Commission 3.3 - Challenges and Solutions for Scaling up Programs for the Under Threes: Effective Models and Modalities of Service Delivery

Improving early Childhood Development (ECD) in 0-3 Year Olds: The Jamaican Approach

Maureen Samms-Vaughan

World Conference on Early Childhood Care and Education
27-29 September 2010
Moscow, Russian Federation
Improving early childhood development in 0-3 year olds

Maureen Samms-Vaughan
WCECCE, Moscow, Russian Federation
September, 2010
GUIDELINES GIVEN

- Describe main challenges in providing for holistic development of 0-3 yrs.

- Present policy and programming approaches adopted by the Government of Jamaica

- Present lessons learned

- Implications for other countries

- Recommendations for further action and research at national, regional and international levels
Majority of brain development in early childhood years occurs in first 3 years

Plasticity of brain is greatest in first 3 years

Creating the best possible developmental environments for children in these early years will have the greatest impacts
BUT

- Negative impacts on the brain will also have their greatest impact at this time

HOWEVER

- Negative impacts (genetic, developmental or environmental) can be better rectified if identified in the early years, because plasticity of brain is greatest
As ECD Development Partners, government representatives, policy makers and programme planners we can therefore promote ECD through:

1. PROVISION OF OPTIMAL ENVIRONMENTS

AND

2. EARLY IDENTIFICATION AND INTERVENTION FOR SUB-OPTIMAL ENVIRONMENTS
MAIN CHALLENGES IN PROVIDING HOLISTIC DEVELOPMENT FOR 0-3
**CHALLENGES I**

- **Administration**
  0-3 typically considered the remit of the health sector, but only for health related matters: growth, nutrition, immunisation and Day Care

- **Access**
  Limited access to children and families even by health sector. State contact determined by immunisation schedules
  
  1\(^{st}\) Year: 3 (Birth, 6 wks, 3 mths, 5 mths, 12 mths)
  2\(^{nd}\) Year: 1 (18 mths)
  3\(^{rd}\) Year: None
  4\(^{th}\) - 6\(^{th}\) Years: 1

  Few children in formal educational settings (10%)
Absence of Information
Childhood group for which there is least information. Typically only health, nutrition and immunisation information available (GC 7)

Adequacy of Human Resources
Health Sector: PH Nurses trained primarily for health needs of children and adults
Education Sector: ECE traditionally included children 3-6 years. Few programmes geared to or inclusive of holistic development of children 0-3 years

Availability of Parent Support and Education Services
Less than a third of parents report access to parenting education classes
POLICY AND PROGRAMMING APPROACHES: THE GOVERNMENT OF JAMAICA
MAIN POLICY STEPS

- Conceptual Shift from ECE to more comprehensive and holistic ECD *(Research / ECD Advocacy Groups)*

- Identify single Ministry to take policy responsibility for all ECD matters, including 0-3 yrs *(Ministry of Education)*

- Create single agency reporting to this Minister that has legislative powers and administrative structure to co-ordinate all relevant sectors for ECD *(Early Childhood Commission)*

- Create a National Strategic Plan for ECD that:
  1) is inclusive of 0-3 yrs.
  2) addresses the special concerns of 0-3 yrs.

  *(NSP for ECD 2008 - 2013)*
Local Research
Profiles Project: 1990s Academic Research
   Identified multiple factors impacting ECD
Policy and Programme Based Research: Sit Analysis (KPMG)
   Identified need for single co-ordinating body (ECC)

International Research: Neurons to Neighborhoods (2000)
   Recommendations in keeping with earlier local research

Regional Developments: Caribbean Plan of Action for ECD

Local Advocacy Groups championed cause using research to support on ground needs
Mandate of Early Childhood Comm. (Legislated by ECC Act)

- Advise Government on ECD (thru Minister of Education)
- Facilitate EC Plans and Programme Development
- Monitor and Evaluate EC Plans and Programmes
- Co-ordinate ECD Activities
- Conduct Stakeholder Consultations
- Make Budgetary Recommendations to GOJ
- Identify Alternative Financial Resources
- Regulate Early Childhood Centres
- Conduct Research on ECD and Publish Information for the Public
STRUCTURE OF ECC : OVERALL

- Board of Management:
  - Strategic Direction
  - Policy Recommendations

- Sub-Committees of Board
  Additional Expertise to Board

- Operational Arm
  - Effects Boards Directions
  - Day to Day Operations
Organisational Representatives (cross-sectoral)

- Relevant Government Ministries (Permanent Secretary’s Rep.)
  - Health
  - Education
  - Local Government
  - Labour & Social Security
  - Finance
- Government’s Planning Agency: Planning Institute of Jamaica
- Government’s Child Protection Agency: Child Development Agency
- Opposition Party Representative

Personal Representatives

- Specialists
  - Paediatrics
  - Child Mental Health
  - Nutrition
  - Nursing
  - Child Development
  - Education

In practice, included representative from the Private Sector Organisation & the Jamaican Early Childhood Association (umbrella group for EC pract)
Technical SCs mirror operational arms of ECC
- Legal and Regulatory
- Training and Development
- Community Intervention and Parenting
- Research
- Public Education

Sub Committees comprise relevant sectors and other persons from EC Community. Over 50 organisations and individual specialists represented on SCs
Process of Development of NSP

