Cayman Islands Disability Policy 2014 - 2033

Ensuring persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society.

Approved by Cabinet
7th October 2014

CAYMAN ISLANDS
GOVERNMENT

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FOREWORD

Hon. Alden McLaughlin, MBE, JP
Premier of the Cayman Islands

"My administration is committed to championing this Policy and the forthcoming associated legislation."

The ***Cayman Islands Disability Policy*** aims to advance the rights and obligations of Persons with Disabilities (PWDs) through policies, supporting legislation and practices. Started under my previous PPM Government, further work was done on the Disability Policy by other administrations. This is evidence that addressing disability challenges transcends politics. ***"Ensuring persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society"*** is a vision that all can and should subscribe to.

Many stakeholders contributed toward developing the Policy. Key participants included persons with disabilities and their families who provided valuable insights, otherwise unobtainable. Other contributors comprised Sunrise Adult Training Centre, Special Olympics Cayman Islands, Sunrise Caring Association, and Lighthouse School, to name a few. Completion of the Policy was coordinated by the Cabinet Office's Policy Coordination Unit, supported by the Ministry of Health, Sports, Youth and Culture, the Ministry of Education, Employment and Gender Affairs, and Ministry of Home and Community Affairs. On behalf of the Government I thank all involved with this highly worthwhile initiative.

My administration is committed to championing this Policy and the forthcoming associated legislation. That being said, for policy implementation to be sustainable in the medium to long-term, the legislation will make provision for a National Council for Persons with Disabilities (NCPWD), which will act as a "watchdog" on disability and related matters.

It is hoped that the comprehensive approach taken to develop this National Policy will lead to highly valuable results. A better, more just Cayman, is a Cayman that fully enshrines protection for the most vulnerable in our community, such as persons with disabilities. Nothing can be more edifying and Christian-like.

Hon. Alden McLaughlin, MBE, JP

MESSAGE

Keith Parker Tibbetts Jr. CMH

Patron, Cayman Islands Disability Policy

"The involvement of persons and organisations that would be impacted by the Policy makes the document highly relevant to persons with disabilities and other stakeholders."

It is both a distinct honour and humbling to serve as the Patron for the Cayman Islands Disability Policy. As a person with limited mobility, I can attest on many different levels to the **value** I see in this Policy.

Firstly, from a content perspective the Policy's vision of *ensuring persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society* is supported by goals covering all aspects of life for persons with disabilities. These goals seek to **address challenges** persons with disabilities encounter, such as in education, lifelong learning, employment, fair wage, health, independence and inclusion.

Secondly, beyond policies, this document is structured to enable **sustainable implementation** in the short, medium and long-term. Its implementation will be championed by a National Council for Persons with Disabilities. Further, by providing for policy monitoring, review/evaluation and change, these are expected to enhance implementation efficiency, accountability and keeping the Policy live and relevant.

Thirdly, as a participant on committees developing this Policy, I experienced first-hand the effort and steadfast **commitment** over many hours of those involved. These were persons from diverse perspectives, including persons with disabilities and their parents and other family members, special needs professionals from the public, civil society and private sectors, and some very dedicated civil servants (among others). The involvement of persons and organisations that would be impacted by the Policy makes the document highly relevant to persons with disabilities and other stakeholders.

The comprehensive Policy content, approach, stakeholders and their steadfast commitment, increase the chance of this Policy being implemented effectively and in a timely manner. Much **thanks** to all who have contributed and will continue to contribute to this most worthy cause.

Keith Parker Tibbetts Jr. CMH

INTRODUCTION

Purpose of the Policy

The Cayman Islands Disability Policy (CIDP) has been developed to provide strategic guidance in the delivery of quality services and the right to access and participation by all Persons with Disabilities (PWDs) within the Cayman Islands. In this regard, the vision of the Policy is ***ensuring that persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society***.

The CIDP was developed to identify gaps in key areas of services as well as create opportunities for the examination, revision and creation of legislation that impact the quality of life and service of persons with disabilities. The CIDP encompasses all aspects of life, including education, health, employment, community involvement, and legal protection. Effective implementation of the Policy is dependent on partnerships between Government, civil society and the private sector in fulfilling the goals outlined in the CIDP, described below under 'Broad Benefits of the Policy.'

Enabling and Supporting Documents

The Bill of Rights, Freedoms and Responsibilities in the Cayman Islands Constitution Order 2009 provides a series of fundamental human rights, which are all applicable to persons with disabilities. As the highest "Law" of the Land, these Constitutional rights have informed the development of this Policy. In addition, and in recognition of the need to supplement our local human rights framework with more detailed and specific provision for persons with disabilities, inspiration has also been derived from the United Nations Convention on the Rights of Persons with Disabilities (2006), the bespoke international human rights treaty that was created to address the particular issues faced by persons with disabilities.

The Policy is also informed by valuable previous work on the following local documents:

- *Proposals to Support the Development of a Cayman Islands National Disability Action Plan/Planning the Future for Persons with Disabilities in the Cayman Islands Steering Committee (July 2012).*
- *Report of the Legal Subcommittee for Persons with Disabilities (17th February 2009).*
- *Planning the Future for Persons with Disabilities Committee in the Cayman Islands (Subcommittee Report, May 2007).*

All involved with the creation of these documents are commended for their valuable work in laying a foundation for the development of this Policy, which is expected to result in a number of general and specific benefits. Further, the Policy benefited from significant public input via public meetings, questionnaires and emails. More detailed acknowledgements are in Appendix B.

Specific Benefits of the Policy

It is anticipated that the CIDP will benefit society on a wide scale. With updated laws and regulations, educational improvements, structural changes in buildings and services which will cater to those amongst us who are differently abled, we look forward to a change in the society being more inclusive and open-minded.

Families who currently have to care for persons with disabilities during adulthood will now be able to witness such persons enjoying a higher level of independence, where they can be more financially secure because they have the opportunity to be trained for a job; they are valued as equally contributing members of a company and are paid equal wages. Persons with disabilities should be able to access medical care and specialist services locally where feasible, instead of having to travel overseas. Children with disabilities should be guaranteed education in the least restrictive environment, thus ensuring that they are amalgamated into society from childhood.

Persons who do not have disabilities should be able to better understand the challenges and rewards those persons with disabilities live with every day. Mindsets should change as a result of the public education campaigns and the quest for true integration into society, resulting in the next generation of Caymanians growing up to be more accepting of persons with disabilities.

