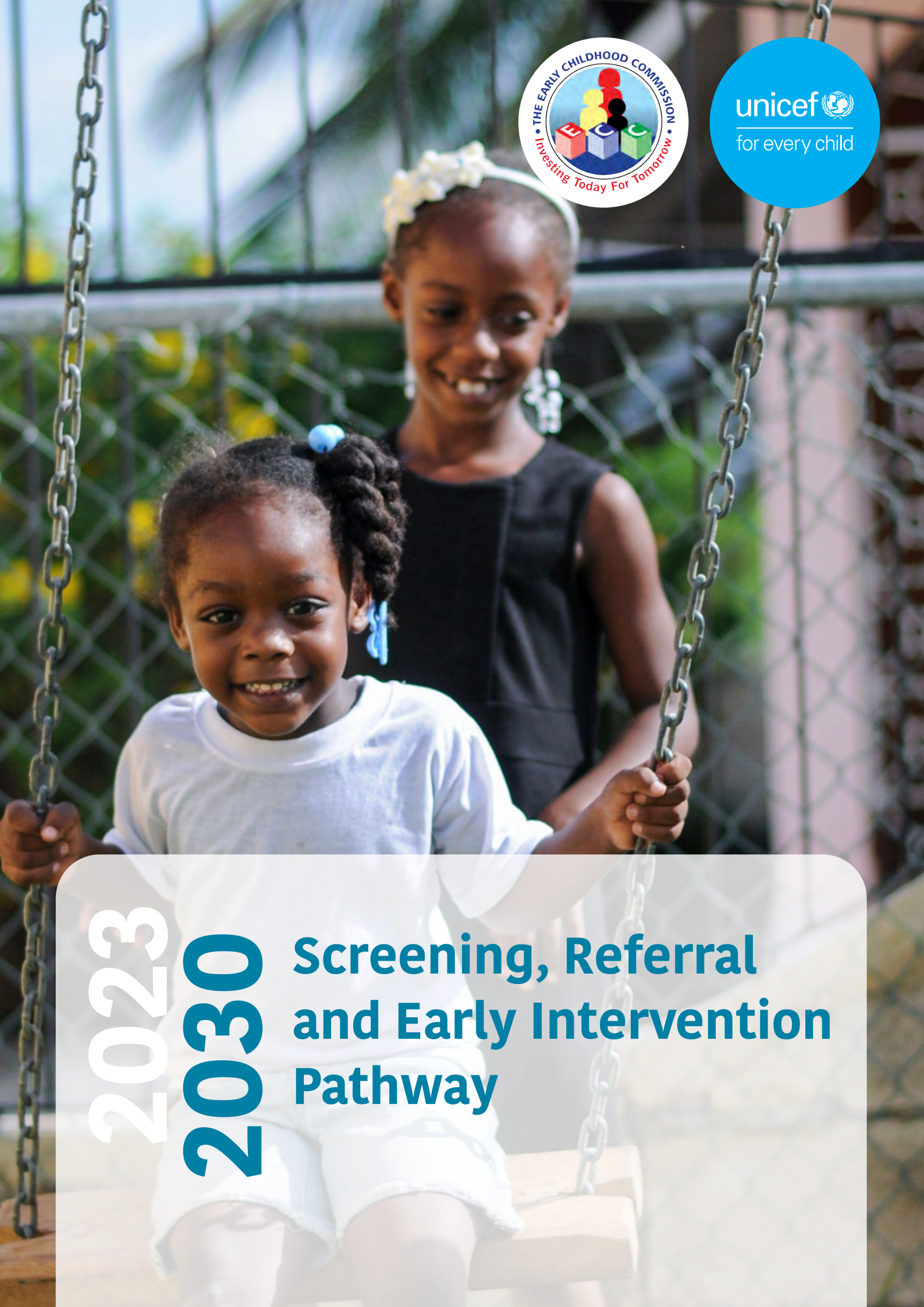

2023

2030

Screening, Referral and Early Intervention Pathway

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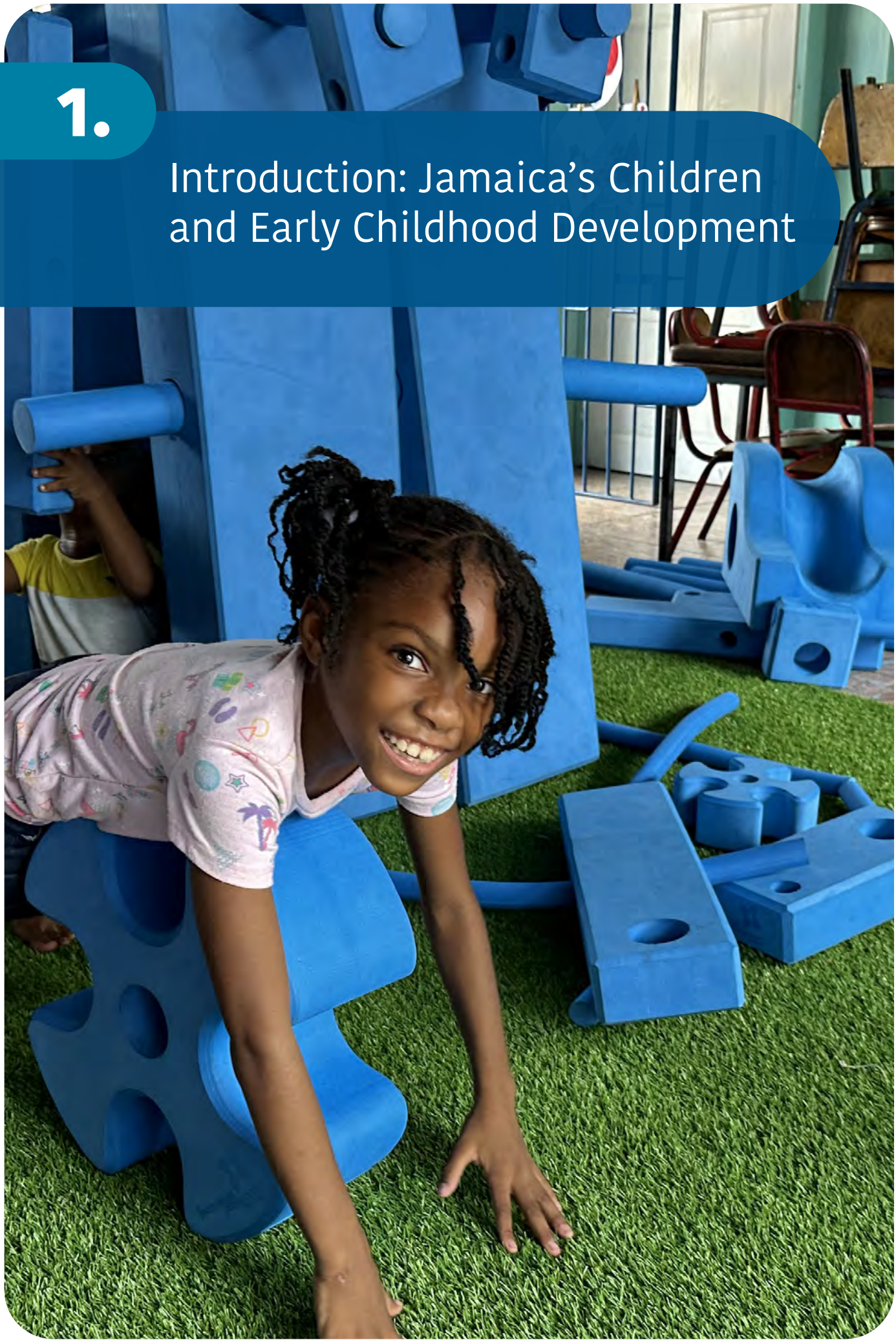
Acronyms and Abbreviations

ASQ-J	Ages and Stages Questionnaire- Jamaica
BBC	Brain Builders Centre
CBRS	Child Behaviour Rating Scale
CDCHA	Child Development Community Health Aides
CHDP	Child Health and Development Passport
CPFSA	Child Protection and Family Services Agency
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
EC	Early Childhood
ECC	Early Childhood Commission
ECD	Early Childhood Development
ECDCC	Early Childhood Development Community Council
ECDI	Early Childhood Development Index
ECI	Early Childhood Institutions
ENT	Ears, Nose, & Throat
FSS	Family Support Screening
GOILP	Grade One Individual Learning Profile
GoJ	Government of Jamaica
HRSN	Health-related Social Need
ILSP	Individual Learning Support Plan
JACLD	Jamaica Association for Children with Learning Disabilities
JASA	Jamaica Autism Support Association
JETC	Jamaica Education Transformation Commission
JSRA	Jamaica School Readiness Assessment
MCSR	Monthly Clinical Summary Records
MDA	Ministry, Department, or Agency
MLSS	Ministry of Labour and Social Security
MoEY	Ministry of Education and Youth
MoHW	Ministry of Health and Wellness
NGO	Non-Government Organisation
NPSC	National Parenting Support Commission
NSP	National Strategic Plan
PATH	Programme for Advancement Through Health and Education
PDI	Professional Development Institute
SDG	Sustainable Development Goals
SEN	Special Education Needs
UHWI	University Hospital of the West Indies
UNICEF	United Nations Children's Fund
UWI	University of the West Indies
WRAT	Wide Range Achievement Test

1. Introduction: Jamaica's Children and Early Childhood Development

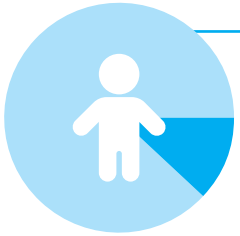


In 2018, there were nearly 330,000 children in the 0-8 age group, accounting for approximately 12 per cent of Jamaica's total population.[1] The country has a well-articulated education system with high rates of enrolment in early childhood institutions. In 2019, 12 per cent of the 0–2-year population and 93.4 per cent of the 3–5-year population were enrolled.[2] Early childhood institutions are overwhelmingly privately run, with just 14 per cent being fully in the public system, and 62 per cent having a hybrid public-private partnership (ECC, 2018).[3] In 2022, a total of 2,327 ECIs were recorded, with a total of 11,421 early childhood teachers and practitioners island-wide.[4]

Though having robust coverage at this level, the quality of education offered in these ECIs has been found wanting. The Report on Education Reform in Jamaica by the Jamaica Education Transformation Commission (JETC) found that there were gaps in key areas such as exposure to developmental and educational activities. Only 11 per cent of ECIs were rated as having adequate numbers of play material for the number of students present (JETC, 2021). Reiterating the importance of early intervention to further educational progress, the Commission noted that it was imperative that 'attempts be made to determine whether students have learning challenges or needs, and a pathway established to deal with those needs (JETC, 2021, p.108). In this regard, it recommends that regulations governing special education provision at the early childhood level, including requirements for special educators, be developed, and implemented (JETC, 2021, p.118).

The Early Childhood Commission reports that from 2017 to 2019, one-fifth of children in the early childhood cohort had at least one developmental issue. Early literacy and numeracy concerns were identified in 18.3 per cent and 20.3 per cent of children, respectively.[5] The greatest concerns were regarding boys, children attending infant schools and departments, and children who were beneficiaries of the conditional cash transfer social protection programme, Programme for Advancement Through Health and Education (PATH).

JAMAICA



2018

330,000 children in the 0-8 age group

12% of the total population of Jamaica

2019

12% 0-2 years-old enrolled in ECI

93.4% 3-5 years-old enrolled in ECI

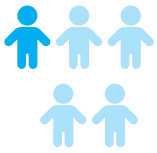
2022

2,327 Early childhood Institutions (ECI)

11,421 early childhood teachers and practioners

from 2017 to 2019

1 in 5 children in early childhood had at least one developmental issue:



18.3% in early literacy

20.3% in numeracy

[1] https://statinja.gov.jm/Demo_SocialStats/newMidYearPopulationbyAgeandSex2008.aspx
[2] Jamaica Education Transformation Commission (2021). The Reform of Education in Jamaica, 2021.
[3] Early Childhood Commission (2018). National Strategic Plan 2018-2023.
[4] Data provided by the ECC, 2023
[5] Early Childhood Commission (2018). National Strategic Plan 2018-2023
[6] https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html

Importance of Early Screening

Early childhood development is increasingly being recognised as a crucial area of focus for mitigating inequalities and improving development outcomes. Studies have shown that the first 1000 days of a child's life are the most crucial developmentally. This period lays the foundation for persons' optimum health, growth, and neurodevelopment.[6] It is also when most neural pathways are formed in a person's life that significantly influences the child's cognitive, emotional, physical, and social development.[7] This is supported by a bio-medical study[8] which states, "lifelong neuronal connectivity is more likely established across 80% of brain circuitries during the first 1000 days." Therefore, ECD encompasses several aspects of a child's well-being: physical, social, emotional, and mental.[9] It is, therefore, vital to achieving the Sustainable Development Goals (SDGs).

Specifically, ECD falls under SDG 4 (education), which also addresses inclusive education (SDG 4.5).[10] However, it is also included in other goals, including those related to nutrition (SDG 2), health (SDG 3) and social inclusion and safety (SDG 16)[11] (Figure 2). Thus, an emphasis on ECD can potentially break the intergenerational cycles of poverty and reduce existing socio-economic gaps and inequalities. Effective, well-targeted and well-implemented interventions in early childhood development can increase the likelihood that a child will be academically successful, socially and emotionally well-adjusted, and economically productive.[12] Giving children the best start in life boosts the odds of becoming responsible and contributing members of society.[13]

[7] https://www.unicef.org/jamaica/media/461/file/Identifying-the-Gap-to-Act-Early-Childhood-Development-Outcomes-and-Determinants-in-Latin-America-and-the-Caribbean.pdf

[8] Scher M. S. (2022). A Bio-Social Model during the First 1000 Days Optimizes Healthcare for Children with Developmental Disabilities. Biomedicines, 10(12), 3290. https://doi.org/10.3390/biomedicines10123290

[9] The formative years UNICEF's work on measuring early childhood development

[10] SDG 4.5 by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations.

[11] https://www.unicef.org/jamaica/media/461/file/Identifying-the-Gap-to-Act-Early-Childhood-Development-Outcomes-and-Determinants-in-Latin-America-and-the-Caribbean.pdf

[12] ibid

[13] ibid

Figure 1: Sustainable Development Goals and Early Childhood Development

GOAL 1: TARGET 1.2

By 2030, reduce by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

GOAL 2: TARGET 2.2

By 2030, end hunger and ensure access by all people particulary the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

GOAL 3: TARGET 3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 25 per live births.

GOAL 4: TARGET 4.2

By 2030, ensure that all girls and boys have access to quality early childhood develpment, care and pre-primary education so that they are ready for primary education.

GOAL 4: TARGET 4.5

By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations.

GOAL 16: TARGET 16.6

By 2030, end abuse, exploitation, trafficking and all forms of violence against and torture of children.

For children to self-actualise, nurturing care is essential. Nurturing care is the set of conditions that provide for children's health, nutrition, security, and safety, responsive caregiving, and opportunities for early learning (Figure 2). This level of care is most critical from the time of pregnancy to age 3 and continues to have the most significant impact up to the age of 8.[14]

[14] Early childhood development spans the period from birth to age 8.

Figure 2: Components of the Nurturing Care Framework

Children require a stable environment that is:

- Sensitive to their Health,
- Supports their nutritional needs,
- Provides responsive caregiving,
- Provides safety and security, and
- Ensures opportunities for early learning

Source: https://www.unicef.org/pakistan/early-childhood-development-ecd-0

Early and effective developmental screening is important for supporting the healthy development of young children and mitigating the risks of poor academic and psycho-social outcomes later in life. Screening reduces the prevalence of developmental and behavioural disabilities, which can incur high societal costs long-term. Development screenings monitor children's progress in meeting developmental targets and can pinpoint developmental delays at their earliest stage. The goal is to improve outcomes through early intervention and referral to supportive services.[15]

Effective early screening and intervention should be integrated, encompassing health, education, and social issues, given the interconnected nature of a child's development.[16] It promotes positive child health and improves children's developmental outcomes through referrals to early learning opportunities (Samms-Vaughan, 2006[17]; Samms-Vaughan, 2018[18]).

[15] https://nichq.org/insight/strengthening-developmental-screening-process
[16] https://www.unicef.org/armenia/en/reports/childrens-development-and-developmental-delays-principles-early-identification
[17] Samms-Vaughan, M. (2006).Screening Early Intervention and Referral for Health, Developmental and Behaviour Disorders in Jamaica. Caribbean Childhood, vol. 3, 2006, Special Issue. P. 163-173).
[18] Samms-Vaughan, M. (2018). The Jamaica Brain Builders Programme: Jamaica's First Thousand Days Strategy.

