who by virtue of intellectual, communicative, behavioural, physical or multiple exceptionalities is in need of special education.

2. A student at a school who is entitled to a special education programme must have the programme delivered in the least restrictive and most enabling environment that resources permit and that is considered practicable by the Chief Education Officer in consultation with the principal and professional staff of the school and the students' parents, having due regard to the educational needs and rights of other students.
3. A special education programme may take the form of an individual education plan tailored to the specific or individual needs of the student.
4. If it is determined that a student will require an individual education plan, the cost of developing, providing and maintaining the plan must be apportioned between the parents and the Ministry, in the manner prescribed by the regulations.

115. Determination of special educational needs

1. The principal of every educational institution, in consultation with professional staff and the parent, must determine –
 - a. whether any child who is a student at the institution has special educational needs; and
 - b. if so, what special education programme is appropriate to meet those needs.
2. If any child of compulsory age is not attending school for any reason the Chief Education Officer, in consultation with the parents and professional staff must determine –
 - a. whether the child has special educational needs; and
 - b. if so, what special education programme is appropriate to meet those needs.
 - c. Before a determination is made under subsection (1) or (2) – the parent of the child must receive written information concerning the provisions of this Division;
 - i. written consent of the parent must be obtained to an assessment of the child being undertaken;
 - ii. assessment must if possible be on a multi-disciplinary basis;
 - iii. the results of the assessment reports must be provided and explained to the parent;
 - iv. the parent and, where appropriate, the child must be consulted prior to the determination of and during the implementation of the special education programme; and

- v. the parent must be provided with information concerning the right of appeal to the Minister.
- 3. A parent has the right to request for a child a determination in accordance with this section.
- 4. If there is more than one parent for a child, consultation with one parent is sufficient compliance with the consultation requirements of this section.

116. Special needs appeals

- 1. If a disagreement arises respecting a decision concerning –
 - a. the identification of a child as a child with special educational needs;
 - b. the individual education plan proposed for the child;
 - c. a request by a parent for a determination under section 115;
 - d. the implementation of an individual education plan in an environment other than regular classes;
 - e. the implementation of an individual education plan in an institution other than where the student would normally attend; or
 - f. the apportionment of the cost of an individual education plan between the Ministry and the parents, the parent, or the proprietor or principal of any school affected by the decision may, within fourteen days of the decision, appeal in writing to the Minister.
- 2. If an appeal is made to the Minister, the child must be enrolled in a programme determined in accordance with section 115 until the Minister makes a decision.

117. Council on Special Education

- 1. The Minister may establish a Council on Special Education to advise him or her on rules and guidelines to implement this Division.
- 2. If a Council on Special Education is established, the Minister may by order provide for
 - a. its membership;
 - b. its powers and functions; and
 - c. the conduct of its business.

Sections GRENADA EMPLOYMENT ACT, 2016:

Section 26

1. No person shall discriminate against any employee on grounds of race, colour, national extraction, social origin, religion, political opinion, sex, marital status, pregnancy, family responsibilities, age disability, non- communicable disease or illness, including HIV or AIDS in any manner arising out of the employment relationship including recruitment, training, promotion, terms and conditions of employment and termination of employment other than in cases where contagious diseases can be contracted through regular work related casual contact.
2. Subsection (1) does not preclude any provisions, programme or activity that has as its object the amelioration of conditions of disadvantaged individuals, including those who are disadvantaged on the grounds enumerated in section (1).
3. A person who contravenes this section commits an offence and shall be liable on summary conviction to a fine not exceeding ten thousand dollars or to a term of imprisonment not exceeding three years or to both such fine and imprisonment.

Section 76(2)(a)

The following reasons do not constitute valid reasons for dismissal or the imposition of disciplinary action-

- a. an employee's race, colour, national extraction, social origin, religion, political opinion, sex, marital status, family responsibilities or disability.

NATIONAL INSURANCE (BENEFIT) REGULATIONS, 2010

For the purposes of these Regulations, the term "invalid" means a person incapable of work as a result of a specific disease or bodily or mental disablement which is likely to remain permanent.

1. Subject to the provision of these Regulations, an uninsured person who (a) is an invalid; shall be entitled to an invalidity pension so long as the invalidity continues, provided that a person who is permanently incapable of work as a result of a specific disease or bodily or mental disablement arising out of and in the course of employment shall not be considered an invalid for the purpose of this Regulation.

2. Subject to the provision of these Regulations, an insured person shall be entitled to invalidly pension if one hundred and fifty contributions have actually been paid in respect of such person.