




# **CENSUS REPORT 2023-2024**



**Prepared by the Research Unit, Cross  
sectoral coordination**

	<b>The Early Childhood Commission</b>		
	<b>Title: Census Report</b>		
	<b>Document Number: ECC/CSC/CR/F001</b>	<b>Issue Date: 20/02/2024</b>	<b>Last Revised: 07/10/2024</b>
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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

**ECI**, Early Childhood Institution

**ECIs**, Early Childhood Institutions

**ECPs**, Early Childhood Practitioners

**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


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

**PTA**, Parent Teachers' Association

**SPSS**, Statistical Package for Social Sciences




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## EXECUTIVE SUMMARY REPORT

### Census 2023-2024

The Early Childhood Commission (ECC) Census gathers comprehensive data on Early Childhood Institutions (ECIs) to assess their demographic characteristics, enrolment figures, registration status, and overall operational conditions. The Census also collects information on ECI staff and children suspected and diagnosed with special needs. This information is used to monitor trends, identify areas for improvement, and inform policy decisions to enhance the quality and accessibility of early childhood education and care for all children. The Census is comprised of three (3) data collection forms:

- ❖ ECI Data Collection Form
- ❖ Staff Data Collection Form
- ❖ Special Needs Data Collection Form

✚ The 2023-2024 ECC Census was administered between November 2023 and March 2024.

✚ **84 % (1939)** ECI completed the Census

✚ The 2023-2024 Census had a **16 % (381)** Non-Response Rate.

✚ **94,217** ECI staff responded to the census.

✚ **1233** ECI completed the Special Needs Data Collection Form.

✚ The majority of ECIs that completed the

Age Groups	Male	Female	Total
0-11 Months	553	462	1015
12-23 Months	1048	935	1983
24-35 Months	4548	4771	9319
36-47 Months	12213	12396	24609
48-59 Months	14606	14150	28756
60-71 Months	12890	12780	25670
72+ Months	1561	1304	2865
<b>Total</b>	<b>47,419</b>	<b>46,798</b>	<b>94,217</b>

census were from **regions 4, 1, and 6**, respectively.

✚ A total of **94,217** children were enrolled in the 1939 ECI that completed the census.


✚ **47,417** are boys and **46,798** are girls.


✚ **76 %** of ECI applied for Registration with the ECC, **42.1%** have an of updated Permit to Operate, **73.7%** have a Development Plan and **80.4%** received an Inspection Report in the previous academic year.


✚ **31.8 %** of ECI staff are Trained Teachers.

✚ **3,714** ECI staff have Vocation Training **1,848** have Secondary Education and **1,867** have a Bachelor's Degree or Higher.

✚ From a total of **3,633** children **86.5 %** are suspected of having Special Needs.

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**94.4%** of ECIs who completed the Special Needs Data Collection participated in the 2023 JSRA.

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# INTRODUCTION

## **BACKGROUND**

The Early Childhood Commission (ECC) was established by the Early Childhood Commission Act of 2003, as the regulatory body for the Early Childhood Sector in Jamaica. The ECC's primary functions include preparing and implementing plans and programs for early childhood development, monitoring and evaluating these initiatives, and coordinating all related activities to ensure streamlined and effective operations. Additionally, the ECC analyses the resource

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needs of the sector and seeks financing through negotiations with donor agencies. The ECC's vision is to ensure that all Jamaican children have access to quality Early Childhood Development (ECD) services that enable them to reach their full potential.

Each year during the first term of the academic year, the ECC administers the ECC Census to ensure that information on Early Childhood Institutions (ECIs) is accurate and up-to-date. The census collects data through three specific forms: the ECI Form, the Staff Form, and the Special Needs Form. Following the successful pilot of paperless data collection in the 2018/19 academic year, the ECC Census has transitioned entirely to an electronic format. As a result, the 2023-2024 ECC Census was conducted fully online, with all forms completed electronically.


## **RATIONALE**

By conducting the Census, the ECC ensures that it has the best possible data to inform decisions, policies, and practices that will enhance the quality of early childhood education, development, and care. The data collected is vital for the ECC's internal use and the various national and international stakeholders who rely on the accuracy of this information to make informed decisions that impact the sector.

## **METHODOLOGY**

The ECC's Census is conducted annually to gather data on ECIs, their staff, and children suspected and diagnosed with special needs. Data is collected using three questionnaires: the ECI Data Collection Form, the Staff Data Collection Form, and the Special Needs Collection



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Form. Before the data collection begins, ECI principals and staff are sensitized on the census process in regional meetings and workshops held in clusters by the ECC's Early Childhood Development Officers. These sensitization meetings inform ECI personnel of the procedures for the census, the documents to submit, and how to accurately complete required census forms.

## **DATA COLLECTION**

Data collection forms were accessible through the ECC's website for completion by ECI personnel between November 2023 and March 2024. Each ECI was required to complete the ECI Data Collection Form once; it was recommended that it be completed by either the principal, owner, operator, or authorized personnel with knowledge of the ECI. Each staff member employed at an ECI was required to complete the ECI Staff Form. The Special Needs Questionnaire was to be completed by ECIs who suspect that they have enrolled children with special needs or have enrolled children diagnosed with special needs.

The forms were accessible and could be completed using any electronic device with internet access. Data collected through the online census forms were compiled into Excel spreadsheets, with separate sheets designated for ECIs, staff, and data for children with special needs.

## **DATA COLLECTION FORMS**

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- ***ECI Data Collection Form:*** Consisted of 32 questions and collected essential information about the ECI, including contact details, enrolment, staff complement, and management committees.
- ***Staff Data Collection Form:*** Comprised of 27 questions and gathered critical information about ECI staff members, such as contact details, position titles, tenure at the ECI, benefits received, and qualification status.
- ***Special Needs Data Collection Form:*** Contained 29 questions and was designed to gather information on children with and suspected of having special needs within the sector.

### **DOCUMENT VERIFICATION AND DATA CLEANING**

The census data collection ended on March 2, 2024, and access to the forms were subsequently closed. Any ECI or staff member who did not complete a census form during this period was not accounted for in the census. After data collection, the responses were downloaded into Excel spreadsheets, and master sheets for each form were created and saved. The data cleaning process involved removing duplicate entries, correcting inaccuracies (through verification), and formatting.


### **DATA ANALYSIS**

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

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# DATA ANALYSIS

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

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## **EARLY CHILDHOOD INSTITUTION**

The following section will analyze the data gathered from the ECI Form that was administered between November 2023 and March 2024. During the administration of the 2023/2024 ECI Census, the Commission recorded **2,320** ECIs, of which **1,939 (84 percent)** completed the Census. Consequently, **381 ECIs (16 percent)** did not complete the ECI Census form for their institution. The analysis of the data will therefore present the demographic characteristics of the ECIs that completed the census. A comprehensive review of the institutions' status, including registration, enrollment, sponsorship, and other relevant information, will also be presented

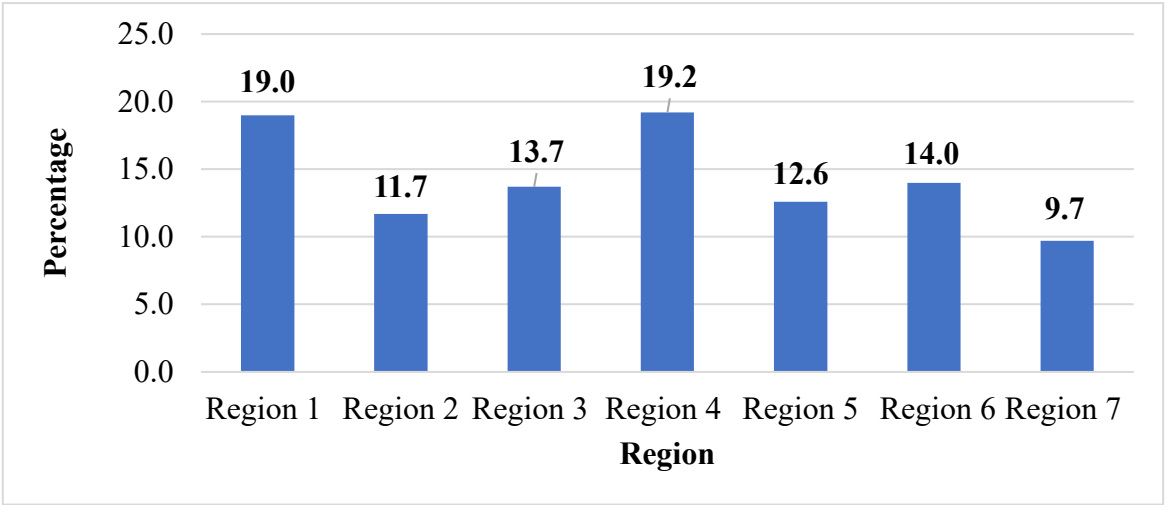
### **DEMOGRAPHIC CHARACTERISTICS OF ECIs**

#### **REGION**

Analysis of the demographic data revealed that the majority of ECIs that responded to the census are located in Region 4 (19.2 percent). This was followed closely by Region 1 (19 percent). The data also shows that Region 7<sup>1</sup> recorded the least number of ECIs (9.7 percent).

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<sup>1</sup> Region 1 (Kingston and Saint Andrew), Region 2 (Portland, Saint Mary and Saint Thomas), Region 3 (Trelawny and Saint Ann), Region 4 (Saint James, Westmoreland and Hanover), Region 5 (Saint Elizabeth and Manchester), Region 6 (Saint Catherine) and Region 7 (Clarendon).

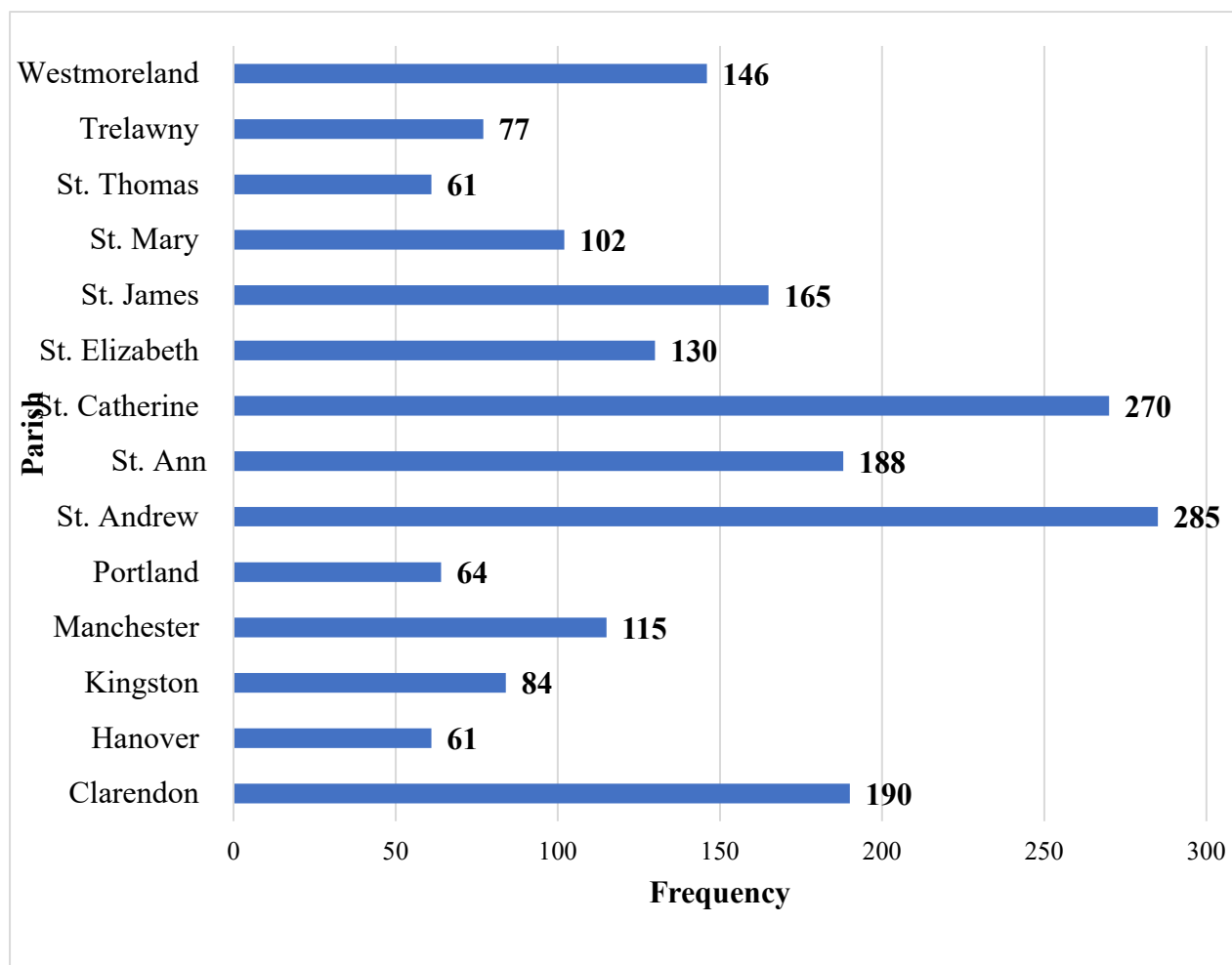


**FIGURE 1: ECI COUNT BY REGION**

**PARISH**

According to the Census, the parish that reported the most ECIs was St. Andrew (285) followed by St. Catherine with Two Hundred and Seventy (270) and Clarendon with One Hundred and Ninety (190).