Figure 3: Elements of a Screening and Referral Pathway:

ESSENTIAL ELEMENTS OF A SCREENING, REFERRAL AND EARLY INTERVENTION SYSTEM TO IDENTIFY AND TREAT DEVELOPMENTAL CHALLENGES

1 A SCREENING PROCESS:

The tool(s) used for screening should be validated for the population and address all domains of development (gross motor, fine motor, speech, and language, cognitive and sensory) and status of nutrition.

2 A REFERRAL PROCESS:

There are two groups of children who require referral for assessment. Children who are identified as having conditions associated with developmental challenges at birth or in the early years of life are referred whenever these conditions are identified (e.g., Down Syndrome). Children who did not have a specific risk identified at birth but who are identified subsequently through developmental screening are also referred.

3 EARLY INTERVENTION SERVICES:

In developed countries, early intervention services are often well staffed with highly trained professionals, including an early intervention coordinator, supervisors, paediatricians, developmental paediatricians, ophthalmologists, audiologists, and therapists, including speech, physical, occupational and behaviour therapists. In many low- and middle-income countries, where specialist services are often absent or are accessible only in the private sector, community based early intervention services are utilized.

4 A SCREENING, REFERRAL, AND EARLY INTERVENTION SYSTEM

A system is needed to ensure coordination between the stages of SR&EI; to provide an identifying profile for each child to ensure continuity of care and to prevent loss of information; to provide monitoring of developmental progress; and, to maintain records of interventions provided.

5 TRAINING AND PROFESSIONAL DEVELOPMENT

Programmes need to be accessible to health professionals in the provision of screening services, developmental monitoring and support to parents and children; to doctors and other medical staff in referrals; to specialists in assessment and the provision of treatment plans; to specialists in the provision of treatment and therapeutic services; and to practitioners in early childhood care and education settings.

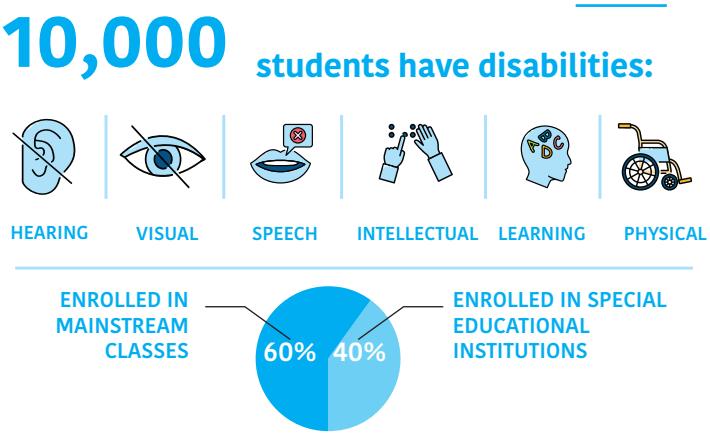
6 AN INSTITUTIONAL BASE

The SR&EI system could be housed as part of community health services, child health and development services, or their equivalent, covering children from birth throughout early childhood. In some countries there is a base in educational services for children of preschool age and older.

Source : https://www.caribank.org/publications-and-resources/resource-library/guides-and-toolkits/caribbean-early-childhood-development-good-practice-guide

Strategies Used in Jamaica

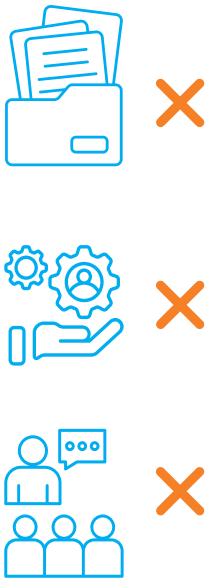
In Jamaica, more than 10,000 students have disabilities ranging from hearing, visual, speech, intellectual, learning, and physical disabilities (Gayle Geddes, 2020).[19] Some of these children present with multiple forms of impairments. Close to 60 per cent of these students are enrolled in mainstream classes,[20] while the others attend special educational institutions.[21]



Services for screening and intervention are available, accessible, and affordable in the public sector (McCaw-Binns, 2009). However, although these services are staffed by well-qualified healthcare personnel, the demand far outstrips the capacity, restricting the delivery of services to children with behavioural and developmental problems. In addition, a review of these services found that they are highly bureaucratic, poorly financed, and not always family friendly. Additionally, there was no universal coverage for children (0-3) and little in-home follow-up for children with developmental challenges. Although high-quality services are also available in the private sector, the cost is prohibitive for many parents, leaving their children's needs unmet (ibid). The NGO sector, facing capacity limitations similar to those of the public sector, is unable to satisfy the demand and experiences financial precarity due to its funding model.

Other barriers to an efficient early screening and referral system include:

- Insufficient understanding of what interventions are best, based on the identified needs.
- Inconsistent training of staff at all touchpoints in the comprehensive use of all the available screening tools.
- Inadequate data collection and management information systems, resulting in little, if any, tracking of referrals, services received, and outcomes.
- Limited home support, and psycho-social interventions for parents
- Inadequate social protection intervention for parents.
- Insufficient number of experts in high-demand therapeutic areas such as occupational, behavioural, and speech therapy.
- An insufficient number of experts trained in these areas at the early childhood level.



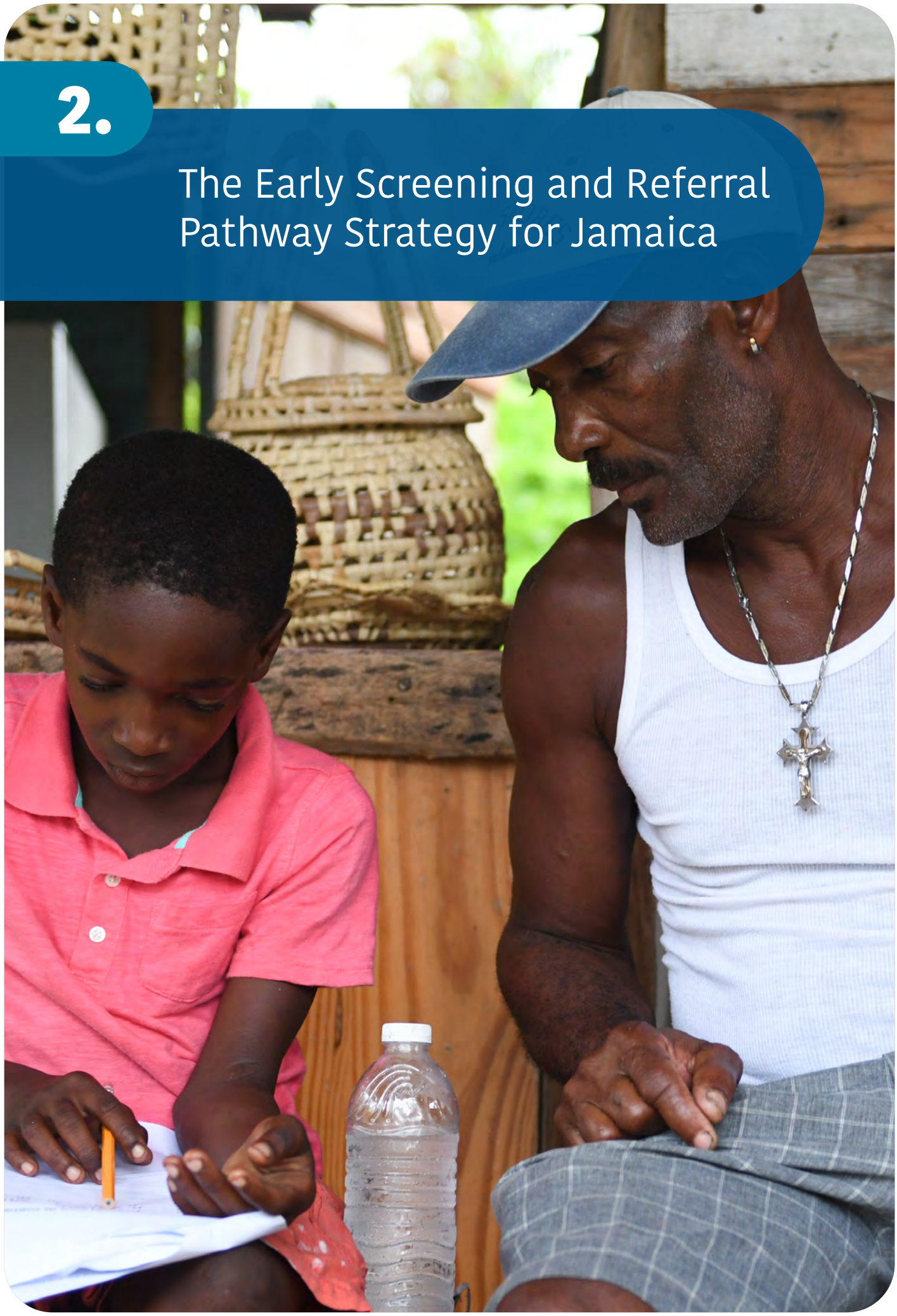
[19] Gayle-Geddes, A. (2020). Disability and education in Jamaica: analysis of policy and praxis. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000374691

[20] This refers to the placement of special needs students in the general education classroom with students who have no disabilities. It refers to placement across the entire education system, not just at the early childhood level.

[21] The Ministry of Education's Policy on Special Education provisions the educational rights of children with special needs at all educational levels. Its key principle is that educational provision for children with special needs, or those needing special intervention, should be delivered through a cooperative and collaborative model. Its specific goals are to promote equity and access to educational opportunities for children and youth with special needs at all levels of the education system; and To promote a system of inclusive education where possible, recognising that some children may be best served in segregated facilities or home-based programmes.

2.

The Early Screening and Referral Pathway Strategy for Jamaica



This Early Screening and Referral Pathway Strategy builds on over twenty years of progress in Jamaica's early childhood sector. This progress has been anchored in the work of the Early Childhood Commission, particularly its National Strategic Plans for ECD, and the development of several screening tools, funded by UNICEF, that facilitate the early identification of children at risk for developmental delay.

The system includes five main tools:

A) THE CHILD HEALTH AND DEVELOPMENT PASSPORT (CHDP). Early screening begins during pregnancy. The most effective risk assessments should begin in the prenatal period, and continue through early childhood (Samms-Vaughan, 2006). Developed by the ECC, UNICEF and the MoHW, the CHDP, in its preamble, is described as a 'take home record of your child's health, growth and development from birth to 17 years'. It is intended to provide a comprehensive record of a range of child health and development indicators and the child's immunisation history. It facilitates a multi-source participatory process for monitoring children's development, allowing for record entry by parents, health professionals, and schools. It also provides parents with information on nutrition and general care and development of their child.

B) THE JAMAICA SCHOOL READINESS ASSESSMENT (JSRA). This is a school-based readiness assessment for children at age four (4). It is designed as the first phase of the identification and intervention system for children with developmental or behavioural delays and learning disabilities in Jamaica. Early childhood practitioners administer the assessment to four-year-olds at the end of the final term of the academic year. Its main objective is to screen children for developmental disabilities, behaviour disorders and their readiness for primary school (ECC, 2022). Its administration is timed to allow an entire academic year to address any particular needs identified by the assessment.

C) THE AGES AND STAGES QUESTIONNAIRE- JAMAICA (ASQ-J). The Ages and Stages Questionnaire Jamaica is a development assessment tool that has been implemented in screening and referral pathways worldwide. It is designed to monitor a child's developmental progress and identify children with potential developmental delays. It is used to further screen children who have been identified as "at risk" by the Jamaica School Readiness Assessment. Hence, the ASQ-J is a secondary screening tool which is used to pinpoint specific areas of risk so that interventions can be more targeted.

D) THE FAMILY SUPPORT SCREENING TOOL. Premised on the understanding that health-related social needs (HRSN) can affect early childhood development, this tool assesses family and household risks. The findings help guide decision-making on the type of support families are thought to require in order to play their role in ECD, particularly for families with children with developmental delays.

E) THE GRADE ONE INDIVIDUAL LEARNING PROFILE (GOILP) is used to assess children in the EC cohort at their entry into primary school. In that regard, it is the first step of the screening process at the primary level.

This framework is supported by a well-articulated policy, legislative, and programmatic framework, which demonstrates the Government of Jamaica's emphasis on the value of ECD to the country's development.

Key Strengths and Gaps in Jamaica's Early Screening and Referral Approach

By developing screening tools for children from birth to four years old, via the Child Health and Development Passport and the JSRA, Jamaica has laid the foundation for effective interventions in areas where there is the most need. In Jamaica, several system gaps have been identified concerning service provision for early childhood children with special needs. These include failure of implementation of laws and policies; absence of data on prevalence, distribution, and aetiology of disabilities in young children for appropriate planning; inadequate screening services; inadequate access to inclusive developmental/educational services for children with disabilities, and particularly for children 0-2 years, and limited training to support children with disabilities in the health and education sectors.[22] Nonetheless, the country has several important strengths that are leveraged to support the early childhood development of children across the country. Both gaps and strengths[23] are outlined below.

STRENGTHS

- High enrolment levels at ECD level.
- Well-developed primary care system in the health sector and high rate of well-baby visits to Health Centres.
- Policy and Legislative support for Early Childhood Development.
- Policy and Legislative support for children with disabilities.
- Policy and Legislative protection for children.
- Child Health and Development Passport.
- Key elements of a robust national system of screening in place.
- Some social protection benefits for children in families affected by poverty.
- Multi-sectoral activities to support parents to embrace early stimulation and positive parenting.
- Progress on teacher training and qualifications.
- High level of collaboration among stakeholder agencies.
- Multi-sectoral approach to ECD in Jamaica.

GAPS

- Inadequate therapeutic services of children once needs have been identified.
- Long wait for services
- Inadequate resources to facilitate implementation of ILSP in ECIs and early primary level.
- Gaps in parenting knowledge on how to identify early warning signals.
- Insufficient services across the island, hence some parents have limited access to the help they need- Access inequity.
- ECD practitioners' knowledge of services and their availability
- High cost of specialised therapeutic services available in the private sector.
- Inadequate resources to meet the screening and intervention needs of the sector.

[22] The Reform of Education in Jamaica, 2021 Report
[23] Adapted from UNICEF. (2020). Bridging the gaps: Towards a national system of early years care and support. Mapping Jamaica's national capacity and service provision of comprehensive care for young children with developmental disabilities. Retrieved from https://www.unicef.org/jamaica/reports/bridging-the-gaps-2019

The Early Screening and Referral Pathway Strategy builds on these strengths, while acknowledging and attempting to close the gaps. It must be noted that the Strategy should be implementable immediately in the context of existing resources, with opportunities to address the needs of families, children, and practitioners progressively.

Although the Strategy is grounded in the existing screening tools and processes utilised by the sector, it also incorporates additional resources, including those related to social protection and parent support, widening the network available for its implementation. The Strategy is multi-pronged, with avenues for children, families, primary health care providers, and practitioners and teachers. This approach acknowledges that child development is a collaborative effort involving the commitment, knowledge and actions of parents, health and child development specialists, educators, and policymakers.

Goal, Vision, and Objectives

The Strategy adopts the broad vision and goal of the draft Early Childhood Development Policy for Jamaica.

GOAL

To promote the rights of children (from birth to eight years of age) towards holistic development and their access to social protection services taking into account the developmental needs of each child, and to support their parents, families and communities in their role as primary caregivers' (ECD Policy, 2015, p. 23)[24].

VISION

All Jamaican children realize their full potential for physical, social, psychological, emotional, cognitive, and cultural development in order to contribute to the realization of a socially and economically stable and prosperous society (ECD Policy 2015, page 20).

OBJECTIVES

It is anchored by the following objectives, some of which are also expressed in the ECD Policy for Jamaica:

a) To enhance young children's physical, social, cognitive, psychological, and cultural development from birth to eight years of age.