Further elaboration on the specific benefits of the Policy are described after the 'Definitions' in the subsequent five sections on the goals with their supporting strategies and aims.

Broad Benefits of the Policy

The following are expected broad benefits for persons with disabilities, key stakeholders and society through the implementation of the CIDP goals:

- Quality education in the most appropriate inclusive setting, as well as access to lifelong learning;
- Equal access to employment opportunities, fair wage and benefits;
- Access to the highest standard of health care;
- Independence and full inclusion in society; and
- Informed policy, legislation and services through the collection, analysis and dissemination of appropriate information regarding persons with disabilities.

DEFINITIONS

***Accessible*:** Easy to approach, reach, enter, speak with, understand or use.

Assistive devices: Any device that is designed, made, or adapted to assist a person perform a particular task, Including but not limited to, canes, crutches, walkers, wheelchairs, long-handled reachers/ grabbers, and switch technology. Generally the term is used for devices that help people overcome a handicap such as a mobility, vision, mental, dexterity or hearing loss.

Built environment: Buildings (interior and exterior), structures, roads, sidewalks, walkways or similar items.

Cabinet: The elected Ministers and Official Members of the Executive arm of the Cayman Islands Government, as described in the Cayman Islands Constitution Order 2009.

Code: Document regulating building and associated matters (e.g. accessibility requirements for persons with disabilities)

Dependent offspring: In relation to an insured person, means –

a) A child (an individual who is under 18 years of age) of the insured person;

b) An individual who is eighteen years of age or over and who for medical or physical reasons is dependent on the insured person for shelter or care (whether or not the individual is financially independent); or

c) An individual who is eighteen years of age or over but under thirty years of age and who, for financial reasons, is dependent on the insured person for shelter or care;

But "dependent offspring" does not include a grandchild of an insured person, unless the grandchild has been adopted by, or is the foster child of, the insured person (Health Insurance Law, 2013 Revision).

Differently abled: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, gender, social and cultural factors. It describes the encounter between a person with a disability and the environment.

Disability: Any short term or long term physical, mental, intellectual or sensory impairment which significantly hinders a person's full and effective participation in society, on an equal basis with others. More specific definitions of the term disability include:

Acquired Disability: A disability that a person was not born with. The person has become disabled due to some form of trauma, for example, an accident or stroke.

Acute Disability: When a person is seriously impaired for a short period of time. It can either refer to a person who has a long-standing disability who experienced some form of trauma or psychotic break that has further disabled the person for a short period of time, or it can refer to a person who is not disabled but due to some form of trauma, is seriously and temporarily disabled (for example, temporarily paralyzed due to an accident).

Chronic Disability: A disability that affects a person for either all or a large part of that person's life.

Covert disability: Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being, that is not obvious to the average person (e.g. colour blindness, learning disability, etc.).

Developmental Disability: Having a physical or mental disability that becomes apparent in childhood and prevents, impedes, or limits normal development including the ability to learn or to care for oneself. (source: http://www.merriam-webster.com/medical/developmentally%20disabled)

Overt disability: Same as '*Disability*' above.

Physical Disability: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine. (source: http://www.dhs.wisconsin.gov/disabilities/physical/definition.htm).

Discrimination: The treatment or consideration of, or making a distinction in favour of or against, a person based on the group, class, or category to which that person or thing belongs rather than on individual merit. Discrimination can be the effect of some law or established practice that confers privileges on a certain class or denies privileges to a certain class because of race, age, sex, gender, nationality, religion, or mental and/or physical disability. The term "discrimination" against an individual on the basis of disability includes limiting, segregating, denying or classifying an otherwise qualified individual because of a disability in a way that adversely affects opportunities and benefits in all aspects of life.

Equal access: Ensuring persons with disabilities have the same opportunities as those without disabilities to fully participate in and benefit from programmes, activities, goods and services.

Habilitation: Assisting a person with achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills. Habilitation can include cognitive, social, fine motor, gross motor, or other skills that contribute to mobility, communication, and performance of activities of daily living and enhance quality of life.

Impairment: Any loss or abnormality of psychological, anatomical structure or function.

Inaccessible: Difficult or impossible to reach, approach, understand, or use.

Inclusive: Considering all factors and situations to guarantee equal access for all persons.

Inpatient: A patient who is admitted to a hospital, clinic, or associated facility for diagnosis or treatment that requires at least one overnight stay.

Least restrictive environment: The opportunity for a student who has a disability to be educated with non-disabled peers, to the greatest extent appropriate. The student should be provided with supplementary aids and services necessary to achieve educational goals if placed in a setting with non-disabled peers.

National Council for Persons with Disabilities (NCPWD): The entity responsible for monitoring the implementation of this policy, among other matters set out in this policy's companion document and supporting legislation.

Policy: In the context of a comprehensive national policy it includes at a minimum - vision, goals, strategies, objectives, implementation planning, monitoring, review/evaluation, and change.

Public space/place: Building, structure and space that ought to be accessible to the public, whether for free or for a fee (e.g. parks, restaurants, hotels, businesses serving walk-in customers).

Qualified individual: A person who, with or without *reasonable accommodation*, can perform the essential functions of the employment position without *undue hardship*.

a) *Reasonable accommodation:* Making existing facilities and services accessible to employees with disabilities, which may include part-time or modified work schedules and responsibilities, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies.

b) *Undue hardship:* An action requiring significant difficulty or expense, when considered in light of the factors set out below:

- The nature and cost of the accommodation needed;
- The overall financial, human, and operational resources of the facility or facilities involved in the provision of the reasonable accommodation, or the impact otherwise of such accommodation upon the operation of the facility;

Rehabilitation: A goal-oriented and time-limited process aimed at enabling persons with disabilities to reach and maintain an optimum physical, sensory, intellectual, psychiatric and/or social functional level, thus providing them with the tools to change their lives towards a higher level of independence.

Respite care: The provision of planned short-term and time-limited breaks for families/primary care givers of persons with disabilities in order to support and maintain the primary care giving relationship.

Standard Health Insurance Contract (SHIC): Refers to a contract issued by an approved insurer to provide insurance cover in respect of the prescribed health care benefits, being a contract that complies with the prescribed terms and conditions; and under such a contract an approved insurer shall not-

a) Require a compulsorily insured person to pay for a benefit if that benefit is covered by the contract; or

b) Require a compulsorily insured person to pursue third party claims before claiming under the standard health insurance contract (Health Insurance Law, 2013 Revision).

