




THE EARLY CHILDHOOD COMMISSION



2022-2023

CENSUS REPORT

| | | | |
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|  | The Early Childhood Commission | | |
| | Title: Census Report | | |
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LIST OF ACRONYMS AND ABBREVIATIONS

ADHD, Attention-Deficit/Hyperactivity Disorder

ECC, Early Childhood Commission

ECD, Early Childhood Development

ECE, Early Childhood Education

ECEC, Early Childhood Education and Care

ECIs, Early Childhood Institutions

ECPs, Early Childhood Practitioners

CAPE, Caribbean Advanced Proficiency Exam

CSEC, Caribbean Secondary Education Certificate

CXC, Caribbean Examination Council

GCE, General Certificate of Education

JSC, Jamaica School Certificate Examination


JSRA, Jamaica School Readiness Assessment

MOEY, Ministry of Education and Youth

NCTVET, National Council on Technical and Vocational Education and Training

N.I.S, National Insurance Scheme

N.H.T, National Housing Trust

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P.A.Y.E, Pay As You Earn Income Tax

PTA, Parent Teachers' Association

SPSS, Statistical Package for Social Sciences




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INTRODUCTION


Background

The Early Childhood Commission (ECC) was established by the Early Childhood Commission Act (2003), as the regulatory body for the Early Childhood Sector. In carrying out its functions, the ECC prepares plans and programmes concerning early childhood development, monitors and evaluates the implementation of such plans and programmes, as well as acts as a coordinating agency ensuring the effective streamlining of all activities relating to early childhood development. Other critical functions which are carried out by the ECC, include the analysis of the resource needs of the sector and the identification of alternative financing through negotiation with donor agencies. The ECC's vision is that all Jamaican children have access to quality Early Childhood Development (ECD) services enabling the realisation of their full potential.

The ECC Census is administered annually by the ECC during the first term of each academic year. The census data is collected using three forms; the ECI Form, Staff Form and Special Needs Form. This process ensures that information on ECIs and their staff is accurate and current. Data are collected from ECIs and all their employees. The ECC Census is electronic and all forms are completed online.

Rationale

The ECC aims to ensure its planning, policy and decision-making are data-driven. Knowing, too, that several national and international interests depend on the accuracy of information provided by the ECC to make decisions that will impact the sector.

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Methodology


The ECC Census is administered annually to gather data on ECIs and ECI Staff. Data are collected using the three online questionnaires: ECI Data Collection Form, Staff Data Collection Form and Special Needs Questionnaire. Preceding the administration of the census, ECI principals and staff were sensitised on the Census process in regional meetings and workshops. These sessions were facilitated by ECC field officers and were organised by ECI clusters. A Census Manual, PowerPoint presentation and two instructional videos were developed to aid with the sensitisation of the Census process.

Data Collection Process

Census forms were made accessible on the ECC's website for completion by ECI personnel. All ECIs were required to complete one (1) ECI Data Collection Form. The ECI Form could be completed by the principal, owner, operator or authorised personnel with knowledge of the ECI. The Staff Data Collection Form was completed by each staff employed at the ECI. Data forms could be accessed and completed with any electronic connected to the internet. Data collected from the online Census forms were collected in Excel spreadsheets. Census was administered over a four (4) months period from November 2022-February 2023.

Data Collection Forms

The ECI Data Collection Form contained 32 questions and was used to collect pertinent information about the ECI, such as ECI contact details, enrollment, staff complement, and management committees. The Staff Data Collection Form contained 27 questions and was used to collect pertinent information about each staff working at an ECI. Some information collected

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by the Staff Form includes, employee contact details, position titles, tenure at ECI, benefits received and qualification status.

Document Verification and Data Cleaning


Census data collection ended on the 31 January 2023 making access to the forms no longer available after this date. Any ECI or staff member that did not complete a Census form during the Census period was not accounted for on the Census. After data collection and verification, the Excel spreadsheets containing the responses of all forms submitted were downloaded with master sheets created for each form. Copies of the master sheets were saved; the sheets were then prepared and data cleaning commenced. The data cleaning involved the removal of all duplicate entries from the datasheets, correction of incorrect or inaccurate information (verification process) and formatting.

Data Analysis

Following data cleaning, the ECI data was analysed using Microsoft Excel and Statistical Package for Social Sciences (SPSS).

DATA ANALYSIS

- ***EARLY CHILDHOOD INSTITUTIONS***
- ***EARLY CHILDHOOD INSTITUTION STAFF***
- ***SPECIAL NEEDS***

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EARLY CHILDHOOD INSTITUTIONS

The following section will analyse the data gathered from the ECI Form administered between November 2022- January 2023. A total of two thousand, two hundred and thirty-three (2,233) early childhood institutions (ECIs) completed the ECI questionnaire. The demographic characteristics of the institutions will be presented first. After which, a detailed analysis of the institutions will be presented.

DEMOGRAPHIC CHARACTERISTICS OF ECIs

REGION

Analysis of the demographic data for ECIs revealed that the majority of ECIs in Region 1 and Region 4 recorded the highest number of ECIs 8.9 per cent and 18.3 per cent respectively. Region 7 accounted for the least amount of ECIs (9.6 per cent).

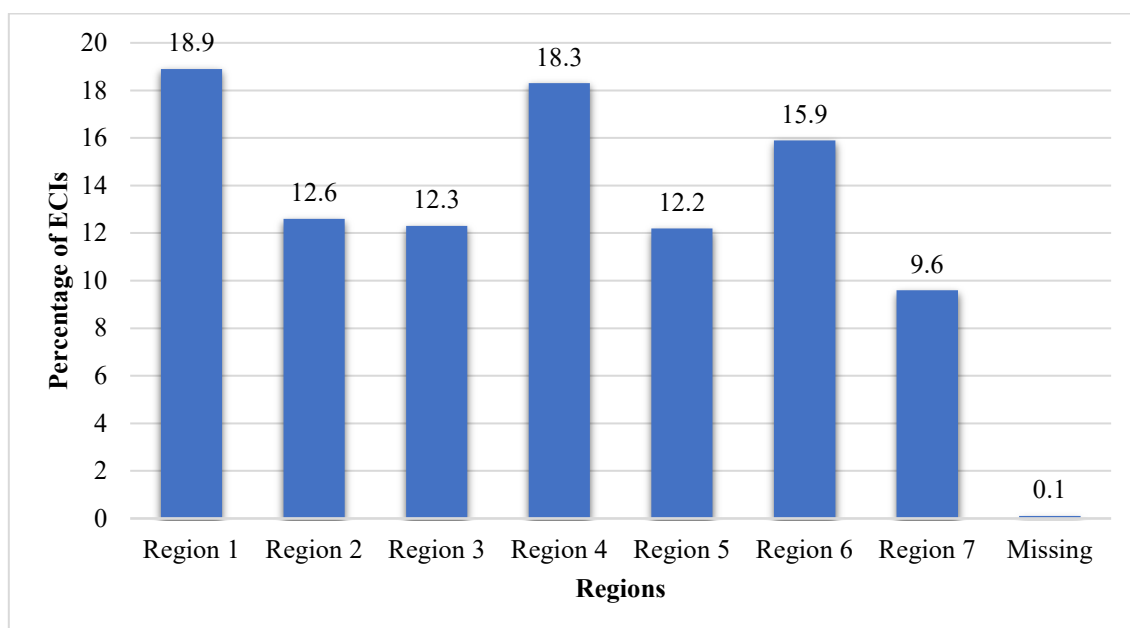



FIGURE 1: ECI COUNT BY REGION.

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PARISH

The parish that reported the most ECIs was St. Catherine (15.5 per cent) followed by St. Andrew with 14.5 per cent and Clarendon with 9.8 per cent. 0.1 per cent.

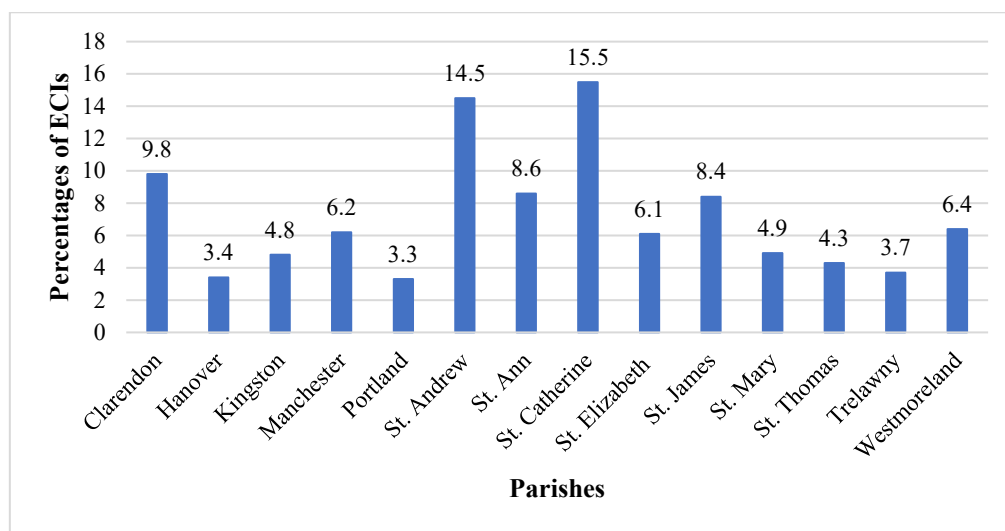



FIGURE 2: ECI COUNT BY PARISH.

FACILITY TYPE

The most frequently reported facility type was Basic Schools which amounted for more than half of the ECIs (56.9 per cent). This is in comparison to 0.3 percent ECIs who reported the facility types as Special Education.

TABLE 1
NUMBER OF ECIS BY FACILITY TYPES

| Types | Frequency | Percentages |
|-----------------|-----------|-------------|
| Public/ Private | 1270 | 56.9 |
| Public | 465 | 20.8 |
| Private | 498 | 22.3 |
| Total | 2233 | 100 |

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ENROLMENT BY FACILITY TYPE


The data showed that the majority of children 55,727 were enrolled in a public private ECI. This was in comparison to 26,445 children enrolled in a public ECI and 25,165 children enrolled in a private ECI.

| TABLE 2 | |
|---------------------------------------|------------------|
| ENROLMENT BY ECI FACILITY TYPE | |
| Facility Type | Enrolment |
| Private | 25165 |
| Public Private | 55727 |
| Public | 26445 |
| Total | 107337 |

ENROLMENT BY AGE GROUP AND SEX

The data showed that approximately 107,337 children were enrolled in ECIs for the 2022-2023 academic year; of that number, 54,369 were boys and 52,968 were girls. The table below shows breakdown by age categories.

| TABLE 3 | | | |
|---------------------------------------|-------------|---------------|--------------|
| ENROLMENT BY AGE GROUP AND SEX | | | |
| Age Groups | Male | Female | Total |
| 0-11 Months | 1345 | 567 | 1912 |
| 12-23 Months | 1176 | 1198 | 2374 |

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|--------------|--------------|--------------|---------------|
| 24-35 Months | 4715 | 5049 | 9764 |
| 36-47 Months | 14183 | 14141 | 28324 |
| 48-59 Months | 16120 | 16120 | 32240 |
| 60-71 Months | 15290 | 14686 | 29976 |
| 72+ Months | 1540 | 1207 | 2747 |
| Total | 54369 | 52968 | 107337 |

BRAIN BUILDER CENTRE

Among ECIs that completed the Census, 9 per cent (208) reported to having a government supported Brain Builder Centre.

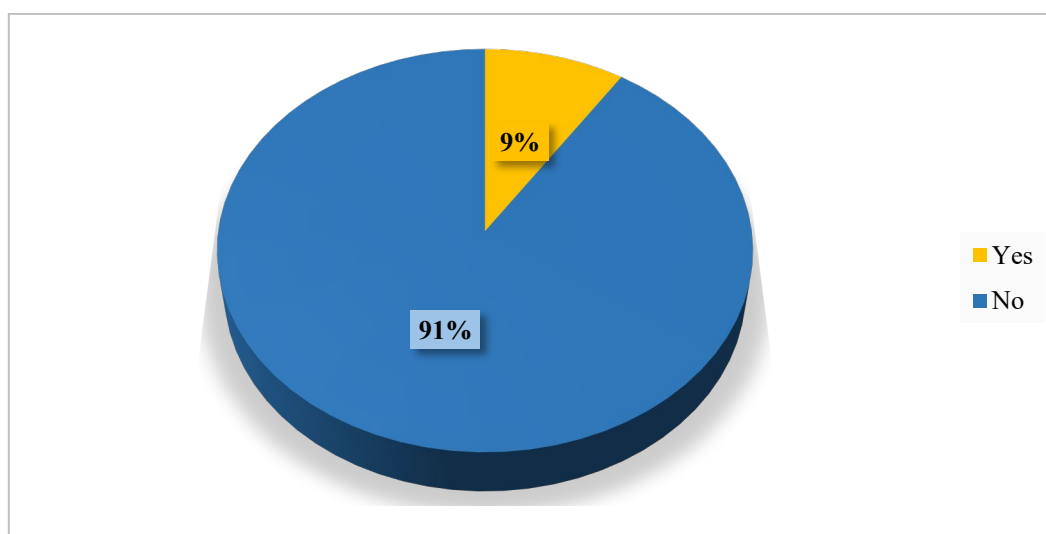


FIGURE 3: DISTRIBUTION OF BRAIN BUILDER CENTRE.

