Special Education Services Available in Trinidad and Tobago

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Numerous organizations have asserted the right to education for all people, including those with disabilities. This principle is upheld in various documents including article 26 of the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and article 24 of the UN Convention on the Rights of Persons with Disabilities. However, the extent to which this right has been realized in countries across the world varies. A well-formed international policy of special education, which can be adopted and implemented by countries across the world, is needed to achieve education for all.

Consequently, interest in the international framework of special education has grown in recent decades. Several countrywide studies of special education have been conducted in countries around the world, in places such as South Korea and India (Vakil, Welton, & Khanna, 2002; Yoo & Palley, 2014). These studies are important, because they lay the foundation for positive changes in educational policy. However, little research has examined special education in Caribbean countries, specifically, the twin island of Trinidad and Tobago. There have been qualitative reports that suggest a scarcity of resources in the special education sector in Trinidad and Tobago (Bergsma, 2000; Pedro & Conrad, 2006; Wills-Williams, 1998) but no empirical studies have been done to characterize such.

Located off the coast of Venezuela, the Republic of Trinidad and Tobago is situated farthest south of the other Caribbean islands (Johnstone, 2010). The population of Trinidad and Tobago is about 1.3 million (Shelley, 2013). Heavily influenced by the British education system, general education in Trinidad and Tobago emphasizes examinations and academic performance with regards to student placements (De Lisle, Seecharan, & Ayodike, 2010). Children are placed in secondary school based on their performance on the Secondary Entrance Examination (SEA), which is taken at the end of primary school. Primary and secondary school are free to the public, as well as post-secondary education for those pursuing undergraduate degrees (Ali, 2015). There are approximately 136,374 students enrolled in public primary schools and 106,367 students enrolled in secondary schools in Trinidad and Tobago (The Government of the Republic of Trinidad and Tobago, Ministry of Education, 2008).

Though research characterizing the special education framework of Trinidad and Tobago is limited, official policy documents suggest that the provision of special education services is a priority of the government of Trinidad and Tobago. The stated mission of the Student Support Services Division (SSSD) of the Ministry of Education (MOE) is “to provide ongoing support for all students to maximize their learning potential, do well at school, achieve to their capabilities and develop holistically” (The Government of the Republic of Trinidad and Tobago, Ministry of Education, 2013). A variety of special education/diagnostic services have been stated to be available, including auditory and visual screening, psycho-educational identification, consulting, referral and follow up, parent education, teacher support and education, specialized services for students with sensory difficulties in regular schools, monitoring of curriculum, services for students in institutional schools, and counseling (The Government of the Republic of Trinidad and Tobago, Ministry of Education, 2013).

Despite the assertions of government agencies, questions remain regarding the extent to which special education services are readily available to children that need them in Trinidad and Tobago. Based on an extensive search, presently, there is no government-collected data that indicates the frequency with which these services are being provided, and whether they are easily accessible to students with disabilities. Moreover, a variety of sources suggest that educational change has been
difficult for Trinidad and Tobago, especially that associated with the provision of Special Education services to and the inclusion of children with disabilities in general education classrooms (Conrad & Brown, 2011; Johnstone, 2010). Statements from some nongovernmental sources, such as UNESCO, suggest a complete lack of special education services: “in the regular schools there are no special provisions, no support services, for those with special needs” (Bergsma, 2000).

What could account for this discrepancy between the stated priorities of the MOE and the lack of special education services provided in the country? Like other developing countries, Trinidad and Tobago has struggled to obtain the resources needed to provide appropriate facilities and services that support education for children with disabilities. Pedro and Conrad (2006) noted that a deficit of available human and material resources has inhibited education change in the country. Similarly, Wills-Williams (1998) cited the initial inclusion of children with hearing impairments in the general education setting as “a burden on the school’s already scarce resources” (p.31).