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**FIGURE 2: ECI COUNT BY PARISH**

### **FACILITY TYPE**

The most frequently reported facility type was Public Private Institutions (59.1 percent) which consists of Basic Schools and other government supported ECIs. Public ECIs accounted for 20 percent; while private institutions accounted for 20.8 percent of ECIs.


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<b>TABLE 1</b> <b><i>NUMBER OF ECIS BY FACILITY TYPES</i></b>		
<b>Types</b>	<b>Frequency</b>	<b>Percentages</b>
Public/ Private	1146	59.1
Public	388	20.0
Private	405	20.8
<b>Total</b>	<b>1939</b>	<b>100</b>

### **ENROLMENT BY FACILITY TYPE**

The data showed that the majority of children 51,948 were enrolled in public-private ECIs. This is in comparison to 26,445 children enrolled in a public ECI and 19,838 children enrolled in private ECIs.

<b>TABLE 2</b> <b><i>ENROLMENT BY ECI FACILITY TYPE</i></b>	
<b>Facility Type</b>	<b>Enrolment</b>
Private	22341
Public Private	51948
Public	19838
No Response	90
<b>Total</b>	<b>94217</b>


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## **ENROLMENT BY AGE GROUP AND SEX**

The analysis of the 2023/2024 Census indicated that approximately **94,217** children are enrolled in Early Childhood Institutions (ECIs). Of this number, **47,417** are boys and **46,798** are girls.

Compared to the 2022/2023 enrolment data, there has been a decrease in the number of children enrolled in ECIs, dropping from **107,337** in 2022/2023 to **94,217** in 2023/2024. This reduction in enrolment can be largely attributed to the 381 ECIs (16 percent) that did not complete the 2023/2024 Census, likely accounting for the missing children in this year's data. Additionally, the decrease may also reflect broader demographic trends, such as a declining birth rate and other related factors. The table below provides a detailed breakdown of enrolment by age cohort.




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**TABLE 3**  
***ENROLMENT BY AGE GROUP AND SEX***

Age Groups	Male	Female	Total
0-11 Months	553	462	1015
12-23 Months	1048	935	1983
24-35 Months	4548	4771	9319
36-47 Months	12213	12396	24609
48-59 Months	14606	14150	28756
60-71 Months	12890	12780	25670
72+ Months	1561	1304	2865
<b>Total</b>	<b>47,419</b>	<b>46,798</b>	<b>94,217</b>

### **ENROLMENT BY PARISH**

The data revealed that the majority of children resided in ‘*St. Andrew*’ (17,103), ‘*St. Catherine*’ (13,687), ‘*St. James*’ (9,218) and ‘*Clarendon*’ (7,871), with the majority of ‘*Males*’ (8,674) and ‘*Females*’ (8,429) recorded in ‘*St. Andrew*’. Parishes such as ‘*Hanover*’ (2,998), ‘*Portland*’ (2,546) and ‘*St. Thomas*’ (2,093) recorded the lowest enrolment numbers however, this can be attributed to parish size and population density.

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**TABLE 4**  
***ENROLMENT BY PARISH***

Parish	Number		Totals
	Male	Female	
Clarendon	3979	3892	7871
Hanover	1537	1461	2998
Kingston	3157	2965	6122
Manchester	2740	2665	5405
Portland	1286	1260	2546
St. Andrew	8674	8429	17103
St. Ann	3764	3622	7386
St. Catherine	6919	6768	13687
St. Elizabeth	2806	2769	5575
St. James	4577	4641	9218
St. Mary	1872	1987	3859
St. Thomas	1028	1065	2093
Trelawney	1671	1704	3375
Westmoreland	3353	3536	6889
No Parish Selected	56	34	90
<b>Total</b>	<b>47419</b>	<b>46798</b>	<b>94217</b>

### **BRAIN BUILDER CENTRE**

Among ECIs that completed the Census, 6 percent (116) reported that their ECI operates a Brain Builder Centre (BBC).




FIGURE 3: DISTRIBUTION OF BRAIN BUILDER CENTRE

ECI REGISTRATION AND CERTIFICATION STATUS

A series of questions were asked to determine the registration status of Early Childhood Institutions (ECIs) during the 2023-2024 academic year. When asked, *"Did you apply for registration at the ECC?"* 76 percent responded *"Yes."* However, when asked, *"Do you have an updated Permit to Operate?"* more than half (57.9 percent) indicated they did not. Additionally, 73.7 percent of ECIs reported having a Development Plan, and 80.4 percent stated they received an Inspection Report during the previous academic year.

TABLE 5 ECI REGISTRATION STATUS (PERCENT)		
Question	Yes	No
Did you apply for registration at the ECC	76.0	24.0

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Do you have an updated Permit to Operate	42.1	57.9
Does your ECI have a Development Plan	73.7	26.3
Did you receive an inspection during the last academic year (2022-2023)	80.4	19.6

### **ECI SPONSORSHIP**


The data revealed that most ECIs (70.3 percent) did not have a donor or sponsor. Additionally, 75 percent of ECIs also indicated they did not receive sponsorship during the 2022-23 academic year. Among the ECIs that did receive sponsorship, the most popular types of sponsorship included electronic devices and equipment, food supplies, learning materials such as books, toys, sanitation supplies, financial assistance, and furniture. Although less common, some ECIs also received storage containers, stationery, and infrastructure support.

**TABLE 6**  
***AVAILABILITY OF SPONSORSHIP***

Question	Yes	No
Does the ECI have sponsor(s)/donor(s)	29.6	70.3
Did the ECI receive sponsorship during the academic year	25.0	75.0

### **SCHOOL FEE CHARGED**


The table below reveals that approximately 19.1 percent of institutions do not charge a school fee. However, 35.1 percent indicated that they charged ‘**\$5,000-\$10,000 per term**’, and 9.9

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percent charged ‘\$10,000-15,000 per term’. In some instances, institutions charged over ‘\$50,000 per term’.

<b>TABLE 7</b> <b>TERMLY SCHOOL FEE CHARGE</b>		
Termly School Fee	Frequency	Percentage
No Fees	371	19.1
5,000 or less	266	13.7
5,000-10,000	680	35.1
10,000-15,000	191	9.9
15,000-20,000	82	4.2
20,000-25,000	46	2.4
25,000-30,000	47	2.4
30,000-35,000	42	2.2
35,000-40,000	38	2.0
40,000-45,000	33	1.7
45,000-50,000	36	1.9
50,000 or more	107	5.5
<b>Total</b>	<b>1939</b>	<b>100</b>

### **LUNCH FEE CHARGED**


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The data revealed that most ECIs (90.4 percent) charged a lunch fee. The table highlights that most institutions charged ‘*\$200-\$300 daily*’ (43.5 percent) or ‘*\$100-\$200 daily*’ (21.5 percent).

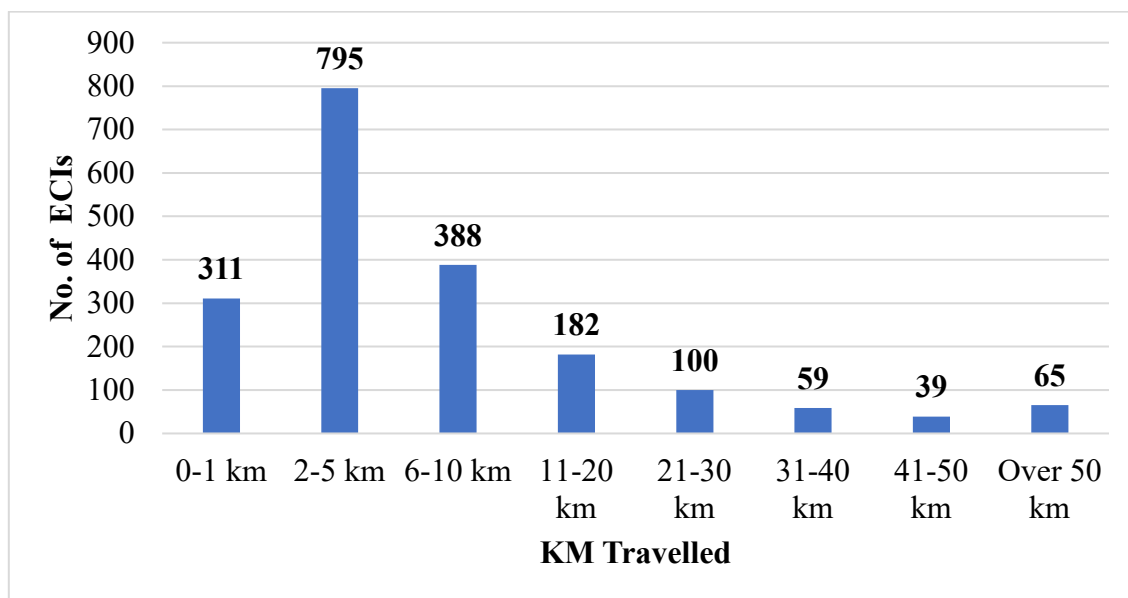
In a few instances, institutions charge ‘*\$1000 or more daily*’.

<b>TABLE 8</b> <b>TERMLY SCHOOL FEE CHARGE</b>		
<b>Daily Lunch Fee</b>	<b>Frequency</b>	<b>Percentage</b>
No Fees	185	9.6
100 or less	30	1.5
100-200	417	21.5
200-300	844	43.5
300-400	332	17.1
400-500	71	3.7
500-600	22	1.5
600-700	4	0.2
700-800	1	0.1
800-900	1	0.1
900-1,000	13	0.7
1,000 or more	19	1.0
<b>Total</b>	<b>1939</b>	<b>100</b>

### **DISTANCE COMMUTED BY CHILDREN**

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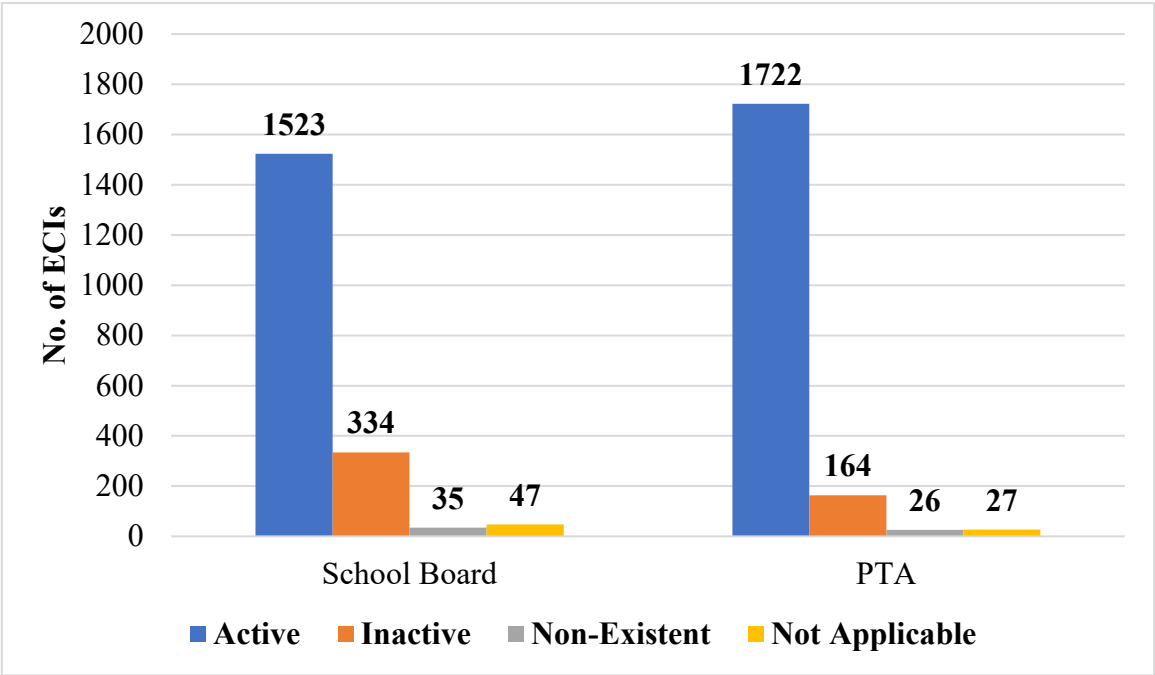
The institutions are relatively close to the children as most ECIs (41 percent or 795) reported that children commute an average distance of ‘**2-5 km**’ to arrive at the institutions.