EARLY CHILDHOOD INSTITUTIONS STATUS

OPERATION OF ECIS

The data revealed that the survey was completed primarily by the principal (80.9 per cent) or the ECI Operator (73.8 per cent).


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TABLE 2
ECI OPERATION

| Question | Yes | No |
|---------------------------|--------|--------|
| Are you the ECI Principal | 80.9 % | 19.0 % |
| Are you the ECI Operator | 73.8 % | 26.1 % |
| Are you the ECI Owner | 28.3 % | 71.7 % |

Principal-0.1 or 3 missing, Operator- .1 or 3 missing

ECI SPONSORSHIP


The data revealed that most ECIs (65.6 per cent) did not have sponsors nor did they receive sponsorship during the 2022-23 academic year (62.6 per cent). On the other hand, among the ECIs who received sponsorship (37.3 per cent); 13.9 per cent indicated that they received financial assistance, while 11.8 per cent received COVID-19 sanitisation resources.

TABLE 3
AVAILABILITY OF SPONSORSHIP

| Question | Yes | No |
|--|-------|-------|
| Does the ECI have sponsor(s)/donor(s) | 34.3% | 65.6% |
| Did the ECI receive sponsorship during the academic year | 37.3% | 62.6% |

TABLE 3B
TYPE OF SPONSORSHIP

| Sponsorship | Number of ECIs | Percent |
|-------------------------------|----------------|---------|
| COVID-19 Sanitation Resources | 263 | 11.8 |
| Electronic Devices/Equipment | 89 | 3.9 |
| Financial Assistance | 310 | 13.9 |
| Food Supplies | 84 | 3.8 |

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|--------------------------|-------------|------------|
| Infrastructure Support | 133 | 5.9 |
| Learning Materials/Books | 46 | 2.1 |
| Stationary Supplies | 53 | 2.4 |
| Not Applicable | 1253 | 56.2 |
| Total | 2230 | 100 |

INTERNET ACCESS

The data showed that the majority of ECIs reported having access to the internet.

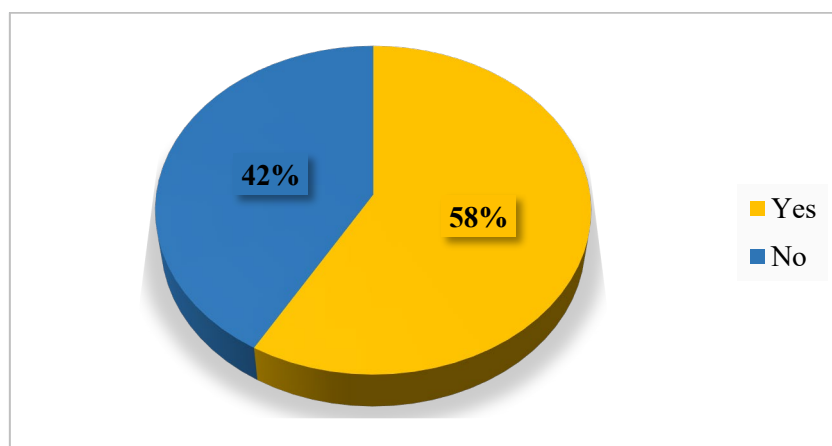



FIGURE 4: ECI INTERNET ACCESS.

ECI MANAGEMENT COMMITTEES AND PARENT TEACHER ASSOCIATIONS

When asked to report on the status of management committees and parent teacher associations (PTAs), 73.2 per cent of ECIs reported that the schools had active management committees and 85.1 per cent reported active PTAs.

| TABLE 4 <i>ECI MANAGEMENT COMMITTEE AND PTA</i> | | |
|--|------------------|----------------|
| Management Committee Status | Frequency | Percent |
| Active | 1634 | 73.2 |
| Inactive | 391 | 17.5 |

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|--------------------|------------------|----------------|
| Non-Existent | 85 | 3.8 |
| Total | 2110 | 94.5 |
| Not Applicable | 123 | 5.5 |
| Grand Total | 2233 | 100 |
| PTA | Frequency | Percent |
| Active | 1900 | 85.1 |
| Inactive | 240 | 10.7 |
| Non-Existent | 57 | 2.6 |
| Total | 2197 | 98.4 |
| Not Applicable | 36 | 1.6 |
| Grand Total | 2233 | 100 |

EMPLOYMENT CATEGORY

The data revealed that all ECIs reported having at least 1 **Principal** (100 per cent). The data also highlighted that the majority of ECIs had ‘**1 -4 Teacher/Practitioners**’ (79.1 per cent) and ‘**Cooks**’ (77.6 per cent). Less than half of the ECIs reported having ‘**1-4 Caregivers**’ (41.1 per cent); while, 53.7 percent reported that there were no ‘**Caregivers**’ nor ‘**Nurse/Heath Workers**’ (94.9 per cent) on staff.

TABLE 4
EMPLOYEE CATEGORY

| Title | Percent | | | |
|-----------------------|---------|------|------|-----|
| | 0 | 1-4 | 5-9 | >10 |
| Principal | 0 | 100 | 0 | 0 |
| Vice Principal | 78.6 | 21.2 | 0.2 | 0 |
| Teacher/Practitioners | 4.3 | 79.7 | 13.4 | 2.6 |
| Caregivers | 53.7 | 41.1 | 4.2 | 1.0 |
| Administrative Worker | 59.0 | 39.6 | 1.3 | 0.1 |
| Cooks | 22.2 | 77.6 | 0.1 | 0.1 |
| Janitors | 45.9 | 53.5 | 0.4 | 0.2 |
| Guidance Counsellors | 83.8 | 16.1 | 0 | 0.1 |
| Social Workers | 98.2 | 1.7 | 0 | 0.1 |
| Nurse/Heath Workers | 94.9 | 4.9 | 0 | 0.2 |
| Volunteers | 71.1 | 28.3 | 0.5 | 0.1 |

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|------------------|------|------|-----|-----|
| IT Personnel | 94.4 | 5.4 | 0.1 | 0.1 |
| Groundsman | 79.2 | 20.7 | 0 | 0.1 |
| Security Staff | 84.1 | 14.4 | 1.4 | 0.1 |
| Speech Therapist | 97.9 | 1.9 | 0.1 | 0.1 |
| Others | 0 | 3.0 | 0 | 0 |

STAFF RETENTION AT ECIs

The data revealed that most ECIs did not hire ‘**New Practitioners**’ (58.6 per cent) for the 2022-23 academic year and reported having ‘**1-5 Returning Practitioners**’ from the last academic year. Despite the high report on returning practitioners, a significant amount (40.2 per cent) reported hiring new practitioners.

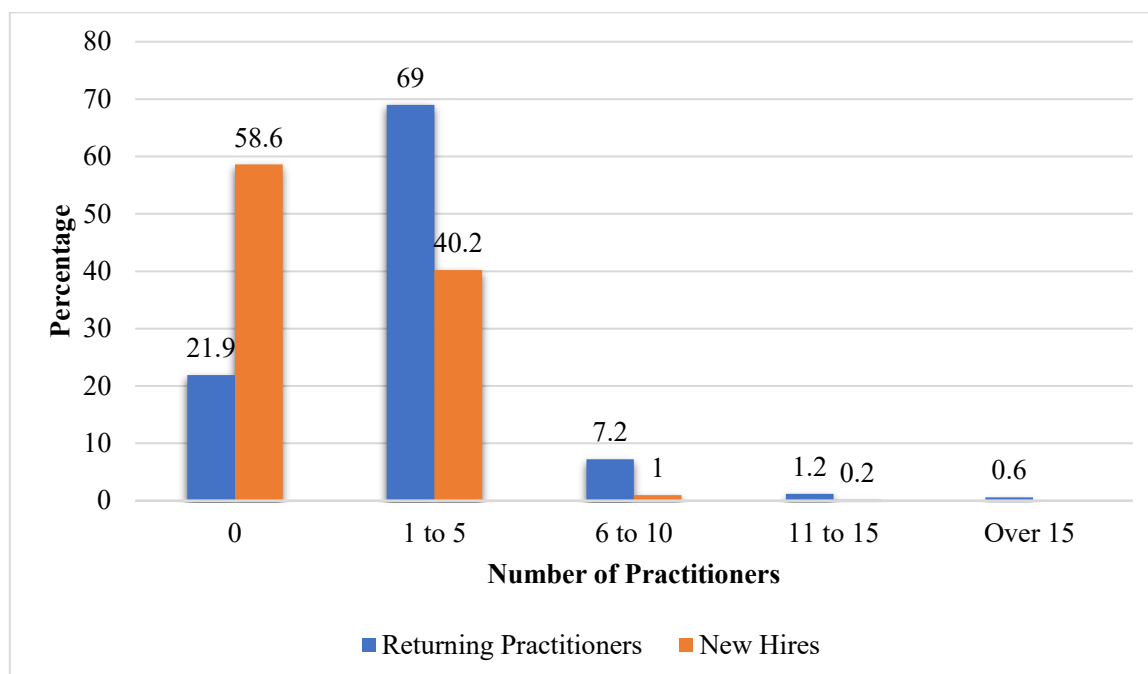



FIGURE 5: COMPARISON OF NEW AND RETURNING PRACTITIONERS 2022-2023.

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SCHOOL FEE PER TERM

More than half of the ECIs that completed the census (52.8 per cent) reported that they charge under \$10,000 per term for school fees. Approximately 18 per cent reported not charging fees and 10.7 per cent charged between \$11,000-\$20,000.

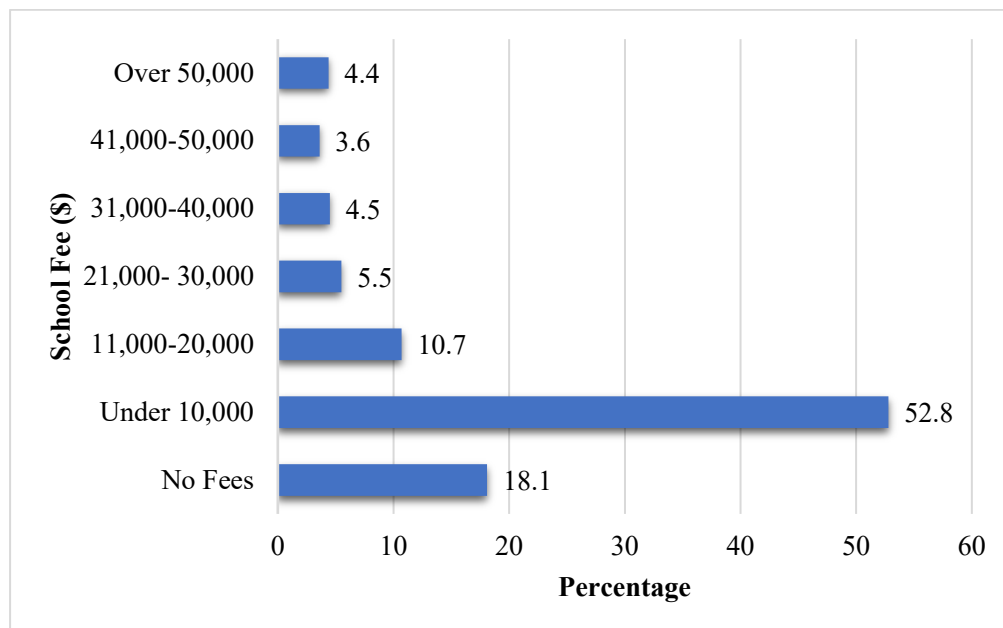



FIGURE 6: SCHOOL FEES CHARGE PER YEAR (2022-2023)

LUNCH FEE PER DAY

Almost half of the participating ECIs (48.8 per cent) charged between \$201-\$400 per day for lunch fees. This was in comparison to 35.9 per cent who reported charging under \$200 and 11.2 per cent that do not charge any lunch fees.