To date, there are no official or scholarly reports that empirically examine or detail the special education services received by students with disabilities in Trinidad and Tobago. Such reports are needed to serve as the foundation for policy recommendations. Empirical reports have the potential to identify specific areas of deficit that can be remedied with targeted policy changes. Recommendations based on data collected in Trinidad and Tobago will have more utility than those based on data from other countries, because they will be fine-tuned to the individual needs of Trinidad and Tobago. These steps must be taken if the country is to realize the international goal of achieving education for all children, including those with disabilities.

The purpose of this research was to conduct a descriptive study of special education services in Trinidad and Tobago, by surveying parents of children with disabilities in that country, using a short study-specific questionnaire. The research questions are as follows:

1. To what extent are publicly-funded special education services available in Trinidad and Tobago?
   a. What special education services are children with disabilities presently receiving in Trinidad and Tobago?
   b. What is the current intensity of special education services received by children with disabilities in Trinidad and Tobago in terms of hours per week?
   c. Which special education services were offered to children with disabilities in Trinidad and Tobago at the time of diagnosis?

2. To what extent does a lack of public special education services in Trinidad and Tobago force parents to privately fund special education services or keep their children at home?
   a. What proportion of parents keep their children at home because of a lack of available special education services in Trinidad and Tobago?
   b. What is the proportion of parents in Trinidad and Tobago that privately fund special education services for their child?
   c. For parents that privately fund special education services, what services are they funding?
   d. For parents that privately fund special education services, what is the approximate cost per year of services?

3. What special education services would parents like their child to receive in Trinidad and Tobago?
Method

Participants

Seventy parents participated in this study by completing either a paper or online survey. Eligible participants were adult parents or caregivers (age 18 or older) living in Trinidad and Tobago that self-reported having one or more school-aged children (age 18 or younger) with a diagnosed disability that qualifies them for special education services. Eligible disabilities, based on documents published by the MOE in Trinidad and Tobago, included the following: autism, traumatic brain injury, intellectual disability, emotional disturbance, specific learning disability, speech or language impairments, hearing impairments, visual impairment, orthopedic impairments, other health impairments, multiple disabilities, and developmental delay (The Government of the Republic of Trinidad and Tobago, Ministry of Education, 2013). Excluded participants were parents that were minors (under the age of 18), parents that did not report having children with disabilities, and those that lived outside of Trinidad and Tobago at the time of the study. Two participants were excluded because they reported their child did not have a disability. Minimal descriptive information was collected on participants themselves. However, the sample was characterized in terms of the qualifying diagnoses given to their children, and this is reported in Table 1.

Table 1
Reported Diagnoses of Participants’ Children (N = 64)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>29</td>
</tr>
<tr>
<td>Down Syndrome</td>
<td>6</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>4</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>4</td>
</tr>
<tr>
<td>ADHD</td>
<td>4</td>
</tr>
<tr>
<td>PDD-NOS/Aspergers</td>
<td>3</td>
</tr>
<tr>
<td>Speech Impairment</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>

Note. Other category included disabilities such as Optic Atrophy, Chromosome 21, bone defect, Amniotic Band Syndrome, and hydrocephalus.

Setting

Eligible participants were recruited in Trinidad and Tobago by the first author and research assistants, who visited disability-oriented non-governmental organizations (NGOs) and government schools in Trinidad and Tobago. Schools and NGOs that served as recruitment sites were located in Northern, Central, and Eastern parts of the country. Recruitment flyers were also given out in Tobago. Recruitment flyers, which included researcher contact information and a link to the online survey, were distributed to teachers who were asked to give them to parents of children with disabilities. Paper surveys were distributed and completed at one of the schools. Additional participant recruitment was conducted through snowball sampling, wherein participants provided other potentially eligible participants with flyers.
Procedure

An anonymous survey, which collected no identifying information, and a survey cover letter, was given to participants by the author or research volunteers. The cover letter explained that participation in the study was voluntary, that no identifying information would be collected, and that participation in the study would have no effect on the educational services received by their child. In addition, the cover letter stated that only adults could participate in the survey. Participants also had the option to access this survey online. Using language identical to the paper cover letter, the online survey included a written assurance of the anonymous, voluntary, and non-coercive nature of the survey. Completed paper surveys were collected by the author in person or returned to the author by research volunteers in a sealed envelope. These procedures were approved by the Institutional Review Board (IRB) at the University of Texas at Austin, and the MOE of Trinidad and Tobago.