Social inclusion: A *socially* inclusive society is *defined* as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. It is a society where certain rights to all individuals and groups in society are valued, such as employment, adequate housing, health care, education and training.

Special needs: The individual characteristics or requirements for access to services or education of a person with an intellectual, emotional or physical disability.

Supported employment: Involves the provision of programmes and opportunities in assisting persons with disabilities in the development of work readiness skills in order to participate in a variety of employment settings, whether in the competitive labour market or in a training facility. It can involve training, part-time or full-time placement, internship and providing ongoing support from a team of professionals.

Supported Living Programme: Involves the provision of services and living environments for persons with disabilities to ensure their health, safety, and well-being while achieving their highest level of independence possible.

Work readiness skills: A set of skills and behaviours that is necessary for employment. Work readiness skills include both foundational cognitive skills such as reading for information, applied mathematics, problem solving, and critical thinking and non-cognitive skills, or soft skills, which are defined as personal characteristics and behavioural skills that enhance an individual's interactions, job performance, and career prospects such as adaptability, integrity, cooperation, and workplace discipline.

GOAL 1

Ensure persons with disabilities have a quality education in the most appropriate inclusive setting, and access to lifelong learning.

The right to an education is Constitutional. Ensuring that all persons within our community have access to a quality education will help to alleviate dependency on Government agencies. By educating persons with disabilities in the most appropriate inclusive setting, their place in society is being solidified, and this ensures that they have equal opportunities as those without disabilities.

When persons with disabilities receive a quality education, they are better equipped to live independently and be more productive members of society. Having access to lifelong learning will help persons with disabilities to reach their full potential, have a feeling of accomplishment and a sense of security for their future.

It is anticipated that there will be many changes needed, not only with physical buildings, but with teacher training, educational and training programmes, legislation, and the public's mindset. Adaptations to assessment and evaluation for entry to programmes as well as funding will have to be made.

Fig. 1: *Triple C School students and staff show support on 2013 International Day of Persons with Disabilities.*

Currently, not all learning institutions are accessible to persons with disabilities. There are either physical barriers to buildings or barriers to persons with disabilities accessing the information and material and using educational equipment. Furthermore, persons with disabilities in need of rehabilitation and habilitation services are also encountering major gaps in services, oftentimes resulting in their having to leave the country in order to receive the services they require which will enable them to live a more independent life.

Parents are facing difficult decisions every day regarding the need to move overseas with their children who have disabilities in order to ensure that they have the best possible education. It is very unfortunate, but many homes have been divided by distance because one parent has had to leave with their child to seek better educational opportunities, while the other parent stays at home with the other children.

While some progress has been made towards ensuring persons with disabilities have a quality education and enjoy lifelong learning, there is more to do in order to achieve quality education for all, and ensure access to lifelong learning for our citizens with disabilities. Possible options are described in more detail below.

STRATEGIES SUPPORTING GOAL 1

There are six (6) strategies supporting Goal 1. The implementation of these strategies will be detailed in a companion document which contains objectives and action plans.

Goal 1 Strategy A

To identify gaps in service provision to inform policy, resource allocation, services, advocacy and communication regarding persons with disabilities and their families. It is expected that this strategy will be achieved through identifying:

- Existing gaps so as to ensure that persons with disabilities have access to the national curriculum and lifelong learning.
- Gaps within agencies that provide services to persons with disabilities.

Goal 1 Strategy B

Provide more extensive rehabilitation and habilitation services in all educational and training institutions. It is expected that this strategy will be achieved through the following:

- Identify existing gaps in the provision of rehabilitative and habilitative services.
- Investigate incentives to companies that are providing rehabilitation and habilitation services.

Goal 1 Strategy C

Review education legislation to include provisions for persons with disabilities in order to support inclusive education. It is expected that this strategy will be achieved through changes to education legislation.

Goal 1 Strategy D

Assess and evaluate educational and training institutions to ensure accessibility for persons with disabilities. It is expected that this strategy will be achieved through mandating institutions to implement plans for ensuring access to services.

Goal 1 Strategy E

Ensure that resources are identified and available to enable persons with disabilities access to the national curriculum and lifelong learning. It is expected that this strategy will be achieved through the following:

- Commitment of all learning institutions to provide accommodations for person with disabilities.
- Persons with disabilities are educated in the least restrictive environment.

Goal 1 Strategy F

Provide a purpose built facility to ensure vocational training and supported employment programmes are accessible to persons with disabilities. It is expected that this strategy will be achieved through the following:

- Plan a purpose built training facility in a *centralised* location for persons with disabilities.
- Construct a purpose built training facility in a *centralised* location for persons with disabilities.
- Operate a purpose built training facility in a *centralised* location for persons with disabilities.

In summary, a quality education in the most appropriate inclusive setting and access to lifelong learning are of crucial importance to persons with disabilities. The above strategies and aims help to provide guidance on how this goal is to be achieved.

Education and lifelong learning no doubt are very important in creating opportunities for persons with disabilities; however, these alone cannot ensure that all rights and needs are met. The strategies and aims presented in the next goal on employment, fair wages and benefits reinforce the value derived from education and lifelong learning.

GOAL 2

Ensure persons with disabilities have equal access to employment opportunities, fair wage and benefits.

For persons with disabilities seeking employment, the first challenge is to convince employers to consider them when hiring. Employers may shy away from hiring persons with disabilities, assuming that they either lack the training and skills needed to do the job, or that expensive accommodations for employees with disabilities will affect the profitability of the business. Moreover, once employment is secured it is often difficult to ensure that persons with disabilities are treated in a fair and equitable way with regards to pay and benefits. This goal seeks to afford the possibility that persons with disabilities are provided with the necessary training that enables them to secure jobs and fair wages.

STRATEGIES SUPPORTING GOAL 2

Four strategies support Goal 2. The implementation of these strategies will be detailed in a companion document which contains objectives and action plans.

Goal 2 Strategy A

Ensure access and participation for persons with disabilities to vocational training programmes that lead to employment.

Currently, there is no comprehensive register of vocational programmes available, nor is there any information readily available on the entry requirements for such programmes that do exist. Moreover, there is little clarity regarding the types of qualifications and skills that employers require when providing opportunities for persons with disabilities. It is recognised that some persons with disabilities may have challenges with being able to reach the requirements of some of the vocational programmes or the workplace.