**FIGURE 4: AVERAGE DISTANCE COMMUTED BY CHILDREN**

### **ECI MANAGEMENT COMMITTEES**

The majority of ECI reported that they had an active ‘*School Board*’ (78.5 percent or 1523) and ‘*Parent Teachers Association (PTA)*’ (88.8 percent or 1772).

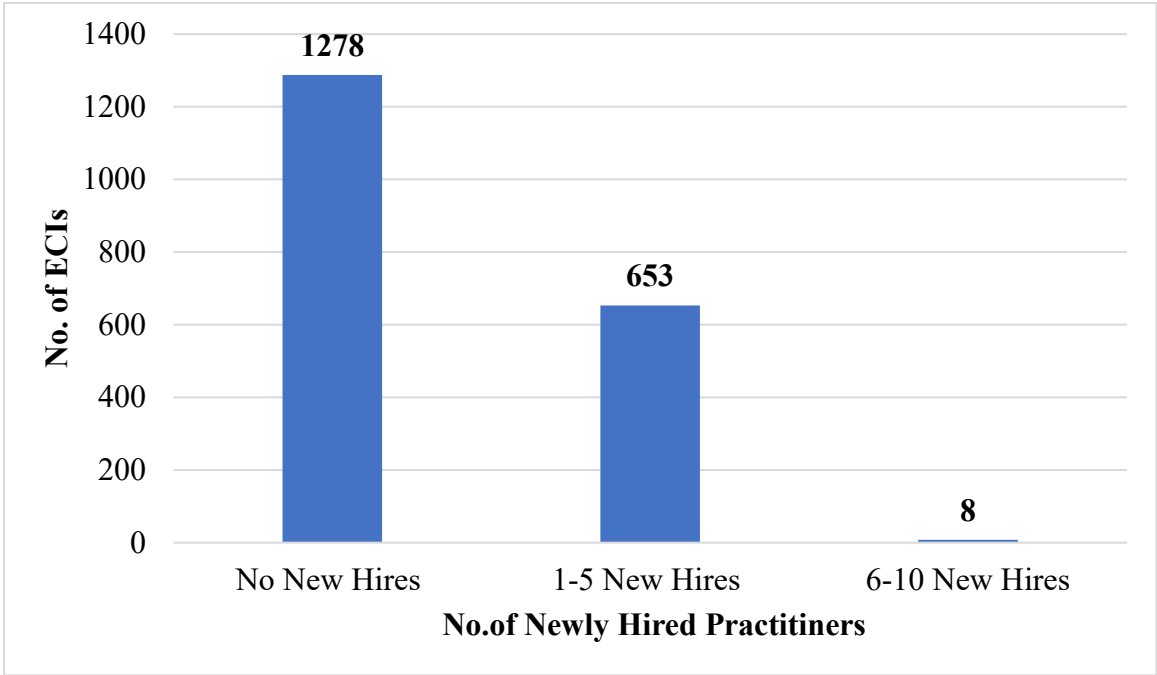


**FIGURE 5: PRESENCES ECI MANAGEMENT COMMITTEES**

**NEWLY HIRED PRACTITIONERS**

It was reported that approximately 66 percent (1278) of institutions did not hire new practitioners. However, 33.7 percent (653) hired 1-5 new practitioners.

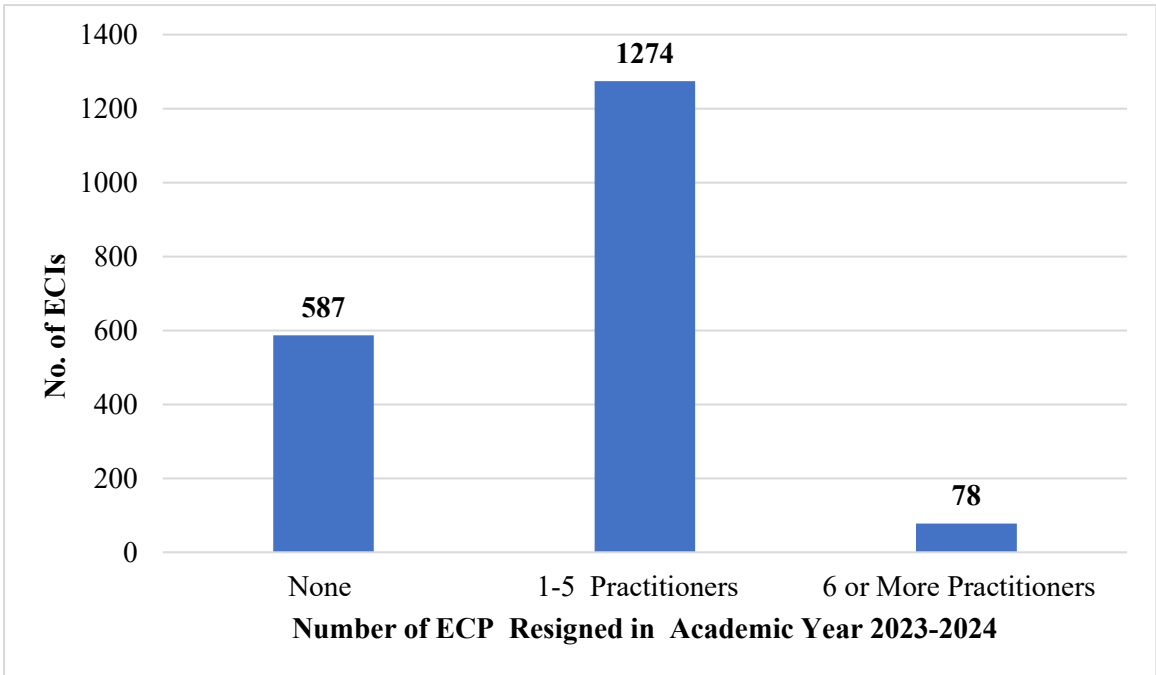




**FIGURE 6: NEWLY HIRED PRACTITIONERS AT ECIS**

**PRACTITIONERS RESIGNATION NUMBERS**

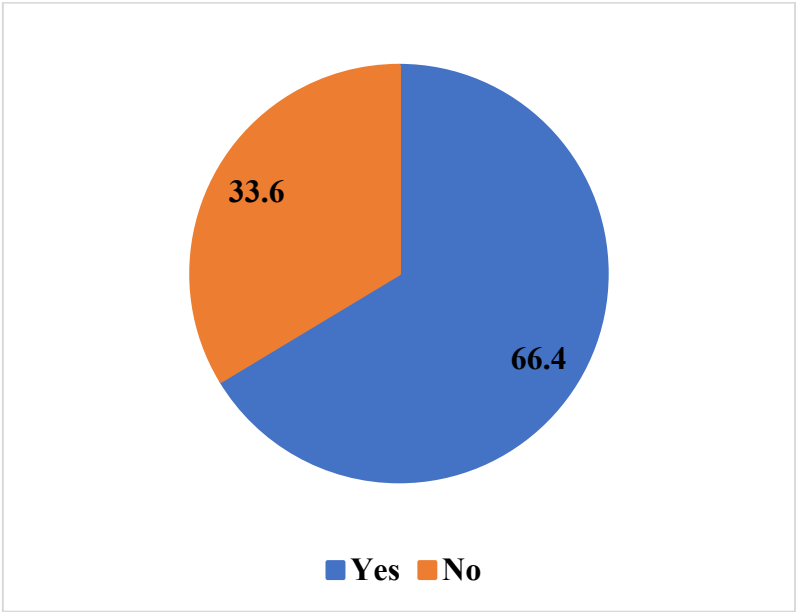
The data revealed that most ECIs (65.7 percent or 1274) indicated that 1-5 practitioners resigned during the 2023-2024 Academic Year. Additionally, 30.2 percent, or 587 ECIs, indicated that none of their practitioners resigned during this period.




**FIGURE 7: NUMBER OF ECPS RESIGNED DURING ACADEMIC YEAR 2023-24**

**ECI INTERNET ACCESS**

It was reported that 66.4 percent of ECIs have internet access.




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## FIGURE 8: ECIs ACCESS TO INTERNET

The following are some popular technological devices that ECIs indicated they had access to and the devices they indicated the ECIs are currently in need of:


- **Current Access:** Most ECIs reported having access to a variety of technological devices. The majority indicated they have Desktop Computers, Laptops, Radios/Speakers, and Televisions. Some other common devices accessible to ECIs are Projectors, Printers / Photocopiers, Smart Phones, Tablets, and Smart Boards. Only 255 or 13.1 percent of ECI stated ***“Not Applicable”*** to having access to any technological devices.
- **Current Needs:** All ECIs indicated a need for technological devices. The devices listed include Desktop Computers, Laptops, Radios/Speakers, Televisions, Fans, Refrigerators, Microphones & PA Systems, Internet, Projectors, Printers/Photocopiers, Smartphones, Tablets, and Smart Boards.

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## DISCUSSION OF FINDINGS

The Early Childhood Institutions (ECI) Census form was designed to assess the status of ECIs in the sector, collecting data on children's enrolment, staff presence and retention, management practices, and institutional challenges. During the 2023/2024 Census, the Commission recorded 2,320 ECIs, with 1,939 (84%) completing the Census. This leaves 381 ECIs (16%) that did not participate. While the response rate is moderate, continued efforts are needed to emphasize the importance of participation in the ECC Census to reduce the 16% non-response rate.


Compared to the 2022/2023 enrolment data, the number of children enrolled in ECIs decreased from 107,337 in 2022/2023 to 94,217 in 2023/2024. This reduction can be largely attributed to the 381 ECIs that did not complete the Census, potentially accounting for the missing children in this year's data. Additionally, broader demographic trends, such as declining fertility rates, may contribute to this reduction. The Institute for Health Metrics and Evaluation (2024) reports that global fertility rates have more than halved over the past 70 years, from about five children per female in 1950 to 2.2 children in 2021, with over half of all countries and territories (110 of 204) falling below the population replacement level of 2.1 births per female as of 2021.

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The data further revealed that 94,217 children are currently enrolled in ECIs, with 47,417 boys and 46,798 girls, indicating a higher enrolment of boys. This aligns with global trends, as birth rates for boys tend to be higher than for girls, and Jamaica is no exception. Since the mid-1960s, the number of males has exceeded that of females globally, with about 44 million more males than females as of 2021 (Blazina, 2024).

Most ECIs are located in urban areas such as St. Andrew and St. Catherine, as expected due to the higher child population in these regions. In contrast, rural areas often experience slower or even declining population growth, leading to noticeable decreases in school enrolment. Urban areas typically see financial and population growth, resulting in higher school enrolment rates (The Differences in Education and Transportation in Urban vs. Rural Areas, n.d.). Public and private schools, especially basic schools, are the most popular facilities, likely due to their affordability, often subsidized by the government. Most ECI school fees and lunches are affordable, with the majority of ECIs charging less than \$10,000 per term and less than \$400 for lunch. This may reflect the impact of ECC programs like Brain Builder Centres, which are not supposed to charge school fees and the nutrition grant program.

Fortunately, children face few challenges in attending school, as most institutions are relatively in close proximity to their homes. Approximately 41% of ECIs reported that children commute an average distance of 2-5 km to reach their schools. It is noteworthy that the majority of schools are registered, have a development plan, and received an inspection during the 2022-2023 academic year. This indicates that ECIs are progressing toward meeting the 12 operating standards and providing an environment that fosters the holistic development of young children.


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The data also shows that about 65.7% of ECIs received resignations from 1-5 practitioner, while approximately 35% hired new practitioners. According to The Frank Porter Graham Child Development Institute (2023), staff turnover can negatively affect students, their families, and the work environment, potentially reducing the quality of care and teaching. It also places a strain on families and colleagues as they adjust to new hires. Efforts must be made to retain Early Childhood Practitioners (ECPs) within the ECIs and the broader Early Childhood Development (ECD) sector.