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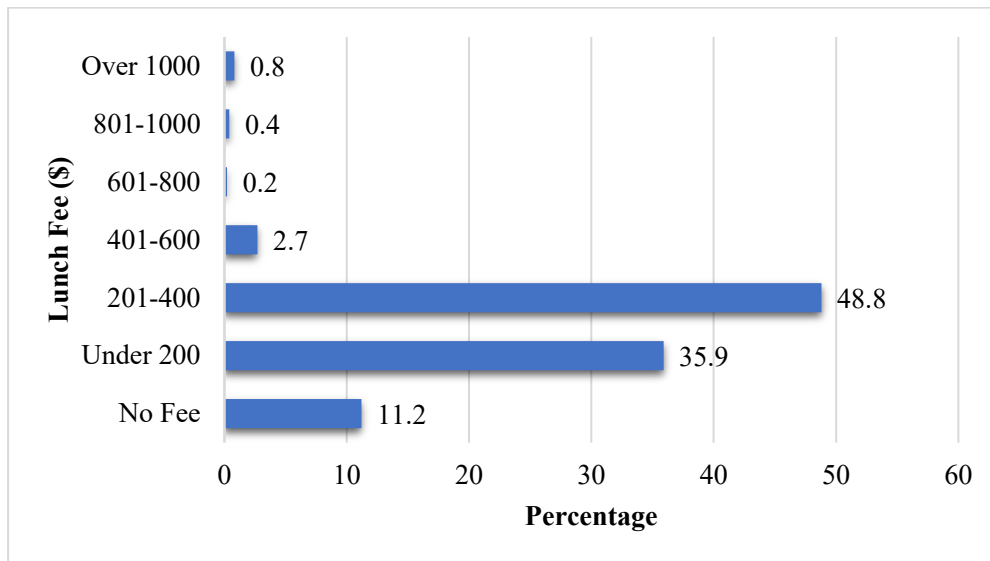


FIGURE 7: LUNCH FEES CHARGES PER DAY

DISTANCE TRAVELLED BY STUDENTS

The data revealed that the majority of students travelled under 5km to get to school per day (63 per cent). 17.2 per cent who travelled between 6-10km.

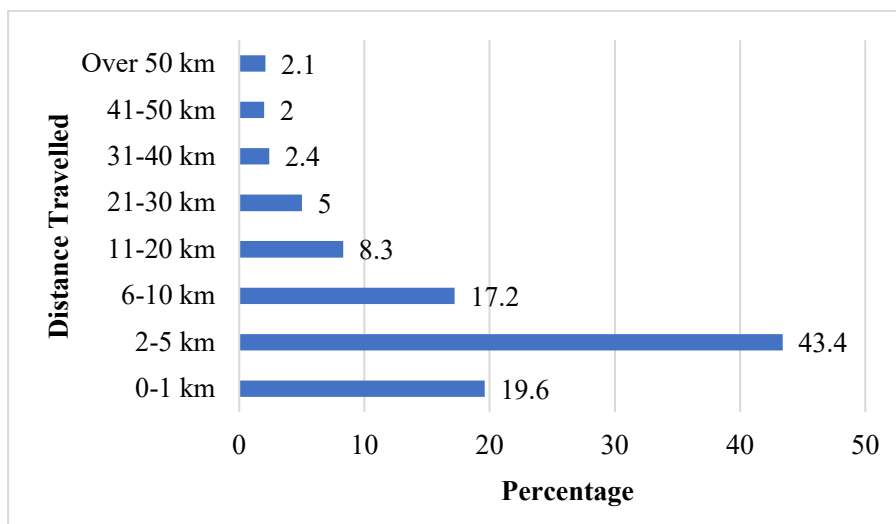




FIGURE 8: DISTANCE TRAVELLED TO SCHOOL BY STUDENTS.

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THE DISCUSSION OF FINDINGS

The ECI form was designed to determine the status of ECIs in the early childhood sector. The 2022-2023 census had a 96.1 per cent response rate which allow for a degree of generalisation. The data provided an overview of staff presence and retention in ECIs, the management of ECIs, difficulties faced by the institutions and the challenges of the children attending.

The data revealed that approximately 22 per cent of ECIs did not have any returning practitioners from the previous academic year and approximately 40 per cent of ECIs hired new practitioners. The Frank Porter Graham Child Development Institute (2023) reported that staff turn-over can have negatively impact not only students but their families and the working environment as well. The article further expounded on the potential reduction in the quality of care and teaching provided to the children and the strain put on the family and work colleagues

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to build a new relationship with new hires. While, the reasons for staff turnover varies, attempts must be made to retain ECPs at the ECIs and by extension the ECD Sector.

Secondly, it was found that most ECIs have in place an active management and PTA committees. Public institutions reported the high levels of committee engagement. The presence of these active agencies highlights high community and parental involvement in the operation of the institutions, which ultimately leads to the holistic development of the child. However, it is important to note the high percentage of inactive management committees for public/private institutions (24.1 per cent) is cause for concern.

Also, it was found that public/private and public institutions are more likely to have a sponsor than private institutions. This may be in relation to the fact that private institutions charge significantly higher school fees than public and public/private institutions. A correlation test revealed that there is a statistically significant relationship between the facility type of the institutions and whether the institution reported a sponsor relationship. It was also found that the facility types of the institution have an impact on whether or not the institution has a sponsor. Therefore, it can be concluded that public/private and public institutions foster sponsorship relationships to offset operational costs that cannot be satisfied by the school fees collected or government subsidies and grants.


CONCLUSION AND RECOMMENDATIONS

The data revealed that ECIs are faced with numerous challenges; however, despite the shortcomings they continue to meet the needs of children and their families. It was found that some early childhood institutions faced the challenge of retaining teachers/practitioners. While, more than half of ECIs did not have to hire new practitioner for the 2023-2024 academic year.

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Also, while most ECIs have active management and PTA committees, public and private institutions recorded a higher percentage of inactive committees. Lastly, private institutions were least likely to have sponsorship relationships. Therefore, the following recommendations are made:

1. A study should be conducted to access the reasons for the staff turnover in ECIs. The study can be accompanied by training webinars or workshops provided to the management of ECIs on staff satisfaction and retention.
2. A sensitisation campaign can be conducted to promote the importance of parental involvement in early childhood education to booster the number of active management and PTA committees at the institutions. The campaigns can be conducted at Parent Places and/or the Parent Webinars.
3. The subsidies and grants provided to institutions need to be increased to reflect current financial needs.

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EARLY CHILDHOOD INSTITUTION STAFF

The following section will analyse the data from the staff questionnaire administered in the 2022/2023 Census. The Census recorded a total of ten thousand, two hundred and sixty-seven (10,267) ECI staff members. The demographic data of respondents will be presented along with

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other information such as years of services, occupational status, educational level, compensation and benefits of staff.

DEMOGRAPHICAL INFORMATION OF ECI STAFF

GENDER

Females dominated the sector as they represented 95.7 per cent (9,829) of ECI staff, while males represented 4.3 per cent (434).

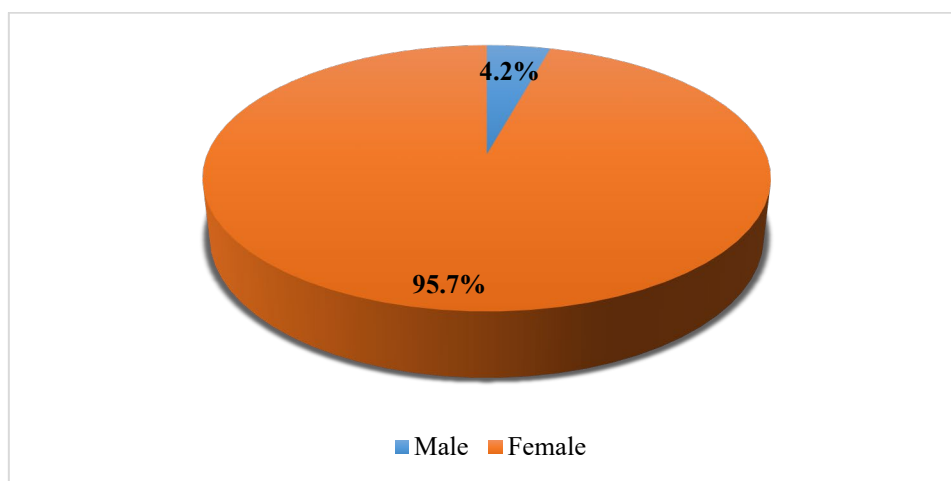



FIGURE 9: GENDER DISTRIBUTION.

REGIONS

The data revealed that Region 1 (Kingston and St. Andrew) had the highest number of staff (21 per cent or 2,150), followed by Region 4 (St. James, Hanover & Westmoreland) that recorded 17.1 per cent (1, 763). While, Region 2 (St. Thomas, St. Mary and Portland) had the least number of ECI staff (11.1 per cent or 1,144).

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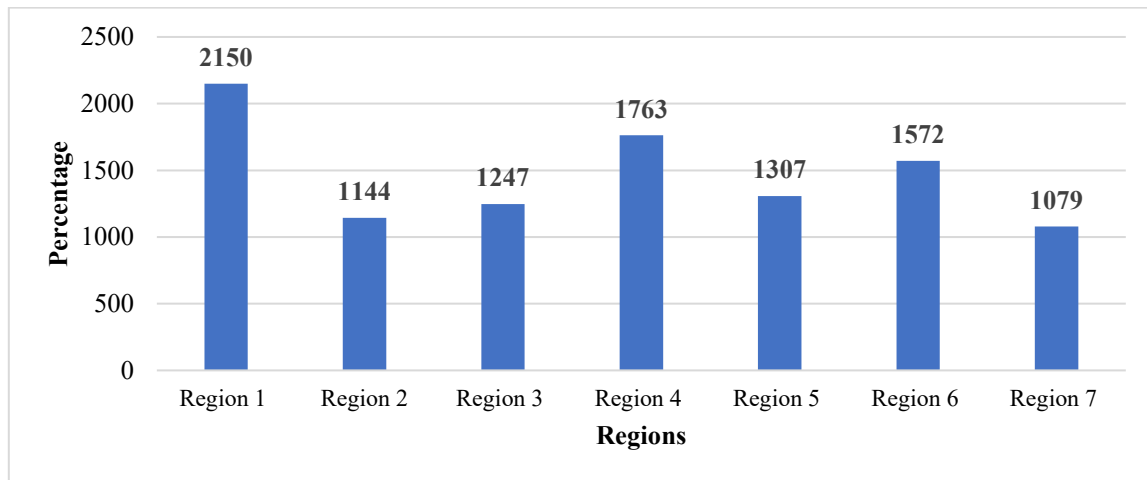


FIGURE 10: DISTRIBUTION OF ECI STAFF ACCORDING REGIONS.

YEARS OF SERVICE

When asked how long they have been employed at their ECI, 48.2 per cent (4,952) of staff members reported that they have been employed with their current ECI for 5 or more years and 10.5 percent (1,075) of ECI staff were employed for 1-2 years.

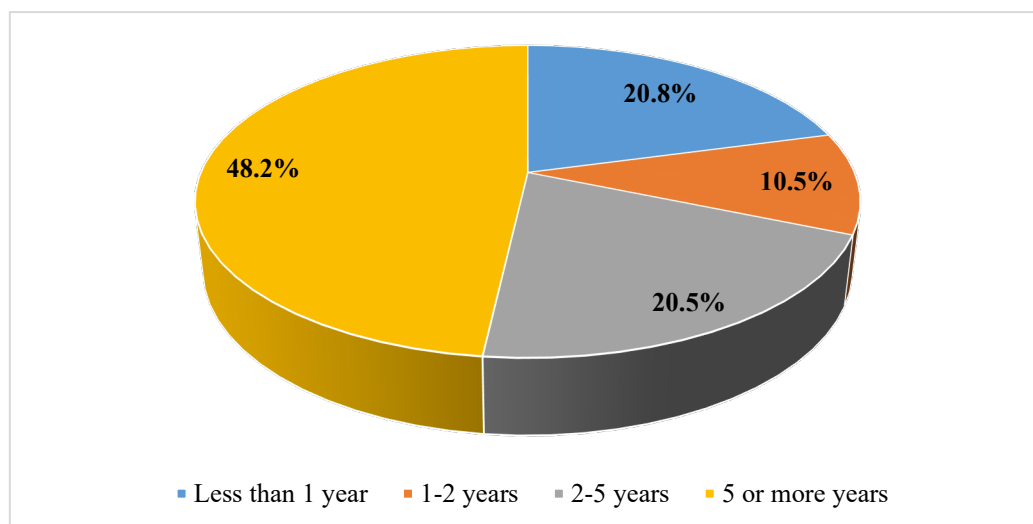



FIGURE 11: YEARS OF SERVICE OF ECI STAFF.

