



**Pacific Disability Rights Framework (PDRF) 2016-2025
consultation
&
Revisit of the Cook Islands Early Identification and Intervention
program
13 –14th October 2015
Rarotonga, Cook Islands**



Report on consultation for the new Pacific Disability Rights Framework (PDRF) 2016-2025 and Revisit of Early identification and intervention workshop

13-14 October 2015

Venue – USP Centre, Tupapa, Rarotonga

Preamble

A two day consultation on the new Pacific Disability Regional Framework (PDRF) and revisiting early intervention program in the Cook Islands was hosted by the Ministry of Internal Affairs in collaboration with Pacific Islands Forum Secretariat (PIFS) Disability coordination Unit and Pacific Disability Forum (PDF) office, Fiji.

PIFS was represented by Mr Laisiasa Merumeru, disability coordinator while PDF was represented by their chief executive officer Mr Setareki Macanawai. The consultation on the PDRF was a task accorded by the last FDMM held in Ponapei, Marshall Islands in October 2014. Representatives from the Ministry of Internal Affairs, Statistics, Health, Education, MFEM, Creative Centre, CINDC and persons with disabilities were present.

The first day began with a prayer conducted by Nooroa Numanga, Director for Disability Division, Ministry of Internal Affairs followed with a welcome address by Ms Bredina Drollet, Secretary Ministry of Internal Affairs.

Launch of the Cook Islands Disability inclusive Development Policy 2014-2019

The formal part of the morning was graced by the launch of the Cook Islands Disability Inclusive Development Policy & Action Plan 2014-2019. The Minister for Internal Affairs Hon. Albert Nicholas conducted the occasion with his inspiring address reiterating the progresses by the Cook Islands government and the community towards the improvement of the lives of persons with disabilities. With the new policy, he hope that it will continue to strengthen persons with disabilities and their families in ensuring they participate more and become confident to speak up for themselves and their rights.

Mr Setareki Macanawai in addressing the occasion gave a concise summary of the achievements of the Cook Islands on disability. The “Cook Islands is a leader in disability in the region” said Mr Macanawai and his compliment to government and those responsible for the advancement of disability in the country. In addition, his personal homely feeling every time he comes to the Cook Islands because of the many and ongoing works done here for persons with disabilities.

Pacific Regional Disability Framework

Sessions - focused on the four key priorities of the PDRF as follow;

- i. Ensuring that persons with disabilities are actively included in and able to contribute to national and regional development as equal partners.
- ii. Strengthening leadership at all levels and the enabling environment for disability inclusive development in forum island countries
- iii. Support countries and regional organizations to mainstream disability into key central and sectoral ministry policies, systems and services

- iv. Strengthen the evidence based on disability in the Pacific through research, improved statistics and analysis

Group Discussions

Participants were grouped in four working groups to brainstorm on the four priority areas of the PDRF and to report back outcomes to the whole group.

The rationale for the exercise was to receive stakeholder's feedback for/against or review of each priorities ensuring better understanding and application to our context and the involvement of persons with disabilities is highly considered. A consensus feedback from the day's consultation is attached to this report. The same feedback was formally send to PIFS by the Ministry of Internal Affairs.

Day 2 – Overview consultation on Early Intervention

Presentations by key stakeholders were presented on early identification and intervention practises that each one is performing.

Presentation 1

Ministry of Health – Dr Tikaka Henry

What is disability?

It is the consequence of an impaired body functions.

- All people with disabilities have the same general health care needs as everyone else
- At risk of developing other health problems
- 15% of the world's population has some form of disability

Number of disabled patients in the Cook Islands: 2005-2015

Age Groups	Male	Female	Total
1-4	1	0	1
6-14	3	5	8
15-24	12	9	21
25-44	27	17	44
45-64	29	25	54
65+	37	23	60
Total	109	79	188

Screening Processes

1. Screening

- Womb HX of alcohol and substance abuse
- Age of risk of having a Downs syndrome child
- Ultrasound

2. From birth to end of life

- examination for birth defects
- postnatal/baby welfare clinics
- pre-school annual screening (eyes/ears)

- all schools every 2 years.