The aims in this strategy deal with:

- Identifying all currently available vocational programmes and gaps.
- Reviewing requirements for registration with a view of recommending any needed changes to include persons with disabilities.
- Preparing a resource document with registration requirements for all vocational programmes and disseminate at entities such as schools, training centres, hospitals, medical offices, churches, the entity or entities responsible for labour matters, as well as via the media.
- Devising a forerunner training programme as a basic precursor to prepare persons with disabilities to be able to participate in vocational training. This would cover basic job readiness skills including such areas as literacy and numeracy, work ethic, time management and dress code. It would provide a basic foundation for further development, as well as the start of a resume that would be beneficial when seeking employment.
- Providing access to vocational training programmes through scholarships for persons with disabilities. These grants would be funded from both public and private sector.

The ultimate result would be a resource document for persons with disabilities with the necessary information to access the training needed to prepare for the job market by targeting those fields where there are jobs available.

Goal 2 Strategy B

Provide recognition and incentives to employers to encourage employment of persons with disabilities.

This strategy seeks to encourage employers to consider persons with disabilities when recruiting and retaining employees. Benefits for employers include community recognition of employers as a result of their association with persons with disabilities; this in turn leads to good will which can improve the profitability of their business. In addition, because of the associated publicity, other businesses that may not have considered hiring persons with disabilities in the past may now be more open to the possibility, and be motivated not just by the incentives offered, but also because they recognise how other businesses benefit by doing so.

Two organisations have been identified as being able to facilitate this recognition of businesses by expansion of already existing programmes. The benefits of using already established programmes are evident – these initiatives:

a) Focus on benefitting persons with disabilities (Rotaract Blue), or

b) Recognise good employers (Cayman Islands Society of Human Resource Professionals - CISHRP).

Rotaract Blue, a junior arm of Rotary International, has a mandate of "*highlighting the needs and celebrating the success of persons in our community living with disabilities as well as those who make a difference in their lives on a daily basis".* This is achieved through their annual Open Arms Ceremony: an event which honours caretakers, teachers and others throughout the Cayman Islands who have assisted individuals with special needs as well as persons who have excelled despite their disabilities. By including employers at this event, it would provide good publicity and promote their good will.

CISHRP already has an initiative called the Top Employer Award. According to the Society's website, the competition's aims are to:

- Make the Cayman Islands a better place to work.
- Recognise leading organisations that attract and retain employees and contribute to the community.
- Create an environment that exemplifies respect, fairness and pride in the workplace.
- Give companies the opportunity to identify trends and focus on areas to improve - focusing on employee engagement, retention, reduced recruitment costs, and greater employee satisfaction – which in turn should lead to greater results.

All of these aims align with the goals of this Policy. By expanding the initiative slightly, to add specific focus on those businesses that employ persons with disabilities, the benefits of community recognition, goodwill and contribution to financial returns will be forthcoming. In this regard customs legislation should be reviewed toward allowing concessions for the importation of specialised equipment to facilitate the employment of persons with disabilities.

Goal 2 Strategy C

Government will take the lead in advocating for the employment of persons with disabilities.

As the largest employer in the Cayman Islands, the Cayman Islands Government is no doubt also the largest employer of persons with disabilities.

Fig. 2: *Deputy Governor and Head of the Civil Service, Hon. Franz Manderson and fellow Civil Servants show support for the International Day of Persons with Disabilities (3/12/2013) by wearing yellow.*

It has been recognised, however, that the community is not aware of this. This strategy would provide public education and promote Government departments and agencies that employ persons with disabilities. This in turn encourages other businesses to follow suit.

This strategy has a single aim, which is to promote the employment of persons with disabilities in the public service, through a public education campaign. This can be achieved through the services of Government Information Services (GIS), using appropriate methods in accordance with stakeholders' demographics, preferences and technology.

Goal 2 Strategy D

Ensure an enabling legal and working environment whereby a qualified person with a disability shall be subject to the same terms and conditions of employment such as would be available to non-disabled persons with similar qualifications or skills.

In some countries, even where legislation exists, legal loopholes allow companies to pay persons with disabilities less than minimum wage. In Goal 2, Strategy B, the Policy speaks to providing incentives to businesses employing persons with disabilities such as reduced Customs Tariffs.

In the Cayman Islands, conditions of employment are governed by the Labour Law, (2011 Revision) – the Law. This strategy requires reviewing the Law to identify gaps that put persons with disabilities at a disadvantage. The intention is to ensure that the terms of recruitment and employment of persons with disabilities are on par with non-disabled persons who have similar qualifications or skills. In addition, workplace health and safety programmes must include accommodations for persons with disabilities. This strategy should also involve the provision of input into the Minimum Wage Committee so as to ensure that persons with disabilities are not discriminated against.

Fig. 3: *Covington Ebanks receives an award for 20 years of service as a civil servant at the George Town Hospital from Deputy Governor and Head of the Civil Service, Hon. Franz Manderson*

The process of identifying gaps in legislation in relation to employment and benefits for persons with disabilities has brought to light gaps in the provision of health care services.

The next goal with supporting strategies and aims focus on legislation, services and insurance coverage to access a higher standard of health care.

GOAL 3

Ensure persons with disabilities have access to the highest standard of health care.

Disability comes in many forms: a person may be born with a disability, acquire a disability due to illness or accident, or experience a disability that lasts for a short time. Hence, persons with disabilities, like *non-disabled* persons, must have access to the highest standard of health care to meet their diverse needs. Access to a high standard of health care that is affordable will ensure an improved quality of life for all, whilst promoting health and wellness. In addition, it also means that the burden on families and the Government is reduced.

Currently, the Health Insurance Law, 2013 (the Law) requires that every resident must have health insurance. In addition, the Law mandates a Standard Health Insurance Contract (SHIC) which is the minimum coverage that must be provided to the insured by all approved insurance providers. The Law also includes the definition of a *"dependent offspring"* in relation to an insured person. This definition captures all persons (able bodied and disabled) who are eighteen years of age or over and are unable to access health insurance coverage due to medical or physical reasons.

The challenges faced by persons with disabilities and the current Law are that the SHIC Plan does not cover assistive devices that may be required for persons with disabilities. Enforcement of the Law also lacks the required personnel to ensure full compliance by employers and health insurance providers. In addition, services such as speech and occupational therapy are covered only where medically necessary, and therefore in many instances are left to the discretion of the insurance provider rather than the health care practitioner.