Additionally, most ECIs have active management and PTA committees, highlighting strong community and parental involvement, which is crucial for the holistic development of the child. However, over 70% of ECIs indicated they did not receive sponsorship during the academic year, and 33.6% reported a lack of internet access. Furthermore, many ECIs expressed a need for technological devices such as desktop computers, laptops, radios/speakers, televisions, fans, refrigerators, microphones & PA systems, projectors, printers/photocopiers, smartphones, tablets, and smart boards. Increased sponsorship could address these needs.


## **CONCLUSION AND RECOMMENDATION**

The response rate for this administration of the census decreased, indicating a need for measures to address this issue. While most ECIs are in good standing, some institutions face challenges with retaining teachers and practitioners. Additionally, although many ECIs have active management and PTA committees, some reported a higher percentage of inactive

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committees. Furthermore, some ECIs require sponsorship relationships. Therefore, the following recommendations are proposed:

- Continue sensitisation of ECIs on the importance of participating in the ECC Census to increase the response rate.
- Conduct a study to assess the reasons for staff turnover in ECIs. This study can be accompanied by training webinars or workshops for ECI management on staff satisfaction and retention.
- Launch a sensitisation campaign to promote the importance of parental involvement in early childhood education to increase the number of active management and PTA committees. These campaigns can be conducted at Parent Places and/or through Parent Webinars.
- Increase the subsidies, grants, and sponsorships provided to institutions to better meet current ECIs' needs.


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## **STAFF QUESTIONNAIRE**

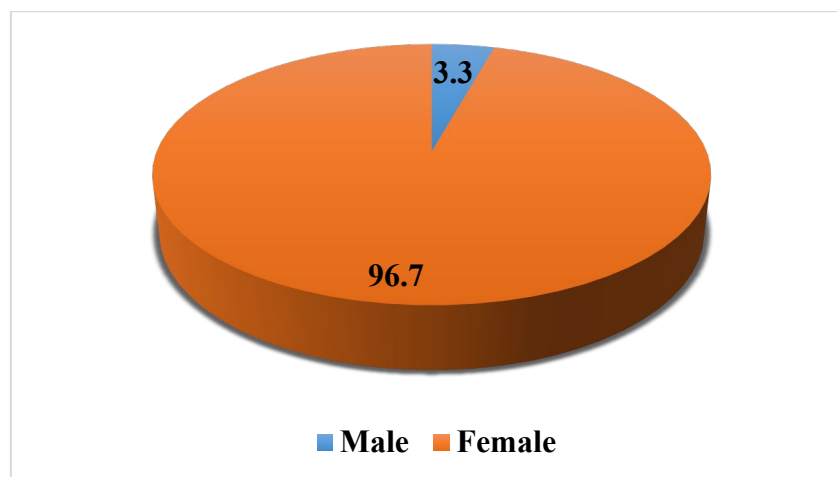
This section analyse data from the staff questionnaire administered during the annual ECC Census between November 2023 and March 2024. The Census collected responses from 9,419 staff members employed to Early Childhood Institution (ECIs) across the island. The analysis includes demographic data of the respondents, as well as information on their years of service, occupational status, educational level, compensation, benefits, and so on. The data was analysed using SPSS and Excel, and the results will be presented through frequency graphs and tables.

### **GENDER**



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The findings indicated that the majority of ECI staff members who responded to the census were '**Female**', as women comprised 96.7 percent (9,104) of the workforce and men represented only 3.3 percent (315) of ECI staff members.



**FIGURE 9: GENDER DISTRIBUTION**

## **REGIONS**

The data revealed that '**Region 1**' (Kingston and St. Andrew) had the highest number of staff, comprising 20.8 percent (1,963) of the total. This was followed by '**Region 4**' (St. James, Hanover, and Westmoreland) with 17.5 percent (1,649). '**Region 2**' (St. Thomas, St. Mary, and Portland) had the fewest ECI staff as this region represented 10.5 percent (998) of ECI Staff.

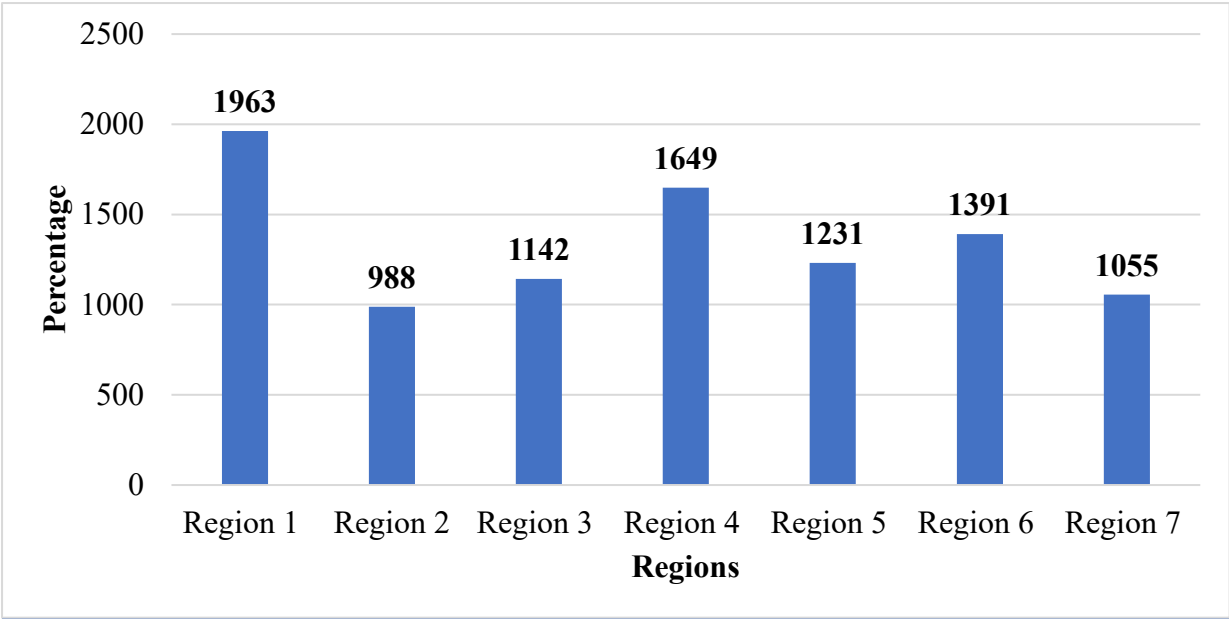


FIGURE 10: DISTRIBUTION OF ECI STAFF BY REGION

**PARISH**

The data revealed that most ECI staff were located in the parish of ‘*St. Catherine*’ (1,391 or 14.8 percent). Other Parishes such as ‘*St. Andrew*’ (1,358 or 14.4 percent) and ‘*Clarendon*’ (1055 or 11.2 percent) also reported high numbers of staff. Parishes such as ‘*St. Thomas*’ (219 or 2.3 percent), ‘*Hanover*’ (263 or 2.8 percent), and ‘*Trelawny*’ (314 or 3.3 percent) reported the lowest number of staff.

TABLE 9 ECI STAFF BY PARISH		
Parishes	Frequency	Percentage
St. Andrew	1358	14.4


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TABLE 9 <i>ECI STAFF BY PARISH</i>		
Kingston	605	6.4
St. Catherine	1391	14.8
Clarendon	1055	11.2
Portland	316	3.4
Trelawny	314	3.3
St. Ann	828	8.8
St. Mary	453	4.8
Manchester	635	6.7
St. Elizabeth	596	6.3
St. James	778	8.3
St. Thomas	219	2.3
Hanover	263	2.8
Westmoreland	608	6.5
<b>Total</b>	<b>9419</b>	<b>100</b>

### **YEARS OF SERVICE**

The data revealed that 48.2 percent (4,536) of staff has been employed with their current ECI for ‘**5 or more years**’. This is compared to 16 percent (1510) who has been employed for ‘**1-2 years**’.

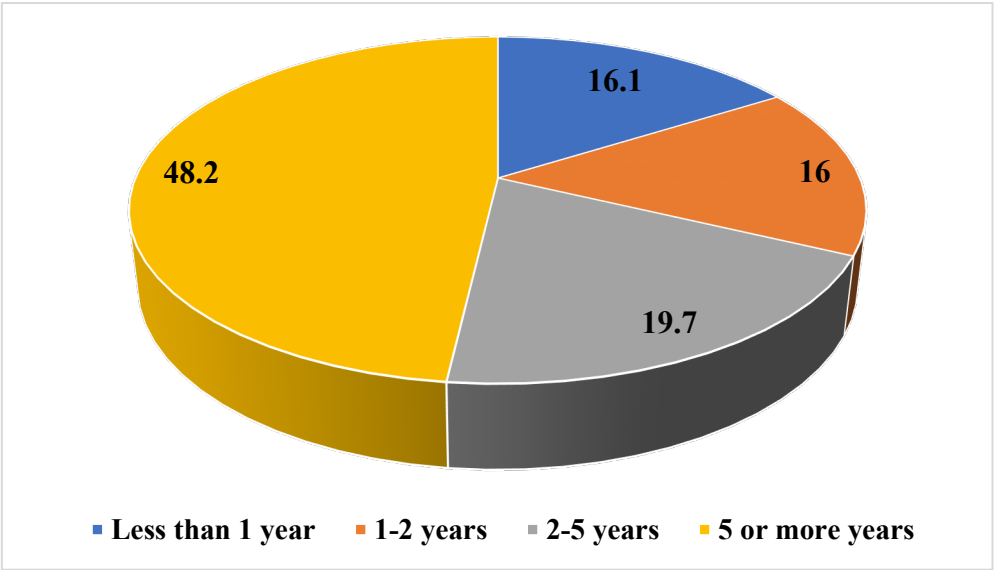


FIGURE 11: YEARS OF SERVICE OF ECI STAFF

PRACTITIONER STATUS

Most ECI staff (6,184 or 65.7 percent) indicated that they were ‘*Teachers/Practitioners*’ and the remaining 3,235 or 34.3 percent of ECI staff stated they were not.

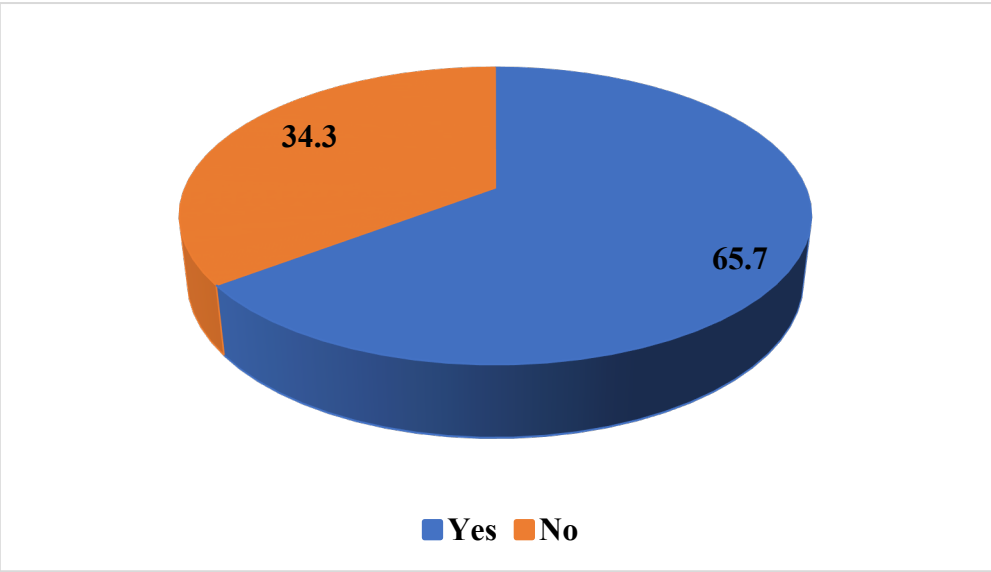


FIGURE 12: DISTRIBUTION OF TEACHERS/ PRACTITIONERS

TRAINED TEACHER

The data revealed that 2,995 or 31.8 percent of staff were ‘*Trained Teachers*’.