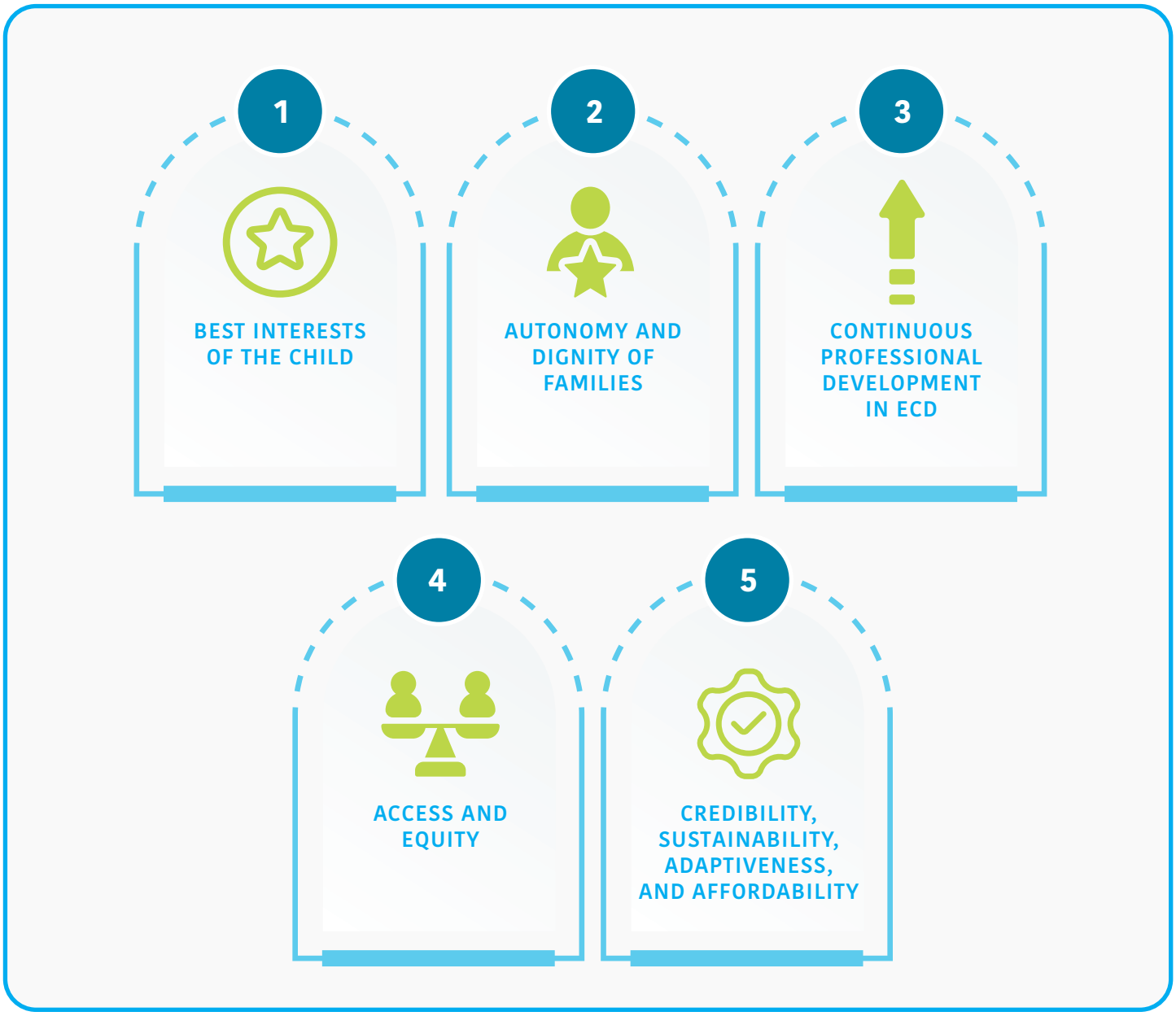
b) To ensure the early detection, prevention, intervention, treatment, care, and services for children with special needs, while emphasising inclusiveness and family/community support.

c) To improve access and equity in the early screening and referral system

d) To build multi-sectoral capacity and mechanisms to identify developmental risks and provide referrals and services to mitigate them.

[24] This Policy remains in draft as it has not yet been approved by Cabinet.

Key Pillars of the Strategy



1. The Rights and Best Interests of the Child

Jamaica is a party to the Convention on the Rights of the Child (CRC), which sets out the rights of children, and establishes the principle of 'best interests of the child'[25]. When deciding what type of services, actions, and orders will best serve a child, the principle is invoked to ensure that all decisions consider what is best for the child's care and development. The principle has enjoyed wide usage and application across multiple policy and programmatic areas which affect children. This strategy upholds the rights of children in early childhood as laid out in the CRC, and all the recommended actions place children's best interests at their centre.

2. The Knowledge, Autonomy and Dignity of the Family

Parents and caregivers have the autonomy to decide on the care of their children unless these decisions are in violation of the law. The importance of the family in ECD is well-established, and research has shown that the family is the first and the most important point of care and support to promote a child's development. Research also shows that family reports and observations about their children's developmental progress can be an accurate informal indicator of early warning signs. It is critical that the wishes of the family be prioritised in any system that offers early screening and intervention for children, particularly children who are developmentally delayed. Parents and caregivers are an important source of

[25] Article 3 (1) CRC provides that "in all actions concerning children, whether undertaken by public or private social welfare institutions, a court of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."

information about their children and should be treated as such. Honouring parents' values and employing a shared decision-making approach where parents are seen as equal partners improve the potential effectiveness of any interventions to promote ECD. This pillar also recognises that where families in socio-economic hardship benefit from a robust system of social protection, this enhances their ability to care for their child, and upholds their dignity.

3. Continuous Professional Development

Screening, interventions, and services for children who are developmentally delayed are offered primarily in the health and education sectors. These services are offered by diverse professionals starting from birth. This includes primary healthcare providers who first interact with the mother and child during pregnancy and immediate perinatal period; healthcare providers who provide care in infancy and early childhood; early childhood teachers and professionals who interact with students and their families in the classroom in ECIs and at the primary level. Each group of professionals who form part of the screening and referral pathway should have access to continuous professional development courses/training in early childhood development. This will build the capacity to identify and mitigate risks through appropriate referrals, knowledge sharing, and direct therapies and interventions.

4. Access and Equity

Services for early screening and referral are more accessible in urban areas of Jamaica than they are in rural areas. Even where these services are available in the public sector in urban and semi-urban areas, the demand outstrips supply, leading to long wait times. Private provision of support services, where it exists, although more immediately accessible, is unaffordable for many parents. This creates even greater inequality, narrowing pathways to care and support for children and families who either live in rural areas, or who cannot pay for these specialised services. This strategy recognises the inequities built into the under-capacitated system for early screening and referral and recommends ameliorative actions.

Access and Equity issues are also important in the wider socio-economic sense. Children in households with more economic vulnerabilities, for example, being beneficiaries of the PATH, are more likely to exhibit signs of developmental delay. This supports the need for a comprehensive family-based social protection strategy which addresses the intersecting socio-economic needs of the family.

5. Credibility, Sustainability and Adaptiveness

The Pathway is only effective if it is credible, sustainable, adaptive, and affordable. This means that the institutional framework on which it is built is anchored in research, laws and clear policy goals and objectives and is funded. Furthermore, as the needs of the early childhood population evolve and are more fulsomely identified through a fully articulated screening system, the services that populate the Pathway must be adaptive, able to adjust to changes in overall demand, demand in particular services, or among different population groups.

Figure 4: Pillars of the Early Screening and Referral Pathway Strategy

KEY PILLARS OF THE STRATEGY

BEST INTERESTS OF THE CHILD

Upholds the rights of children in early childhood and all the actions place children's best interests at their centre.

All decisions consider what is best for children's care and development.

AUTONOMY AND DIGNITY OF FAMILIES

Parents and caregivers have the autonomy to decide on the care of their children unless these decisions are unlawful.

Recognises that when families in socio-economic hardship benefit from a robust system of social protection, this enhances their ability to care for their child, and upholds their dignity.

CONTINUOUS PROFESSIONAL DEVELOPMENT IN ECD

Professionals who form part of the screening and referral pathway should have access to continuous profesional development courses/ training in early childhood development.

Builds the capacity to identify and mitigate risks through appropriate referrals, knowledge sharing, and direct therapies and interventions.

ACCESS AND EQUITY

This strategy recognises the inequities built into the under-capacitated system for early screening and referral, and recommends ameliorative actions.

CREDIBILITY, SUSTAINABILITY, ADAPTIVENESS, AND AFFORDABILITY

The institutional framework on which Strategy is built is anchored in research, laws and clear policy goals and objectives, and is funded.

The early screening and referral services must be adaptive, able to adjust to changes in overall demand, and demand in particular services or population groups. They must also be affordable.


unicef

Target groups

The Strategy considers the following as the primary target groups.

a) Early childhood development teachers and practitioners[26]

b) Primary healthcare providers

c) Parents and caregivers

d) Policymakers

e) Child development specialists

The Early Screening and Referral Pathway

A comprehensive, research-based early childhood screening system (Figure 4) has existed in Jamaica for more than a decade. It begins, as is internationally recommended, at the antenatal stage, and includes screening at critical touchpoints in the child's development up to the age of five. In Jamaica, approximately 4 per cent of children with disabilities are children in the early childhood stage. Early intervention has been proven to reduce the risk of developmental delays and disabilities in children. The ECC's suite of tools is a critical aspect of this pathway. These tools include:

1) Child Health and Development Passport (CHDP): This is the primary screening tool for children up to the age of 17 years.

2) Jamaica School Readiness Assessment (JSRA): This is used to screen children at age 4 during their final term of school.

3) Ages and Stages Questionnaire Jamaica (ASQJ): This is a secondary screening tool which is completed by a parent, teacher or both parents and teachers when a child is identified as 'at risk' by the JSRA.

4) Family Support Screening Tool (FSST): This tool (questionnaire) was designed to be used at health centres (antenatal clinics, delivery hospitals, well child clinics), in education settings and in social welfare settings, all in a child's life cycle.

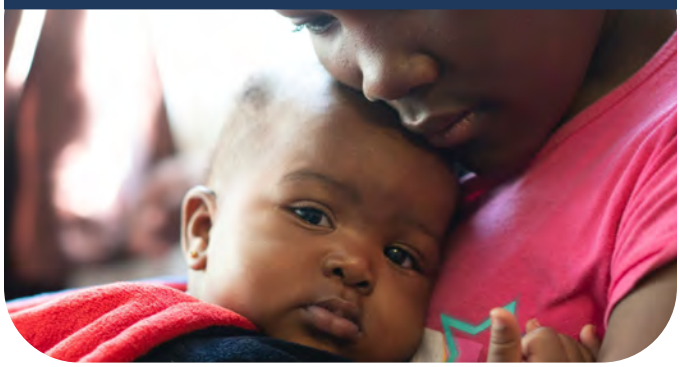
5) Grade One individual Learning Profile (GOILP): This is a transition assessment which is administered as children move from ECIs to the primary level. The data from the GOILP is used to create personalised learning profiles to guide teaching at the primary level.

[26] This includes teachers at Grade 1.

Jamaica's early childhood and referral screening pathway follows the developmental journey of children from pregnancy through to early childhood.

It encompasses four developmental stages:

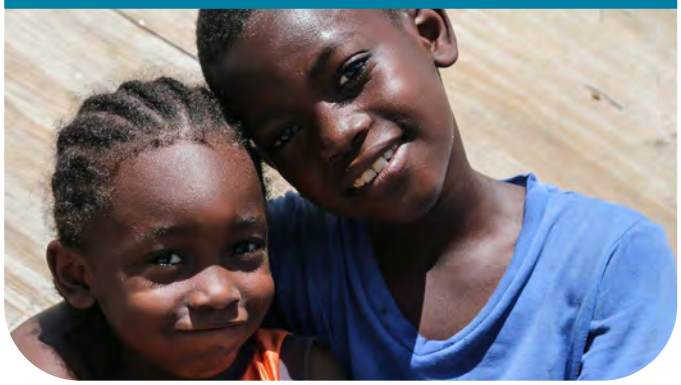
1. Infancy (0-1 year)



2. Toddlerhood (1-3 years)

3. Pre-primary (3-5 years)

4. Primary (6-8 years)



During the first two stages, the primary avenue for the identification of developmental delays and disabilities occurs through well-child clinics and parental observation. The primary screening tools are the Child Health and Development Passport and the Family Support Screening Tool.

During the last two stages, the main avenue for identification is through the health and education system as well as by parental observation. The main tools used at these stages are the Jamaica School Readiness Assessment and the Ages and Stages Questionnaire Jamaica. The Family Support Screening Tool can also be applied in the later stages of this screening system, if not used in the first instance.

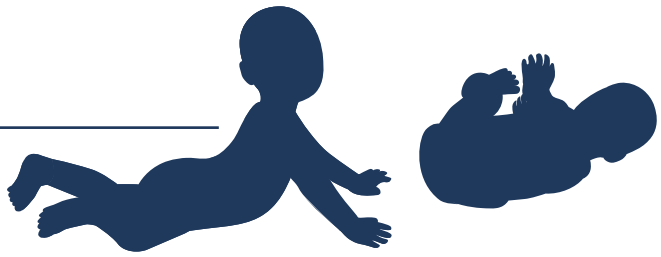
The Grade One Individual Learning Profile (GOILP) is also administered at age six in the first term of the grade 1 year by teachers at primary schools island wide. That data is supposed to be used to help guide instruction and support throughout that pivotal grade 1 year.

Infancy (0-1 year)

Parents anchor the pathway in this phase. They are issued a **Child Health and Development Passport** and are educated about the developmental milestones their child(ren) should achieve at each stage. **Parental observation** of progress towards these milestones is the most immediate screening tool available at this point.

At this stage of development, children are screened at birth for physical disabilities and genetic conditions. Follow-up visits to well-child clinics should be made within the child's first two weeks of life and again at 6-8 weeks, three months, 5-6 months, nine months, and 12 months. During the second year, visits should be made within 6-month intervals, at 18 months and 24 months.

Healthcare providers are critical in this early phase of the Pathway. Their understanding, assessment, and documentation of the milestones outlined in the CHPD form the basis for further monitoring and intervention. This ensures that developmental delays are identified early, and interventions can be sought quickly.



Possible referrals

- Child Guidance Clinics
- Community Based Rehabilitation Jamaica
- Child and Family Clinic

Intervention Services

- Early Stimulation Programme
- Brain Builder Centres
- Behavioural therapy
- Speech therapy
- Physical therapy
- Play therapy
- Early Childhood Resource Centres
- Jamaica Down Syndrome Foundation
- McCam Child Development and Resource Centre

Screening and Early Intervention Tools

The Child Health and Development Passport (CHDP)

The Child Health and Development Passport is used to document the baby's physical condition at birth and throughout early childhood. Any observed or perceived medical conditions are documented in the passport, including developmental disabilities, as well as possible avenues for support. Parent observation and clinical observations (by general practitioners, paediatricians, or nurses) are the primary modes of direct observation captured in the CHDP.

The Family Support Screening Tool

At this stage, the family support screening tool is administered by an ECC field officer or health care professional to ascertain any family or household risks that could result in developmental delays and identify possible avenues for support at the community level and/or specialist level.

Toddlerhood (1-3 years)

Parents and healthcare providers continue to lead early screening and referral activities at this age. Children continue to be monitored using the CHDP during well-child visits, often for routine vaccinations. Where children are enrolled in ECIs, the practitioners also play a key role in these activities. Parental, healthcare and practitioner observation in the home, health system, daycare or early childhood institution settings are critical avenues for identification and support during this stage.

Possible referrals

- Child Guidance Clinics
- Community Based Rehabilitation Jamaica
- Child and Family Clinic

Intervention Services

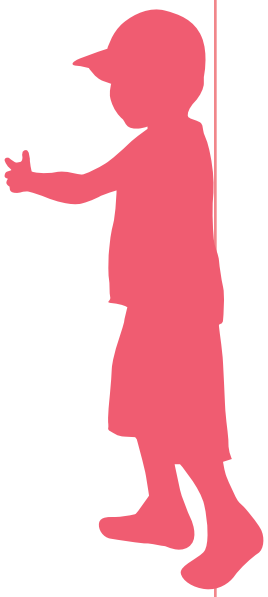
- Early Stimulation Programme
- Behavioural therapy
- Speech therapy
- Physical therapy
- Play therapy
- Caribbean Tots to Teens
- Early Childhood Resource Centres[27]
- Jamaica Down Syndrome Foundation
- McCam Child Development and Resource Centre

[27] Early Childhood Resource Centres currently administer the ASQ-J. The long-term plan is for these Centres to provide Early Childhood curriculum support services to practitioners, students enrolled in certificate, diploma, undergraduate and post-graduate programmes, as well as the public, in general.


LORE

Pre-primary (3-5 years)

The majority of Jamaican children are in the education system by age three and hence, early childhood teachers and practitioners lead this phase of the Pathway, working closely with parents and healthcare providers.[28] At this stage, children are assessed in the school setting at age 4 using the JSRA, and a follow-up with the ASQ-J if needed. This is to identify any possible developmental delays and possible avenues for referrals and intervention before the start of primary school.



Role of the Education Sector

- Possible developmental delays can be identified upon school enrolment using the CHDP based on documented observations from well-child visits as well as observations made during school medicals.
- Teacher-student interactions and observations can also lead to the identification, diagnosis, and referral of students to intervention services.
- The results from the JSRA are the pre-dominant method of identifying children with developmental delays.
- These identification strategies should then be used to inform the method of teaching and engaging with students and should inform the development of individualized learning support plans and more targeted support.
- The results from the JSRA are also used to make referral for the ASQ-J, which provides further data for referral to more targeted interventions if needed.