Therefore, this goal is necessary to reduce barriers to accessing health care due to costs, availability of services, inadequate skills / knowledge of health care practitioners, and the availability of trained personnel. The following is a list of strategies and aims supporting this goal. The implementation of these strategies will be detailed in a companion document which contains objectives and action plans. Each strategy will be achieved through the following aims outlined below.

STRATEGIES SUPPORTING GOAL 3

Six strategies support Goal 3. The implementation of these strategies will be detailed in a companion document which contains objectives and action plans.

Goal 3 Strategy A

Enhance community based preventative health care services.

It is expected that this strategy will be achieved through the following:

- National Health Policy and Strategic Plan is inclusive of persons with disabilities.
- Immunisations, screenings and genetic counselling services are available.
- Public education campaign which promotes the types of health care services and health insurance coverage that are available.
- Public and private partnerships.
- Partnerships between Government and Non-Governmental Organisations (NGOs).

Goal 3 Strategy B

Enhance outpatient access to all health care services.

It is expected that this strategy will be achieved through the following:

- Ensure an adequate number of specialised health care practitioners offering services required by persons with disabilities.
- Hearing/screening tests provided for all newborns.

Goal 3 Strategy C

Establish an inpatient rehabilitation centre.

It is expected that this strategy will be achieved through objectives on planning, constructing and operating the centre.

Goal 3 Strategy D

Enhance access to local/overseas training for all health care professionals providing rehabilitation services.

It is expected that this strategy will be achieved through the following:

- Adequate opportunities are provided to health care practitioners for continued professional development.
- National health care conferences must include educational training sessions relating to rehabilitation services.

Goal 3 Strategy E

Ensure equitable availability of health insurance for persons with disabilities.

It is expected that this strategy will be achieved through the review of the Health Insurance Law to determine adequate coverage.

Goal 3 Strategy F

Ensure access to adequate mental health services.

It is expected that this strategy will be achieved through the following:

- Provision of an adequate number of mental health professionals specialising in the treatment of persons with disabilities.
- The accessibility to any residential/outpatient mental health facility by persons with other disabilities.

By ensuring a higher standard of health care, persons with disabilities are better able to participate in their communities, therefore the need to provide access will enhance inclusion which will allow them to enjoy their highest level of independence and full inclusion in society.

The strategies and aims presented in the next goal provide guidance on addressing this subject.

GOAL 4

Ensure persons with disabilities enjoy their highest level of independence and full inclusion in society

Persons with disabilities are entitled to the highest level of independence possible and full inclusion in society so that they can enjoy their full rights and a significantly improved quality of life for them and their family. Through independence and inclusion, persons with disabilities will not only have more opportunities to participate and become actively involved in the community, but they will also benefit from improved access to a range of goods and services, support networks and information. The importance of inclusion is illustrated in this short video: Social Inclusion and Disability.

Currently, with regards to their independence and social inclusion, persons with disabilities face many challenges, such as discrimination and stigmatisation. Manoeuvering around the built environment alone can present significant obstacles for example inaccessible buildings, public spaces and public transportation. Further, persons with disabilities have limited opportunities to participate in the recreational, cultural and sporting opportunities within the community. Prospects therefore must be expanded in order to engage them in national and community activities.

An additional significant obstacle to independence and inclusion is a lack of materials and information in accessible formats for persons with disabilities. Consequently, a greater effort needs to be made to make materials and information accessible in places such as at schools, libraries and public offices.

STRATEGIES SUPPORTING GOAL 4

The following eight (8) *strategies* support Goal 4. The implementation of these strategies will be detailed in a companion document which contains objectives and action plans.

Goal 4 Strategy A

Improve the availability of appropriate transportation for persons with disabilities. It is expected that this strategy will be achieved through the following:

- Disability sensitisation training that is provided for/ completed by all operators of taxis, buses and public transport vehicles.
- Persons with disabilities who have service animals have equal access to public transportation.
- Incentives for the provision of accessible vehicles.

Goal 4 Strategy B

Improve accessibility to built environments. It is expected that this strategy will be achieved through the following:

- Installation of sounds and lights at pedestrian crossings in the Cayman Islands.
- Review and amend traffic and planning legislation to improve access for persons with disabilities to the built environment.
- Review Planning Legislation and Building Codes and recommend amendments.
- Inaccessible public sector buildings provide access to services for persons with disabilities.
- Provision for persons with disabilities to access non-Government buildings that provide services to the public.

- Persons with disabilities and their service animals have access to built environments and public spaces.
- Inclusion of provision for persons with disabilities in the National Hazard Management Plan.
- Develop and implement a sidewalk programme.

Goal 4 Strategy C

Expand opportunities for persons with disabilities to engage in national and community activities. It is expected that this strategy will be achieved by ensuring persons with disabilities have equal opportunity for participation and involvement on national boards and committees and, wherever possible, in community groups.

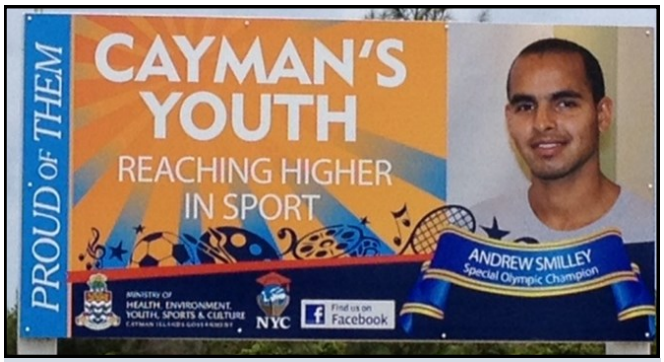

Fig. 4: *Special Olympics athlete, Andrew Smilley.*

Goal 4 Strategy D

Provide information in accessible formats to persons with disabilities. It is expected that this strategy will be achieved through the following:

- Ensuring that libraries, educational institutions and Government offices provide information and materials in an accessible format to persons with disabilities.
- Advocate for local television providers to offer inclusive programming.

Goal 4 Strategy E

Review current programmes and processes which provide subsidies, grants and/or financial assistance to persons with disabilities. It is expected that this strategy will be achieved by evaluating eligibility criteria for programmes that provide subsidies, grants and/or financial assistance to persons with disabilities.

Goal 4 Strategy F

Develop and implement a public education campaign to promote the inclusion of persons with disabilities. It is expected that this strategy will be achieved through key stakeholders developing and implementing a multi-media public education campaign, including enhancing awareness of support networks for persons with disabilities.