PRACTITIONER STATUS

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As shown in Figure 13 the majority of staff (64.7 per cent) stated they were teachers and the remaining 35.3 per cent ECI staff members stated they were not.

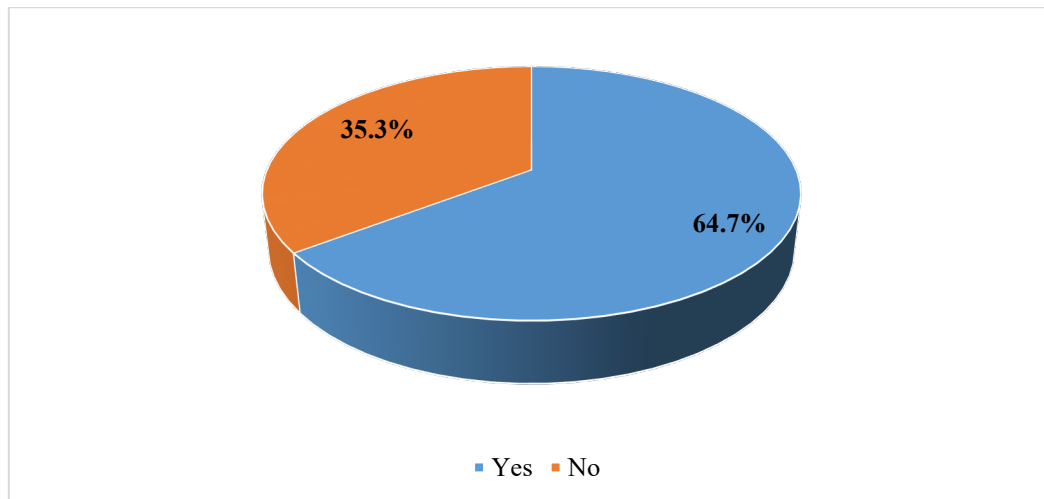
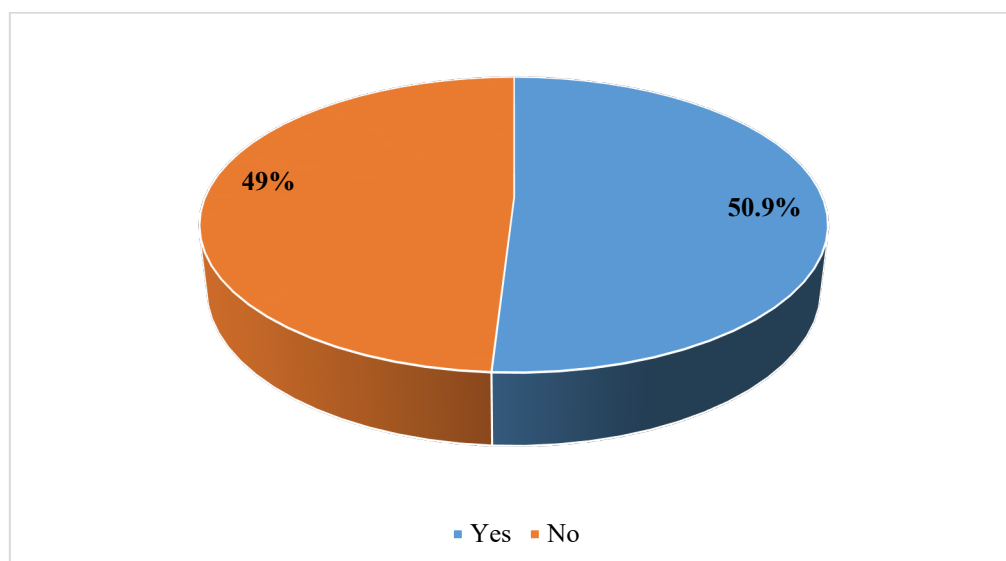


FIGURE 12: DISTRIBUTION OF TEACHERS AMONG ECI STAFF.

STAFF SALARY

The data revealed that 50.9 per cent (5,229) of ECI staff indicated that they did not receive a salary from the ECI they were employed and 49 per cent (5,034) of staff stated that they received a salary from the ECI.




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FIGURE 13: STAFF SALARY BY ECI.

The data showed that 65.6 per cent (6,732) of ECI staff did not receive a salary from the Ministry of Education and Youth and 34.4 per cent (3,531) of staff received a salary from the Ministry.

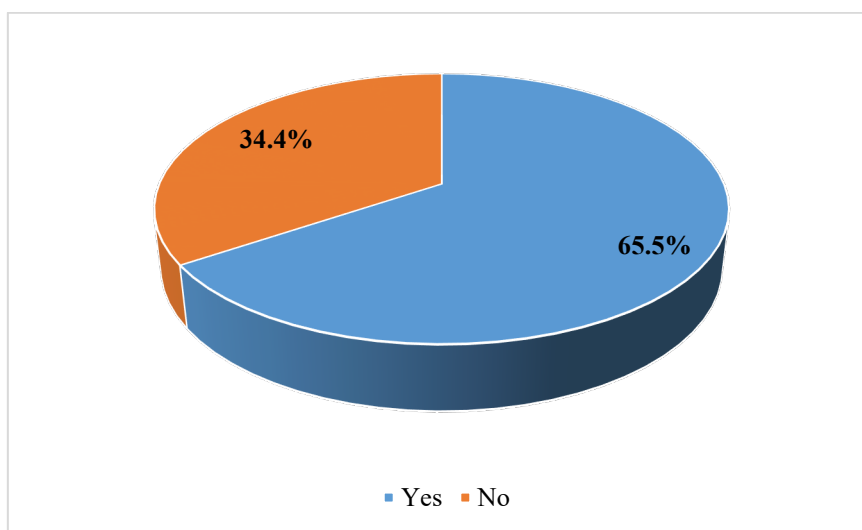


FIGURE 14: STAFF SALARY BY MoEY.

Figure 15 shows that more than half (77.3 per cent) of ECI staff members reported that they did not receive salary subsidy; while, 22.6 per cent staff members received a subsidy¹.

¹ The minimum qualification for receiving salary subsidy is a HEART Level II certificate.

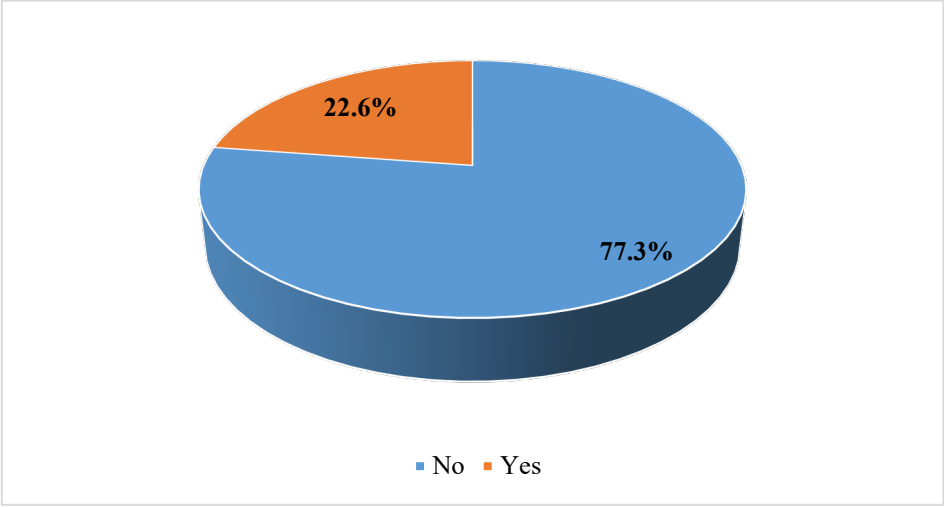



FIGURE 15: SALARY SUBSIDY BENEFICIARY STATUS.

COMPENSATION BEFORE TAX

Figure 16 shows the distribution of ECI staff compensation before tax. As seen 3,275 or 31.9 percent of ECI staff indicated that they earn between \$20,000.00 - \$40,000.00 per month before taxes. This is compared the 213 or 21.1 per cent of ECI staff who indicated they received between \$180,000.00 – \$200,000.00 per month before taxes.

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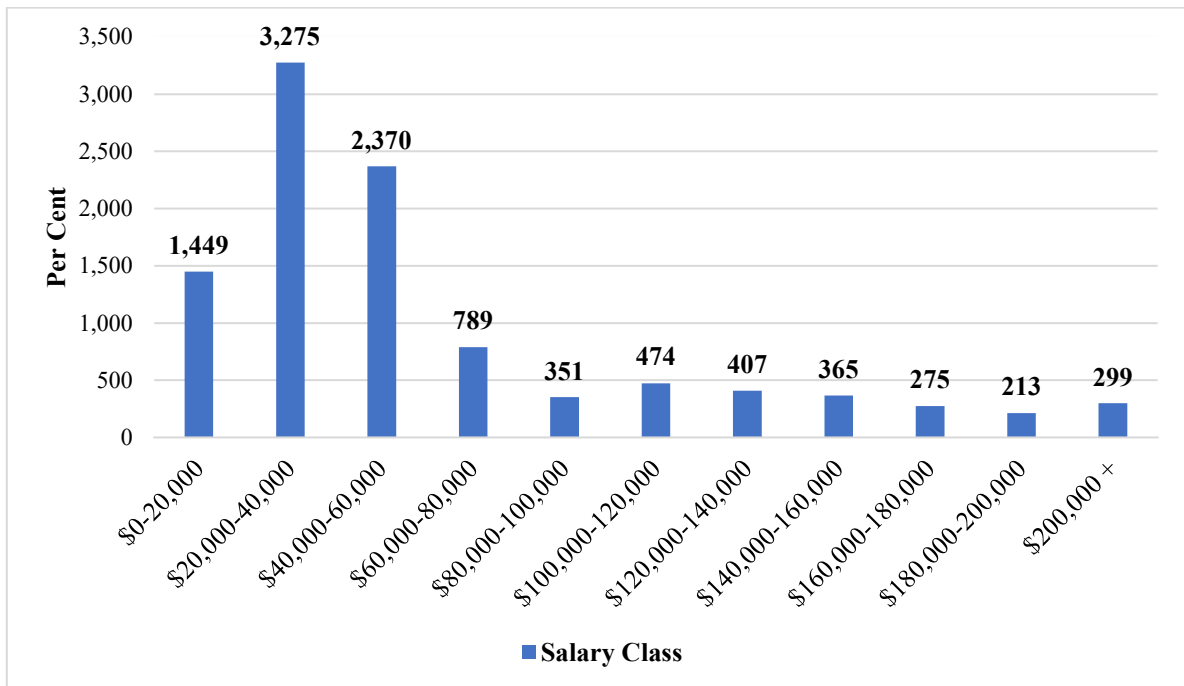



FIGURE 16: COMPENSATION BEFORE TAX.

BENEFITS

The majority (62.7 per cent or 6, 435) of ECI staff responded “**Not Applicable**” when asked to report on the benefits received from the ECI they were employed. The also showed that 0.8 per cent (73 staff members) indicated that they benefited from government taxes (N.H.T, N.I.S, P.A.Y.E, Education Tax and Income Tax) being paid.