Survey

Each survey featured nine questions, which were designed to collect information regarding the nature of the parent’s experience with special education services in Trinidad and Tobago. Participants were permitted to skip questions, leave answers blank, or discontinue the survey for any reason. On average, participants required approximately 5 minutes to complete the survey. Questions on the survey were directly tied to eligibility criteria and the stated research questions, and answer formats varied from open-ended to multiple choice. Survey questions are presented in Table 2 (in the Appendix).

Reliability

Of the seventy completed and eligible surveys, 15 (21%) were randomly selected and coded for inter-rater reliability. Intraclass Correlation Coefficients (ICCs) reflecting the level of agreement between both coders were calculated for data from questions with categorical or dichotomous response choices. The first author collected and coded the data, and the second author independently coded reliability data. The average inter-rater reliability across all data was .98 (range: .85-1).

Analysis

For questions 1a, 1b, 1c, 2a, 2b, 2c, 2d: Analysis of these multiple choice and dichotomous yes/no answer formats was conducted by tallying answers from each answer category and dividing by the total number of respondents to calculate the percentage of respondents that had chosen an answer.

For question 3: Analysis of this open-ended survey question associated with the final research question was conducted using an exploratory qualitative approach, wherein we examined responses, identified recurring themes, categorized answers that fit within these themes, and tallied answers in each category.
Results

Extent of Available Publicly Funded Special Education Services

We sought to characterize the publicly funded special education services that are currently available in terms of type, intensity (in terms of hours per week), and the nature of services offered at the time of diagnosis.

Of all the participants, 41 (59%) indicated that they were receiving any public special education services coordinated by the government. The service that participants most frequently indicated their child received was a teaching aide or tutor in the classroom (n=25, 61%). Approximately a quarter of participants indicated that their children received speech language pathology services (n=12, 29%) and special instruction in the classroom (n=11, 27%). Other results are presented in Figure 1.

![Figure 1](image)

*Figure 1.* Histogram indicating percentage of responses to survey question, “What special education services, if any, is your child receiving from the school/government? Check all that apply.”

Of all 70 participants, 67 (96%) indicated how many hours of special education services their children were receiving per week. About one third of the participants (n=22, 33%) reported that their children received no services per week. One quarter of the participants (n=17, 25%) participants reported that their children only received 1-5 hours of special education services per week. Other results are shown in Figure 2.
Figure 2. Histogram indicating the percentage of responses to the multiple choice survey question, “How many hours of special education services does your child receive per week, if any?”

Of all 70 respondents, 48 (69%) indicated that their children were offered any services at the time of diagnosis. Over half of the participants (n= 26, 54%) reported that their children were given assessment services at the time of diagnosis. Regarding referral and follow up services, more than half of the participants (n=28, 58%) reported their children were offered such. Other results are presented in Figure 3.

Figure 3. Histogram indicating the percentage of responses for multiple choice survey question, “If any, which special services were offered when your child was diagnosed with a disability?”
Effect of Public Special Education Services on Parents’ Decisions

We sought to characterize whether the lack of publicly available special education services compelled parents to pay for services privately and/or keep their children at home. Thirty participants (43%) indicated that they had to keep their children at home due to the lack of special education services available to their children. Thirty-six (51%) participants indicated that they privately fund special education services for their child, and 14 participants (39%) indicated they privately pay for a teaching aide or tutor in their child’s classroom. About one third of the participants (n=12, 33%) reported that they are paying for occupational therapy for their child. The majority of the participants (n=16, 44%) reported that they were paying for speech language pathology services privately. Other results are indicated in Figure 4.

Figure 4. Histogram indicating the percentage of responses for multiple choice survey question, “Are you paying for services yourself? If so, what?”