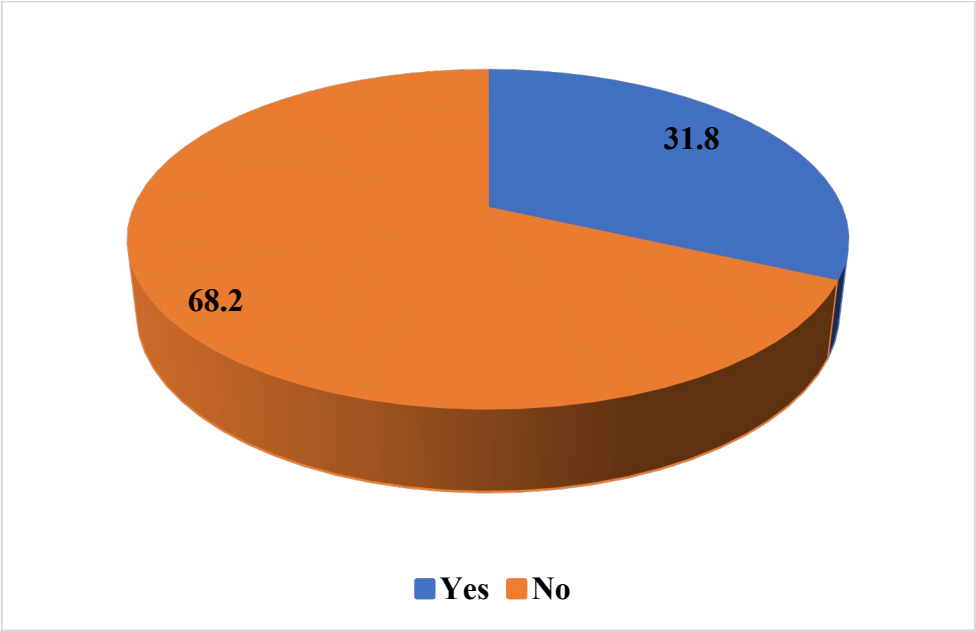
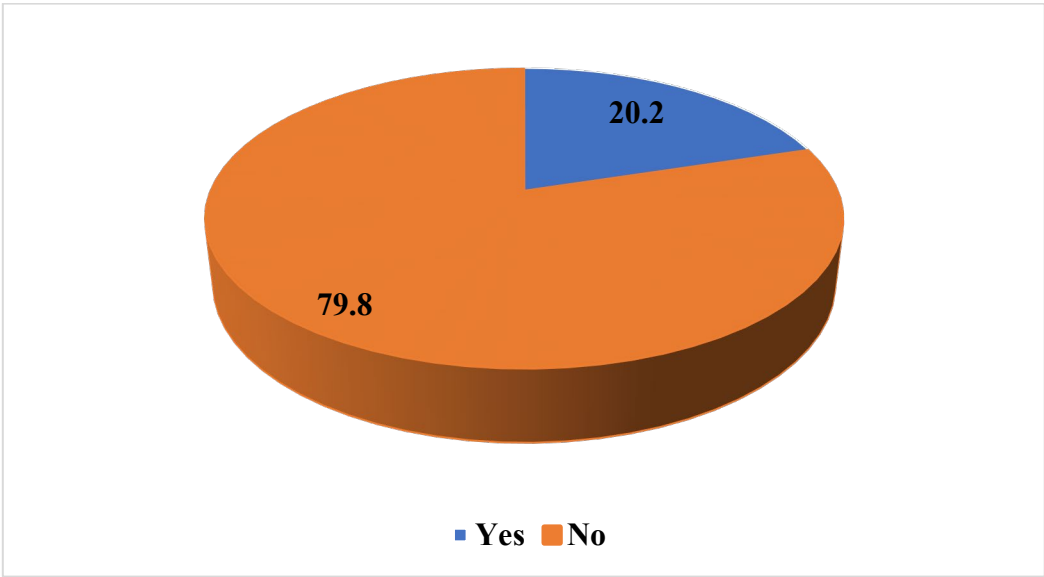


FIGURE 13: DISTRIBUTION OF TRAINED TEACHERS

**TEMPORARY TRAINED TEACHER PROGRAMME (TTT)**


Of the 2,995 staff who indicated they were trained teachers, 605 or 20.2 percent indicated they were employed on the ‘*Temporary Trained Teacher (TTT) Programme*’.



**FIGURE 14: TEACHERS ON THE TTT PROGRAMME**

**PRIMARY ROLE OF ECI**

Table 10 presents the main job titles of ECI staff. It is important to note that some staff members held multiple roles but reported only their primary job titles for this analysis. For instance, some ‘*Principals*’ reported having the additional role of a ‘*Teacher/Early Childhood Practitioner*’ was the most common position. This position accounted for 48.3 percent (4,550) of the total staff. ‘*Principals*’ constituted the second-largest group with 12.7 percent (1,193) of

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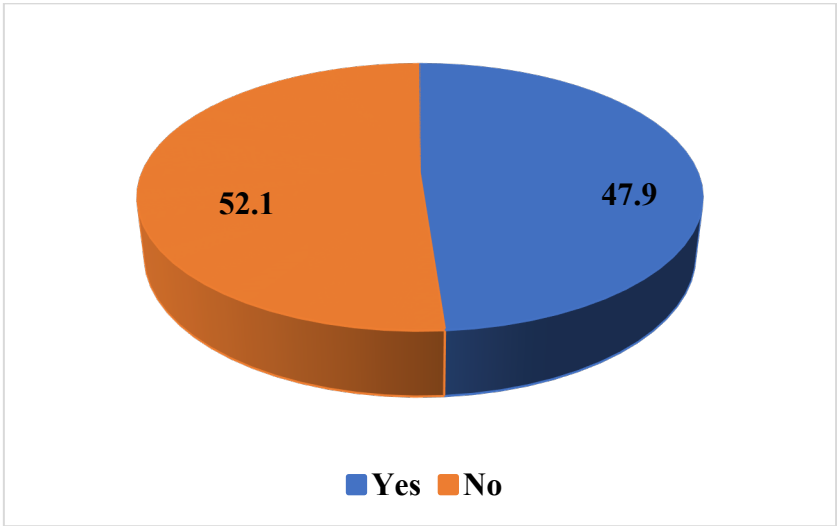
staff members. Roles such as '*IT personnel*', '*Shadows*', and '*Bus Drivers*' had minimal representation with 3, 4, and 5 individuals respectively.

<b>TABLE 10</b> <b>MAIN JOB TITLE</b>		
<b>Main Job Title</b>	<b>Frequency</b>	<b>Per Cent</b>
Principal	1193	12.7
Vice Principal	133	1.4
Teacher / Early Childhood Practitioner	4550	48.3
ECI Operator /Owner	130	1.4
Caregiver	1342	14.2
Administrative Staff (Secretaries, Bursars, Receptionist, etc.)	138	1.5
Nurses/Health Workers	23	0.2
Guidance Counsellor/Psychologist	55	0.6
IT Personnel	3	0.1
Auxiliary Staff (E.g. Janitor and Groundsmen)	588	6.2
Cook / Canteen or Tuck Shop Attendees, Cashiers or Servers	927	9.8
Security Staff	96	1
Bus Driver	4	0.1

TABLE 10		
MAIN JOB TITLE		
Shadow	5	0.1
Speech Therapist /Special Needs Specialist	8	0.1
Volunteer	224	2.4
<b>Total</b>	<b>9419</b>	<b>100</b>


**STAFF SALARY**

The data revealed that 52.1 percent (4,907) of ECI staff did not receive a salary from the ECI they were employed. This is compared to 47.9 percent (4512) who stated that they received a ‘Salary from the ECI’.

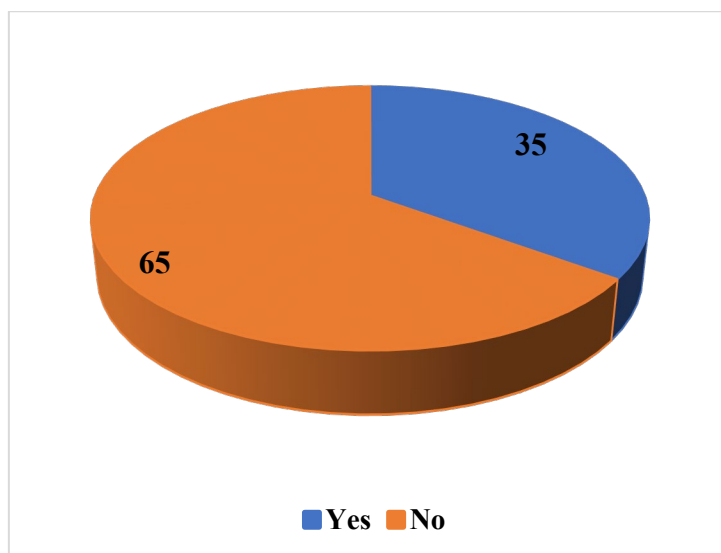


**FIGURE 15: STAFF SALARY BY ECI**




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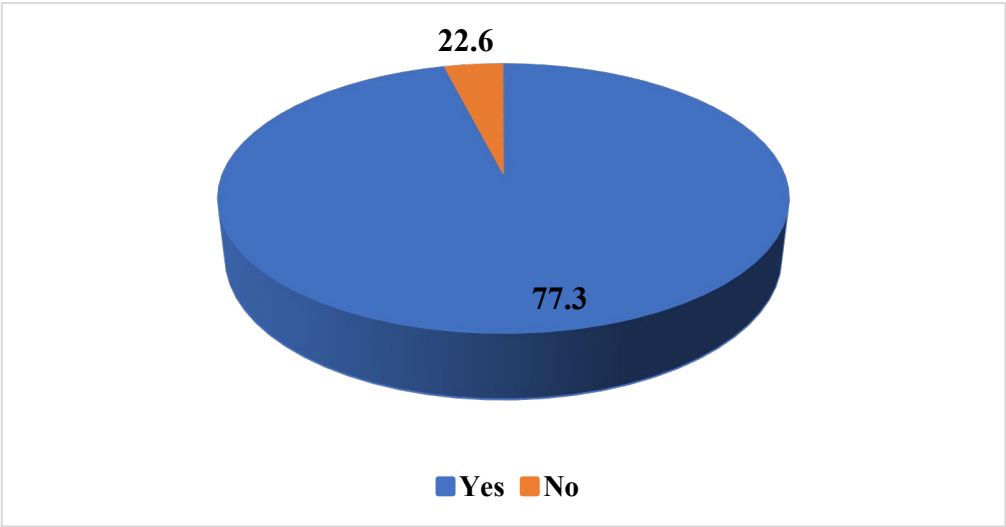
The majority of respondents 65 percent (6,119) indicated they did not receive a '*Salary from The Ministry of Education, Youth, And Information*'. The remaining 35 percent (3,300) of staff indicated they received a salary from the Ministry of Education and Youth (MoEY).



**FIGURE 16: STAFF SALARY BY MOEY**

The majority of staff 78.2 percent (7,369) indicated they did not receive '*Salary Subsidies*' and 21.8 percent (2050) indicated they received salary subsidies.

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**FIGURE 17: SALARY SUBSIDY BENEFICARY STATUS**

**COMPENSATION BEFORE TAX**

Figure 7 shows that the largest proportion 23 percent (2, 165) of ECI Staff earned between ‘\$40,000.00 - \$ 60,000.00’ monthly before taxes. In contrast, the smallest proportion 2.1 percent (201) earned between ‘\$140,000.00 – \$160,000.00’ monthly before taxes.