Possible referrals

- Child Guidance Clinics
- Community Based Rehabilitation Jamaica
- Child and Family Clinic
- MICO CARE (for children 6+ years)

Intervention Services

- Early Childhood Summer School Programme[29]
- Early Stimulation Programme
- Child Development Specialists
- The Counselling Centre
- Caribbean Tots to Teens
- Early Childhood Resource Centres
- Jamaica Down Syndrome Foundation
- McCam Child Development and Resource Centre
- MoEY Student Assessment Unit

Specialised School Placement and Shadow Support

- Special needs institutions
- MoEY Special Education Unit
- Legacy Classrooms in ECIs

[28] Children in this cohort are expected to visit well-child clinics annually for check-ups to ensure they are developing according to established milestones.

[29] This programme targets young children in need of remedial support who have been identified using the ASQ-J to improve their performance in their final year of basic school. The summer school programme is implemented during the summer before the final year of basic school (following the administration of the ASQ-J). The programme incorporates several stimulation exercises including the Irie Classroom Kit and block play.

Screening and Early Intervention Tools

Jamaica School Readiness Assessment (JSRA)

Children are assessed during the final term of their second year of basic school using the Jamaica School Readiness Assessment. This is the first school-based phase of the identification and intervention system for children with developmental and behavioural delays and learning disabilities in Jamaica. It includes three components which are geared towards screening children for developmental disabilities, behavioural disorders, and their readiness for primary school. These components are:

1. The 11-Question Screen
2. The Child Behaviour Rating Scale
3. Assessment of Academic Readiness

Ages and Stages Questionnaire -Jamaica

If any concerns are noted in the JSRA, further intervention is undertaken using the ASQ-J. Parents are asked simple questions about the tasks their children can do, and children's development levels are assessed in five domains: communication, personal-social, problem-solving, fine motor, and gross motor skills.

Age 5 School Readiness Intervention: Individual Learning Support Plan

Children who are identified as "at risk" using the JSRA but do not need to be assessed by the ASQ-J are further monitored during their final year of basic school using the Age 5 School Readiness Intervention tool based on which an Individual Learning Support Plan is developed.

Primary (6-8 years)

At age six, most Jamaican children transition to primary school. However, although no longer enrolled in ECIs, they remain part of the early childhood cohort. Teachers continue to anchor screening activities at this phase. Upon entry to Grade One, students sit the **Grade One Individual Learning Profile (GOILP).** This is used to 'audit students' social, cognitive, and interpersonal skills, and the learning environment. The information is to assist teachers in identifying the specific needs of each child entering grade one.'[30]

Although older, children continue to be monitored using the **CHDP during annual well-child visits**, and healthcare workers and parental observations continue to support the use of the CHDP during this period of development.

Possible referrals

- Child and Family Clinic
- MICO CARE
- Community Based Rehabilitation Jamaica
- MICO Youth Counselling Resource and Development Centre
- MoEY Student Assessment Unit

Diagnostic and Therapeutic Intervention

- Early Stimulation Programme
- Child Development Specialists
- Caribbean Tots to Teens
- The Counselling Centre
- Early Childhood Resource Centres
- Jamaica Association for Children with Learning Disabilities (JACLD)
- Jamaica Down Syndrome Foundation
- McCam Child Development and Resource Centre
- Sam Sharpe Teachers College Diagnostic and Early intervention Centre

Specialised School Placement and Shadow Support

- Special needs institutions
- MoEY Special Education Unit
- Legacy Classrooms in ECIs

Private Medical Intervention Tools

- Weschler Intelligence Scale
- WRAT
- Autism cards

[30] https://moey.gov.jm/grade-one-individual-learning-profile/

Screening and Early Intervention Tools

Grade One individual Learning Profile (GOILP)

This is a transition assessment which is administered as children move from ECIs to the primary level. The data from the GOILP is used to create personalised learning profiles to guide teaching at the primary level.

Parental Support Services

These services should be made available to parents at each stage of the developmental journey, as parental stress has been identified as a key barrier to effective intervention for children at the early childhood level. Given the key role parents play in the identification and intervention pathway, it is important that their psycho-social and other needs are addressed.

Possible referrals

- Bethel Baptist Holistic Centre
- Family and Parenting Centre
- Jamaica Autism Support Association (JASA)
- Webster Memorial Clinic and Counselling
- ECC's Parent Places
- National Parent Support Commission (NPSC)

In Jamaica, despite the presence of a robust screening system, the supporting referral pathway, though also well-articulated, has not been as effective.[31] Efficient referral pathways are built on the availability, accessibility, and affordability of a range of therapeutic services that can adequately respond to the demands of families and the ECD sector, and there is a chronic shortage of these services in Jamaica.

Notwithstanding the existing gaps, this Strategy includes actions that will enhance the referral system and, in the long term, expand the capacity of the ECD sector to nurture and design an effective referral pathway for children with special needs and their families.

31 The reasons were discussed in an earlier section of this Strategy.

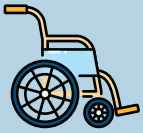
Table 1: Early Screening and Referral By Health, Development and Behavioural Needs[32]

TYPE OF DEVELOPMENTAL NEED	SCREENING TOOLS	SERVICE PROVIDERS	INTERVENTION SERVICES PROVIDED
Oral Health Conditions 	PRIMARY Child Health and Development Passport (CHDP) Parental Observation	• Well-child clinics • Child and Family Clinic, UHWI • Dentists • Paedodontists • ENT Surgeons • Orthodontists	• Oral intervention based on condition presented. • Parental education. • Routine screenings. • Referrals to specialists where necessary.
Visual Impairment 	PRIMARY Child Health and Development Passport (CHDP) Parental Observation SECONDARY Snellen Picture Chart Snellen Letter Chart Lap Card Occluding Eye Patch Colour Vision Chart Ophthalmoscope TERTIARY Surgery	• Well-child clinics • Child and Family Clinic, UHWI • Bustamante Hospital for Children • University Hospital (UHWI) • Private medical or paediatric services • Ophthalmologists • Optometrists	• Vision Screening • Parental Education • Vision evaluation • Prescription of glasses where necessary. • Referrals to ophthalmologists where necessary. • Surgical interventions where necessary.

[32] Information obtained from Caribbean Childhoods: From research to action. Journal of the Children's Issues Coalition

TYPE OF DEVELOPMENTAL NEED	SCREENING TOOLS	SERVICE PROVIDERS	INTERVENTION SERVICES PROVIDED
Auditory Impairment 	PRIMARY Child Health and Development Passport (CHDP) Parental Observation SECONDARY Pure Tone Screening Audiometer Otoscope TERTIARY Pre and post screening Electrophysiological measures (Auditory Brainstem Response (ABR), Otoacoustic Emissions (OAE))	• Well Child Clinics • Child and Family Clinic, UHWI • Bustamante Hospital for Children • University Hospital (UHWI) • Private medical or paediatric services • ENT Specialists • Audiologists • Early Stimulation Project • Jamaica Association for the Deaf • Danny Williams School for the Deaf • Educational institutions for audially impaired children	• Hearing screenings • Diagnostic services • Parental support • Prescription of hearing aids where necessary • Referrals
Malnutrition 	PRIMARY Child Health and Development Passport Family Support Screening Tool (FSS)	• Nutrition Clinics • Well-child Clinics • Prenatal clinics	• Weight for age monitoring • Weight for height monitoring • Nutrition education

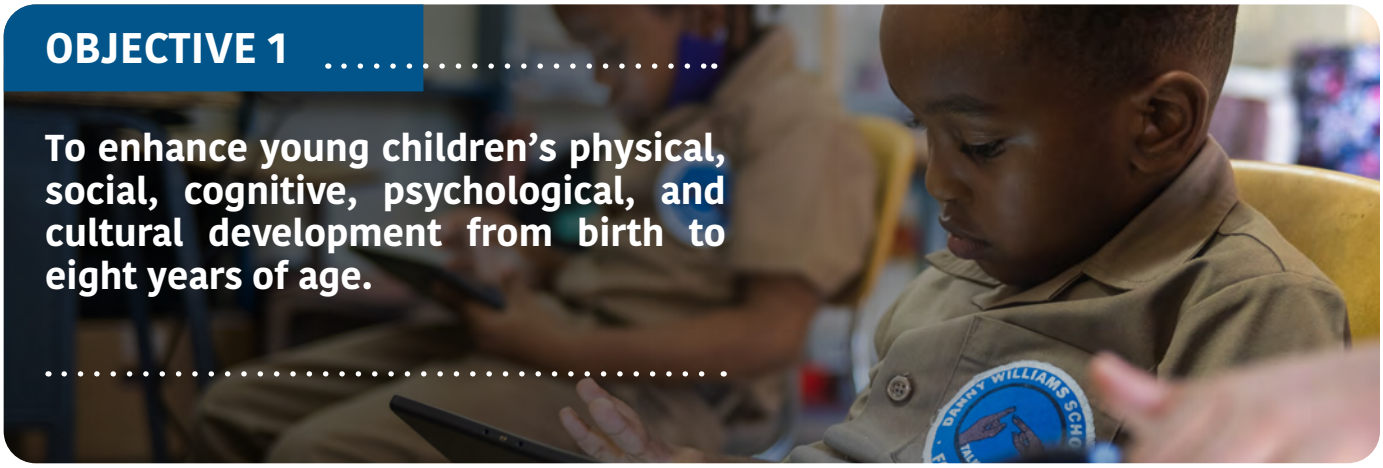
TYPE OF DEVELOPMENTAL NEED	SCREENING TOOLS	SERVICE PROVIDERS	INTERVENTION SERVICES PROVIDED
Behavioural and Emotional Disorders (ADHD, learning disorders, disruptive disorders, adjustment disorders, autism)  **Cognitive Disability** (Formerly referred to as mental retardation, the accepted term now is intellectual development disorder (intellectual disability), and it has four subtypes: mild, moderate, severe, and profound.) 	PRIMARY	• Well-child clinics • Child guidance clinics • Child and family clinic	• Parental education • Parental observation/ reports
	Child Health and Development Passport (CHDP)		
	Jamaica School Readiness Assessment (JRSA)		
	SECONDARY	• Pre-school/Basic school • Ministry of Education and Youth • Primary/Preparatory school	• Behavioural and emotional assessments • Identification of possible delays • Referral to intervention services • Assessment of school readiness
	Ages and Stages Questionnaire Jamaica (ASQ-J)		
	Individual Learning Support Plan (ILSP)		
	Grade One Individual Learning Profile (GOILP)		
	TERTIARY	• Child and Family Clinic, UHWI • Child Guidance Services • MICO CARE Centre • Early stimulation programme • Bustamante Hospital for Children • University Hospital (UHWI) • Private medical or paediatric services • Private psychological services • Private developmental paediatric services	• Assessment of behavioural, emotional, and cognitive disorders using specific tools. • Referral to early intervention services
	Weschler Intelligence Scale		
	Autism cards		
	Wide Range Achievement Test (WRAT)		

TYPE OF DEVELOPMENTAL NEED	SCREENING TOOLS	SERVICE PROVIDERS	INTERVENTION SERVICES PROVIDED
Physical and Motor Disabilities (Sitting/balance, use of arms, use of legs) 	PRIMARY Child Health and Development Passport (CHDP) Developmental Screening Checklist Denver 2 Ten Question Screen Observation of Function Neurological Exam SECONDARY Neurological Exam Specialised Neurological Exam Bayley Scales Portage Guide ADLQ Assessment	• Child and Family Clinic, UHWI • Well-child clinics • MICO CARE Centre • Early stimulation programme • Bustamante Hospital for Children • Mustard Seed • Community Based Rehabilitation Services • University Hospital (UHWI) • Ministry of Education and Youth • Private medical or paediatric services • Private developmental paediatric services	• Parental education • Educational intervention (Schooling with physiotherapy) • Physiotherapy • Occupational therapy • Speech therapy • Neurodevelopmental therapy • Adaptive and supportive aids (orthoptics and prosthetics) • Surgical interventions (for treatment of deformities, contractures, shortening of limbs etc.) • Referrals to specialised intervention services

TYPE OF DEVELOPMENTAL NEED	SCREENING TOOLS	SERVICE PROVIDERS	INTERVENTION SERVICES PROVIDED
Speech and Language Impairments 	PRIMARY Child Health and Development Passport (CHDP) Parental Observation Primary Level Speech and Language Stimulation Tools (E.g., educational toys, educational computer programmes and books) SECONDARY Speech and Language Developmental Milestone Charts TERTIARY Clinical Evaluation of Language Fundamentals (CLEF-5) PLS5- English Bayley Scales Goldman-Fristoe Test of Articulation (GFTA-3) Differential Ability Scales (DAS-II) Assessment	• Well-Child Clinics • MICO CARE Centre • Early Stimulation Programme • Bustamante Hospital for Children • Community Based Rehabilitation Services • University Hospital (UHWI) • Ministry of Education and Youth • Speech and Language Pathologists • Therapists • Private medical or paediatric services • Private developmental paediatric service	• Parental Education • Medical Assessment and Diagnosis • Speech and Language Stimulation • Speech and Language Therapy

Strategies and Actions

Actions and Strategies under each Objective are described below.



OBJECTIVE 1

To enhance young children's physical, social, cognitive, psychological, and cultural development from birth to eight years of age.

Nurturing care is a central principle of ECD and is important from the ante-natal stage of child development.

Nurturing care refers to a stable environment that is sensitive to children's health and nutritional needs, protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating (Samms-Vaughan, 2018).[33] Fostering this environment rests heavily on the knowledge and practices of parents, and all iterations of the National Strategic Plan for ECD recognises this by making parent support a high priority of the ECC sector (NSP 2013-2017 & 2018-2023).

In addition to parental education, involvement, and support, achieving this objective requires the active enlistment of healthcare providers, ECD practitioners, and teachers at the primary level. The Family Health[34] approach to health care employed by the MoHW to promote overall health and wellness among Jamaicans provides critical support to the achievement of this objective and identifies early childhood health and development as one of its key priority areas. Within that priority area, the goals are to ensure that all attendees at child health clinics have adequate monitoring of their growth and development (achievement of milestones), and early detection and appropriate referral of children with developmental delays.

[33] Samms-Vaughan, M (2018). The Jamaica Brain Builders Programme: Jamaica's First Thousand Days Strategy.
[34] Family Health is used to denote both health of the family as a unit and health of its individual members across the life cycle (MOHW, Family Health Manual, 2015).

Strategies and Actions

A Actively promote early ante-natal care as a means of protecting the rights of the child and early developmental monitoring and surveillance.

B Develop a national behaviour change communication campaign focusing on the importance of early screening for children in their first 1000 days (0-3 years). This campaign can fall under the Brain Builders Programme, which is designed to ensure that children's multifaceted needs are addressed during their first two years.[35]

C Provide training for healthcare workers on ECD and the use of developmental monitoring and surveillance to identify early signs of developmental delay at key milestones. This includes training in the importance of the indicators captured in the CHDP in helping with the early identification of developmental challenges/ risks. Training should also cover explaining the CHDP and its importance to parents. This is particularly important for healthcare workers in maternal and child health. Creating a free, asynchronous, easy-to-access online training course will make this training material easily and sustainably accessible.

D Integrate parenting information into routine child health visits to the clinics and private paediatricians. One way of doing this is to scale up existing parenting programmes, such as Parenting Programme: ***What You Do with Baby Really Matters***[36] in Health Clinics. This programme is designed to promote early stimulation by teaching mothers how to talk, play and interact with their children to improve their development.

[35] The parenting support tool, the first 1000 days app is a crucial tool and can be included in this campaign. The app targets parents and caregivers parenting children from birth to eight years and provides information needed for caring for children at each stage of life. The app enables users to know the kind of development taking place with their children, track developmental milestones, and be aware of actions to support their children's developmental needs. The app covers 3 phrases of the child's life, Infancy and Toddlerhood (0-2 years), Pre-school years (3-5 years) and the primary years (6-8 years). The app is available on both IOS and Android devices.

[36] Tropical Medicine Research Institute, The University of the West Indies, Mona - Jamaica

OBJECTIVE 2

To ensure the early detection, prevention, intervention, treatment, care, and services for children with special needs while emphasising inclusiveness and family/ community support.

The MoHW Family Health Manual (2015) reaffirms that 'it is within the family that health behaviour and health decisions are first established, where culture, values, and norms of the society begin.

The family structure and function affect health, and health affects family structure and function' (p.4). This Strategy adopts that position, recognising that the family is integral to any early screening and referral system, and therefore, strategies to engage, educate, and support families must be at its core.