3. Screening for NCD risk factors and diseases

a) Risk factors:

- high blood pressure
- obesity
- inactivity
- behavioural problems (smoking)

b) Diseases

- heart failure
- stroke
- mental disorders

Intervention practices

1. Hospital (clinics)

- child clinics
- special clinics for those at risk for developing stroke, heart attack
- rehabilitation unit (physiotherapist)
- visiting specialist provide corrective surgery for the blind-cataract surgery and laser rx
- 'Safe room' for aggressive patients with mental disorders

2. Hospital (technologies)

- wheelchairs
- walkers
- hearing aides/reading glasses
- prosthesis-airfare provided

3. Hospital (environment)

- new extension (OPD) to accommodate the needs of the disabled
- parking identified but needs marking

Future Requirements

1. Develop policies

2. Improve data standardisation/collection

3. Training of health workers on disability counselling and their needs

Presentation 2 – Donna Smith

Moeau Occupational Therapy & Elderly Care services and Te Vaerua Rehabilitation Services

1. Early Intervention – Moeau Occupational Therapy and Elderly Care Services

- Began 4 years ago – (2011) to support herself while caring for her elderly mother of which the service is named after.
- Worked with a variety of children with ages ranging from 2-8years providing Occupational therapy and helping them with reading difficulties.
- Worked voluntarily by self
- Has a Bachelor in Occupational Therapy and Cook Islands Teaching certificate-primary level
- Service caters for children particularly those with disabilities or learning difficulties and elderly.
- Has passion for children and calling is hospice/palliative

2. Work completed with children

- Worked with a 14 year old girl autistic girl 1 day a week for a year teaching life-skill/reading
- Worked voluntarily at St Joseph for three terms 1 day a week with an 8 year old autistic girl
- Worked with a 4 year old autistic boy at his home (voluntarily) and family
- Supervised a variety of Occupational Therapy students from Otago on 6 weeks placements – placed in schools working with children with disabilities
- Worked with a 2 year old boy with Downs syndrome
- Worked with a variety of children with learning difficulties after school
- Coordinated and tutored Cook Islands National Certificate in Community services – NZQA qualification in partnership with Southern Institute of Technology (Invercargill) catering for a number of Cook Islanders working with children and people with disabilities (Te Reo Aroa o te Au) funded through Human Resources Department
- Ongoing support/upskilling from OT colleagues in NZ specialising in Peads – worked with me when visiting NZ each year with our children
- Majority of referrals received – privately from parents and families

3. Te Vaerua Rehabilitation Services

- In partnership with Moeau Services, Bobath trainers spend four days voluntarily working with me with children/babies using Bobath approach. (Personal upskilling) MOH referred babies/children that needed to be seen
- Te Vaerua in partnership with Global volunteers – Speech Therapist from America – spent 2 weeks working with children/adults with speech impairments
- TV in partnership with Global volunteers – Special Education teacher spent four days following up children with speech impairments seen by the Speech therapist
- Organised workshop with Speech Therapist ((Special Education teacher attended) for families who had children with communication difficulties teaching them to make communication boards
- From this workshop – a month long training program with a visiting psychologist was developed with families who had children with Autism
- Difficult to work with children in the schools due to limited human resources/time
- Main objective of Te Vaerua – rehabilitation to people within community
- Existing case load very high – currently reassessing this due to apparent need

Suggested Recommendations

- i) Pediatrics is a specialised area that requires priority attention. Research has shown repeatedly, early intervention at the earliest opportunity provides the best outcomes to the child.
- ii) This area requires specialised supports that focus on Child Early Intervention Services which includes Occupational Therapy, Physiotherapy and Speech Therapy (as a start)

Further Recommendations

- Funding and resources needs to be allocated to ensure specialist supports are in place from time of birth onwards ensuring these children receive the necessary start in life towards developing to their fullest potential. This needs to come from both Health and Education.
- Do not rely on existing services that are not fully resourced to cover this area. It's too important. Either provide the necessary resources to the existing services to enable them to provide the specialized supports, or develop an early intervention service specifically to cater for this need.

Presentation 4 – Lanieta Matanatabu Disability Inclusive Development Project

Lanieta gave a summary of the DID project currently in progress with the Ministry of Internal Affairs. Its purpose is to implement Government's obligations to the Convention on the rights of persons with disabilities. The project is composed of 6 key deliverables (KD) and under KD 4, the project to support redress the Early Identification and Intervention project that was started a few years back coordinated by the Ministry of Education hence the calling of today's session on early identification and intervention.

Presentation 5 – Bob Kimiangatau

Bob clarified CINDC's role to ensure that CRPD is effectively implemented in the country.

Presentation 6 – Sarah McCawe Inclusive Education Advisor

What is Inclusive Education and Why?

- Being welcoming and accommodating to all students including those with impairments-related access needs
- Students with disabilities spend most or all of their time with peers
- All students have a different learning style
- 1 in 4 people live with a disability

Everyone benefits socially and economically when we include them.