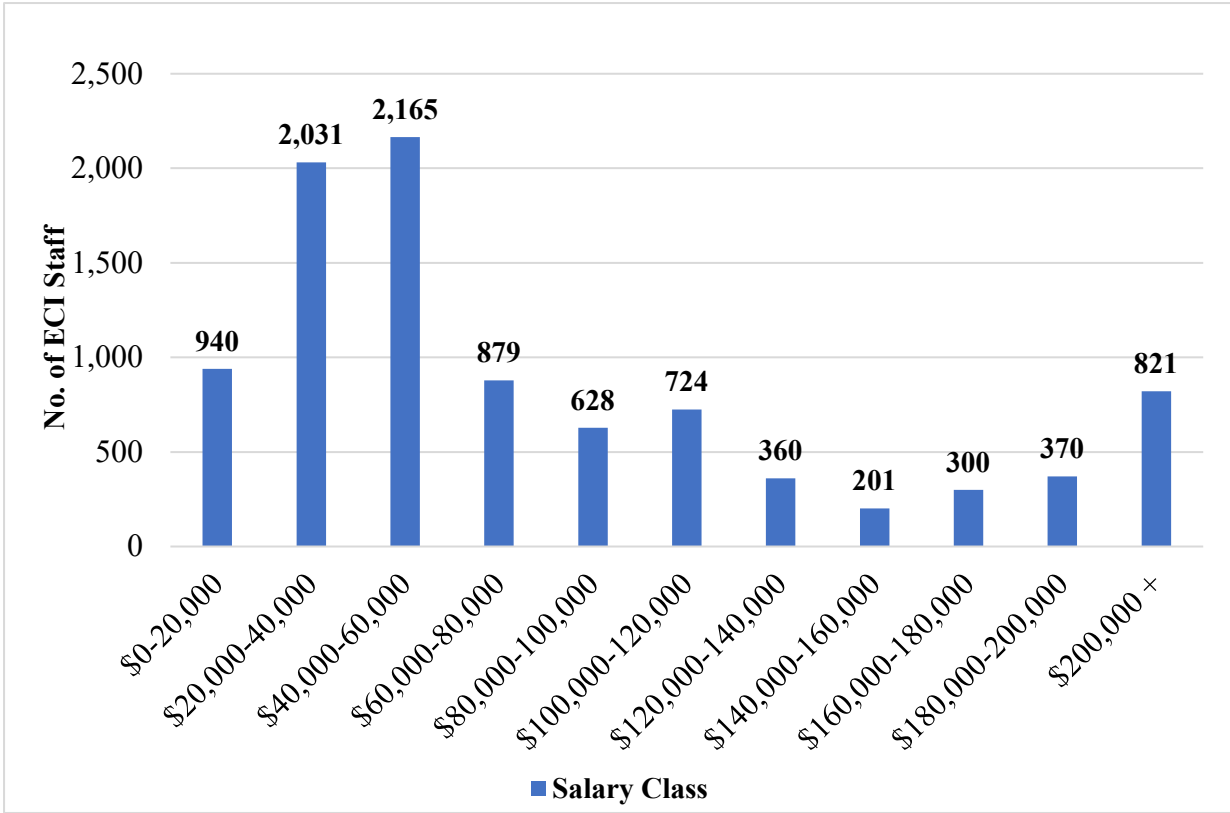



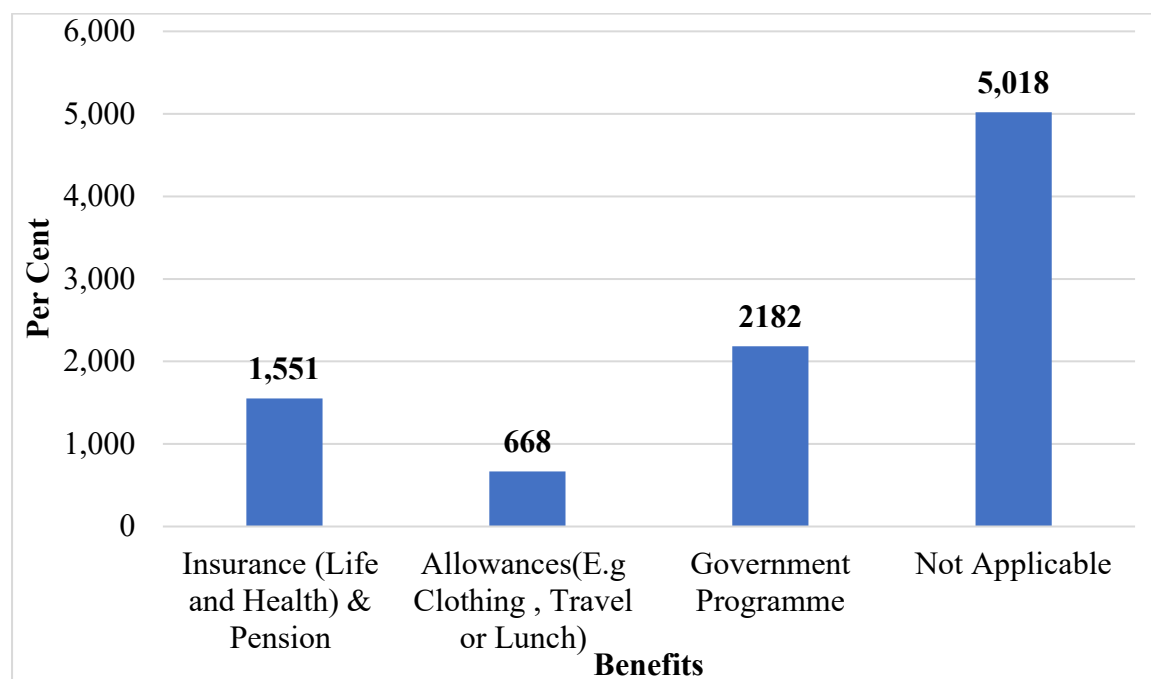
FIGURE 18: MONTHLY COMPENSATION BEFORE TAX

**BENEFITS**

Most ECI staff (5018 or 53.3 percent) responded ‘*Not Applicable*’ when asked what benefits they received from the ECI they were employed. This was followed by 2,182 or 23.2 percent

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who indicated they received benefits from ‘*Government Programmes*’ such as N.H.T, N.I.S, P.A.Y.E etc.



**FIGURE 19: ECI STAFF BENEFITS**

### **ECI STAFF LEVEL OF EDUCATION**

The findings show that 39.4 percent (3,714) of ECI staff reported ‘*Vocational Training*’ as their highest level of education. This is followed by 19.6 percent (1,848) who indicated ‘*Secondary Education*’ as their highest level of education. The lowest response was for ‘*Doctorate Degrees*’, with only 0.1 percent (13) reporting it as their highest level of education.

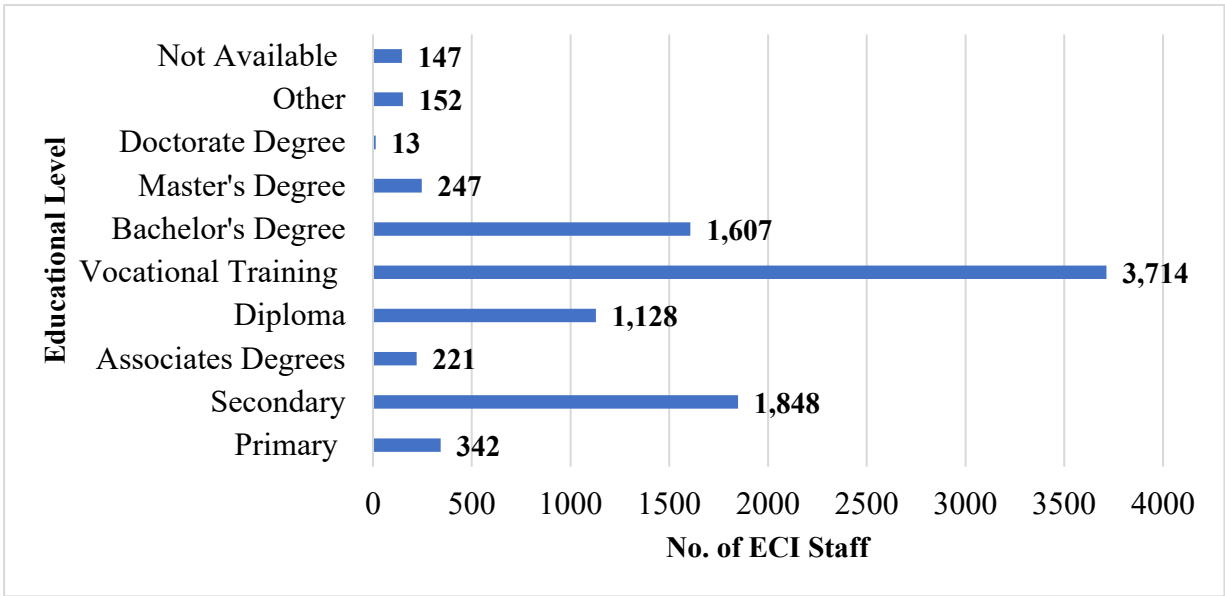


FIGURE 20: HIGHEST LEVEL OF EDUCATION OF ECI STAFF

**TERTIARY EDUCATION**

The data revealed that the majority 64.6 percent (6084) of staff did not complete ‘*Tertiary Education*’.

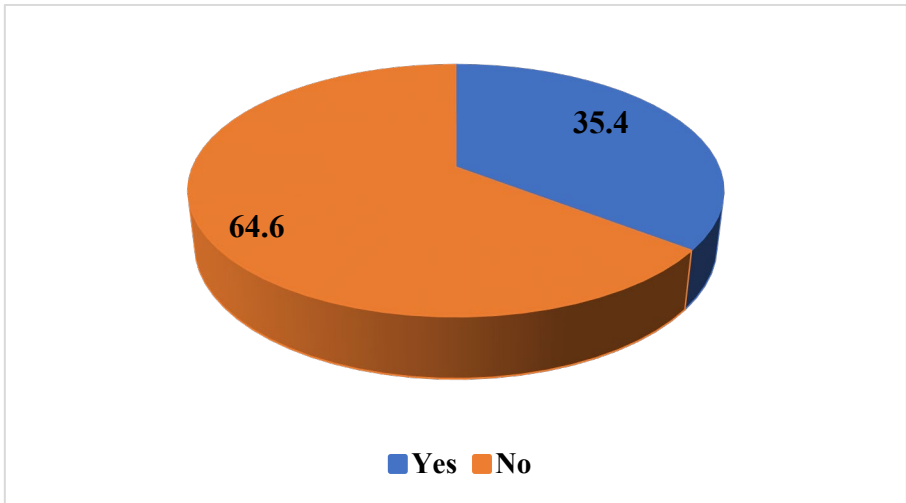

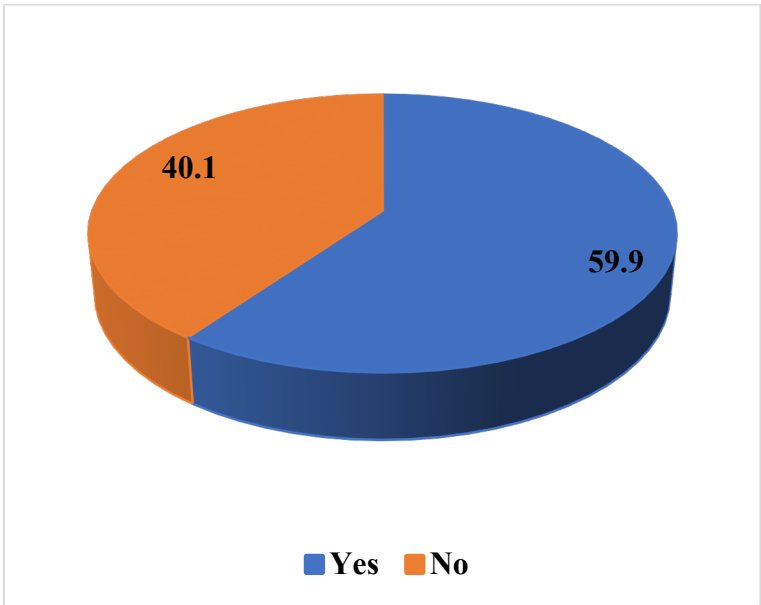


FIGURE 21: TERTIARY EDUCATION COMPLETION

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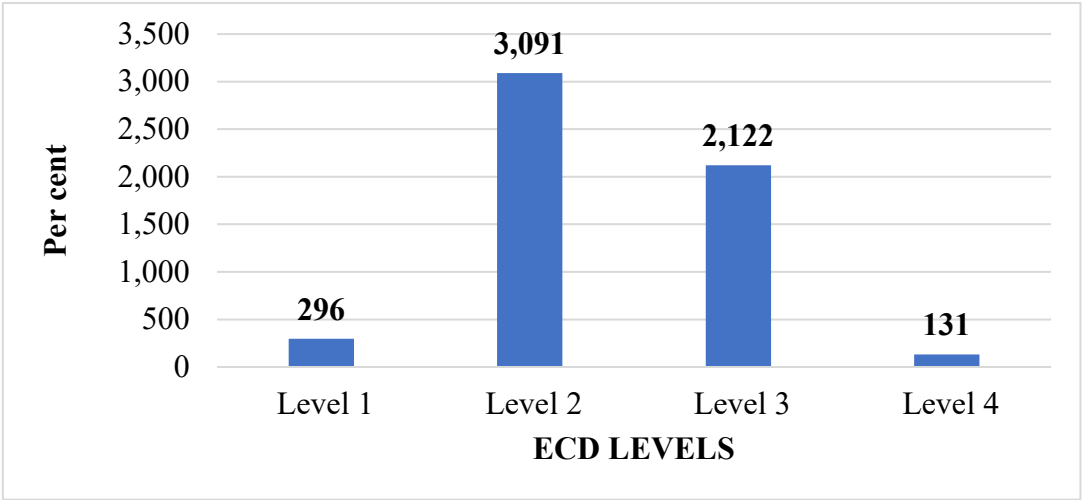
### VOCATIONAL EDUCATION

The data revealed that 59.9 percent or 5,640 ECI staff completed ‘*Early Childhood Development*’ at the vocational level and 40.1 percent or 3,779 did not.