Ten (28%) participants indicated that they pay between 5000 and 6000 Trinidadian (TT) dollars or 753 and 904 USD per year to cover the cost of private special education services. Six (17%) participants indicated that they pay between 7000 and 9000 TT dollars or 1054 and 1355 USD. Twenty (56%) participants reported that they were paying 10,000 or more TT dollars or 1506 or more USD for special education services for their child. These results are shown in Figure 5.
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We asked an open-ended survey question in order to characterize the special education services parents wanted their children to receive. There were three recurring themes that were identified in answers to this question. Most answers could be broadly categorized as a stated desire for their child to receive at least one of the following: a) related services (such as physical, occupational, or speech therapy), b) increased access to special education services across the country, and c) teaching from trained special education teachers. Twenty parents (28%) indicated that they would like their child to receive related services such as physical, occupational and speech therapy. Three parents (4%) reported that they would like special education services to be readily available in different locations in Trinidad and Tobago, since the majority of services are available primarily in the capital, Port of Spain. Finally, fifteen parents (21%) indicated that they would like more trained special education professionals working with their children in the classroom.

Discussion

The primary purpose of this research was to describe the extent to which the nation of Trinidad and Tobago has realized its stated goal of publicly funded special education. The results of this research provide a detailed report on the current availability of special education services that can serve as the basis for future policy recommendations, which will improve universal education for students in Trinidad and Tobago. The results suggest that access to special education is greatly limited in Trinidad and Tobago, in terms of both amount and type of services provided. More than half of the participants (59%) indicated that their children are receiving special education services from the government. Of those who are receiving services, 25% reported receiving less than 5 hours of service per week. Thus, the vast majority of respondents reported their children receive little or no access to the services they require to be successful in an academic setting.

The consequences of limited access to special education are extensive in Trinidad and Tobago. Nearly half of the respondents (43%) felt they were compelled to keep their children at home because of the lack of available special education services. In addition, many parents (51%) resorted
to privately funding special education services for their children, in some cases spending as much as 10,000 or more TT per year. In other words, a large portion of parents have been forced to exhaust financial resources and/or sacrifice time caring for their children during the school day. This is time that might have otherwise been devoted to employment. Thus, the country’s failure to provide special education services is costly to citizens, and this likely has ramifications for the country’s economic growth.

**Strengths and Limitations**

This empirical study is the first of its kind to characterize special education services in Trinidad and Tobago. There were a high number of participants in this study; however, there are some issues that limit our confidence that our sample was representative of the general public of Trinidad and Tobago. First, while we attempted to directly recruit participants across the country, we were unable to do so in southern parts of Trinidad and Tobago. Some of the online respondents may have lived in this region of the country, but we did not track respondent location in the survey questionnaire. Second, many of the respondents (41%) were parents of children with autism. We were surprised by the high representation of this diagnosis in our sample, because estimates in other nations that serve students with disabilities (such as the United States) indicate students with autism comprise approximately 8.2% of school-aged students with disabilities (US Department of Education, 2015). Multiple explanations may account for this. First, recruitment occurred at schools and nongovernmental disability-related organizations across Trinidad and Tobago, and one of these recruitment sites was an organization for families of children with autism. Second, it is also possible that an increased awareness of autism has led to an increase in diagnoses in Trinidad and Tobago. Finally, the developmental deficits experienced by children with autism are often more extensive and apparent earlier in life than those associated with high incidence disabilities. As a result, children with autism may be identified as eligible for special education services more readily than children with less severe developmental delays, especially in a country in which educational resources are limited. Another limitation is that we did not collect additional family demographic information that could have helped to characterize the population.