Goal 4 Strategy G

Establishment and operation of a National Council for Persons with Disabilities (NCPWD). It is expected that this strategy will be achieved through the following:

- The establishment of the NCPWD and supporting Secretariat in Disability legislation.
- The NCPWD to comprise of persons with disabilities, professional stakeholders and public/ private sector experts.
- The NCPWD to champion the implementation of the disability policy and legislation.

Goal 4 Strategy H

Provide supported living programmes for persons with disabilities to ensure the achievement of the highest level of independence possible. It is expected that this strategy will be achieved through the following:

- The development and implementation of a supported living programme for persons with disabilities.
- Through public and private partnerships, provide respite care in order to support caregivers of persons with disabilities.

So far this Policy covered the subjects of education, life-long learning, employment, health care, independence and full inclusion in society. All of these are impacted by the next chapter, which covers the collection, analysis and dissemination of information on persons with disabilities to inform policy, legislation and services.

To ensure all subjects covered in the Policy are implemented and monitored, there is a need to collect, analyse and disseminate information on persons with disabilities to continually inform policy, legislation and services, as this Policy is meant to be a living document. The strategy and aims presented in the next goal provide guidance on addressing this subject.

GOAL 5

Collect, analyse and disseminate information on the subject of disabilities to inform policy, legislation and services.

Currently the collection, analysis and dissemination of information on persons with disabilities is limited. Stakeholders such as Sunrise Adult Training Centre, Lighthouse School and Special Olympics have data on their members, however, no central database of comprehensive information exists on persons with disabilities to inform policy, legislation and services. The following data was derived from the Cayman Islands 2010 Census.

Table 5.1.1: Incidence of Disabilities by Type of Disability, Sex and Status

Type of Disability	Total			Caymanian			Non-Caymanian		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total Incidence	2,993	1,396	1,597	2,515	1,165	1,350	478	231	247
Sight	788	337	451	615	260	355	173	77	96
Hearing	268	128	140	243	117	126	25	11	14
Speech	131	79	52	118	72	46	13	7	6
Upper limb (arm)	191	92	99	175	82	93	16	10	6
Lower limb (leg)	516	202	314	471	185	286	45	17	28
Neck and spine	239	96	143	215	89	126	24	7	17
Learning disability	223	150	73	190	127	63	33	23	10
Mental Illness	195	110	85	168	94	74	27	16	11
Other	442	202	240	320	139	181	122	63	59
None	51,039	25,286	25,753	28,110	13,554	14,556	22,929	11,732	11,197
DK/NS	87	46	41	38	17	21	49	29	20

A National Register of Persons with Disabilities (NRPWD) could be of substantial benefit to persons with disabilities, their families, service providers, policy makers, fundraisers, advocates and the general public. When registered, persons with disabilities and their families would have improved access to information on existing and planned services.

Registration leading to more accurate data on persons with disabilities would enable *service providers* to better plan and implement services, projects and programmes. Also, policy makers can better prioritise policy making, budgeting and necessary legislation on matters pertaining to special needs. Armed with more comprehensive information on the extent of disabilities within communities, fundraisers should be more effective in soliciting funds for disability causes. Finally, more comprehensive data should assist advocates toward heightening public sensitisation on special needs matters.

STRATEGIES SUPPORTING GOAL 5

Three *strategies* supports Goal 5. The implementation of these strategies will be detailed in a companion document which contains objectives and action plans.

Goal 5, Strategy A

Create a National Register of Persons with Disabilities (NRPWD). It is expected that this strategy will be achieved through the following:

- A compiled list of disabilities.
- A comprehensive NRPWD created to capture overt and covert disabilities while respecting the rights to privacy.
- The value/benefits of a NRPWD which should be continuously emphasised to persons with disabilities, policy makers and other stakeholders through appropriate media and events.
- Data and statistics from the NRPWD should inform policy, resource allocation, services, advocacy and communication regarding persons with disabilities and their families.
- The NRPWD should be kept current through input from verified and credible sources.

Goal 5 Strategy B

Create a National Resource Centre for Person with Disabilities (NRCPWD). It is expected that this strategy will be achieved through the following:

- Compile a directory of agencies and the services provided to persons with disabilities.
- A policy decision made regarding the location of the NRCPWD and future satellite sites.
- Detailed planning of the NRCPWD which shall include public, non-Governmental organisations and private partnerships.

Goal 5 Strategy C

Collect, analyse and disseminate (non-registry) information on the subject of disabilities to inform policy, legislation, services and relevant documents. It is expected that this strategy will be achieved through the continuous review and management of non-registry information on the subject of disabilities.

The goals, with supporting strategies and aims mentioned in this Policy are well intended towards ***ensuring that persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society.*** To obtain desired results efficiently and effectively, adequate policy implementation planning, monitoring, review/ evaluation and change should occur. The guidelines and instructions to complete these tasks are detailed next.

An overview of Policy implementation, monitoring, review, evaluation and change

POLICY IMPLEMENTATION

Policy implementation is accomplished by actions supporting policy objectives, strategies, goals and – ultimately – the vision "*Ensuring persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society*". Such actions will be detailed in this Policy's companion document in the form of Action Plans that also outline responsible parties, resources, timelines and progress or success indicators. For implementation to happen efficiently, effectively and in an accountable manner, the following should inform it:

- Action Plans will be categorised in phases to facilitate phased implementation of the Policy based on quick wins, ease of implementation, available resources, needed legislation and other relevant factors. The quantity of actions required to be implemented to operationalise this Policy is vast and may appear daunting. Helping to address this, phased implementation clarifies implementation of short, medium and long-term objectives, strategies and goals, all aimed at achieving the vision of this Policy. Phasing plans may be adjusted by the Council for reasons similar to those outlined below.
- Action plans will need to be adjusted by the Council as deemed necessary, in consultation with others. Here are a few scenarios justifying adjustments to action plans: 1) Certain actions may happen sooner or later than anticipated. 2) More or less resources may be required. 3) Responsible parties may change. 4) A better method may become obvious on accomplishing an action, etc.
- The Council in its role as a *"watchdog"* on disability matters may, through direct contact or via other means (e.g. through the media), offer praise for exemplary implementation, as well as urge improvements where necessary.

The Council should at all times have access to information held by Government entities regarding implementation status. This facilitates the Council's role as an advocate and watchdog entity on disability matters. This is explained in more detail below under 'POLICY MONITORING.'