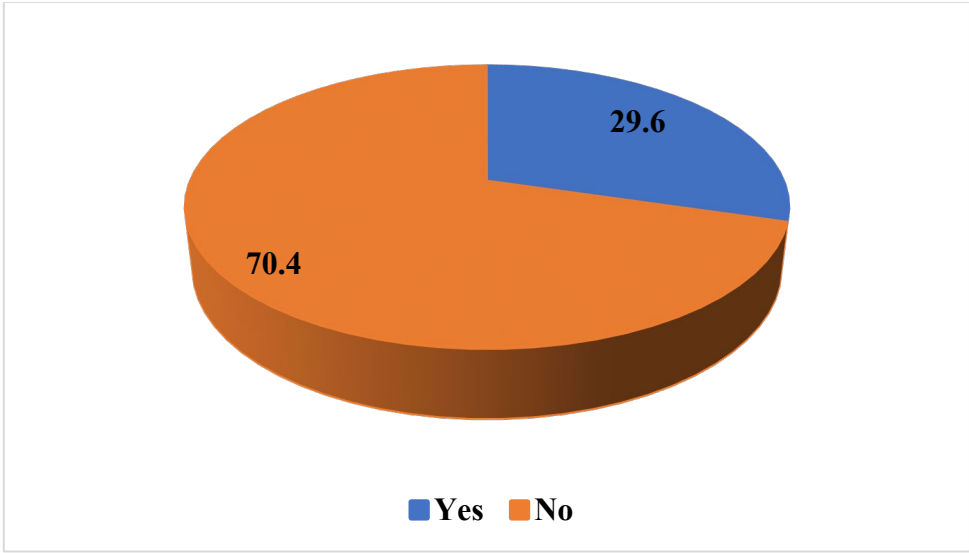
**FIGURE 22: VOCATIONAL EDUCATION**

The data showed that the majority of staff 54.8 percent (3,091) indicated they completed ‘*Early Childhood Development-Level 2*’ at the vocational level. In contrast, to the 2.3 percent (131) employees who achieved Level 4.



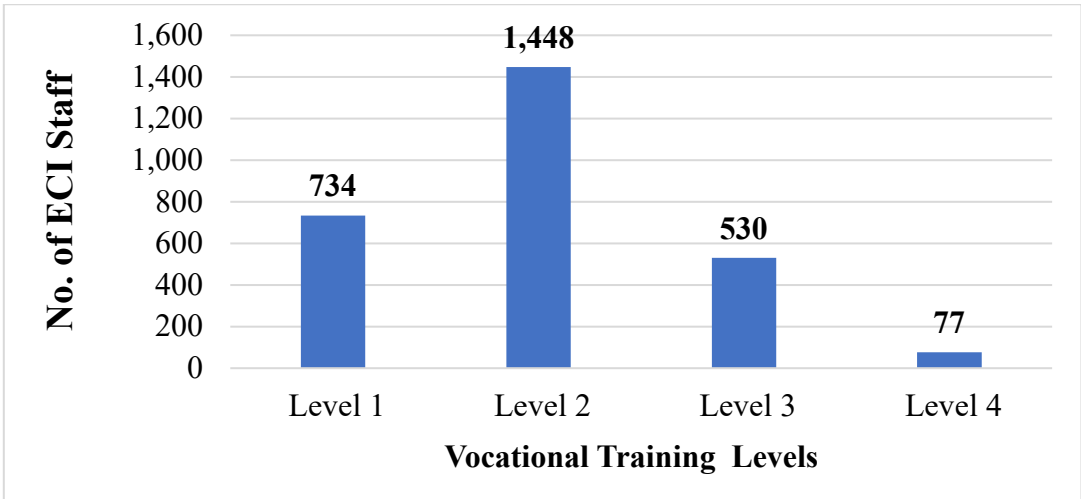
**FIGURE 23: LEVELS OF NCTVET EARLY CHILDHOOD EDUCATION.**

When ECI staff were asked if they completed vocational training in other areas excluding Early Childhood Development, 2, 789 or 29.6 percent responded “*Yes*”.



**FIGURE 24: VOCATIONAL TRAINING EXCLUDING ECD**

The majority (1,448 or 51.9 percent) of staff who indicated they completed vocational training in an area excluding Early Childhood Development reported completing ‘*Level 2*’. In contrast, only 77 employees (2.8 percent) indicated they completed ‘*Level 4*’.




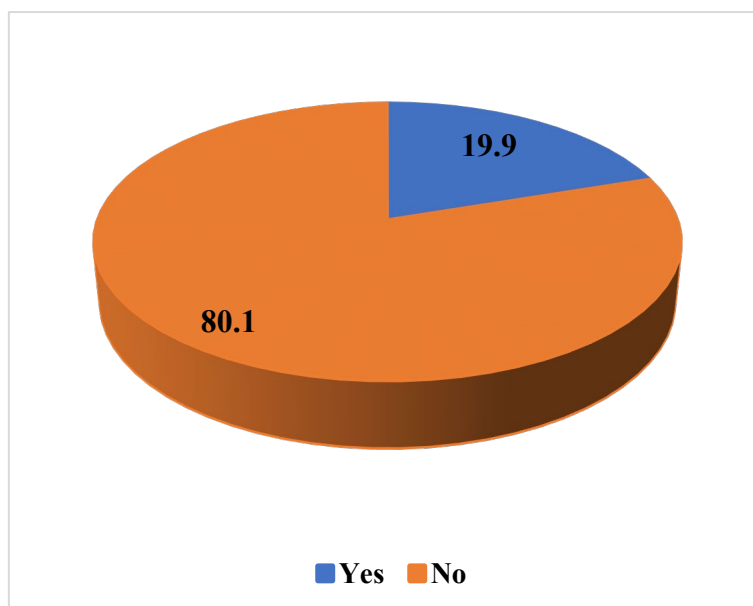
**FIGURE 25: LEVELS OF VOCATIONAL TRAINING EXCLUDING ECD**

**STAFF PURSUING HIGHER EDUCATION**

Most ECI staff (7, 546 or 80.1 percent) are not pursuing a ‘**New Level of Education**’.




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**FIGURE 26: STAFF PURSUING HIGHER EDUCATION**

## **DISCUSSING OF FINDINGS**


The findings of the 2023-2024 census replicates those of the previous year, revealing that Early Childhood Education and Care (ECEC) in Jamaica is a highly gendered field, with the majority of ECI staff being female. This observation aligns with global trends, as highlighted by Rfohrman (2016), who notes that the proportion of men in ECEC remains low despite various initiatives to promote gender diversity in the field. Rfohrman (2016) argues that the inclusion of males in ECEC is crucial for the sector's development, asserting that "male ECEC workers can positively affect the diversity of learning activities in daycare institutions" (p. 23). He emphasizes that exposure to diversity at an early age sets the foundation for an inclusive society

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and provides positive role models which creates a nurturing environment that benefits all children.

In addition to gender disparities, the census also found significant differences in staff distribution based on the regions where schools were located, with more developed and urbanized regions recording higher numbers of staff. These results align with those of Miller's (2015) study, which highlights disparities in development and urbanization impact staffing in schools in Jamaica. His study revealed that schools in rural or underdeveloped areas often struggle with official support, making it challenging to appoint, recruit, and retain well-trained professionals. Principals in remote and rural schools in Jamaica reported difficulties in recruiting teachers, who are often unwilling to travel to these areas and highlighted a lack of resources and facilities compared to urban and suburban schools. These challenges faced by **"hard-to-staff"** schools often adversely affect students and put them at an educational disadvantage (Evans, D. K., & Acosta, A. M, 2023).


Another critical finding was that most ECEC staff have vocational training or a secondary level of education. While these qualifications meet the basic requirements for early childhood practitioners in Jamaica there remains a need for advanced education attainment as the minority of staff hold a bachelor's degree or higher. Studies have shown that proper teacher education is a definitive factor for children's effective learning and understanding of concepts, even at the earliest stages of early childhood development (ECD). Emphasis on teacher training is essential as it influences teachers' efficacy in promoting holistically developed children. Piasta et al.

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(2015) suggests that at the ECD level, children’s effective learning and development are mainly determined by the teacher’s ability to provide an enabling environment that positively impacts early childhood educational outcomes.


Finally, the study revealed that a significant number of staff had been employed at their current early childhood institution for less than five years. This raises concerns, as Sherwood (2016) states that staff retention is a vital factor that directly impacts the stability and success of any educational institution. Continuity in teaching staff allows for the development of strong relationships with students, resulting in enhanced learning experiences. High turnover rates often indicate job dissatisfaction, which can result from poor work-life balance, inadequate management, and salary dissatisfaction. In Jamaica, the high turnover in the teaching profession is primarily driven by the pursuit of higher pay and better working conditions (Jamaica Gleaner, 2023). The survey indicated that more than half of ECI staff earn \$80,000 or less per month before taxes, and the majority reported that benefits did not apply to them. Given these challenges, ECIs can implement several strategies to address job dissatisfaction and improve staff retention. These strategies include mentorship and coaching, recognition and rewards, promoting work-life balance, providing adequate compensation, ensuring effective communication, and offering training and development opportunities (Miller, 2014). Implementing these measures may lead to higher staff retention rates, particularly in rural ECIs.

## **CONCLUSION AND RECOMMENDATION**


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The staff questionnaire successfully provided the Early Childhood Commission (ECC) with essential information about Early Childhood Institution (ECI) staff members. The collected data revealed a significant shortage of male ECEC staff and indicated that developed areas have more staff members compared to less-developed regions. Additionally, the majority of ECI staff are qualified practitioners, who possess the necessary educational credentials, and have been in their positions for five years or more. The findings also highlighted a major concern regarding low salary levels and insufficient benefits among staff members. In response to these findings, the following recommendations are proposed to improve the ECI staff structure:

- **Promote Gender Diversity:** Implement a public awareness campaign to encourage adult diversity in ECEC, specifically addressing the shortage of male staff.
- **Enhance Job Satisfaction:** Sensitise ECIs on measures to increase job satisfaction, such as career advancement opportunities, job security, flexibility, and work-life balance.
- **Improve Compensation Awareness:** Launch an awareness campaign about ECC programs that offer enhanced benefits and compensation, including salary subsidies and the trained teacher program.
- **Resource Allocation for Rural Areas:** Increase the allocation of resources to develop ECIs in rural areas, thereby attracting more ECEC professionals to these regions.
- **Professional Development:** Continue offering programmes aimed at the professional development of ECI practitioners and staff. Encourage staff to seek additional professional development opportunities beyond those provided by the ECC.

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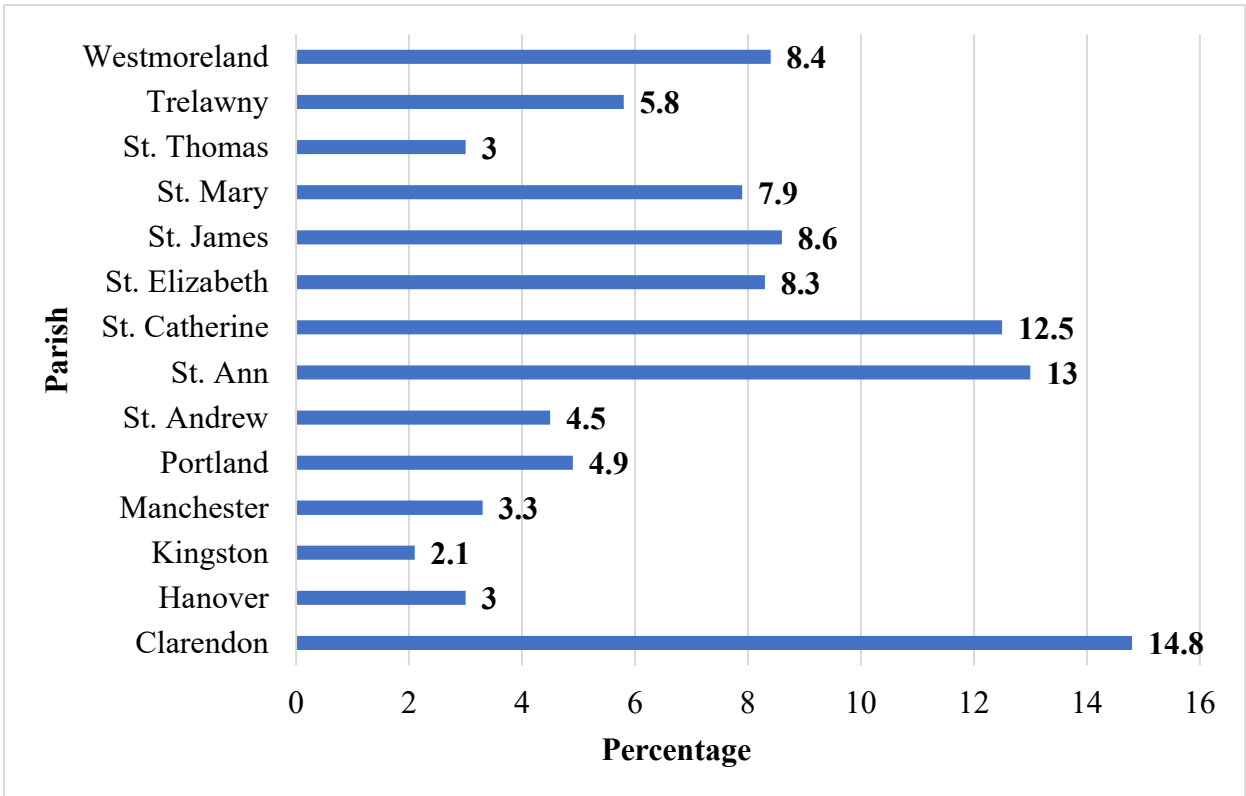
### Special Needs Questionnaire

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The following section will present the data gathered from the Special Needs Questionnaire. Only institutions with confirmed or suspected cases of special needs children were asked to complete the questionnaire. A total of one thousand, two hundred and thirty-three (1233) institutions completed the questionnaire. The demographic data of the children, the suspected cases, and the confirmed cases of special needs requirements reported will be presented. While the data presented will have children from age groups 0-2 years old and 3-6 years old, the main focus of the questionnaire was children 3-6 years old. The data was analysed using SPSS and Excel and will be presented using frequency graphs and tables.