Strategies and Actions

For Inclusiveness and Family Support

A Create opportunities for parents to openly share concerns about their child's development. Research has shown that parent reports of their child's progress can be accurate in identifying developmental delays. These opportunities can be created during routine visits to the clinic or in spaces such as the Parents' Places in the ECC and NPSC networks.[37]

B Upscale home visit interventions such as the early childhood parenting programme Reach-Up. This home-visiting programme, similar in scope to the ***What You Do with Baby Matters*** programme in the health centres, provides the training and materials parents need to promote early childhood development.[38]

C Integrate the National Parent Support Commission (NPSC) as part of the referral pathway. Given its mandate to provide parenting education, the NPSC can integrate information and guidance on how parents can monitor their children's development, seek help where there are concerns, and work with professionals to implement the necessary interventions.

D Use screening as an opportunity to educate and inform parents about ECD, and for parents to share what the results mean to them and their children.

E Speak clearly about what the screening or assessment results may mean for their child's psycho-social and educational progress.

F Accept the parent's right to refuse a referral; sometimes, they may not be ready to accept the screening results and should be given an opportunity to grieve and reflect, not pressured into immediate action. Where a parent refuses the referral, the ECD practitioner should explain what viable alternatives, if any, may exist in the school setting.

[37] ParentText Jamaica also offers an opportunity to do this. It is an automated mobile messaging service for parents and caregivers of children from birth to age 17. It utilises the UNICEF U-report messaging system to provide parents with parental guidance in areas such as relationship building, positive reinforcement, addressing child abuse, child behaviour management and stress management. These messages are delivered via text messages, audio and video clips via WhatsApp. Users can also complete self-assessments around the impact of ParentText on their parenting. The duration of these messages can last over an average of 5-12 weeks, depending on the frequency selected by parents.

[38] See reachupandlearn.com

G Promote the use of the CHDP as the primary screening tool for children up to age four.

H Streamline the number and types of tools and checklists utilised for early screening and assessment, ensuring that tools validated for use in Jamaica are prioritised and promoted. Where there are no locally validated tools for specific conditions, ensure that internationally validated, research-based tools are prioritised and promoted.

I Digitise the administration of the ECC tools, creating a real-time database for decision-making.

J Train service providers in health and educational institutions to apply available, approved screening tools, interpret results, and make referrals as needed.

K Develop a comprehensive database of resources on developmental surveillance and monitoring and early screening, which early childhood caregivers, educators and other service providers can use.

L Develop and promote a comprehensive list of available intervention and treatment services in both the public and private sectors, their location, and the scope of services for referrals.

M Develop comprehensive referral procedures, including conditions which may make children under three years automatically eligible for early intervention, a time frame for referral, sharing of screening/assessment results, and provision for re-screening at appropriate points. A universal referral form that captures key data points should be included in this procedural guide.

N Routinely update and actively promote the Directory of Services for Children across a variety of media as a referral tool for families, teachers, and early childhood development specialists.

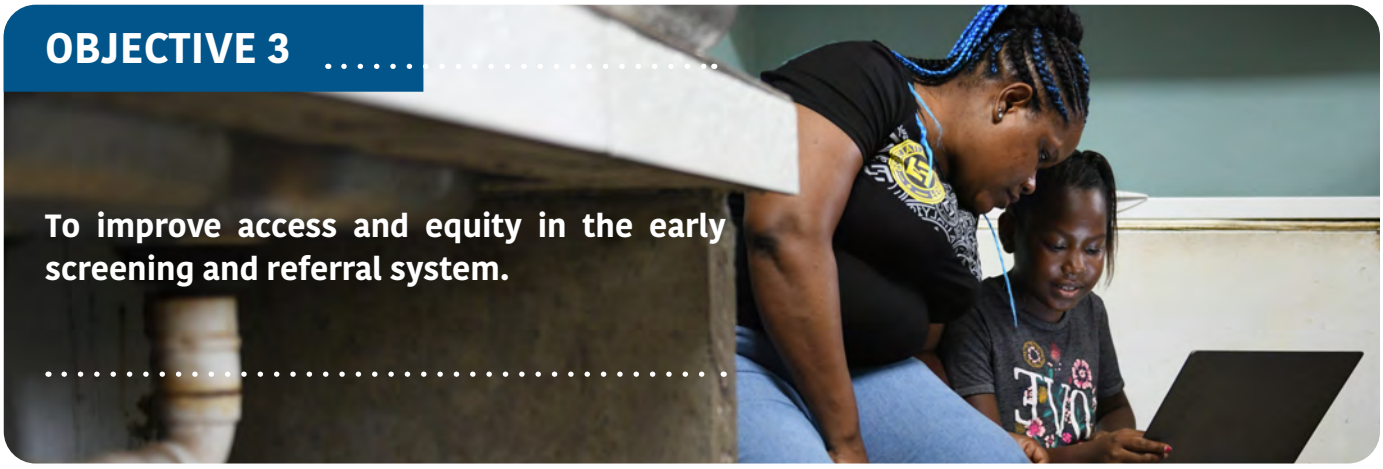
O Work with tertiary-level institutions to develop both short, and professional-level training programmes to fill gaps in therapeutic skills such as speech, occupational, and behavioural therapy. These courses can be offered at the associate degree level at the community college or diploma level in universities and can be marketed to persons interested in ECD but not as teachers/practitioners.

P ECC and the MoEY Special Education Unit work collaboratively to promote inclusive education for children in the EC cohort. This includes upskilling teachers up to grade three at the primary level through continuous professional development activities to equip schools to integrate children with special educational needs (SEN) into mainstream classrooms and provide resources for teachers in ECIs to facilitate this integration.

Q These workshops/programmes/courses can also be made available online via an ECD Training Institute, a collaborative effort between ECC, MoEY, funding partners such as UNICEF, and academic partners such as local universities. The training activities should also be incorporated into the ECC's annual training programme and the Commission's Professional Development Institute (PDI).

R Engage social media platforms such as Instagram and TikTok to promote messages about child development and the importance of early stimulation and screening. These platforms can also be used to provide information on 'at-hand' materials that can be used to promote brain development.

OBJECTIVE 3



To improve access and equity in the early screening and referral system.

Though Jamaica has a core of high-quality screening and intervention services, demand outpaces supply, with many services concentrated in the urban areas.

The result is that families in rural and some peri-urban areas have limited options for intervention services, especially specialist therapeutic services. Even where services are available, the cost can be prohibitive, creating another barrier to access. The long-term solution to this issue is to train more professionals and para-professionals in areas in which the country has critical service and skills gaps. In addition to expanding human resources and capacity, existing resources can be more fully leveraged to extend their reach.

Strategies and Actions

A Train and deploy a cadre of Child Development Community Health Aides across Jamaica, with a particular focus on rural areas. The ECC can/will develop a dedicated training programme in conjunction with HEART and Community Colleges, which have satellite sites across the island.

B Train the Child Development Community Health Aides to implement the What You Do With Baby Matters Programme in the health centres alongside the midwives and nurses. They will also be trained in the UNICEF-funded, ECC online, free-to-access, Inclusive Early Childhood Development Course for older children.

C Expand delivery sites for the Child Development Therapy Programme developed by the University of the West Indies (UWI), UNICEF and the ECC, making it available in Community Colleges across the island. The Child Development Therapy programme[39] is a multidisciplinary training programme for professionals who work with children and their families to provide intervention services at the primary level and to refer those who need more advanced or specialized intervention (ECC, 2018). The modest goal of the NSP is to have at least one professional per parish, but with the expansion of the programme delivery, more therapeutic professionals can be trained and deployed across each parish.

D Expand the number of Brain Builders Centres (BBC) located in rural areas.

E Partner with Faith-Based and Community Service organisations to host ECD monitoring and surveillance information sessions at local churches, schools, and community centres.

[39] The CDT has also been converted to an online modality with support from UNICEF.

F Partner to utilise community space such as facilities in libraries and churches to establish additional Parent Places. This is similar to the approach recommended by the First One Thousand Day Strategy already developed by the ECC and the NPSC Parents' Places.

G Existing ECIs should be identified by the ECC as potential therapy centres equipped with therapy rooms, as has already been done in some centres (Savanna la Mar Infant Academy, the Jamaica China Goodwill Infant schools I and II in Olympic Gardens and St Thomas, the Maxfield Park Children's Home Therapy space). This approach should be institutionalised and funded, allowing other Centres to be converted to add therapy spaces to ensure easier access for families across the island.

H Map all therapeutic services for developmental challenges offered across Jamaica, both in the public and private sector, and by parish and type of services offered. Encourage the Social Development Commission to identify and map community assets for ECD, including screening and early intervention services as part of its Community Profile. This provides information on where services are located and the communities/locations they serve.[40]

I Include screening and referral services for children from households benefiting from PATH as part of the package of benefits to which families are entitled.

[40] Work on this has already started, and UNICEF Jamaica has a Directory of Services for Children on their website.

OBJECTIVE 4

To build multi-sectoral capacity mechanisms to identify developmental risks and provide referrals and services to mitigate them.

The institutional framework which supports the early screening and referral pathway must be secured by relevant laws and policies, credible protocols, partnerships, and funded institutions and programmes.

This ensures the sustainability of the interventions pursued under this Strategy, a prerequisite for long-term success. Evidence-based decision-making is an important lynchpin of this framework, and hence, data management, analysis and use are key components of this strategic objective.

Strategies and Actions

Data Collection, Management, Analysis and Use for ECD.

A Develop an integrated, digitized data system to track screening and referrals throughout the processes.

B Improve data collection and articulation of data systems to facilitate more efficient data collection, storage, and utilization. This includes data from the Family Support Screening tool, the ASQ-J, and the JSRA.

C Develop an Early Screening Research Technical Working Group[41] focusing on data collection, analysis, and use, to strengthen the capacity of the ECC to analyse and disseminate data collected by the various screening tools, including the JSRA, making the report available annually and within 2-3 months of the assessment taking place. This technical working group will be multisectoral, consisting of representatives from the MoHW, MoEY, and led by the ECC. Representatives from academia may be included as necessary.

D Collaborate with members of the Research Technical Working Group, including MoHW, MoEY, Child Protection and Family Services Agency (CPFSA), and the MLSS, to develop and publish annually an integrated Early Childhood Development Index (ECDI) for Jamaica. UNICEF currently has a global methodology for this index,[42] which can be adapted for use in Jamaica. The primary purpose of the ECDI for Jamaica is not only to monitor progress towards the ECD SDG goals and targets (Figure 1), but also to raise the awareness of policymakers and the general public of the progress and gaps in the sector, including those related to early screening. This Index should be given high visibility and championed by both the ECC and the MoHW. The visibility should be akin to that given to other key social indicators such as poverty or labour force data.

[41] This TWG can be an arm of the Early Childhood Development Task Force
[42] https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/

Partnership

ECD, it's worth reiterating, is a multisectoral objective. Effective policies and programmes to promote the optimal development of children in early childhood require partnership across sectors and among public, private, and civil society organisations (CSO).

E Establish an Inter-Ministerial Oversight Body on Early Childhood Development, which will promote cross-sectoral policy development and practices, including expanding high-quality, inclusive services to ensure that children with developmental delays have early access to interventions. The Oversight Body will include membership from key public agencies such as MLSS, MoHW, MoEY, CPFSA, working in ECD.

F Collaborate with key MDAs to mainstream ECD in relevant policies and programmes. These include social protection, family support and services programmes, and health promotion programmes focusing on family health.

G Work closely with the MoEY to develop a universal and standardised ECD School Nutrition and Feeding Programme, which provides meals for all children registered at ECIs across Jamaica.

H Identify potential partners in the private sector who can support the ECC and the early childhood sector to mainstream early screening and referral into the child development framework in Jamaica.[43]

I Establish standardised protocols for partnerships with the private sector, ensuring that these partnerships are consistent with the fundamental principle of the 'best interest of the child'.

[43] The Infant and Young Child Feeding Policy includes this among its recommended actions.

3. Implementation

Success depends on the full and consistent implementation of the strategies/actions included in this Strategy. While some actions are already in train and can be fully implemented within the ambit of existing resources, others will require new or expanded investments in ECD. Though ECC will be the lead implementation and accountable agency, other partners will be central to the rolling out of the Strategy.

It is recommended that:

a) The Early Childhood Development Oversight Body, has monitoring and oversight responsibility for implementing the Strategy.

b) Establish an Implementation Team in each health or education region: This can consist of primary healthcare providers, ECD teachers, and a parent support team. The team is responsible for planning, execution, analysis, and post-analysis response.

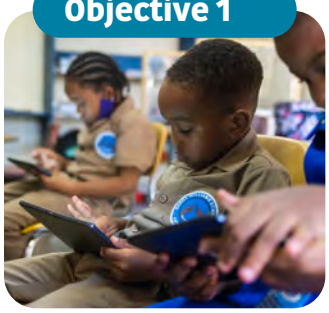
c) Establish, in partnership with the Social Development Commission, Early Childhood Development Community Councils (ECDCC) in all parishes across the island. This will deepen community involvement in early childhood development and in the knowledge-sharing and referral process. The NSP envisages that one of the roles of the ECDCC is referrals to Parent Places and other relevant programmes which support early childhood development.

d) The Oversight Body develops a Resource Mobilisation Plan to procure the investments for the capacity building and service expansion laid out in the Strategy.

4. Monitoring and Evaluation Framework

The M&E Framework for the Strategy covers indicators related to the strategies under each of the four strategic objectives. To the extent that there are overlaps, it includes indicators also covered under the NSP and the ECD Policy.

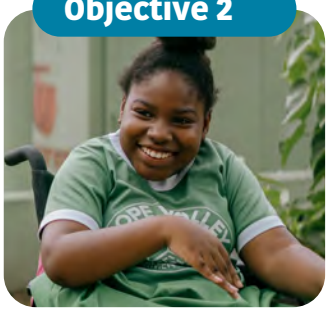
Objective 1



To enhance young children's physical, social, cognitive, psychological, and cultural development from birth to eight years of age.

Indicator	Measurement	Data	Frequency	Responsible Agency/Unit
1a. All newborns access the age-relevant ante-natal care	Percentage of newborns accessing the age-relevant antenatal care.	Data from Antenatal clinics: Monthly Clinical Summary Records (MCRS) of the MoHW	Annually	MoHW
1b. Knowledge of parents with children < 3 years about key early childhood developmental milestones	Percentage of parents having knowledge about key developmental milestones	Data from Programmes such as What you do With Baby Matters and Reach-up	Quarterly or semi-annually	RHAs/ MoHW
1c. Number of healthcare workers trained in ECD and use of CHDP for early screening for developmental delay (MoHW)	Number of healthcare workers completing relevant training by parish	Registration data for training	Quarterly	MoHW
1d. Online free to access training course on ECD and the use of the CHDP developed	Free to access online course operationalised	Online training platform	One-off	MoEY & MoHW

Objective 2

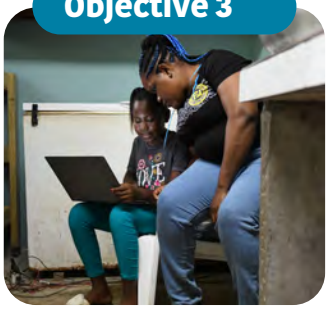


To ensure the early detection, prevention, intervention, treatment, care, and services for children with special needs while emphasising inclusiveness and family/ community support.

Indicator	Measurement	Data	Frequency	Responsible Agency/Unit
2a. Promote early ante-natal care as a means of protecting the rights of the child and early developmental monitoring and surveillance	The number of pregnant women accessing antenatal care during the first trimester of pregnancy	Data from Antenatal clinics: Monthly Clinical Summary Records (MCRS) of the MoHW	Annually	MoHW
2b. The number of parents benefitting from a home visiting programme to increase knowledge of ECD and improve stimulation practices in the home by parish	The number of parents benefitting from a home visiting programme to increase knowledge of ECD and improve stimulation practices in the home by parish	Programme data	Quarterly	MoHW
2c. Increase in the use of the CHDP as the primary screening tool for children 0-3 years	Increase in the completeness of the CHDP	Random audit of CHDP at Health Centres	Annually	MoHW & MoEY
2d. Number of service providers in health and educational institutions trained to apply available, approved screening tools, interpret results, and make referrals as needed	Number of service providers trained in early screening and referral	Training data from ECC and partners	Annually	MoEY & MoHW
2e. Comprehensive database of resources on developmental surveillance and monitoring and early screening	Database developed and in use	Database in existence	One-off	MoEY, ECC & MoHW
2f. Screening conducted with validated and approved tools	Number of professionals in ECD using validated tools to screen children for developmental delays	Procedures in existence	One-off	ECC, MoEY, MoHW

Indicator	Measurement	Data	Frequency	Responsible Agency/Unit
2g. Standardised referral procedures developed and in use	Referral procedures developed and in use	Number of courses developed, approved, and delivered in these areas	Annual	MoHW & MoEY
2h. Increase in number of free to access, short, and professional-level training programmes in therapeutic skills such as speech, occupational, and behavioural therapy, and in inclusive education strategies at the EC level	Number of courses developed and delivered in these areas	Training data	Annual	MoEY
2i.Number of ECD professionals and paraprofessionals trained in therapeutic skills such as speech, occupational, and behavioural therapy	Number of persons completing training in these areas locally			ECC, MoHW, MoEY

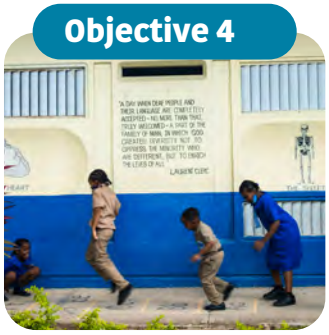
Objective 3



To improve access and equity in the early screening and referral system.