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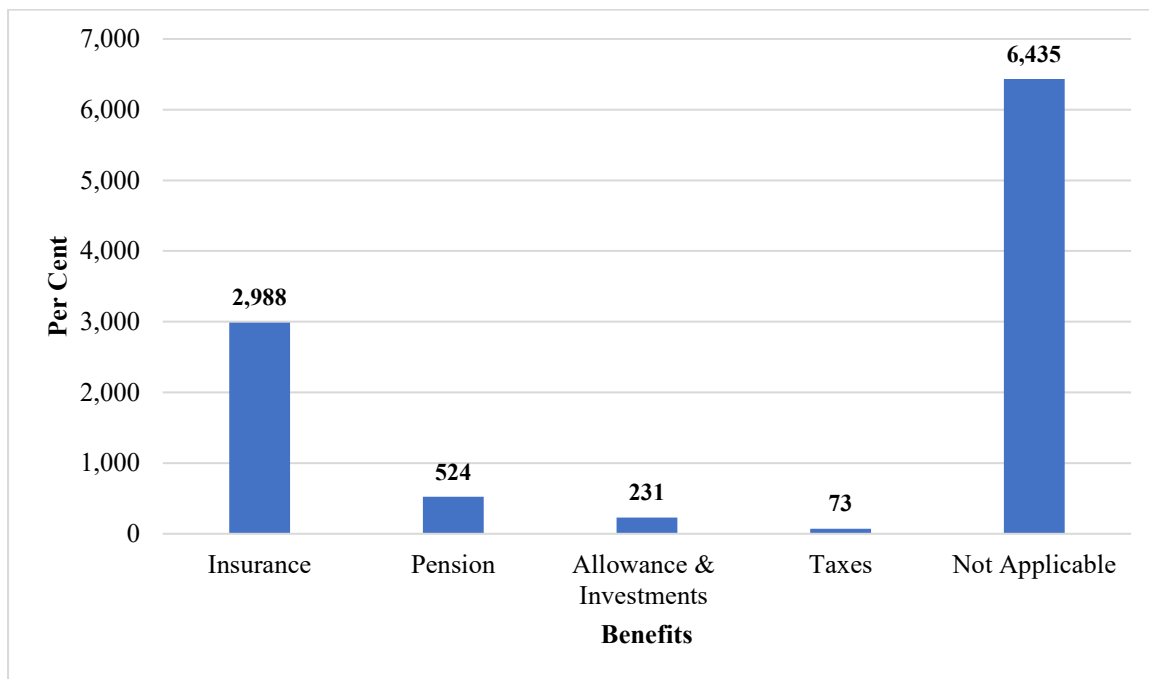



FIGURE 17: COMPENSATION BEFORE TAX.

LEVEL OF EDUCATION

As seen in Figure 19, 32.4 per cent (3,322) of ECI staff indicated that their highest level of education was vocational training, this is followed by 23.5 percent (2,410) who indicated their highest level of education was secondary education. Doctorate degrees recorded the lowest response with 0.2 per cent (16) of staff indicating it was their highest level of education.

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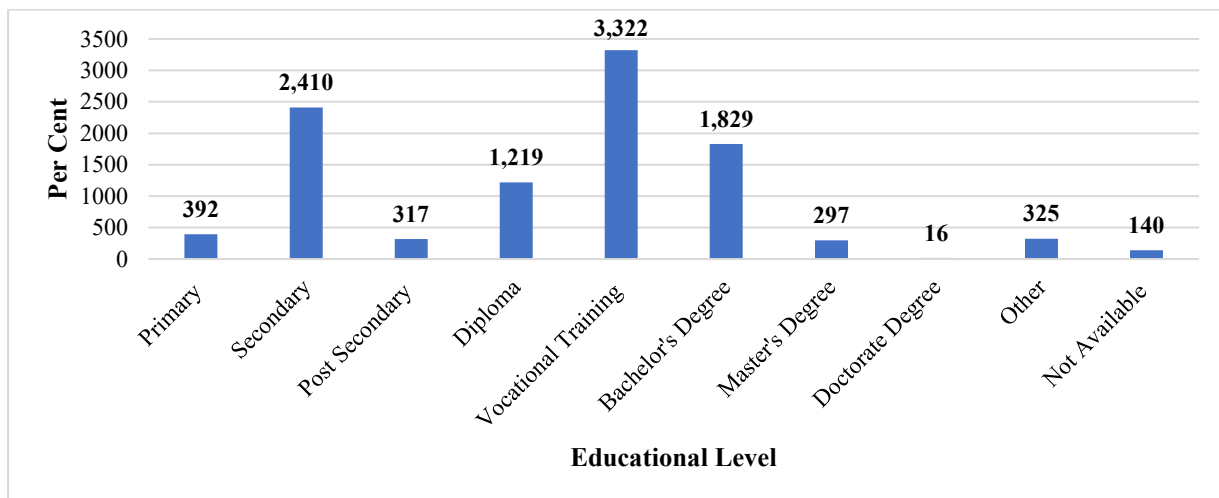



FIGURE 18: HIGHEST LEVEL OF EDUCATION.

Table 5 shows the number of subjects attained by staff in a range of five. The table also shows that the majority of staff have no JSC, SSC, CAPE or GCE subjects. This trend slightly differs as it relates to the number of CXC/CSEC attained as the highest number (4,374) of staff attained 1-5 CXC/CSEC subjects. All subjects recorded the least amount a staff attaining 6-10 subjects.

**TABLE 5
NUMBER OF SUBJECTS ATTAINED**


| Number of Subjects | JSC Subject | | SSC Subject | | CXC/CSEC Subject | | CAPE | | GCE/A LEVELS | |
|--------------------|-------------|-------|-------------|-------|------------------|-------|-------|-------|--------------|-------|
| 0 | 6,991 | 68% | 8,527 | 83% | 4,235 | 41.3% | 9,987 | 97.2% | 9,239 | 89.9% |
| 1-5 | 1,973 | 19.2% | 1,568 | 15.3% | 4,374 | 42.6% | 220 | 2.1% | 996 | 9.7% |
| 6-10 | 1,301 | 12.8% | 171 | 1.7% | 1,658 | 16.1% | 60 | 0.7% | 32 | 0.4% |

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JOB TITLE

Teachers/Practitioners represented the highest proportion of ECI staff as they represent 4,639 or 45.2 per cent of all ECI staff. They are followed by Principals who amount to 1,602 staff members or 15.6 per cent of ECI staff. IT Personnel and Bus Driver had the lowest representation with 7 and 3 staff members respectively.

| TABLE 6 | | |
|--------------------------|------------------|-----------------|
| JOB TITLE | | |
| Employee Category | Frequency | Per Cent |
| Principal | 1602 | 15.6 |
| Vice Principal | 180 | 1.8 |
| Teachers/Practitioners | 4639 | 45.2 |
| Caregivers | 1363 | 13.3 |
| Administration | 181 | 1.8 |
| Cooks | 1035 | 10.1 |
| Janitor | 643 | 6.3 |
| Guidance Counsellors | 65 | 0.6 |
| Social Workers | 19 | 0.2 |
| Nurse/Health Workers | 26 | 0.3 |
| Volunteers | 296 | 2.9 |
| IT Personnel | 7 | 0.0 |

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| | | |
|--------------------------------|--------|-----|
| Groundsman | 54 | 0.5 |
| Security Staff | 126 | 1.2 |
| Bus Driver | 3 | 0.0 |
| Tuckshop/Kitchen Support Staff | 20 | 0.2 |
| Not Applicable | 8 | 0.0 |
| Total | 10,267 | 100 |

VOCATIONAL EDUCATION

The data revealed that 62.9 of per cent or 6,457 staff members have completed vocational level education and 37.1 per cent or 3,810 have not.

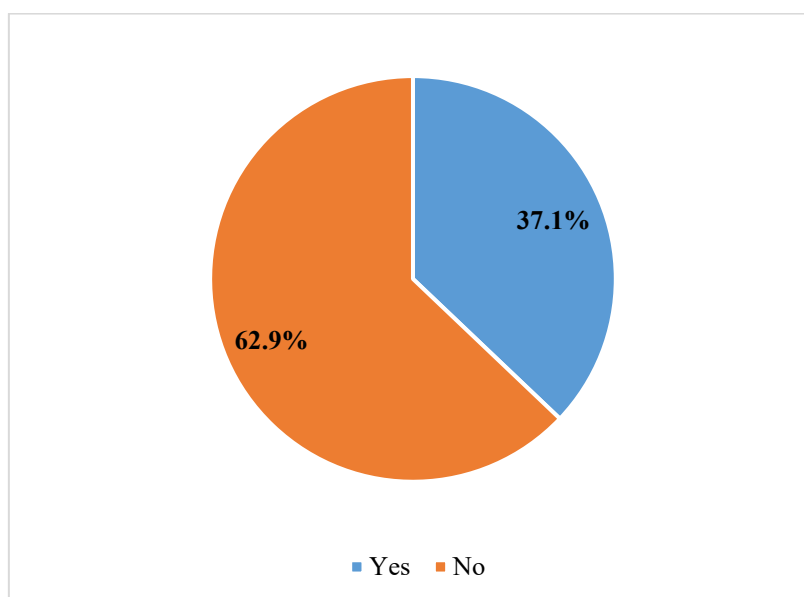



FIGURE 19: VOCATIONAL EDUCATION.

The data showed the majority of staff members (3,810) indicated that they obtained a Level 2 NCTVET in Early Childhood Education compared to 86 staff members who indicated that they attained a certification at level 4.

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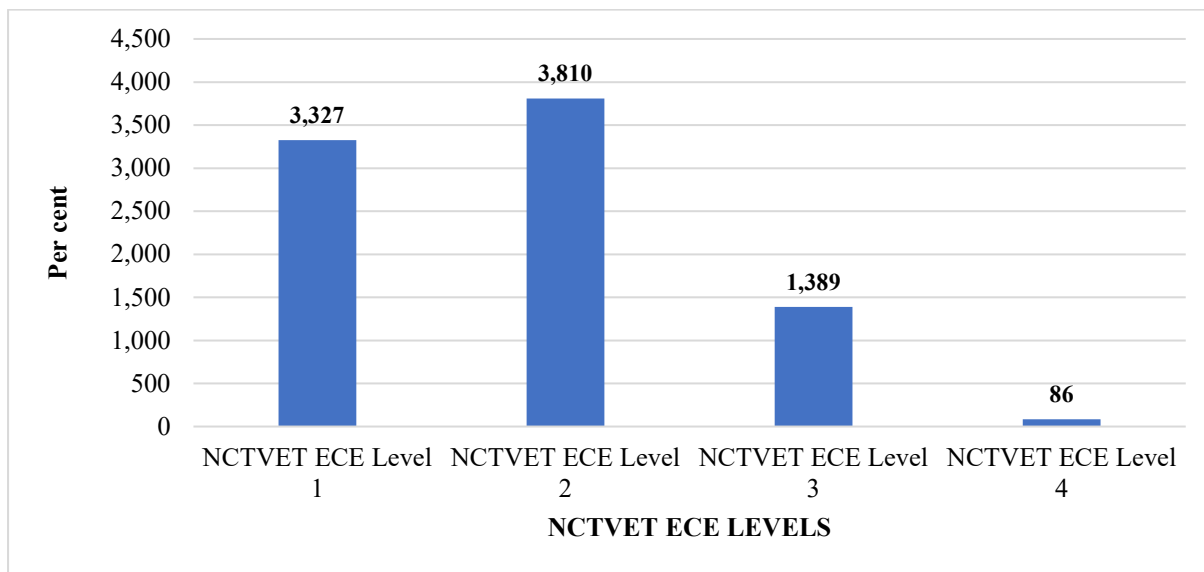



FIGURE 20: LEVELS OF NCTVET EARLY CHILDHOOD EDUCATION.

THE DISCUSSING OF FINDINGS

The results revealed that Early Childhood Education and Care is a highly gendered field in Jamaica, as the majority of ECEC professionals were females. This finding corresponds with the global trends of gender imbalance in ECEC. Rfohrman (2016) confirms that the proportion of men in ECEC is low worldwide, despite numerous efforts to promote adult diversity in ECEC. He defended that the inclusion of males is relevant for further development of the field as “males ECE workers can positively affect the diversity of learning activities in children day care institutions”.

Furthermore, differences in staff distribution were also influenced by the region within the schools were located. Regions that were more developed and urbanized recorded the highest numbers of staff members. These disparities in development and urbanization would impact


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institution quality and quantity, resource allocation, infrastructure and compensation among regions. Schools in rural or under developed areas often lack financial support which makes it difficult to appoint, recruit and retain well-trained teachers. This makes rural school more likely to experience staff shortage and low teacher quality (Konuk et al, 2016).

The findings also revealed that a significant number of staff indicated they have been employed at their current early children institution for less than 5 years. This is a matter of concern as institutions aim to hire and retain staff member. Miller (2014) states that the loss of knowledge, time, stress and cost of hiring and training new employees can negatively impact an organization success. Attrition is also a sign of job dissatisfaction which can be caused by a lack of work-life balance, poor management and salary dissatisfaction. For ECEC professionals in Jamaica, salary dissatisfaction maybe a major factor influencing staff retention as approximately 69 per cent of staff members reported they make \$60,000 or less per month before taxes and the majority also stated benefits were “not applicable” to them.

Finally, it was highlighted that the majority of ECI staff have vocational training or a secondary level of education. Although these levels of education meet the requirement of an early childhood practitioner. There still remains a need for ECI staff to engage in professional development, as the minority had a bachelor’s degree and higher. Research such as that of Mannings et al. (2017) affirm that an increase in the educational level of teachers positively impacts early childhood educational outcome. High teacher qualification improves the quality of teaching styles, program structures, class activities and interaction with children which provides better educational outcomes.