**Recommendations**

The results of our qualitative analysis of parent desires for special education services in Trinidad and Tobago are useful for forming recommendations for educational policy change. Broadly, parents indicated that they wanted three things for their children with disabilities. First, parents expressed the need for more teachers to have training in special education. Children with disabilities that face learning challenges often require differentiated and specialized instruction to succeed in the classroom. To address this issue, coursework that covers effective special education instruction strategies should be integrated into certification programs for general education teachers in Trinidad and Tobago, and more special education certification programs should be established. Second, parents indicated that they would like their children to receive related services such as speech therapy, occupational therapy and physical therapy. Access to related services can help students with disabilities achieve developmental goals. While these services address skills that are not strictly academic, global development will facilitate academic success for students with disabilities, as well as promote their involvement in the general education classrooms. Thus, it is important to establish a system for related service delivery when forming an effective special education policy. Finally, participants stated that they would like increased access to special education services throughout the country. To
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achieve the goal of increase access to services throughout the country, Trinidad and Tobago could establish SSSD offices in regions throughout country, where a representative from SSSD could address family concerns and direct them to services that are specific to the children’s individualized needs. The aforementioned services are currently provided in the United States and as such, there is a template that can be followed in order to establish a strong framework for special education. Such policy changes are needed to achieve Trinidad and Tobago’s stated goal of universal primary and secondary education.

Future Research

While this empirical study has provided useful information about the current state of special education in Trinidad and Tobago, more research is needed to pave the way for policy recommendations. Qualitative data suggested that access to special education services varied across country locations, specifically those that were far from city centers. Future research should quantify the extent to which special education services are available to students with disabilities in rural parts of the country. In addition, more quantitative work could be done to characterize the available workforce in special education. Specific data indicating the number of trained special educators and paraprofessionals in Trinidad and Tobago could serve as a starting point for setting goals to increase human resources in the special education sector. Finally, further research could examine the extent to which child diagnoses determine the level and quality of special education services they receive. This could indicate populations of children that are under-identified and under-served in Trinidad and Tobago.

Conclusion

This paper explored the present state of special education and the type and intensity of services available to children with disabilities in Trinidad and Tobago. Numerous qualitative reports have suggested that educational resources are scarce in this country, but no prior empirical reports had quantified the availability of such for children with disabilities. The results of this report confirm the suggestion that special education services are not readily available to children with disabilities in Trinidad and Tobago. Furthermore, the results suggest that the lack of special education services has a negative economic impact on parents of children with disabilities in the country. This report offers insight regarding the international framework of special education and the achievement of education for all in Trinidad and Tobago and in countries across the world.

Chelseaia Charran, M.A., is a doctoral candidate at The University of Texas at Austin studying Equity and Diversity in Special Education. She is from the Republic of Trinidad and Tobago. Her current research interests are related to inclusive education, and international and comparative special education, primarily in the Caribbean. In 2016, she completed her Master of Arts degree in Early Childhood Special Education at The University of Texas at Austin. Prior to her graduate studies, Chelseaia graduated from The University of North Carolina at Greensboro in 2015 with two Bachelor degrees: Bachelor of Science in Special Education and Bachelor of Arts in Psychology. Chelseaia is passionate about making lasting change to the educational system in Trinidad and Tobago and influencing national education policies based on international contemporary practices. Upon completion of her doctorate projected 2019, Chelseaia desires to join the collaborative efforts of the community of people who aspire to shape the future of her nation.
References


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<tr>
<th>Purpose</th>
<th>Question</th>
<th>Answer Format</th>
</tr>
</thead>
<tbody>
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<td>Eligibility Information</td>
<td>1. Does your child have a disability?</td>
<td>Dichotomous Yes/No</td>
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<tr>
<td></td>
<td>2. If so, what is the name of the disability or diagnosis?</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Research Question 1</td>
<td>1. What special education services if any, is your child receiving from the school/ government? Check all that apply.</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td></td>
<td>2. How many hours of special education services does your child receive per week, if any?</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td></td>
<td>3. If any, which special services were offered when your child was diagnosed with a disability?</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td>Research Question 2</td>
<td>1. Are you paying for services yourself? If so, what?</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td></td>
<td>2. If you are paying for services yourself, what is the approximate cost of the services per year?</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td></td>
<td>3. Does the lack of services require you to keep your child at home?</td>
<td>Dichotomous Yes/No</td>
</tr>
<tr>
<td>Research Question 3</td>
<td>1. What special education services will you like your child to receive?</td>
<td>Open-ended</td>
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