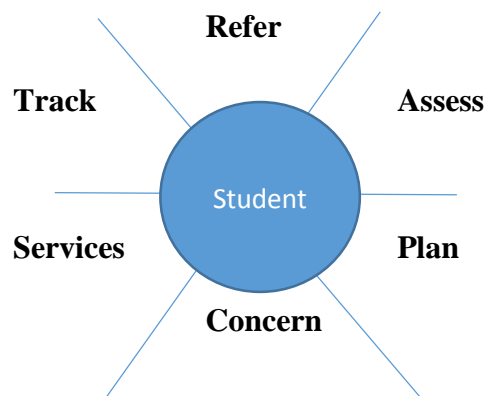
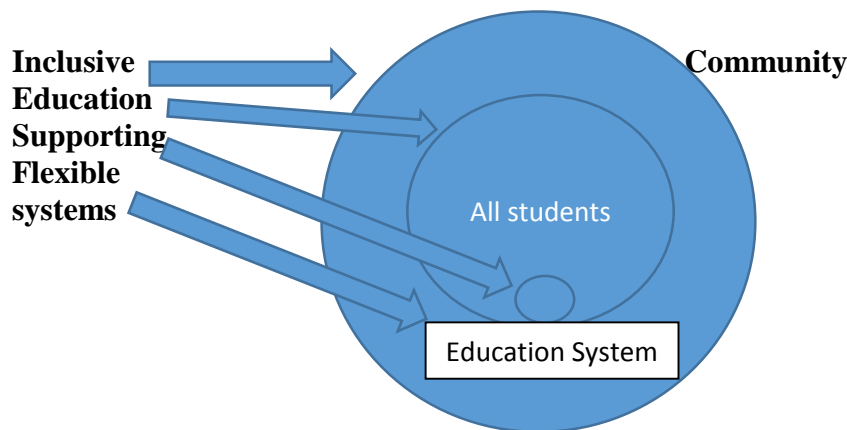
- IE is about changing the education system so that it is flexible enough to accommodate any learner.
- IE is *NOT* about trying to change the learner so that he/she can fit more conveniently into an unchanged education system

Inclusive Education – Legislation and Mandating Documents

- **Education Act (2012)** – Secretary of Education may not exempt a student from enrolling and attending school on the basis of a special need.
- **Equity, Access and Participation Policy** - all Cook Islanders, regardless of ability, gender, wealth, location, language or ethnic origin, will be able to participate in relevant, quality and appropriate learning experiences. It is the responsibility of the

MoE to provide such opportunities and mitigate any barriers to accessing them that may exist.

- **Inclusive Education Policy** - addresses the learning needs of students with physical, behavioural, developmental and intellectual difficulties as well as gifted children to ensure that all students have learning programmes that are developed to meet their individual needs and are resourced to support them achieve agreed goals (policy implementation noted in the NSDP).



Current Approach

Strategies

REFER. Schools / agencies identify students who may have impairments or disabilities and follow a referral process to the IE Advisor.

ASSESS. IE Advisor observes, tests, interviews, refers to relevant medical reports and experience to assess student's abilities.

PLAN. Individual Education Access Plan (IEP). Meeting between home, school, relevant specialists and student to determine goals of student and inventions to access education.

SERVICE. IE strategies given to teacher, Teacher Aide may be employed, Assistive Technology may be implemented.

TRACKING. Inclusive Education Register.

Themes

PARTNERSHIP – inclusion of all stakeholders (student, anau, teaching staff, advisor and relevant professionals)

COORDINATION – between MOH, MOE and Intaff

Challenges

- Greater coordination between MOH, MOE and Intaff to meet the student's needs
- Underreporting. 2% on IE Register. Internationally 5-10% identify with disabilities. Though high needs disabilities often go to NZ for support.
- Small number of qualified health professionals to provide accurate assessments.
- A range of understanding of what IE looks like in the Cook Island context.
- Geographical isolation

We've come a long way in just 10 years to accessing all our potential!

Training Offered

- Inclusive Education – what is our vision?
- IEP development – Demystification
- Inclusive Drama
- Wellbeing and Stress management – building your own effective professional toolkit
- Being an Inclusive Leader in the classroom
- Promoting positive behaviours for Learning and wellbeing

The Way Forward

- Developing and implementing further an Inclusive Education Approach within a Cook Island context (reflecting the position of Pa Enua, Cook Islands Maori language and culture)
- Planning and implementing for succession
- Continuing to adapt systems and learning environments to reflect the needs of the child
- Continuing to up-skill Teaching Staff in Inclusive Education Strategies and IE service processes
- Continued identification of students with IE – related needs, particularly from an earlier age (ECE)
- Meaningful collaboration between NGOs and government services to meet the IE-related needs of students
- Tracking outcomes of service delivery and student achievement
- Promoting positive disclosure and accessibility for students with IE needs through the media.

Conclusion

Early identification and intervention is an area that need strengthening by all involved. The Disability Inclusive Development project support this area by collaborating with the Ministry of Education, Health and related stakeholders to revisit the Cook Islands Early Identification

and Intervention project that was begun some years back. It is important that early detection and intervention for children with disabilities is addressed as earliest as possible to minimize the risk of severity at the later stage of a child's life.