CONCLUSION AND RECOMMENDATIONS

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The staff questionnaire fulfilled its purpose of providing the ECC with important information about ECI staff members. The information gathered revealed that there is a shortage of male ECEC staff and that developed areas have more staff members than less developed areas. Additionally, the majority of ECI staff member or practitioners, have the required level of education and have tenured for 5 years and over. The data also found that a major area of concern for staff members is salary, as they reported low levels of compensation and benefits.

In light of the findings the following recommendations are being made in an attempt to reform ECI staff structure:

- Implementation of a public awareness campaign to encourage adult diversity in Early Childhood Education and Care to combat the issues of male shortage in the sector.
- Sensitise ECIs on measures that can increase job satisfaction such as career evolution, job security, flexibility and work-life balance for employees.
- Awareness campaign on ECC programmes that give increased benefits and compensation to ECI staff such as salary subsidy and the trained teacher program.
- Increased the allocation of resources where available to aid the development of ECIs in rural areas. The development of rural school will attract more ECEC professionals.
- Continue to offer programmes geared towards the professional development of practitioners and staff. ECI staff members can also be encouraged to seek professional development outside of that offered by the ECC.




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SPECIAL NEEDS

The following section will analyse the data gathered from the Special Needs Questionnaire administered between November 2022- January 2023. Only Institutions that had confirmed or suspected cases of special needs children were asked to complete the questionnaire. A total of one thousand, five hundred and thirty-nine (1,539) institutions completed the questionnaire. The demographic statistics and suspected and confirmed cases of special needs children

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enrolled in ECIs will be presented in this section. While the data presented will have children from age groups 0-2 years old and 3-6 years old, data was predominantly captured on children 3-6 years old.

DEMOGRAPHICAL INFORMATION

PARISH OF RESIDENCE

The majority of the children resided in St. Catherine (249) which amounted to 16.2 per cent and the least number of children resided in Kingston (34) which was 2.2 per cent.

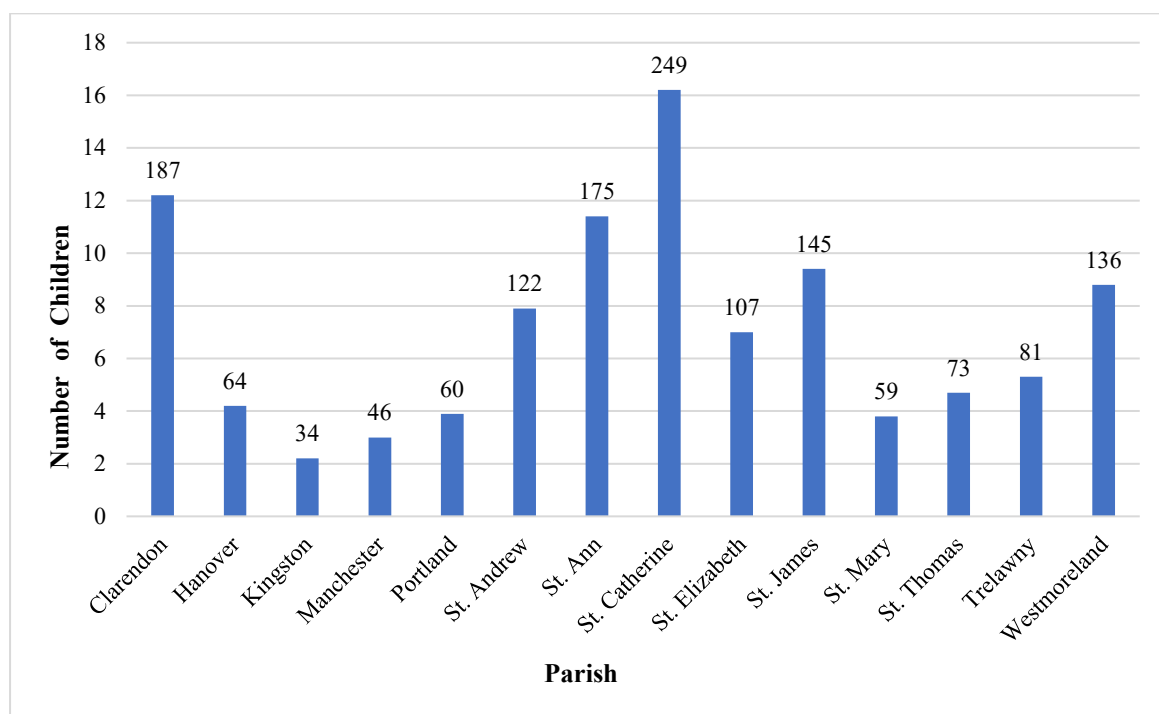



FIGURE 21: DISTRIBUTION OF CHILDREN BY PARISH.

FACILITY TYPE

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The pie chart (Figure 22) highlights the distribution of children based on the facility type. It can be seen that the majority of children attended public/private institutions (1,016 or 66 per cent) and only 200 children (13 per cent) attended private institutions.

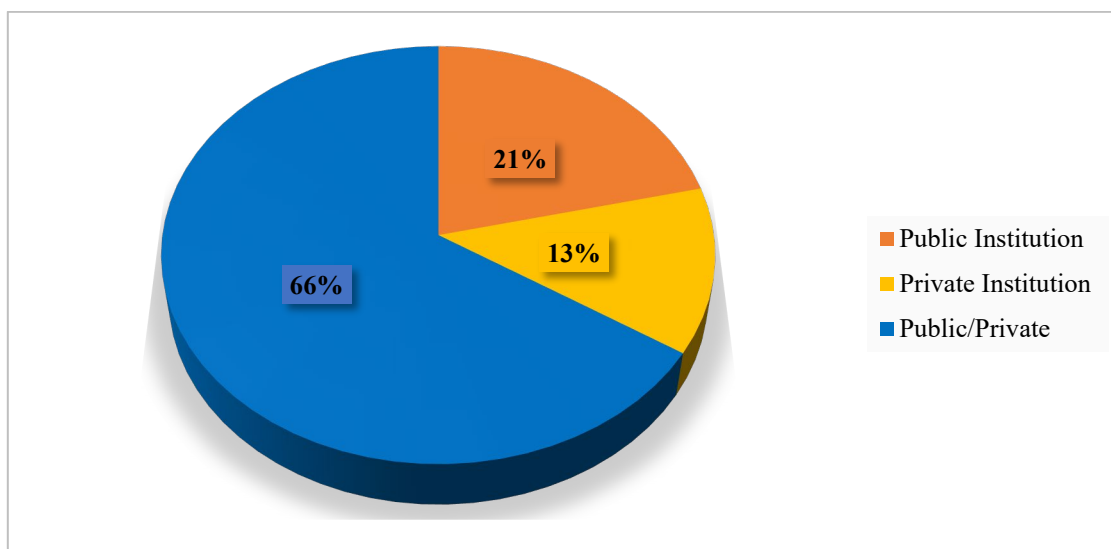



FIGURE 22: DISTRIBUTION OF CHILDREN BY FACILITY TYPE.

CONFIRMED AND SUSPECTED CASES OF SPECIAL NEEDS

0–2-YEAR-OLDS WITH SPECIAL NEEDS

The data in Table 7 highlights the status of children 0–2-year-olds with special needs and enrolled in an early childhood institution from November 2022- January 2023. The table shows that two hundred and seventy (270) children within the 0-2 age cohort were confirmed to have a special need requirement. The data revealed that the majority of the children (127) confirmed with special needs were ‘**Attending or Receiving Services from The Early Stimulation Programme**’ Furthermore, there were one hundred and eight (108) 0–2-year-olds that were

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‘Diagnosed with a Developmental Disability/Special Needs’, and thirty-five (35)

“Attending or Receiving Services from Private Therapists”.

TABLE 7
0–2-YEAR-OLDS WITH SPECIAL NEEDS


| Questions | Number of Children |
|---|--------------------|
| How many children 0-2 years at your ECI are diagnosed with a developmental disability/special need? | 108 |
| How many children 0-2 years at your ECI are attending or receiving services from the Early Stimulation Programme? | 127 |
| How many children 0-2 years at your ECI are attending or receiving services from private therapists? | 35 |
| Total | 270 |

3-6 YEAR OLDS WITH SPECIAL NEEDS

The data in Table 8 highlights the status of 3–6-year-olds with special needs that were enrolled at an early childhood institution. The data revealed that there were eight hundred and twenty-two (822) 3–6-year-olds **‘Diagnosed with a Developmental Disability/Special Needs’**, one hundred and twenty-seven (127) **‘Attending or Receiving Services from The Early Stimulation Programme’** and thirty-five (35) **“Attending or Receiving Services from Private Therapists”**.

TABLE 8
3-6 YEARS OLDS WITH SPECIAL NEEDS

| Questions | Number of Children |
|---|--------------------|
| How many children 3-6 years at your ECI are diagnosed with a developmental disability/special need? | 822 |

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How many children 3-6 years at your ECI are attending or receiving services from the Early Stimulation Programme? 702

How many children 3-6 years at your ECI are attending or receiving services from private therapists? 309

Total 1,833

COMPARISON OF 0–2-YEAR-OLDS AND 3–6-YEAR-OLDS WITH SPECIAL NEEDS

The bar graph in Figure 23 shows the comparison between 0–2-year-olds and 3–6-year-old children with special needs. It is evident that there is a higher proportion of 3-6-year-olds than 0–2-year-olds in all categories. Children ‘**Diagnosed**’ with special needs in the 3-6 age cohort were eight times the amount of 0–2-year-olds (108) that were ‘**Diagnosed**’.

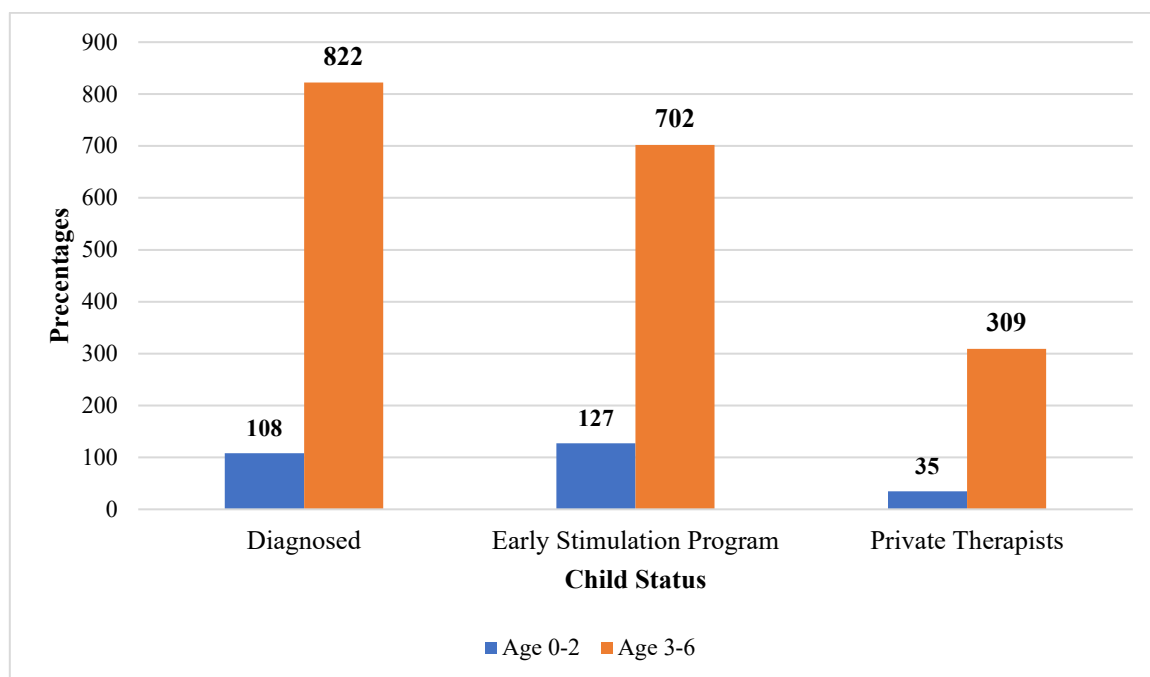



FIGURE 23: DISTRIBUTION OF CHILDREN WITH SPECIAL NEEDS BY AGE GROUP.

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PARENTS WHO PROVIDED DIAGNOSIS REPORTS

Figure 24 highlights the percentages of parents who provided diagnosis reports for their child with special needs. The pie chart shows that only 384 parents ‘**Provided Diagnosis Reports**’ for children with special needs, this represented 22 per cent of 1,712 children reported.