Indicator	Measurement	Data	Frequency	Responsible Agency/Unit
3a. Number of Child Development Community Health Aides (CDCHA) recruited and deployed across Jamaica, with a particular focus on rural areas	Number of CDCHA recruited, trained, and deployed	Programme data	Annually	MoHW
3b. CHCHA training programme developed and delivered in conjunction with HEART and Community Colleges	Number of training programmes delivered	Programme data	Annually	MoEY & MoHW
3c. Mobile screening and intervention programme deployed to underserved communities, particularly in rural areas	Number and location of site visits by the mobile service	Programme data	Annually	ECC & MoHW
3d. Number of new Parent Places established in existing community facilities such as community centres, libraries, and churches	New Parents Places established by parish	ECC data	Annually	NPSC
3e. Screening and referral services included for children from households benefiting from PATH as part of the package of benefits to which families are entitled	PATH programme modification to include this benefit	PATH data	One-off	MLSS

Objective 4



To build multi-sectoral capacity mechanisms to identify developmental risks and provide referrals and services to mitigate them.

Indicator	Measurement	Data	Frequency	Responsible Agency/Unit
4a. ECC develop an integrated data system, in partnership with the MoHW, to track screening and referrals throughout the processes	Database developed	Database in existence and operational	One-off	ECC & MoHW
4b. Establish an Early Screening Research Technical Working Group focusing on data collection, analysis, and use	Technical Working Group established and operational	Meeting minutes	Quarterly	ECC & MoHW
4c. Early Childhood Development Index (ECDI) for Jamaica developed and published	ECDI developed, approved, and published	ECDI Report	Annually	ECC & MoHW

ANNEX 1

Special education institutions/programmes

There are over 80 special education facilities in jamaica across all parishes catering to special needs students at all educational levels. Of this, 17 are institutions with special needs units, and 6 are institutions with resource rooms. There are two institutions that are group home facilities. The rest are a mix of government-owned, grant-aided and private schools. Further details on these institutions are provided in table 2. The greatest number of institutions are in region 1, followed by region 3. The lowest number is in region 7. Figure 6 provides further details on the spread of these institutions across the island.

Table 2: special education institutions/programmes registered with the moey for the 2018/2019 academic[44]

	Institutions	Region	Parish	Type	Population served	Level
1	Lister Mair Gilby (3)	1	Kingston and St. Andrew	Grant aided	Deaf and hard of hearing	Primary - secondary
2	Danny Williams School for the Deaf (2)	1	Kingston and St. Andrew	Grant aided	Deaf and hard of hearing	Early childhood - primary
3	Excelsior	1	Kingston and St. Andrew			
4	Randolph Lopez School of Hope (14)	1	Kingston and St. Andrew	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary
5	Maxfield Park Special School	1	Kingston and St. Andrew	Government owned	Mild learning and behaviour challenges	Primary - secondary
6	Stony Hill Infant, Primary and Junior High	1	Kingston and St. Andrew			Early childhood - secondary
7	Shortwood Practising Primary and Infant School	1	Kingston and St. Andrew			
8	Liguanea Preparatory	1	Kingston and St. Andrew			
9	Franklyn Town Primary School	1	Kingston and St. Andrew			Primary
10	Harbour View Primary School	1	Kingston and St. Andrew			Primary
11	Windsor School of Special Education (5)	1	Kingston and St. Andrew	Grant aided	Mild intellectual disabilities	Primary - secondary
12	Salvation Army School for the Blind and Visually Impaired	1	Kingston and St. Andrew	Grant aided	Blind and visually impaired	Early childhood - secondary
13	Caribbean Christian Centre for the Deaf (Cassia Park and Knockpatrick) (2)	1	Kingston and St. Andrew	Independent school	Deaf and hard of hearing	Early childhood - primary
14	Hope Valley Primary Unit	1	Kingston and St. Andrew	Government owned	Inclusive school	Primary
15	Mico Practicing Unit	1	Kingston and St. Andrew	Special education unit	Mild learning and behaviour challenges	Primary

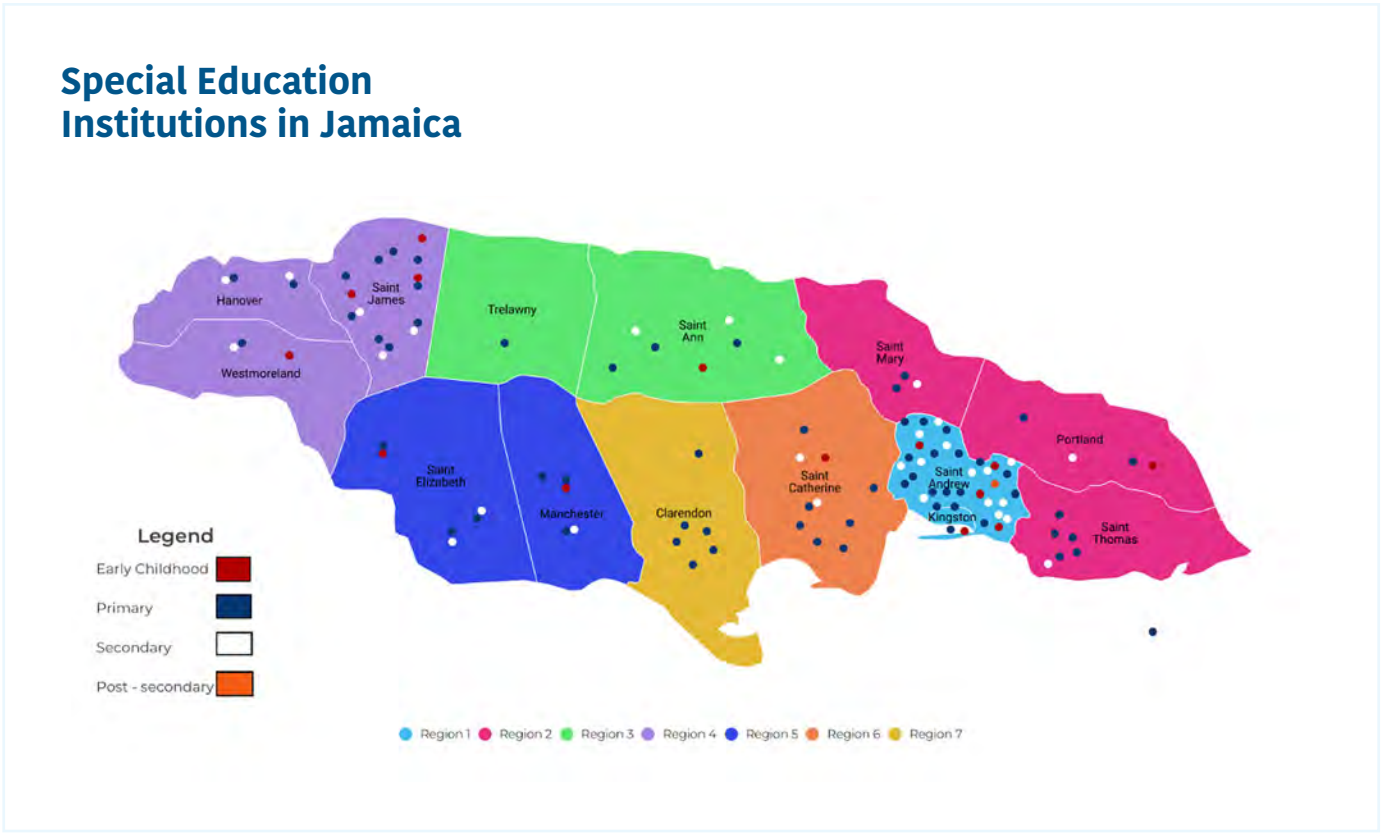
[44] Special Education Unit, Ministry of Education

16	Chetolah Park Primary Unit	1	Kingston and St. Andrew	Special education unit		Primary
17	Wolmers' Enrichment Centre	1	Kingston and St. Andrew	Special education unit		Primary
18	Alpha Pprimary School (rr)	1	Kingston and St. Andrew	Resource room		Primary
19	Halfway Tree Primary (rr)	1	Kingston and St. Andrew	Resource room		Primary
20	Jessie Ripoll Primary School (rr)	1	Kingston and St. Andrew	Resource room		Primary
21	School of Therapy Education Parenting (step) Centre	1	Kingston and St. Andrew	Independent school	Multiple/ severe disabilities	Early childhood - secondary
22	Sure Foundation	1	Kingston and St. Andrew	Independent school	Behaviour disorders	Secondary (grades 7-9)
23	McCam Child Development centre	1	Kingston and St. Andrew	Independent school	Inclusive school	Early childhood
24	Best Care	1	Kingston and St. Andrew	Independent school	Intellectual disabilities	Primary - secondary
25	Liberty Academy	1	Kingston and St. Andrew	Independent school	Inclusive school	Primary - secondary
26	Genesis Academy	1	Kingston and St. Andrew	Independent school	Moderate to severe intellectual disabilities	Secondary
27	Vaz Preparatory	1	Kingston and St. Andrew	Independent school		Primary
28	Abilities Foundation	1	Kingston and St. Andrew	Independent school	Persons with disabilities	Post secondary
29	Early Stimulation Programme	1	Kingston and St. Andrew	Social programme	Developmental and learning disabilities	Early childhood
30	Maxfield Park Children's Home	1	Kingston and St. Andrew			Early childhood - secondary
31	Ardenne Extension High	1	Kingston and St. Andrew	Independent school		Secondary
32	Port Antonio Unit for the Deaf	2	Portland	Grant aided	Deaf and hard of hearing	Primary - secondary
33	Yallas Primary School	2	St. Thomas			Primary
34	Port Antonio Primary	2	Portland			Primary
35	Trinity Primary School	2	St. Mary			Primary
36	Rose Bank	2	St. Mary	Grant aided		Secondary
37	Lyssons Centre of Excellence	2	St. Thomas	Government owned	Moderate to severe intellectual disabilities	Secondary
38	Jacks River Primary Unit	2	St. Mary	Special education unit		Primary
39	Seaforth Primary Unit	2	St. Thomas	Special education unit	Mild learning and behaviour challenges	Primary

40	Lyssons Primary Unit	2	St. Thomas	Special Education Unit	Mild learning and behaviour challenges	Primary
41	Albion Primary Unit	2	St. Thomas	Special Education Unit		Primary
42	Port Morant Primary Unit	2	St. Thomas	Special Education Unit	Mild learning and behaviour challenges	Primary
43	Early Stimulation Programme	2	Portland	Social programme	Developmental and learning disabilities	Early childhood
44	Edgehill School of Special Education (4)	3	St. Ann	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary
45	Ocho Rios High	3	St. Ann			Secondary
46	Browns Town	3	St. Ann			Secondary
47	St. Christopher's School for the Deaf	3	St. Ann	Grant aided	Deaf and hard of hearing	Early childhood - primary
48	Duncans Primary Unit	3	Trelawny	Special Education Unit	Mild learning and behaviour challenges	Primary
49	Ocho Rios Primary Unit	3	St. Ann	Special education unit	Mild learning and behaviour challenges	Primary
50	Llandilo School of Special Education (3)	4	Westmoreland, Hanover, St. James	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary
51	Montego Bay Autism Centre	4	St. James	Independent school	Autism	Primary - secondary
52	Lucea Learning Centre	4	Hanover	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary
53	Jamaica Christian School for the Deaf	4	St. James	Independent school	Deaf and hard of hearing	Early childhood - primary
54	Morant Bay Primary Unit	4	St. James	Special education unit	Mild learning and behaviour challenges	Primary
55	Catherine Hall Primary Unit	4	St. James	Special education unit	Mild learning and behaviour challenges	Primary
56	Flankers Primary Unit	4	St. James	Special Education Unit		Primary
57	Naz Children's Centre	4	St. James	Independent school	Inclusive school	Early childhood - primary
58	Teamwork Group of Schools	4	St. James	Independent school	Inclusive school	Primary - secondary
59	Sav-La-Mar Inclusive Academy (ECC)	4	Westmoreland	Independent school	Inclusive school	Early childhood
60	Greenpond Inclusive Education	4	St. James	Special Education Unit	Mild learning and behaviour challenges	Primary

61	Early Stimulation Programme	4	St. James	Social programme	Developmental and learning disabilities	Early childhood
62	Woodlawn School of Special Education (2)	5	Manchester, St. Elizabeth	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary
63	Santa Cruz Special Education Centre	5	St. Elizabeth	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary (grades 7-9)
64	Lyssons Centre of Excellence	5	Manchester, St. Elizabeth	Independent school	Deaf and hard of hearing	Early childhood - primary
65	Glen Stuart Primary Unit	5	Manchester	Special Education Unit	Mild learning and behaviour challenges	Primary
66	Windsor School of Special Education (5)	6	St. Catherine	Grant aided	Moderate to severe intellectual disabilities	Primary - secondary
67	Old Harbour Primary Unit	6	St. Catherine	Special Education Unit	Mild learning and behaviour challenges	Primary
68	Greater Portmore Primary School	6	St. Catherine	Resource room		Primary
69	St. John's Primary School	6	St. Catherine	Resource room		Primary
70	St Catherine Primary School	6	St. Catherine	Resource room		Primary
71	Providence Education Centre	6	St. Catherine	Independent school	Developmental and learning disabilities	Primary
72	Joshua School of Special Education (at Solid Base Preparatory)	6	St. Catherine	Independent school	Developmental and learning disabilities	Primary
73	Community based Rehabilitation Jamaica	6	St. Catherine	Independent school	Developmental and learning disabilities	Early childhood - secondary
74	May Pen Unit for the Deaf	7	Clarendon	Grant aided	Deaf and hard of hearing	
75	Hazard Primary Unit	7	Clarendon	Special Education Unit	Mild learning and behaviour challenges	Primary
76	Providence Education centre	7	Clarendon	Independent school	Developmental and learning disabilities	Primary
77	Joshua School of Special Education (at Solid Base Preparatory)	7	Clarendon	Independent school	Developmental and learning disabilities	Primary
78	Clarendon Group for the Disabled	7	Clarendon	NGO	Moderate to severe physical and intellectual disabilities	Children with disabilities

Figure 5: Map showing the spread of special education facilities in Jamaica



ANNEX 2

Early Childhood Commission Parent Places

Parent places provide parental education, psycho-social support, skills training, and counselling for the parent population in schools. Parent places are operated on a weekly basis in schools and Resource Centres, and offer support in child-rearing and other parent needs. Table 3 provides the list of available parent places across the island.