Attachment 1

Feedback from Workshop Consultation on the Pacific Disability Rights Framework: 13 October 2015

Priority 1: Ensuring that persons with disabilities are actively included in and able to contribute to national and regional development as equal partners.

Following 6 numbers are feedback for each bullet points under this priority area;

1. Agree with first pointer but use of vocabulary to be simplified e.g. Replace reasonable accommodation to accessibility.
2. Agree
3. Agree – replace simpler synonym of the words strategically and appropriately
4. Agree – effective at regional level
5. Agree - effective at national level
6. Agree

Priority 2: Strengthening leadership at all levels and the enabling environment for disability inclusive development in Forum Island countries

Following 5 numbers are feedback for each bullet points under this priority area;

1. Include leadership of youth groups, education, private sector and leaders
2. Take potential leaders to the Creative Center and vice versa (improve visibility)
3. Develop and build relationship with potential leaders (networking)
4. Accountability mechanisms should be in place - walk and run the talk
5. Include and highlight disability at other appropriate forums

Priority Area 3: Support countries and regional organizations to mainstream disability into key central and sectoral ministry policies, systems and services.

Following 9 numbers are feedback for each bullet points under this priority;

1. Agree. Must have coordination mechanisms in place – need clarity on who lead ministries are for more accountability.
2. Champions are great as long as there is passion and commitment! Capacities of champions are important – they must be well supported to advocate well.
3. Agree. There needs to be some ways for NGOs, faith based organizations etc to find out how to do this not just lip service.
4. Agree. Accountability is needed. Did you do it? If not Why not? How can we put this right? Not a fault finding , finger pointing blaming attitude but how can we do this together for better outcomes or build the capacity/coaching and building of enabling environment for where things are not working or persons not performing.
5. Agree. Need a way of giving our views, issues etc - include persons with disabilities.
6. Agree
7. Technical advice is essential, otherwise you can't guarantee that disability is really represented or included.
8. One size does not fit all. Learn by successes and what does not work.

9. Agree - Especially budget can be a stumbling block. Take account of and benefit - Monitor and Report - self checking and be open.

Priority Area 4: Strengthen the evidence based on disability in the Pacific through research, improved statistics and analysis.

Following 7 numbers are feedback for each bullet points under this priority;

1. Partner to assist forum island countries in data collection (Re-order potential actions- countries level action should be prioritized come right to the top.)
2. e-database should be inclusive of all disability related research instead of just policy related in point one.
3. Define in time slot stages the implementations of actions.
4. Define provide a listing of stakeholders (FIC)
5. Inclusion of persons with disabilities in each process
6. Methods – to include tools or appropriately worded so that TA for training or tools is included.
7. Who will coordinate collection of data and manage database- CROP Working group or agencies?



Attachment 2

**Pacific Disability Rights Framework
and
Inclusive Education Consultation
13 – 14th October 2015
Venue: USP Centre, Avarua, Rarotonga**



Time	Tuesday 13th	Wednesday 14th
9:00am	MC: Nono Numanga	
	Opening prayer: Nono	
	Welcome address: Bredina Drollet – Secretary Ministry of Internal Affairs	Opening prayer: Bob Kimi
9:15am	Official launch of the Cook Islands Disability inclusive Development Policy & Action Plan 2014 – 2019: Minister of Internal Affairs – Hon. Albert Nicholas Group photo	Welcome remarks: Nono
9:30am	Introduction/Overview of consultation: Laisiasa Merumeru/Setareki Macanawai DCO/CEO – PIFS/PDF	Introduction/Overview consultation on Inclusive Education - Outcome from the FEdMM 2014 Laisiasa Merumeru/Setareki Macanawai DCO/CEO – PIFS/PDF
9:30am – 10:15am	Session 1 Presentation of PDRF by priorities Lai Merumeru/Setareki Macanawai	Session 1 1. Presentation on Inclusive Education practices in the Cook Islands -Inclusive Ed policy/Progresses/Challenges Sarah McCawe - Inclusive Ed Advisor
10:15am – 10:30am	Morning Refreshment	Morning Refreshment Group Photo
10:30am – 11:15am	Session 2 Group work on PDRF priority areas Lai Merumeru/Setareki Macanawai	2. Presentation by MoH on Early Identification and Intervention practices

		3. Te Vaerua/CINDC/INTAFF (DID project) – Donna/Pat-Bob/Lanieta
11:15am – 12:00pm	Session 3 Priority areas of PDRF Continue Group work on PDRF	Session 2 Strengthening of Early Identification and Intervention system -Existing delivery services -Strengths and challenges of these services -How can the region support the national mechanisms
12:00 – 12:45pm	Session 4 Group presentations on findings on the four priority areas of the PRDF	Session 3 Way forward/ Inclusive education Regional Framework – do we need this Open forum
12:45 - 1:00pm	Q & A	Q & A
1:00pm	Lunch	Lunch