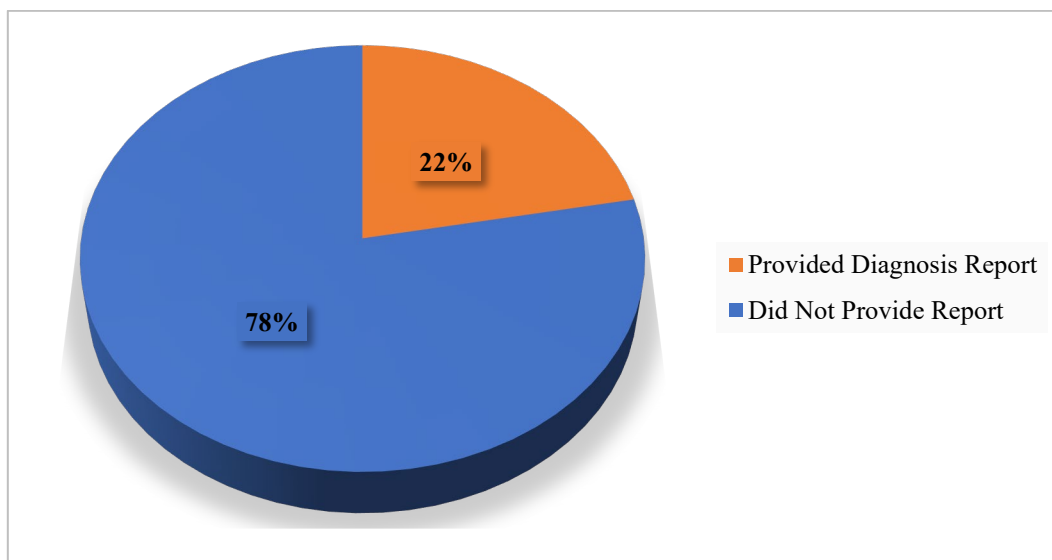



FIGURE 24: PARENTS THAT PROVIDED A DIAGNOSIS REPORT FOR THEIR CHILD WITH SPECIAL NEEDS.

DIAGNOSIS OF CHILDREN

The reported diagnosis of the children with special needs is highlighted in Table 9. From the data, it can be seen that the majority of children with special needs were diagnosed with ‘**Autism Spectrum Disorder**’ (44.1 per cent). The number of children diagnosed with a ‘**Global Developmental Delay/Intellectual Disability**’ (170) or ‘**ADHD**’ (171) are almost

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evenly distributed at 16.2 per cent and 16.3 per cent respectively. The least reported diagnosis was a **‘Physical Disability’** with 0.5 per cent being reported as being diagnosed with Clubfoot.

TABLE 9
DIAGNOSIS OF CHILDREN

| Diagnosis | Number of Children | Percent |
|--|---------------------------|----------------|
| Global Developmental Delay / Intellectual Disability | 170 | 16.2 |
| Autism Spectrum Disorder | 464 | 44.1 |
| ADHD | 171 | 16.3 |
| Cerebral Palsy | 26 | 2.5 |
| Hearing Loss/Deafness | 48 | 4.6 |
| Vision Impairment/ Blindness | 72 | 6.8 |
| Seizures/Fits | 68 | 6.5 |
| Downs Syndrome | 10 | 1.0 |
| Speech Delay | 18 | 1.7 |
| Physical Disability | 5 | 0.5 |
| Total | 1052 | 100.0 |

3-6 YEAR-OLDS WHO HAD A SPECIAL NEED AID

Figure 25 shows the distribution of children utilising special needs aid. It was revealed that 440 children had some form of special need aid. The pie chart shows that the majority of children who had a special need aid wore **‘Glasses’** (70 per cent), followed by children who wore **‘Hearing Aids’** (20 per cent) and lastly the children who had a **‘Wheelchairs/Braces’** (10 per cent).

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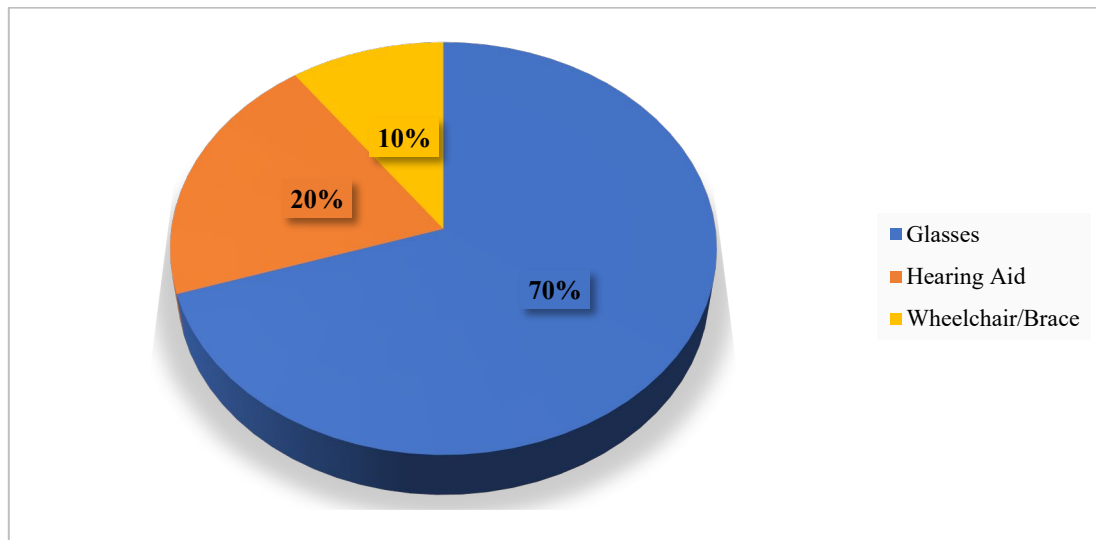
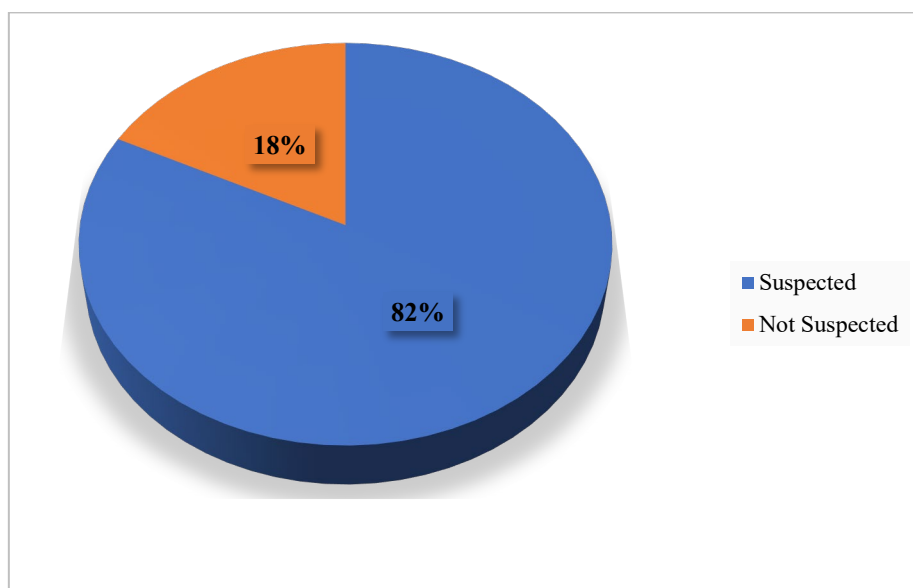


FIGURE 25: 3-6 YEAR OLDS WITH SPECIAL NEED AID.

CHILDREN SUSPECTED TO HAVE SPECIAL NEEDS

From the 3,822 children reported on for the question: “*How many children in your ECI do you suspect have some form of special needs whether learning, vision, hearing, movement, fine motor or behaviour difficulty?*”. It was found that approximately 82 per cent (3,150 children) are suspected to have some form of special needs (Figure 26).




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FIGURE 26: CHILDREN SUSPECTED TO HAVE SOME FORM OF SPECIAL NEEDS REQUIREMENT.

LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS SUSPECTED TO NEED A SPECIAL NEED AID

The children who were recommended to receive special needs aids experience varying degrees of difficulty (Table 10). It was found that the majority of the children (744) that were recommended to receive ‘Glasses’ experienced ‘A Little Difficulty’ with seeing and 353 children experienced ‘A Lot of Difficulty’ to see. Secondly, it was found that 132 children were recommended to receive ‘Hearing Aids’ because of ‘A Little Difficulty’ with hearing and 54 children were recommended to receive ‘Wheelchairs/Braces’ because of ‘A Little Difficulty’ walking.

TABLE 10
3-6 YEARS OLDS WHO ARE SUSPECTED TO NEED A SPECIAL NEED AID

| Special Need Aid Recommended | A Little Difficulty | A Lot of Difficulty | Cannot See/Hear/Walk at All |
|------------------------------|---------------------|---------------------|-----------------------------|
| Glasses | 744 | 353 | 1 |
| Hearing Aid | 132 | 75 | 35 |
| Wheelchair/Brace | 54 | 39 | 13 |

LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS WITH FINE MOTOR SKILLS


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Table 11 highlights the varying degrees of difficulty that children 3–6-year-old were experiencing with their fine motor skills. It was found that 431, 3–6-year-olds had ‘**A Little Difficulty**’ with ‘**Holding Small Items**’ and 173 ‘**Cannot Hold**’ small items at all. Also, 917 3–6-year-olds had ‘**A Little Difficulty**’ with ‘**Helping Themselves**’, while 377 children had ‘**A Lot of Difficulty**’ and 208 children ‘**Cannot Help Themselves at All**’.

TABLE 11
3-6 YEARS OLDS WHO HAVE DIFFICULTIES WITH FINE MOTOR SKILLS


| Fine Motor Skill | A Little Difficulty | A Lot of Difficulty | Cannot Hold or Help Themselves at All |
|---|---------------------|---------------------|---------------------------------------|
| Holding Small Items | 431 | 139 | 173 |
| Self Help Skills Eg. Feeding and Dressing | 917 | 377 | 208 |

LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS WITH SPEECH AND LEARNING

The data revealed that a significant number of 3–6-year-olds had difficulties with speech and learning (Table 12). It was found that 2,463 children had ‘**A Little Difficulty**’ ‘**Remembering Lessons**’, 1,075 had ‘**A Lot of Difficulty**’, and 316 ‘**Cannot Remember at All**’. Furthermore, 1,616 had ‘**A Little Difficulty**’ ‘**Learning Things**’ and 1,034 had ‘**A Little Difficulty**’ ‘**Speaking Clearly**’.

TABLE 12
3-6 YEARS OLDS WHO HAVE DIFFICULTIES WITH SPEECH AND LEARNING

| Difficulty Experienced | A Little Difficulty | A Lot of Difficulty | Cannot Speak/Learn/Remember At All |
|------------------------|---------------------|---------------------|------------------------------------|
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|---------------------------|------|------|-----|
| Speaking Clearly | 1034 | 525 | 265 |
| Learning Things | 1616 | 891 | 121 |
| Remembering Things Taught | 2463 | 1075 | 316 |

LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS WITH PERSONAL SOCIAL SKILLS

The number of 3–6-year-olds who had difficulty with their personal social skills decreased with an increase in the level of difficulty (Table 13). It was found that 482 children had ‘**A Little Difficulty**’ with ‘**Playing with Others**’ and the number decreased by almost half to 191 that ‘**Cannot Interact Well at All**’ when ‘**Playing with Others**’. The same could be said for children who ‘**Curse, Argue, Trace or Say Hurtful Things**’ whereas the 646 children that had ‘**A Little Difficulty**’ was reduced to 333 that had ‘**A Lot of Difficulty**’.

TABLE 13
3-6 YEARS OLDS WHO HAVE DIFFICULTIES WITH PERSONAL SOCIAL SKILLS

| Personal Social Skill | A Little Difficulty | A Lot of Difficulty | Cannot Interact Well at All |
|---|---------------------|---------------------|-----------------------------|
| Playing with Others | 482 | 227 | 191 |
| Curse, Argue, Trace or Say Hurtful Things | 646 | 333 | 230 |
| Hit, Bite, Kick or Hurt Others | 727 | 335 | 258 |

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LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS WITH ATTENTION ISSUES


It was found that 1,130 3–6-year-olds had ‘**A Lot of Difficulty**’ ‘**Sitting Still**’ and 1,978 had ‘**A Little Difficulty**’ (Table 14). One thousand, one hundred and sixty-three (1,163) children had ‘**A Lot of Difficulty**’ and 2,155 children had ‘**A Little Difficulty**’ ‘**Focusing in Class**’. Furthermore, it should be noted that for the children who ‘**Cannot Regulate Well at All**’, 719 had difficulty ‘**Sitting Still**’, 466 had difficulty ‘**Focusing in Class**’ and 349 had difficulty ‘**Controlling Their Behaviour**’.