POLICY MONITORING

For the avoidance of doubt, monitoring is considered to be tracking policy implementation to determine whether policy actions are being completed within specified targets, which may be quantitative and/or qualitative. In other words, monitoring is gauging the extent that action plans are being implemented.

Therefore, shortly after the approval of this Policy and the formation of the NCPWD, a monitoring plan should be developed by the NCPWD in consultation with others (as necessary). This plan should be informed by action plans. The following should be considerations in the monitoring plan.

What should be monitored? Anything with a deliverable (i.e. Action Plans) should be monitored.

- Examples of deliverables in action plans include targets (e.g. performance indicators, some informed by benchmarks where necessary), proof of completion of specific actions, reports, lists, tables and plans.
- Based on the type of action, what type of monitoring is required? Internal and/or external? Who should monitor the implementation of specified actions? An assigned person or entity? The NCPWD? For internal quality control, entities involved with implementation should monitor, while subject to external monitoring for accountability purposes. As the principal watchdog entity for disability matters, the NCPWD will monitor components of the Policy being or to be delivered by Government.
- When should monitoring occur? Should it be continuous, periodic or one-time? Here the answers are self-evident in accordance with whether the action being monitored is continuous, periodic or one-time.
- What resources are needed (if any) for monitoring? This will vary in accordance with the specifics of action plans.

After the monitoring plan is completed, it should then be implemented under the guidance of the NCPWD where possible. Note, the monitoring plan may be subject to modification by the NCPWD as circumstances may justify – e.g. resource constraint.

While monitoring is useful toward determining whether implementation is on track, it does not cover factors impacting keeping the Policy current. For this to happen, policy review and evaluation is necessary.

POLICY REVIEW AND EVALUATION

This Policy and its companion document should be subject to review and evaluation by the NCPWD in consultation with others, as necessary. The purpose of review and evaluation is to enhance implementation accountability and effectiveness. The timing of Policy review and evaluation may be fixed, periodic or both, influenced by resources and available expertise – among other matters.

Factors influencing review and evaluation may include (but not limited to) the following:

- The coming into force or to better meet the requirements of an international convention, treaty, act, agreement or similar document that influences the Policy and the Cayman Islands is a party to, whether directly, or as a British Overseas Territory. In other words, the Policy may be subject to review based on legal obligation.
- Public sentiments (including key stakeholders and beneficiaries).
- Request by a Ministry or key stakeholder, detailing reasons for such request. Reasoning may include (but not limited) the above bullet point.
- The necessity to review goals and/or strategies in light of new information.

Evaluation of whether policy vision, goals, strategies and objectives are being met should be done through assessing the implementation of action plans. In so doing, judgments may be advanced on how well the Policy is doing from a "*big picture*" as well as detailed perspectives. Evaluation considerations may consist of (but not limited to) the following:

- What was exemplary in meeting or exceeding targets and why? How can this information be used to further acknowledge, reinforce and inform good practice.
- Conversely, what was inefficient or ineffective? Why so? How can inefficiency and ineffectiveness be addressed?
- What was incomplete or not done, and why? What lessons can be learned? In other words, were there

any implementation gaps - i.e. what should have happened but didn't. Also, were there any unforeseen omissions?

- Conversely, in hindsight, what was completed, despite good intentions, that should not have been? Why?
- Based on the extent of implementation, as well as expectations in the Policy, what "*grade*" should be awarded to the implementation of Goals, Strategies and Objectives? How do these grades inform and impact the Policy moving forward?
- What could have been improved if a different approach was taken?

All of the above considerations should inform the Council's development and implementation of a review and evaluation plan to assess how well this Policy is doing and as a "blueprint" toward enhancing policy implementation accountability and effectiveness. The template of this plan could serve as a good practice model for any other national policy to be created and for similar regional policies.

POLICY CHANGE

Informed by policy monitoring, review and evaluation, this National Policy is subject to change by the Cabinet of the Cayman Islands Government. Policy change is necessary to keep the Policy in sync with altered priorities, obligations and expectations.

The timing of change should be influenced by considerations mentioned in the previous section on policy review and evaluation. The process of policy change (i.e. preparation and submission of Cabinet Paper, etc.) is well-known to entities involved in that process and need not be detailed here.

The Companion document may be amended at the discretion of the NCPWD (after adequate consultation with others), as implementation planning by its very nature is dynamic – resources change, people are more or less available, and new information comes to light potentially impacting implementation feasibility and timing.

References

- European Convention on Human Rights (1950).
- Planning the Future for Persons with Disabilities Committee in the Cayman Islands (Subcommittee Report, May 2007).
- Proposals to Support the Development of a Cayman Islands National Disability Action Plan/Planning the Future for Persons with Disabilities in the Cayman Islands Steering Committee (July 2012).
- Report of the Legal Subcommittee for Persons with Disabilities (17th February 2009).
- The Cayman Islands Constitution Order 2009
- United Nations Convention on the Rights of Persons with Disabilities (2006).

Useful links

Cayman Islands World Down Syndrome Day

Cristina's Tortina Shop

Don't Stare – Show You Care : A video by the Clients of the Sunrise Adult Training Centre

Employment of persons with disabilities

I got 99 problems...palsy is just one

International Day of Persons with Disabilities 2013

Rome restaurant serves up new attitude toward Down Syndrome

Social Inclusion Video

Special Needs Foundation of Cayman

Special Olympics Unemployment Survey

The Blue Spot

APPENDIX A

ACTION PLAN (SAMPLE TEMPLATE) - CAYMAN ISLANDS DISABILITY POLICY **VISION: Ensuring persons with disabilities live with dignity, are respected, and have the opportunity to participate fully in society**					
Goal 4	**Ensure persons with disabilities enjoy their highest level of independence and full inclusion in society.**				
Strategy A	**Improve the availability of appropriate transportation for persons with disabilities.**				
Objective 1	**Ensure disability sensitization training is completed as part of licensing procedure for all operators of taxis, buses and public transport vehicles within one year of the approval of the policy.**				
Ref.:	**Action (what & where)**	**Lead Person & Entity (who)**	**Resources / Cost (how)**	**Timeline (when)**	**Progress / Success indicator(s) (Key Performance Indicator, deliverable)**
a)					
b)					
c)					
d)					

NOTES REGARDING APPENDIX A

Action Plans serve several purposes, including the following:

- They are the primary tool guiding implementation of objectives, strategies, goals and ultimately the vision of the policy. They aim to do so by ensuring that objectives are implementable, in other words, SMART [Specific, Measurable (as best as possible), Achievable, Relevant and Timely]. Hence Action Plans aim to address: what is to be done and where; who are tasked with accomplishing actions; required resources; when actions should happen; and (very important) progress/success indicators (targets, performance indicators, deliverables). See 'POLICY IMPLEMENTATION' at page 21.
- They are used as sources to monitor policy implementation. For instance, they inform a monitoring plan by specifying what should be monitored (actions, deliverables), and when monitoring should occur. See 'POLICY MONITORING' at page 21.
- They are key tools aiding a policy review and evaluation plan to determine whether work was: exemplary/ poor; efficient/inefficient; and complete/incomplete. The review and evaluation would also grade how well the actions, objectives, strategies and goals have been implemented, from a bottom-up approach. See 'POLICY REVIEW AND EVALUATION' at pages 22 and 23.