Table 3: List of ECC Parent Places in Jamaica

Name	Location	Contact information
Caenwood Resource Centre	37 Arnold Road	Phone: (876) 630-5200
Allman Town Infant School	Allman Town	Phone: (876) 948-5407
Charles Chin-loy Early Childhood Institution	Tivoli Gardens	
Mountain View Infant School	136 Mountain View Avenue	Phone: (876) 759-8767
Regent Street SDA Early Childhood Development Centre	9-11 Upper Regent Street	
First Missionary Basic School	58 East Street	Phone: (876) 922-6387
St Michael's Infant School	6a Tower Street	Phone: (876) 928-8246
Rose Gordon Kinder Preparatory	75 Montgery Avenue	Phone: (876) 754-7007
Little Einsteins Learning Centre	2 Blue Marlin, Sea View Gardens	Phone: (876) 213-1715
The Marcus Garvey Basic School	2a Greenwhich Avenue	
Jamaica China Goodwill Infant School	155 Olympic Way	Email: jamaicachinagoodwill.infant.sts@moey.gov.jm
Vouch – Mary Issa Nursery and Preschool	1 National Heroes Circle	Phone: (876) 922-5715 email: vouch_ltd@yahoo.com
Seaview Early Childhood Development Centre	1-3 Harbour View	
Marie Atkins Basic	9 Bagga Road	Phone: (876) 858-8205
Excelsior Pre-primary	Flat 5 Courtney Place , Mountain View	Phone: (876) 630-6194
St Thomas Resource Centre	Knighstville District, Yallahs	Phone: (876) 706-3205
Jamaica China Goodwill Infant School (st. Thomas location)	Morant Road, Morant Bay	Email: jamaicachinagoodwill.infant.sts@moey.gov.jm
Ginger Hall Basic School	Bath District	
Moses Baker Basic School	Hampton Court District	
Boundbrook Infant School	2 Boundbrook Crescent, Port Antonio	Phone: (876) 993-9012

Ginger House Basic School	Ginger House District	
Shirley Castle Infant Department	Shirley Castle District	Phone: (876) 581-0632
Emmanuel Early Childhood Centre	5th Avenue, Buff Bay	Phone: (876) 996-1976
St Mary Resource Centre	Main Street, Highgate	Phone: (876) 793-8812
Race Course Early Childhood Centre	Race Course District	Phone: (876) 414-8160
Mason Hall Infant Department	Mason Hall District	Phone: (876) 725-0816
Port Maria Infant	Port Maria P.O.	Phone: (876) 994-2166
Faith Builder Early Childhood Centre	Tower Isle District	Phone: (876) 366-5065
St Ann Resource Centre	Buckfield Road, Ocho Rios	Phone: (876) 797-6865
Free Hill Infant Department	Cameron Road, Bamboo District	Phone: (876)990-8708 or (876)851-7491
Faith Christain Fellowship Basic School	Claremont District	Phone: (876) 421-2185
Spicy Hill Basic School	Spicy Hill	
Stephen James Basic School	Kettering District, Duncan	Phone: (876) 954-9658
Falmouth Gardens Basic School	Falmouth Gardens	Phone: (876) 954-5877
James Edwards Basic School	Warsop	
Cornwall Gardens Basic School	Hibiscus Close, Cornwall Garadens H/S, Mt. Salem	Phone: (876) 940-4965
Glendevon Primary & Infant School	Glendevon, Norwood	Phone: (876) 971-6191
Bright Angels Preparatory	46 Union Street, Montego Bay	Phone: (876) 547-2493
Cambridge Infant School	Cambridge	Phone: (876) 364-5047
DRB Grant Resource Center	Catherine Hall, Montego Bay	Phone: (876) 979-3967
Lucea Infant School	Haughton Court, Lucea	Phone: (876) 956-3361
Bethel Infant School	Round Hill Drive, Hopewell	Phone: (876) 956-5455
Hanover Resource Center	Lucea	Phone: (876) 285-9012
Vision Plus Early Childhood Centre	Georges Plain, Frome	
Savanna-La-Mar Inclusive Infant School Academy	26 Lewis Street, Savanna-La-Mar	
Westmoreland Resource Center	Strathbogie	Phone: (876) 507-7387
Goodwill Primary and Infant		Phone: (876) 605-2012
Whithorn ECI		
Appleton Basic School School	Appleton District	

Broadleaf Early Childhood Centre	Broadleaf District	
Greenvale Anglican Basic School	Greenvale District	Phone: (876) 963-8135
Hounslow Early Childhood Centre	Hounslow District	
Holy Cross Early Childhood Centre	Pratville District	
Middlesex Infant School	Middlesex District	
Mike Town Early Childhood Centre	Mike Town District	
Mountainside Basic School	Mounatinside District	
Newcombe Valley	Newcombe Valley District, N.Valley	
Shalmar Pre-school and DayCare	Balaclava District	
Windsor Early Childhood Centre	Windsor District	
Witter McKain	Spaulding District	
St. Catherine Resource Centre	2A Orchid Boulevard	Phone: (876) 907-8474
Apostolic Early Childhood Development Centre	Federal Road	
Angels Early Childhood Development Centre	Chestnut Avenue	Phone: (876) 784-5354
Community Based Rehab.	14 Monk Street, Spanish Town	
Wallens Early Childhood Development Centre	Lot 48 Wallens H/S	
Clarendon Resource Centre	Foga Road	Phone: (876) 987-0919
Seymour Edwards Infant School	6 Sunnyside Acres	Phone: (876) 772-1941
Hope Basic School School	Lionel Town	Phone: (876) 845-2490 or (876) 990-4359
Child Development Agency	16 A Manchester Avenue	
Ritchies Early Childhood Development Centre	Ritchies District	Phone: (876) 820-3826 or (876) 890-0176
Par Excellence Early Childhood Development Centre	Decoy, Osbourne Store	
Alley Infant School	Alley, Lionel Town	Phone: (876) 984-9735 or (876) 986-3829
Banks Basic School	Banks, Race Course	

ANNEX 3

Early Childhood Commission Brain Builders Centres

The Brain Builders Programme addresses the importance of the first 1000 days in a child's life. It was conceptualised to reduce cognitive learning challenges among jamaican infants. These high-quality childcare facilities cater to children from 3 months to 3 years old. The main goal of the programme is to enhance stimulation and cognitive, social, and physical growth to support children in achieving important developmental milestones. The programme uses a specially developed curriculum for the 0-3 years cohort. These centres are equipped with trained teachers and caregivers to cater to the children's needs. There are nearly 130 brain builders centres across the island (table 3). These centres are free of cost to parents regardless of whether they are attached to a public, private, or public-private early childhood institution.

Table 4: List of Brain Builders Centres in Jamaica

Name of institution		Address	Contact information
1	Jamaica China Goodwill Infant	155 Olympic Way, Kingston	Email: jamaicachinagood-will.infant.sts@moey.gov.jm
2	St. Michael's Infant	6a Tower Street Kingston	Phone: (876) 928-8246
3	St. Richard's Infant & Pre-school	126 Red Hills Rd, Kingston	Phone: (876) 925-0122
4	Boundbrook Primary & Infant	2 Stony Hill Road, P.O. Box 270 Port Antonio	Phone: (876) 993-9012
5	Dalvey Primary and Infant	Dalvey P.O.	Phone: (876) 982-3191
6	Jamaica China Goodwill Infant #2	Church Corner to York Rd, St. Thomas	Email: jamaicachinagood-will.infant.sts@moey.gov.jm
7	Mason Hill Primary	St. Mary	
8	Rural Hill Primary & Infant	Rural Hill, Long Bay P.O. Rural Hill, Portland	Phone: (876) 913-7432 email: ruralhil.primary.por@moey.gov.jm
9	Tranquillity Primary & Infant	Tranquillity District Buff Bay P.O, Buff Bay	Phone: (876) 357-8081
10	Bounty Hall Primary & Infant	Bounty Hall. , Trelawny.	Phone: (876) 954-6194
11	Chester Primary & Infant	Chester District, Laughlands P.O., Saint Ann	Phone: (876) 363-9959
12	Free Hill Infant Dept	Free Hill District, St. Mary	Phone: (876) 450-9341
13	Gibraltar All-Age & Infant	Gibraltar District, St. Ann	
14	Grants Mountain Primary & Infant	Grant's Mountain District, Calderwood P.O.	
15	Hampden Primary & Infant	Hampden, Trelawny.	Phone: (876) 912-8865
16	Liberty Hill Infant	Dumbarton, St. Ann	
17	Runaway Bay All-Age & Infant	Runaway Bay, P.O., St. Ann	Phone: (876) 973-4160
18	St. Ann's Bay Infant	24 Edgehill Road, Saint Ann's Bay, Jamaica	Phone: (876) 534-4662 email: stannsbay.infant.san@moey.gov.jm

19	Salt Marsh Infant	Salt Marsh, Trelawny	Phone: (876) 617-2140
20	Spring Garden Primary & Infant	Albert Town, Trelawny	Phone: (876) 610-1612
21	Stephen James Infant (formerly Basic)	Duncans, Trelawny	Phone: (876) 954-9658
22	Wakefield Primary & Infant	Wakefield, Trelawny	Phone: (876) 610-2985
23	York Castle Primary & Infant	York Castle, St. Ann	Phone: (876) 794-8479
24	Bethel Infant	Hopewell, Hanover	Phone: (876) 956-5455
25	Cornwall Mountain Infant	Cornwall Mountain, Savannah-la-Mar	Phone: (876) 413-6930 email: cornwallmountain.allage.wes@moey.gov.jm
26	Friendship Primary & Infant	Westmoreland	Phone: (876) 819-6515
27	Goodwill Primary & Infant	St. James	Phone: (876) 605-2012
28	Mount Herman Infant Dept.	Westmoreland	Phone: (876) 902-7727
29	St. Simon's Infant	Hanover	Phone: (876) 225-4409 email: stsimon.primary.han@moey.gov.jm
30	Seaford Town Infant Dept.	Seaford Town, Lambs Rover, P.O., Westmoreland	Phone: (876) 420-9978 email: seafordtown.allage.wes.moey.gov.jm
31	Springfield Primary & Infant	Welcome Hall, Welcome Hall P.O., St. James	Phone: (876) 787-9779 email: springfield.allage.sjs@moey.gov.jm
32	Mandeville Infant	Wint Road, Mandeville P.O. Manchester	Phone: (876) 962-6323 email: mandeville.infant.man@moey.gov.jm
33	Middlesex Infant	Middlesex District, Middlesex, P.A St. Elizabeth	Phone: (876) 428-1156 email: middlesex.infant.man@moey.gov.jm
34	Bridgeport Infant	1 Yale Road, P.O. Box 50, Bridgeport St. Catherine	Phone: (876) 988-2778 email: bridgeport.infant.sce@moey.gov.jm
35	Watermount Primary & Infant	St. Catherine	
36	Planters Hall Infant Dept.	Planter's Hall District, Old Harbour St. Catherine	Phone: (876) 353-4901 email: plantershall.allage.sce@moey.gov.jm
37	Mount Providence Primary & Infant	Clarendon	
38	Arnold Road Methodist Basic	20 Arnold Road, St. Andrew	Phone: (876) 406-9676 email: joycelacorbiniere@yahoo.com
39	Auburn Basic	St. Andrew	Phone: +1 (876) 933-8212
40	Bethel United Basic	St. Andrew	Phone: +1 (876) 856-4084 email: bethelbasic1973@hotmail.com
41	Bethel Basic	Kingston	
42	Branches of the Vine Nursery & Pre-School	22 Renfield Drive, St. Andrew	Phone: (876) 392-1119 email: botvjm@gmail.com
43	Care Bear ECDC	St. Andrew	

44	Charles Chin Loy ECDC	Kingston	
45	Elim ECDC	St. Andrew	
46	Eric Malcolm Basic	St. Andrew	Phone: (876) 398-2089
47	Evelyn Peterkin Basic	St. Andrew	Phone: email: evelynpeterkin1938@gmail.com
48	Four Campbell's Academy	St. Andrew	Phone: +1 (876) 367-3606 email: fourcampbellsacademy@gmail.com
49	Future Glow Learning Centre	St. Andrew	Phone: (876) 804-2408
50	Galilee Basic	Kingston	Phone: (876) 938-4427
51	Glenmore EC Centre	Kingston	
52	Halibethian ECC	Kingston	
53	Herrick Basic	St. Andrew	Phone: (876) 934-3432
54	Hortense Salmon ECI	Kingston	
55	Islaamiyah Basic	29 South Camp Road, Kingston	Phone: (876) 928-1771 email: islaamiyah@gmail.com
56	Little Scholars Academy	Corner of St. Christopher and Old Stony Hill Roads. Kingston 9, St. Andrew	Phone: (876) 512-7293 or (876) 667-4676 email: littlescholarsjm@gmail.com
57	Little Tots ECC	Corner of St. Christopher and Old Stony Hill Roads. Kingston 9, St. Andrew	Phone: (876) 382-6369 or (876) 863-0251 or (876) 926-7113 or (876) 382-6369
58	Majesty Gardens Learning Centre	St. Andrew	Phone: (764) 8044/299-1805/923-9162 email: majestygardensinfantschool@gmail.com
59	Marie Atkins Basic	St. Andrew	Phone: (876) 858-8205
60	Minna Carr Basic	St. Andrew	
61	Mount Ogle ECI	St. Andrew	
62	Mount Salus Basic	Mannings Hill District, Stony Hill, St. Andrew	Phone: (876) 813-5140 email: mountsalusbasic@yahoo.com
63	National Baptist Basic	22 1/2 Greenwich Street, St. Andrew	Phone: (876) 485-9856
64	New Baby Grand Dev. Centre Baby Grand Early Childhood Institution	13 Rudolph Burke Avenue, St. Andrew	Phone: (876) 925-3689
65	Padmore ECC	St. Andrew	
66	Port Royal ECI	Kingston	
67	Reg Keiz Memorial Basic	St. Andrew	
68	Regent Street SDA ECDC	Kingston	
69	Riverton Meadows ECC	12 Ferguson Drive, Riverton Meadows, St. Andrew	Phone: (876) 564-4059 email: riverton.centre@yahoo.com
70	Rock Hall Basic	St. Andrew	

71	Shortwood United Church Basic	48 Shortwood Rd Kingston 8, St. Andrew	Phone: (876) 941-7825 email:
72	Small Fry Nursery and Learning Centre	11 Meadowbrook Main Kingston 19, St. Andrew	Phone: (876) 925-9339 or (876) 279-8789 email: smallfrynursery@yahoo.com
73	Sunrays Educational Centre	16-18 Mannings Hill Rd, St. Andrew	Phone: (876) 924-5518 email:
74	Tower Hill Missionary ECI	159 Olympic Way Kingston 11, St. Andrew	Phone: (876) 565-1799 or (876) 758-0362 or (876) 812-6318
75	Trench Town SDA Basic	St. Andrew	Phone: (876) 290-8212 email: towntrenchsda@gmail.com
76	Vouch Foundation Mary Issa Nursery & Preschool	1 National Heroes Circle, Kingston	Phone: (876) 922-5715 email: vouch_ltd@yahoo.com
77	Devon Pen Basic Devon Pen Primary and Infant School	St. Mary	Phone: (876) 289-2184 email: devonpen.primary.smy@moey.gov.jm
78	Hart Hill Basic	Portland	
79	Ebenezer Methodist Basic	St. Ann	Phone: (876) 972-6365
80	Spicy Hill Basic	Trelawny	
81	Tennyson Palmer ECI	110 Albion Rd, Montego Bay, St. James	Phone: (876) 828-5946 email:
82	Barbara E Lee Hing Banana Ground Basic	Manchester	
83	Burnt Savannah ECI	St. Elizabeth	
84	D'Franks ECI	Manchester	
85	Elim ECI	St. Elizabeth	
86	First Step ECI	Top Hill, Junction, St. Elizabeth	Phone: (876) 588-8593 email: ppk5@hotmail.com
87	Greenvale Anglican Basic and Day Care	Greenvale Mandeville, Manchester	Phone: (876) 963-8135
88	Holy Cross Basic	Manchester	
89	Lil' Noble Kinder Kare	67 High Street, Black River, St. Elizabeth	Phone: (876) 844-9047
90	Martha Simpson ECI	Shaddock Hill District, Junction, St. Elizabeth	
91	Mike Town ECI	Manchester	
92	Quality Kids Care Kindergarten	Manchester	
93	Royal Flat Basic	Manchester	
94	St. Anthony Basic	Manchester	
95	St. Joseph's Basic	Manchester	
96	Unipen ECI	1a Brumalia Rd, Mandeville, Manchester	
97	Wiz Kidz Kindergarten & Day Care	Manchester	
98	Alexander Basic	St. Catherine	

99	Angels ECDC	St. Catherine	
100	Ascot Basic	1 North West, St. Catherine	Phone: (876) 949-5575
101	Bournes Little Angel Nursery & Pre-School	St. Catherine	Phone: (876) 985-2262 email: sbournegordon@yahoo.com
102	Christian Gardens	St. Catherine	
103	Clifton Basic	Clifton District, Bernard Lodge Main Rd, Portmore, St. Catherine	Phone: (876) 437-3397
104	Ebony Vale Baptist	456 Cedar Drive Ebony Vale, Spanish Town, St. Catherine	
105	Elim ECDC	Naggo Head, Portmore, St. Catherine	Phone: (876) 841-4386 email: elimchildcentre@yahoo.com
106	Faith Mission ECDC	195 Park Avenue, Sydenham, Spanish Town PO, St. Catherine	Phone: (876) 668-4699 email: faithmissionecdc95@yahoo.com
107	Faith Temple EC Christian Academy	Bayside, Portmore, St. Catherine	Phone: (876) 704-2255 email: faithtemplechristian-academy@gmail.com
108	Genesis Day Care and Learning Centre	1 Capri Way Portmore, St. Catherine	Phone: (876) 535-9384 or (876) 998-4010
109	Glad Tidings ECDC	12&24 Sherlock Avenue, Hampton Green, Spanish Town, St. Catherine	Phone: (876) 649-4110 or (876) 821-4208 email: gladtidingskinder@yahoo.com
110	Glowing Minds Day Care	389 Highfield Drive, Ensom City, Spanish Town, St. Catherine	Phone: (876) 360-3573 or (876) 984-1376
111	Grace ECI	Commodore, Linstead P.O., St. Catherine	Phone: (876) 407-5760 or (876) 294-7911 or (876) 434-2028 or (876) 371-6379
112	Guys Hill Basic	St. Catherine	
113	Hill Top Basic	St. Catherine	
114	Kidz Kampuz Daycare & Pre-School	St. Catherine	
115	Little People in Training Pre-School & Nursery - Group of Schools	25-27 Gillette Street Linstead, St. Catherine	Phone: (876) 816-6075
116	Mount Concord Basic	St. Catherine	
117	Portsmouth Basic	St. Catherine	
118	Praise Kindergarten ECI	272 Kennington Dr, Westmore Gardens, Spanish Town, St. Catherine	Phone: (876) 465-3203 email: praiseeci@gmail.com
119	Rodney's Learning Centre	Claremont Drive Old Harbour, St. Catherine	Phone: (876) 856-1189
120	St. John's Road Basic	St. Catherine	

121	Time and Patience	Time And Patience, Linstead P. O St. Catherine	Phone: (876) 903-4947 or (876) 461-4201 or (876) 374-4120 or (876) 452-9677 or (876) 374-4120
122	Wallens Basic	St. Catherine	
123	Annunciation ECI	P.O Box 44, Hayes P.O., Clarendon	Phone: (876) 986-0105 email: annunciationbasic13@hotmail.com
124	Four Path Basic	Four Paths P.O., Clarendon	Phone: (876) 805-8119 or (876) 460-5064
125	Hazard Drive Basic	47 Hazard Drive, May Pen P.O., Clarendon	Phone: (876) 381-9499
126	Prime Time ECI	45 Evans Street, Denbigh, Clarendon	Phone: (876) 541-4067 email: primetimekids@yahoo.com
127	Ritchies ECI	Ritchies District, Spalding P.O. Clarendon	Phone: (876) 820-3826 or (876) 890-0176
128	St. Philomena Basic	Portland Cottage District, Clarendon	Phone: (876) 383-3635 or (876) 544-0137
129	York Town Basic	Clarendon	

ANNEX 4

Referral and Intervention Services

Table 1 provides a list of referral and intervention services available for screening children at risk for developmental delays and disabilities. Services are offered in both the public and private sectors. However, whereas public referral and intervention services are free of charge, private institutions charge a fee. These fees can be exorbitant depending on the type of service.