TABLE 14
3-6 YEARS OLDS WHO HAVE DIFFICULTIES WITH ATTENTION ISSUES

| Behavioural Problem | A Little Difficulty | A Lot of Difficulty | Cannot Regulate Well at All |
|-----------------------------|----------------------------|----------------------------|------------------------------------|
| Sitting Still | 1878 | 1130 | 719 |
| Focusing in Class | 2155 | 1163 | 466 |
| Controlling Their Behaviour | 974 | 627 | 349 |

LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS WITH REGULATING THEIR MENTAL HEALTH

Table 15 highlights the 3–6-year-olds who experienced ‘**Anxiety/Worry**’ and ‘**Sadness/Depression**’. It can be seen that the number of children who experienced these difficulties decreased with an increase in the level of difficulty. Whereas, 422 and 270 children experienced ‘**A Little Difficulty**’ with ‘**Anxiety/Worry**’ and ‘**Sadness/Depression**’ but 138

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and 84 children experienced ‘A Lot of Difficulty’ respectively. Furthermore, for the children who ‘Cannot Regulate Well at All’, 119 struggled with ‘Anxiety/Worry’ and 63 struggled with ‘Sadness/Depression’.

TABLE 15
3-6 YEARS OLDS WHO HAVE DIFFICULTIES REGULATING THEIR MENTAL HEALTH

| Mental Health Issue | A Little Difficulty | A Lot of Difficulty | Cannot Regulate Well at All |
|---------------------|---------------------|---------------------|-----------------------------|
| Anxiety/Worry | 422 | 138 | 119 |
| Sadness/Depression | 270 | 84 | 63 |

CHILDREN RECOMMENDED FOR SPECIAL NEEDS ASSESSMENT

The Pie chart in Figure 27 highlights the distribution of children who were recommended for specialist assessment based on a suspicion of a special need requirement. A total of 1,537 institutions responded to the question. It was reported that 64 per cent (1,544 children) of the 2,413 children were recommended for specialist assessment.

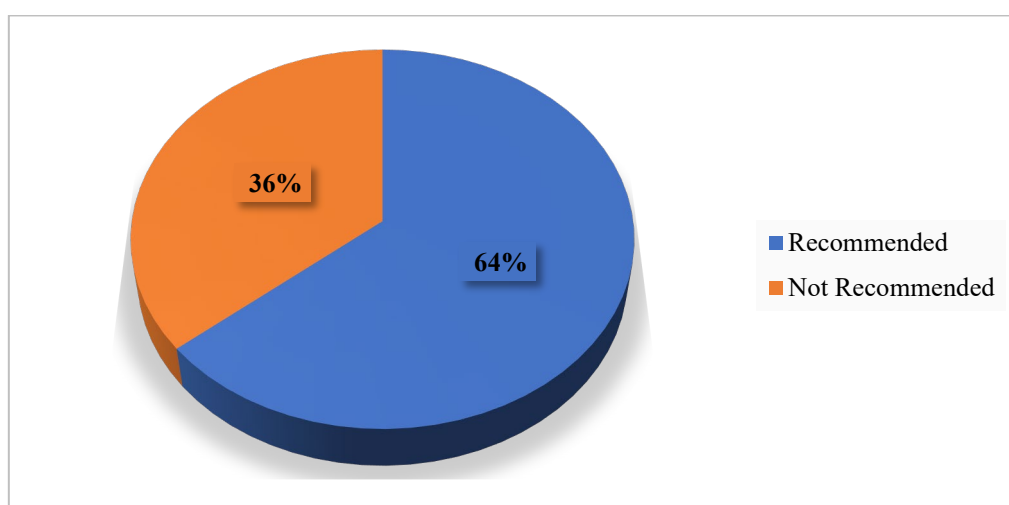



FIGURE 27: CHILDREN RECOMMENDED FOR ASSESSMENT.

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RECOMMENDED INDIVIDUAL/PROGRAMME FOR SPECIALIST ASSESSMENT


It can be understood from Table 16, that institutions are more likely to make the recommendation for specialist assessment to a **‘Parent/Guardian’** (37.7 per cent). Followed by a recommendation to visit the **‘Principal’** (15 per cent). Additionally, children can be recommended to visit the **‘MICO Care Centre’** (10.1 per cent), a **‘Private Doctor’** (9.5 per cent) or a **‘Therapist’** (7.9 per cent) for assessment. The least recommended individual/programmes for recommendation were **‘Other Government Programme/Personnel’** (1.2 per cent) such as an ECC Development Officer or the Jamaica School Readiness Assessment (JSRA) and the **‘Guidance Counsellor’** (1.5 per cent).

TABLE 16
INDIVIDUAL/PROGRAMME RECOMMENDED

| Individual/Programme | Frequency | Percentage |
|--------------------------------------|------------------|-------------------|
| Early Stimulation Programme | 112 | 6.9 |
| Other Government Programme/Personnel | 20 | 1.2 |
| Guidance Counsellor | 24 | 1.5 |
| Head Teacher/ Caregiver | 64 | 4 |
| Parent/Guardian | 606 | 37.7 |
| Principal | 241 | 15 |
| Clinic | 99 | 6.2 |
| Private Doctor | 152 | 9.5 |
| MICO Care Centre | 162 | 10.1 |
| Therapist | 127 | 7.9 |
| TOTAL | 1,607 | 100 |

REASONS CHILDREN WERE NOT REFERRED FOR SPECIALIST

INTERVENTION

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Some of the children who were suspected to need specialist intervention were not referred for a few reasons shown in Figure 28. The main reasons were that the institutions were ‘**Allowing the Child to Develop**’ (59.9 per cent) or were under the impression that the ‘**Parents Made Referral**’ (29.2 per cent). The least popular reason was that the ‘**Referral in Progress**’.

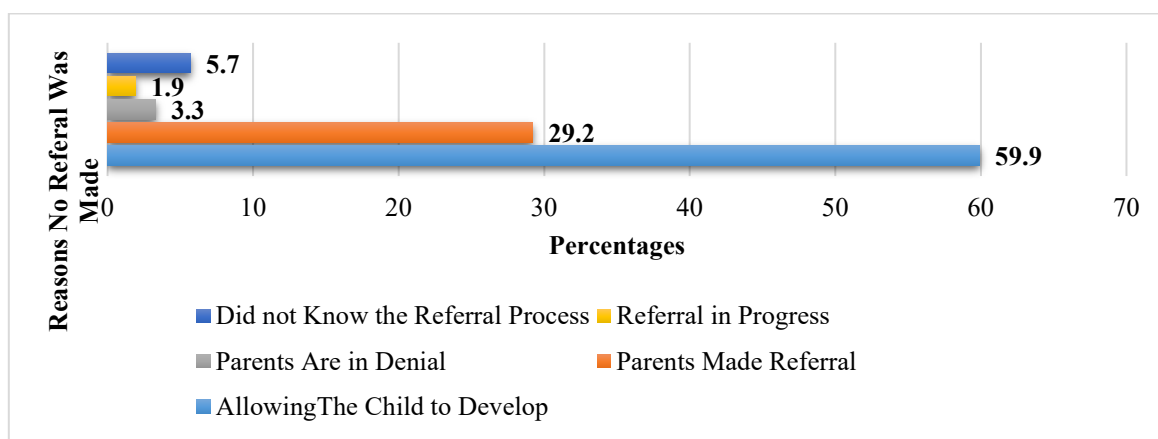



FIGURE 28: REASONS CHILDREN WERE NOT REFERRED FOR INTERVENTION.

THE DISCUSSION OF FINDINGS

The Special Needs Questionnaire was created and administered to understand the status of children with special needs in the early childhood institutions. From a detailed analysis of the results, it is evident that a significant amount of 3–6-year-olds are confirmed and suspected to require special needs intervention. Therefore, the move towards an inclusive education classroom in early childhood education can only stand to improve the conditions of children enrolled in ECIs with special needs. The upcoming discussion will focus on children that require special needs intervention.


The findings from the special needs’ questionnaire revealed that a greater proportion of children are suspected to have special needs than those who have been professionally diagnosed

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by a specialist. This finding is supported by the 2022 report on disability drafted by the United Nations International Children's Emergency Fund (UNICEF), which found that the majority of persons who are suspected to have special needs are not professionally diagnosed. The report also showed that “approximately 48,000 of the estimated 785,000 Jamaicans living with a form of disability have been registered within a social protection programme, with 35 per cent of those registered estimated to be children”. This highlights the need for a radical approach to screening, diagnosis and intervention for children suspected to have a special need requirement.

Correspondingly, the Ministry of Labour and Social Security requests that all parents of children with special needs or suspected to have special needs register with the Early Stimulation Program and even offer financial assistance to those who would need it. Despite the availability of these programmes and services, only 829 children were reported to be on the programme. This may be a result of the fact that the programme and most schools that offer inclusive or special education are located in urbanised areas with only a few in more rural parishes. UNESCO (2020) also highlighted that the majority of children who attend special needs institutions are from urban areas while children from rural areas attended mainstream schools. This disparity in access to diagnosis and support intervention may be based on location.


Thirdly, the data revealed that there were children who were suspected to require special needs aids. While the data revealed that 440 children do have access to special needs aids or assistive products. Over 3,000 children were suspected to need but did not have access to these devices. The World Health Organisations’s (WHO) and UNICEF’s *Global Report on Assistive Technology* reveals that almost 3 billion people worldwide need assistive products but almost 1 billion are denied access because of lower and middle-income country status. The report also

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revealed that over 200 million children have disabilities and lack of access to assistive products which not only harms the child but the community at large as they are not able to fulfil their responsibilities to society and live an independent life.

Additionally, the data revealed that children who are suspected to have a special needs requirement are primarily in the areas of attention issues and speech and learning. Whilst, the majority of the children experienced a little difficulty, a significant amount experienced a lot of difficulty or did not meet expectations at all. It is important that these areas are addressed as students with learning and attention issues tend to experience feelings of failure, lack of acceptance and high levels of bullying, which can escalate to more aggressive misbehaviour and absenteeism (National Centre for Learning Disabilities, 2017). The article added that these issues if left untreated can impact socio-emotional/personal skills and mental health, which were also areas of concern for the current analysis. Furthermore, if the issues carry on to primary education it may lead to more aggressive behaviours which may lead to suspension and further difficulty keeping up in school. It's a cycle of failure and aggression. Whilst, further analysis revealed that most of these children already attended a special needs programme, actions need to be taken to get the others into programmes.


Lastly, the data revealed that most institutions did not recommend children for intervention because they are allowing them time to grow, the parents made the referral or in a few instances because the parents are in denial. This introduces a cause for concern since the majority of recommendations for intervention are made to the parents/guardians. Children who do not get the needed intervention tend to be at increased risk for socio-emotional/personal and mental issues. So, whilst, intervention is a continuous process; the earlier a need is identified, the better for the child and their family (Michellerisby, 2022).

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CONCLUSION AND RECOMMENDATIONS

The preceding discussion made it clear that the move towards inclusive education in Jamaica could not have come at a better time. The assessment revealed that the early childhood sector has a significant number of children in need of special needs intervention and the importance of early intervention. The Legacy Project will be able to address a number of concerns with the accessibility of education for children confirmed and suspected to have special needs without sacrificing their social education. Still, this project cannot stand on its own. To ensure the effective management of this intervention, it is recommended that:


1. Regional health fairs be conducted to conduct screening for special needs aids/assistive technology. Children suspected to have a need could be assessed and confirmed to reduce the delay in intervention.
2. A screening and early intervention monitoring and evaluation framework be implemented to monitor the children recommended by the JSRA to the point of receiving the intervention. Children who were recommended but did not receive intervention can be grouped for additional intervention strategies.
3. A communication strategy/awareness campaign regarding the Early Stimulation program, special needs schools and other programs. A quick Google search will reveal that access to this information may prove difficult for the average man. So, an informational campaign especially in rural areas can prove effective in getting children with special needs into the appropriate programs.
4. The parents of children suspected to have special needs that are in denial could be connected with support groups such as the Parent Places and other intervention

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strategies. Interactions with parents of other children could provide the comfort and support needed to start the journey with their child. This could be life-changing for the child and parent.

5. Conduct study that shows the correlation between family background and learning disabilities.
6. Develop an ECD Policy to address the area of Screening and Early Intervention.

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