The value of Action Plans should not be understated. Collectively, Action Plans help in due course to inform whether the Vision of the Policy is being realised.

APPENDIX B

Acknowledgments

Many individuals, civil society and Government entities contributed significantly over countless hours to the development of this Policy and supporting documents. Participating stakeholders brought to the table a wide spectrum of skills, knowledge and firsthand experience on disability matters.

Much appreciation is extended to all who contributed to addressing this National Policy gap. Committees and Subcommittees are as follows:

- Cayman Islands Disability Policy Steering Committee (CIDPSC) – 2013-14
  - ◊ Policy Subcommittee of the CIDPSC
  - ◊ Legal Subcommittee of the CIDPSC
- Planning the Future for Persons with Disabilities in the Cayman Islands Steering Committee & Subcommittee (2007—2012)
- Legal Subcommittee for Persons with Disabilities (2009)

Names of contributing individuals and organisations are noted on the following pages. It is realised that the below lists of individuals and organisations cannot be comprehensive, as those listed also had support from others. We are highly grateful to all for contributions, whether directly or indirectly in the quest to do our best for some of the most vulnerable in our communities - persons with disabilities.

Robert Lewis
Chair,
Cayman Islands Disability Policy Steering Committee (CIDPSC)

Shari Smith
Chair,
Policy Subcommittee of the CIDPSC

Myrtle Brandt
Chair,
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APPENDIX B: - *ACKNOWLEDGEMENTS (continued…)*

Cayman Islands Disability Steering Committee. Seated L-R - Finita Ebanks, Alicia Dixon, Sophy Broad, Carol Bennett, Myrtle Brandt, Shari Smith and Keith Parker Tibbetts Jr. Standing L-R - Robert Lewis, Kerri Walcott, Nick Freeland, Maxine Everson, Mary Trumbach, Suzette Ebanks, Kimberly Voaden and Janett Flynn. Missing - Angela Fawkes, Branden Rivers, Brent Holt, Carla MacVicar, Hilmae Bodden, Leonardo Bodden, James Myles, Susan Edwards,

CAYMAN ISLANDS DISABILITY POLICY STEERING COMMITTEE (CIDPSC) – 2013-14		
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Ministry of Education, Employment & Gender Affairs	Brent Holt (Deputy Chair)	Carol Bennett
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Persons with a disability	Keith Parker Tibbetts Jr. Finita Ebanks Leonardo Bodden Branden Rivers	N/A
Special Olympics Cayman Islands	Nick Freeland	Antoinette Johnson Maxine Everson
Lighthouse School	Carla MacVicar	Elroy Bryan
The Harmony Learning Centre	Angela Fawkes	Linda Kilby
Sunrise Caring Association	Susan Edwards	Mary Trumbach
Youth Services Unit	James Myles	Katherine Whittaker
Rotaract Blue	Kerri Walcott	Stephanie Graham
Legal Representative	Myrtle Brandt	Sonji Myles
Ministry of Health, Sports, Youth & Culture	Janett Flynn	Sheila Alvarez
Ministry of Home & Community Affairs	Alicia Dixon	Sophy Broad
Government Information Services	Suzette Ebanks	Yvette Cacho

APPENDIX B: - *ACKNOWLEDGEMENTS (continued…)*

Hon. Premier Alden McLaughlin with members of the **Policy Subcommittee** of the Cayman Islands Disability Policy Steering Committee. Seated L-R: Branden Rivers, Keith Parker Tibbetts Jr., Premier Hon. Alden McLaughlin and Alicia Dixon. Standing L-R: Carol Bennett, Antoinette Johnson, Finita Ebanks, Sophy Broad, Shari Smith, Janett Flynn, Kimberly Voaden (Deputy Chair, Legal Subcommittee) and Robert Lewis. Missing: Leonardo Bodden, Elroy Bryan, Angela Fawkes, Mary Trumbach, Hilmae Bodden, James Myles and Suzette Ebanks.

Legal Subcommittee of the Cayman Islands Disability Policy Steering Committee (2013-14). Seated L-R: Sonji Myles, Myrtle Brand (Chair), Keith Parker Tibbetts Jr. and Sheila Alvarez. Standing L-R: Robert Lewis, Kimberly Kirkconnell, Kimberly Voaden (Deputy Chair), Charles Brown, Janett Flynn and Tommy Ebanks. Missing: Vaughan Carter.

Policy Subcommittee of the CIDPSC (2013 - 14)

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Sophy Broad	Deputy Chair - Rep. Ministry of Home & Community Affairs
Janett Flynn	Secretary - Rep. Ministry of Health, Sports, Youth & Culture
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Branden Rivers	High School Student - person with a disability
Elroy Bryan	Rep. Lighthouse School
Angela Fawkes	Rep. Sister Islands, Harmony Learning Centre
Mary Trumbach	Parent of a person with a disability - Rep. Sunrise Caring Association
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APPENDIX B: - *ACKNOWLEDGEMENTS (continued…)*

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This committee was responsible for producing the report "Proposals to Support the Development of a Cayman Islands National Disability Action Plan"	
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Mary Trumbach	Parent of Sunrise Adult Training Centre Client
Annisa Woods	President, Sunrise Caring Association
Kimberly Voaden	Occupational Therapist, Department of Education Services
Joy Merren	Genetics Coordinator, Health Services Authority

Planning the Future for Persons with Disabilities in the Cayman Islands Steering Committee (2007)	
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Carla Bodden	Acting Principal, Lighthouse School
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APPENDIX B: - *ACKNOWLEDGEMENTS (continued…)*

Report of the Legal Subcommittee for Persons with Disabilities (17th February 2009)
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