Table 5: Referral and intervention services offered in Jamaica.

Referral and intervention services	Location	Contact information	Services offered	Type of institution	Age group
Early childhood resource centres					
Dudley Grant (DBG) Early Childhood Resource Centre	1 Gibraltar Camp Rd, Mona Campus, St. Andrew	Phone: (876) 970-4604	Early childhood development	Public	
Caenwood Complex	37 Arnold Road, Kingston 4	Phone: (876) 754-6168	Early childhood development	Public	
Portland Resource Centre	1 Smatt Road, Port Antonio Portland	Phone: (876) 993-3882	Early childhood development	Public	
St. Thomas Resource Centre	Baptist Yallahs P.O. St. Thomas	Phone: (876) 706-3205	Early childhood development	Public	
St. Mary Resource Centre	Main Street Highgate P.O. St. Mary	Phone: (876) 793-8812	Early childhood development	Public	
Trelawny Resource Centre	Duncans, Trelawny	Phone: (876) 286-0058	Early childhood development	Public	
St. Ann Resource Centre	Buckfield Housing Scheme, Ocho Rios, St. Ann	Phone: (876) 797-6865	Early childhood development	Public	
Westmoreland Resource Centre	Torrington Strathbogie, Savanna la Mar P.O. Westmoreland	Phone: (876) 507-7387	Early childhood development	Public	
DRB Grant Resource Centre	Catherine Hall, Montego Bay, St. James	Phone: (876) 940-5512	Early childhood development	Public	
Hanover Resource Centre	Violet Drive, Lucea, Hanover	Phone: (876) 285-9012	Early childhood development	Public	
Manchester Resource Centre	Mandeville P.O, Manchester	Phone: (876) 962-6862	Early childhood development	Public	

Clarendon Resource Centre	Foga Road, Denbigh, Clarendon	Phone: (876) 987-0919	Early childhood development	Public	
St Catherine Resource Centre	2a Orchid Boulevard, Eltham Housing Scheme, Spanish Town P.O, St. Catherine	Phone: (876) 907-9854	Early childhood development	Public	
Other referral and intervention services					
Jamaica Down Syndrome Foundation	1 Stanton Terrace, Unit 10 Kingston 6	Phone: (876) 978-0829 Email: jamaicadowns-syndrome@cwjamaica.com	• Counselling sessions for parents • Bimonthly parent support meetings • Dance classes • Free annual eye and hearing screening • Provision of a parent guide and other print resources for new parents • Free Pneumococcal vaccines for children with Down Syndrome. (Children with Down Syndrome are prone to Pneumococcal infections which may be life threatening.)	NGO	0 - adult
Caribbean Tots to Teens	120 Old Hope Road, Kingston, Jamaica	Phone: (876) 978-8535 email: info@caribtots2teens.com website: https://caribtots2teens.com/	Provides paediatric surgery, developmental assessments and therapeutic intervention services including counselling, psychotherapy, and nutrition services.	Private	2 years -adult
MICO CARE (for children 6+ years)	Kingston: 5 Manhattan Road, Kingston 5	Phone: (876) 929-7720-2 fax: (876) 906-1395 email: care_centre@cwjamaica.com	• Psychological Evaluation • Educational Evaluation • Speech and Language/ Audiology Evaluation • Occupational Therapy • Psycho-social Evaluation • Medical Screening • Workshops and Seminars • Counselling • Tutorials • Public Education • Remedial and Therapeutic Intervention • Individual Educational Plans (IEPs) • Consultancy in General and Special Education	Public	0-6 years
	Portland: Passley Gardens	Phone: (876) 929-7720-2 fax: (876) 906-1395 email: care_centre@cwjamaica.com			
	St. Ann: 2 Royes Street, St. Ann's Bay	Phone: (876) 972-1174 fax: (876) 972-7719 email: micocare_stann@cwjamaica.com			
	Manchester: 53 Main Street, Mandeville	Phone: (876) 625-4847 fax: (876) 625-4793 email: micocare_ridgemount@cwjamaica.com			
The Counselling Centre	5 Windsor Avenue, Kingston	Phone: (876) 334-4676 website: https://the-counselling-and-therapeutic-play-center-play.business.site/?Utm_source=gmb&utm_medium=referral#summary_	Child Centered Play Therapy with children, counselling for adolescents and adults.	Private	

MoEY Student Assessment Unit	Ministry of Education Caenwood Centre 37 Arnold Road Kingston 5	Phone: (876) 922-5680/4 Fax: (876) 948-9240	Is responsible for: • the implementation of a system for the objective and accurate assessment of students at the Early Childhood, Primary and Secondary levels. • Monitors the assessment processes at other levels of the education system • Oversees the administration of the National	Public	
Community Based Rehabilitation Jamaica	Headquarters: 14 Monk St, Spanish Town Other locations in Manchester, St. Elizabeth, and St. James		• Supports developmental assessment and early intervention, (including identifying sensory, motor and learning disabilities) for children from birth to 6 years old • Provides psychological assessment, therapeutic intervention and referral services for children with disabilities • Facilitates training for parents and encourages peer support groups on child development for children with disabilities	NGO	
Child and Family Clinic	University Hospital of the West Indies (UHWI)	Phone: (876) 920-1620-9	• Immunizations • Health Education individually and collectively for all parents/ guardians. • Direct home visits. • Monitoring and recording of all growth parameters. • Complete physical checks on all children. • Referral to all Services in the Institution and to agencies outside as is necessary.	Public	0-5 years
Early Stimulation Programme	Kingston & St. Andrew Portland, & St. James	Phone: (876) 922-8000-13	The Early Stimulation Programme (ESP) is an early intervention programme for young children (0-6 years) with various types of developmental disabilities.	Public	0-6 years

Jamaica Association for Children with Learning Disabilities (JACLD)	Kingston: 7 Leinster Road Kingston 5	Phone: (876) 929-4341 or (876) 298-2529 fax: (876) 929-4348 email: jacld7leinster@yahoo.com website: http://www.jacld.com/index.html	Provides intervention services exclusively for students between the ages of six (6) through sixteen (16) years who have a specific Learning Disability.	Private	6-16 years
	Manchester: 1b Hanbury Road Mandeville	Phone: (876) 962-8985, (876) 962-2133 or (876) 887-9264 fax: (876) 929-4348 email: jacld7leinster@yahoo.com website: http://www.jacld.com/index.html			
Sam Sharpe Teachers College Diagnostic and Early intervention Centre	Box 40, Granville P.O. St. James	Phone: (876) 952-4000-2 email: sstc@samsharpe.edu.jm website: https://sstc.edu.jm/sam-sharpe-diagnostic-and-early-intervention-centre/	• Psychological Evaluation • Educational Evaluation • Counselling • Social Work Psycho-social Evaluation • Medical Screening Workshops/Seminars • Remedial Intervention Classes • Individualized Intervention Plans (IIP) • Consultancy in General and Special Education	Public	
Bethel Baptist Holistic Centre	6 Hope Road, Kingston 10, St. Andrew	Phone: (876) 929-6979 email: bethelhealingministry@gmail.com	Parental support	FBO	Parents
Family and Parenting Centre	2 Rhynie Drive, Montego Bay	Phone: (876) 909-4675 email: fandpcentre@yahoo.com	Parental support	NGO	Parents
Jamaica Autism Support Association (JASA)	Kingston YMCA, 21 Hope Rd., Kingston, Jamaica	Phone: (876) 776-6821 Email: jasa.jm2k9@gmail.com	Parental support	NGO	Parents
Webster Memorial Clinic and Counselling	53 Half Way Tree Road, Kingston	Phone: (876) 926-6127 email:	Parental support	Private	Parents
National Parent Support Commission (NPSC)	37, Arnold Rd, Kingston	Phone: (876) 967-7977 email:	Parental support	Public	Parents

Referral and intervention services	Location	Contact information	Services offered	Type of institution	Age group
Child guidance clinics					
Morant Bay Health Centre	Grounds of the Princess Margaret Hospital		Mental health care	Public	0-18 years
Yallahs Health Centre	E Finchley Road, Poor Mans Corner	Phone: (876) 706-2079	Mental health care	Public	0-18 years
Isaac Barrant Community Hospital	Hampton Court	Phone: (876) 982-2766	Mental health care	Public	0-18 years
Comprehensive Health Care	55 Slipe Pen Road	Phone(876) 922-2095	Mental health care	Public	0-18 years
Glen Vincent Health Centre	3 Trevennion Park Road, Kingston 5	Phone: (876) 908-5475 fax: (876) 906-3014	Mental health care	Public	0-18 years
Linstead Health Centre	King Street, Linstead P.O.	Phone: (876) 985-2203 or (876) 903-0056 email: nch@cwjamaica.com	Mental health care	Public	0-18 years
St. Jago Park Health Centre	Burke Road, Spanish Town	Phone: (876) 907-5282	Mental health care	Public	0-18 years
Black River Health Centre	24 High Street, Black River	Phone: (876) 965-2712	Mental health care	Public	0-18 years
May Pen Hospital	Manchester Avenue, May Pen	Phone: (876) 908-5471 fax: (876) 786-3937	Mental health care	Public	0-18 years
Spaulding Health Centre	Spaulding, Clarendon	Phone: (876) 964-0671	Mental health care	Public	0-18 years
Mandeville Health Centre	44 Manchester Road (Former Elizabeth House Property)	Phone: (876) 962-2288	Mental health care	Public	0-18 years
Alexandria Community Hospital	Alexandria, St. Ann		Mental health care	Public	0-18 years
Steer Town Health Centre	Steer Town, St. Ann's Bay P.O.,	Phone: (876) 728-9732	Mental health care	Public	0-18 years

Port Maria Hospital	Trinity, Port Maria, St. Mary	Phone: (876) 994-2228 fax: (876) 908-5469	Mental health care	Public	0-18 years
Annotto Bay Hospital	Annotto Bay St. Mary	Phone: (876) 996-2222-3	Mental health care	Public	0-18 years
Port Antonio Hospital	Naylors Hill, Port Antonio	Phone: (876) 993-2646-8 or (876) 613-8400	Mental health care	Public	0-18 years
Buff Bay Community Health Centre	Buff Bay	Phone: (876) 996-1478	Mental health care	Public	0-18 years
Manchioneal Health Centre	Sanshore Road, Manchioneal	Phone: (876) 993-6323	Mental health care	Public	0-18 years
Falmouth Hospital	Rodney Street, Flamouth	Phone: (876) 954-3250	Mental health care	Public	0-18 years
Montego Bay Health Centre	Payne Street, Montego Bay	Phone: (876) 979-7820	Mental health care	Public	0-18 years
Cornwall Regional Hospital	Mount Salem, Montego Bay, St. James	Phone: (876) 908-5463	Mental health care	Public	0-18 years
Savannah-la-Mar Hospital	Barracks Road, Savann-la-mar	Phone: (876) 955-9946 fax: (876) 955-2533	Mental health care	Public	0-18 years
Lucea Health Centre	Fort Charlotte Drive, Lucea	Phone: (876) 956-2604	Mental health care	Public	0-18 years

References

Cusick, F. & Georgieff, M. K. (2013). The First 1,000 Days of Life: The brain's window of opportunity. UNICEF. Retrieved from https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html

Early Childhood Commission (2018). National Strategic Plan 2008-2023. Retrieved from https://ecc.gov.jm/html/wp-content/uploads/2022/04/National-Strategic-Plan-Booklet.pdf

Gayle-Geddes, A. (2020). Disability and Education in Jamaica: Analysis of policy and praxis. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000374691

Jamaica Education Transformation Commission. (2021). The Reform of Education in Jamaica, 2021. Retrieved from https://nationwideradiojm.com/wp-content/uploads/2022/01/2021-8-JETC-Patterson-Report.pdf

Patterson, C. (2023, May 31). 30 additional Brain Builder Centres to be established. Jamaica Information Service. Retrieved on December 15, 2023, from https://jis.gov.jm/30-additional-brain-builder-centres-to-be-established/

Ministry of Education and Youth. (n.d.). Grade One Individual Learning Profile (GOILP). Retrieved from https://moey.gov.jm/grade-one-individual-learning-profile/

Ministry of Health and Wellness. (2015). Family Health Manual. Retrieved from https://ecc.gov.jm/html/wp-content/uploads/2022/04/National-Strategic-Plan-Booklet.pdf

McCaw-Binns, A. (2009). Comprehensive assessment of existing service delivery options within the early childhood sector and implications for scaling-up. Unpublished document.

National Institutes for Children's Health Quality. (n.d.) Strengthening the Developmental Screening Process. Retrieved from https://nichq.org/insight/strengthening-developmental-screening-process

Samms-Vaughan, M. (2006). Screening Early Intervention and Referral for Health, Developmental and Behaviour Disorders in Jamaica. Caribbean Childhood, 3, 163-173.

Samms-Vaughan, M. (2018). The Jamaica Brain Builder's Programme: Jamaica's first thousand days strategy. Unpublished document.

Samms-Vaughan, M. (2020). Bridging the Gaps: Towards a national system of early years care and support. Mapping Jamaica's national capacity and service provision of comprehensive care for young children with developmental disabilities. Retrieved from https://www.unicef.org/jamaica/reports/bridging-the-gaps-2019

Scher M. S. (2022). A Bio-Social Model during the First 1000 Days Optimizes Healthcare for Children with Developmental Disabilities. Biomedicines, 10(12), 3290. Retrieved from https://doi.org/10.3390/biomedicines10123290

STATIN. (2018). Mid-Year Population by Age and Sex. Retrieved from https://statinja.gov.jm/Demo_SocialStats/newMidYearPopulationbyAgeandSex2008.aspx

UNICEF. (2023, May). Early Childhood Development Index 2030. Retrieved from https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/

UNICEF. (n.d.). Identifying the Gap to Act: Early childhood development outcomes and determinants in Latin America and the Caribbean. Retrieved from https://www.unicef.org/jamaica/media/461/file/Identifying-the-Gap-to-Act-Early-Childhood-Development-Outcomes-and-Determinants-in-Latin-America-and-the-Caribbean.pdf

UNICEF & ARABKIR Institute of Child and Adolescent Health. (2022). Children's development and developmental delays, Principles of early identification, A training module for healthcare professionals. Retrieved from https://www.unicef.org/armenia/en/reports/childrens-development-and-developmental-delays-principles-early-identification

Walker, S., Powell, C., Chang, S., Baker-Henningham, H., & Grantham-McGregor, S. (2016). Parenting Programme in Health Centres: What you do with baby really matters. Retrieved from https://publications.iadb.org/en/parenting-programme-health-centres-what-you-do-baby-really-matters-implementation-manual

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