- Establish a co-ordinating cross-sectoral agency
- Development of the vision
- Identification of existing ECD resources, information sources and gaps
- Conduct of studies to fill information gaps
- Consultation with stakeholders
- Development of plan, in collaboration with sector partners, including identification of roles
- Development of Implementation, Monitoring and Evaluation Strategies
DETAILS OF NSP: FOCUS ON INCLUSION OF 0-3
# EARLY CHILDHOOD DEVELOPMENT SECTOR
## STRATEGY MAP – OCTOBER 2007

<table>
<thead>
<tr>
<th>National Impact</th>
<th>Customer Satisfaction</th>
<th>Key Processes</th>
<th>Working Environment</th>
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<tbody>
<tr>
<td>I1. Critical thinking, socially competent, healthy children ready for life</td>
<td>I1. Our children’s special needs are taken care of</td>
<td>IP1: Effective parenting education and support</td>
<td>LG1: The sector and sector agencies are achieving targets and are governed by frameworks that promote achieving results in a consultative environment</td>
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<tr>
<td>I2. Fathers, mothers, guardians are involved and satisfied with services provided to their children</td>
<td>I2. Parents are informed, educated, involved and supported in meeting early childhood development needs</td>
<td>IP2: Effective preventive health care</td>
<td>LG2: Timely clear and current information to support evidence based decision making</td>
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<td>IP3: Effective screening, diagnosis and intervention for “at risk”</td>
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<td>IP4: Safe learner centred well-maintained EC facilities</td>
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<td>IP5: Effective curriculum delivery by trained early childhood practitioners</td>
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GOAL:
To provide parents with accessible and high quality parent education and support allowing for optimal development of children
Mechanisms to Achieve Process 1

- Develop and implement strategies for parenting support and education programmes for children 0-3 yrs through antenatal and well child clinics and 4-6 years through ECIs

- Develop and implement a parenting programme accreditation system

- Develop and implement a public education strategy, informing parents and caregivers about the importance of ECD and sources of support
GOAL:
To enhance the preventive health care services (well child clinics) through improvement in human resource facilities, public education and monitoring of child health and development status
Mechanisms to Achieve Process 2

- Provide a wide range of child health and development support and education services at well child clinics, including health promotion
- Develop and implement strategies to ensure that well child clinics have the physical and human resources needed
- Develop and implement an accreditation system for well child clinics
- Develop and implement a national child health “passport” to support and monitor child health and development
- Develop and implement an EC nutrition policy for children 0-3 and children 4-6 years
- Revise existing health MIS system

14/10/2010
GOAL:
To develop a system that allows early identification of and appropriate intervention for households and children at risk
Mechanisms to Achieve Process 3

- Develop and implement a National Policy on Screening and Early Intervention
- Develop and implement a system for early screening, early identification and intervention for children and families at risk
- Ensure that trained specialists are available to assist children and families with special needs identified through screening programmes
- Ensure that children with special needs have high quality programmes and services
- Develop public education programmes to promote early identification and inclusion of children with special needs
GOAL:
To improve the quality of services offered by early childhood institutions
Mechanisms to Achieve Process 4

- Development of Standards for ECIs
- Inspect ECIs regularly
- Programme of technical support to assist ECIs in meeting standards through Development Officers
GOAL:
To ensure that teachers are highly trained in early childhood development
Mechanisms to Achieve Process 5

- Provide developmentally appropriate curricula to all ECIs: Birth to 3, 4 yr old, 5 year old
- Provide ECIs with technical support for curriculum delivery through Development Officers
- Upgrade skills of EC practitioners through training, licensing and continuing professional development
- Review and upgrade teacher training curricula, including programmes for 0-3 yrs., special needs
- Ensure that each ECI has at least one trained teacher
- Advocate for early childhood development as a desired profession
- Programme of technical support to ECIs re curriculum implementation offered through Development Officers
Mechanisms used to address challenges 0-3 yrs but efforts made not to segregate from rest of ECD years

1) Administration: Single Ministry, Single cross-sectoral agency

2) Access: Did not create new access points. Using parenting strategy and well child clinics where parents already attend

3) Absence of Information: Still a concern

4) Adequacy of Human Resources: HR strategy developed to address numbers of teachers and upgrading of programmes to ensure 0-3 strategies addressed

5) Availability of Parent Support and Education Services: Main aspect of the NSP
Important Aspects of NSP II

Cross Sectoral Co-ordination

1. Board members cross sectoral and include public stakeholders

2. Board sub-committees cross sectoral and include public stakeholders

3. Cross Sectoral Co-ordinator in structure

4. NSP is cross sectoral: Responsibilities for ECC, MOH, MOE Teacher Training Colleges etc.

5. Cross sectoral budgeting co-ordinated by ECC

6. Frequent consultations with public
LESSONS LEARNT AND IMPLICATIONS FOR OTHER COUNTRIES

- Local information is important to guide ECD policy and plans
- Establishment of a single administrative body can be effective in advancing ECD
- Cross-sectoral co-ordination may work best if it occurs at different levels
- National Plans must be sensitive to the special needs of 0-3 but should also be inclusive of the 0-3 in order to prevent segregation and ensure integration
FURTHER ACTION AND RESEARCH

- It is critical to obtain information on children 0-3 years in a wide range of areas, which has been acknowledged widely is lacking:

  Who is providing care and what is quality provided?
  What support do parents (mothers and fathers) need to provide for young children?
  Is centre based care better than home based care and in what circumstances?
  How can we improve early identification and intervention services?
  What are relative impacts of genetic, chemical and socio-emotional and socio-economic environments?
  What is the status of the rights of young children in different countries?

- Research must be done in a variety of countries to provide information to guide international, regional and national policy recommendations