### **PARISH**

The data below shows the distribution of ECIs based on the parish of location. It was found that the majority of respondents were located in rural areas such as Clarendon (14.8 percent), St. Ann (13 percent), and St. Catherine (12.5 percent).




**FIGURE 27: LOCATION OF ECI**

**ECI FACILITY TYPE**

The data revealed that the majority of institutions that completed the 2023-2024 Special Needs Questionnaire were ‘**Public/Private**’ institutions (62 percent, 763 institutions).

Table 11 ECI FACILITY TYPE		
Facility Type	Frequency	Percentage
Private	213	17
Public	257	21
Public/Private	763	62
<b>Total</b>	<b>1233</b>	<b>100</b>

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## **CHILDREN DIAGNOSED WITH SPECIAL NEEDS**

### **0–2-YEAR-OLDS WITH SPECIAL NEEDS**

The data revealed that of the 1233 institutions that completed the survey, 120 children, aged 0-2-year-olds were reported to have been '*Diagnosed with A Developmental Disability/Special Needs*'. Furthermore, 59 children, aged 0-2-year-olds were reported to be '*Attending or Receiving Services from The Early Stimulation Programme*'.


**TABLE 12**  
**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?	120
How many children 0-2 years at your ECI are attending or receiving services from the Early Stimulation Programme?	59
How many children 0-2 years at your ECI are attending or receiving services from private therapists?	58
<b>Total</b>	<b>237</b>

### **3-6-YEAR-OLDS WITH SPECIAL NEEDS**

It was found that during 2023-2024 FY, 683 children aged 3–6-year-olds were reported to be '*Diagnosed with A Developmental Disability/Special Needs*'. Moreover, 349 children aged 3–6-year-olds were '*Attending or Receiving Services from Private Therapists*'.



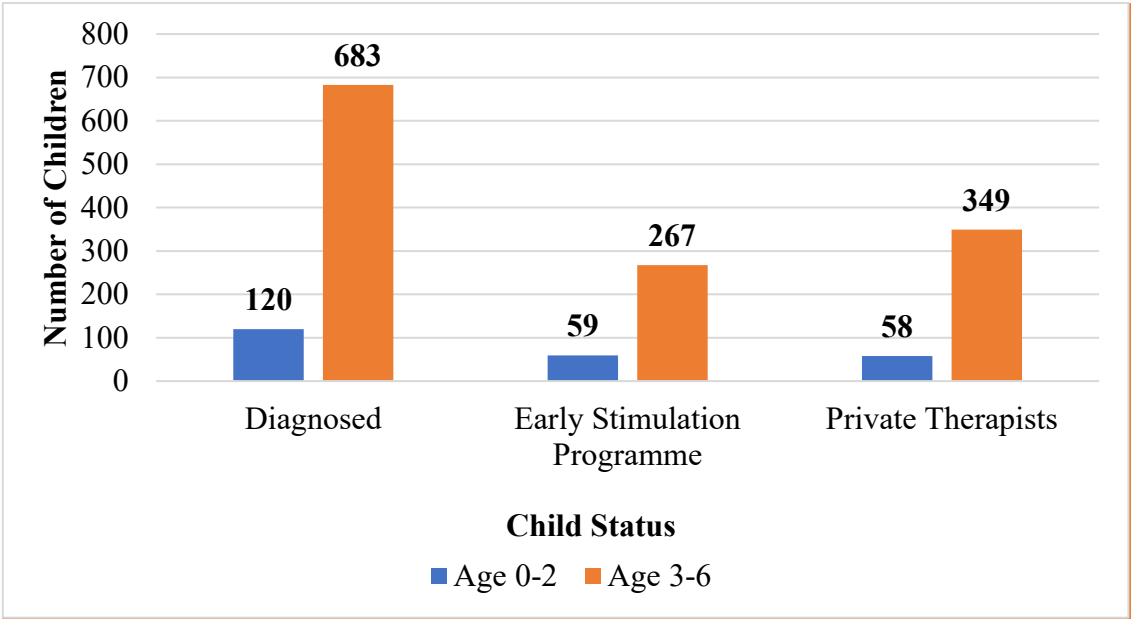
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**TABLE 13**  
**3-6 YEARS OLDS WITH SPECIAL NEEDS**

<b>Questions</b>	<b>Number of Children</b>
How many children 3-6 years at your ECI are diagnosed with a developmental disability/special needs?	683
How many children 3-6 years at your ECI are attending or receiving services from the Early Stimulation Programme?	267
How many children 3-6 years at your ECI are attending or receiving services from private therapists?	349
<b>Total</b>	<b>1299</b>

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


The chart below shows a comparison of children 0–2-year-olds and 3–6-year-olds who were ‘*Diagnosed with Special Needs*’, ‘*Attending the Early Stimulation Programme*’ and ‘*Receiving Services from Private Therapists*’. It can be seen that the 3–6-year-olds outnumbered the 0–2-year-olds in all categories.

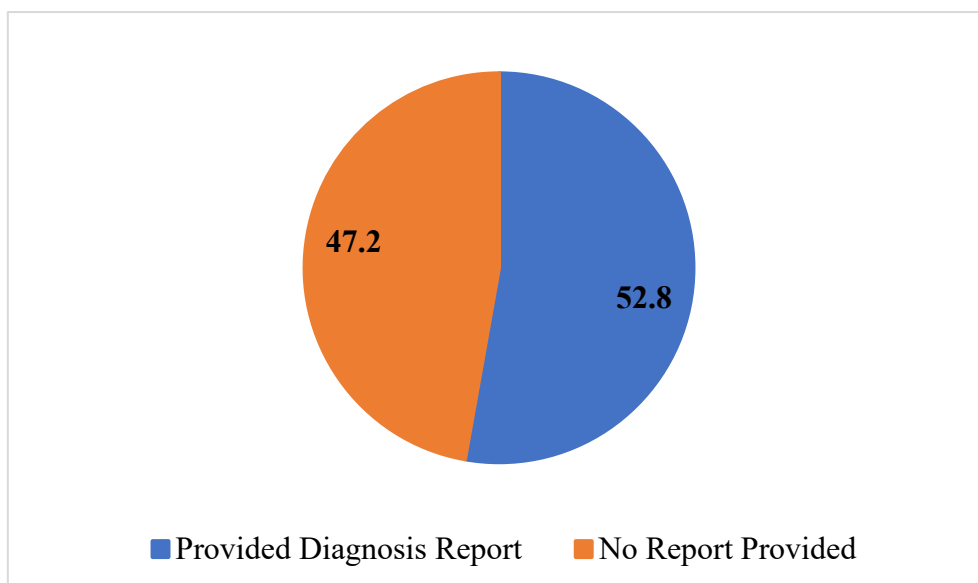


**FIGURE 27: COMPARISON OF 0–2-YEAR-OLDS AND 3–6-YEAR-OLDS WITH SPECIAL NEEDS**

**DIAGNOSED CHILDREN WITH DIAGNOSIS REPORT**

The chart shows that of the 803 children aged 0–2-year-olds and 3–6-year-olds who were reported to be diagnosed with special needs, an official diagnosis report was presented to the school for approximately 53 percent (425) of the children.

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**FIGURE 28: DISTRIBUTION OF DIAGNOSED CHILDREN WITH SPECIAL NEEDS**

### **DIAGNOSES OF CHILDREN**

The respondents were asked to provide the diagnoses that were received for the children. It is important to note that one child may have been diagnosed with one or more disability. The analysis found that 46.3 percent of the children were diagnosed with ‘*Autism Spectrum Disorder*’. Furthermore, 20.0 percent were diagnosed with ‘*Attention-Deficit /Hyperactivity Disorder (ADHD)*’ and 13.9 percent with a ‘*Global Developmental Delay / Intellectual Disability*’. Still, a few children were diagnosed with physical disabilities such as ‘*Cerebral Palsy*’ (1.9 percent) and a ‘*Birth Defect or Brain Disorder*’ (0.5 percent).

**TABLE 14  
DIAGNOSES OF CHILDREN**

Diagnosis	Number of Children	Percent
Global Developmental Delay / Intellectual Disability	128	13.9

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Autism Spectrum Disorder	425	46.3
Attention-Deficit/Hyperactivity Disorder (ADHD)	184	20.0
Cerebral Palsy	17	1.9
Hearing Loss/Deafness	21	2.3
Vision Impairment/ Blindness	41	4.5
Seizures/Fits	69	7.5
Downs Syndrome	11	1.2
Speech Delay	17	1.9
Birth Defect or Brain Disorder	5	0.5
<b>Total</b>	<b>918</b>	<b>100</b>

### **3–6-YEAR-OLDS WHO HAD A SPECIAL NEED AID**

During the 2023-2024 census, it was reported that 262, 3–6-year-old children were utilizing a special need aid. It can be seen that while most children wore ‘**Glasses**’ (89.3 percent) approximately 7 percent needed a ‘**Wheelchair/Leg or Back Brace**’.


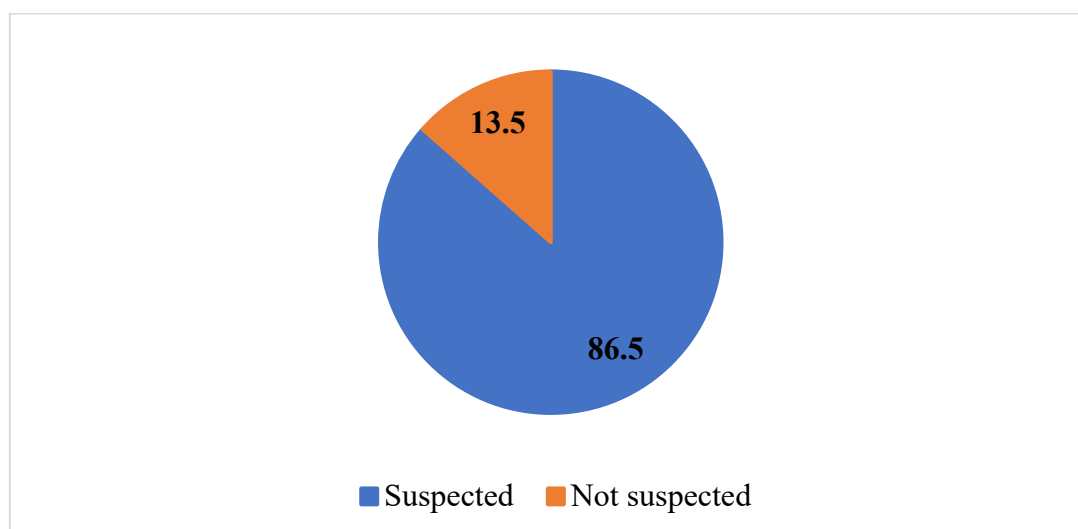

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TABLE 15 3-6 CHILDREN WITH SPECIAL NEEDS AIDS		
Aid	Number of Children	Percentage
Wheelchair/Leg or Back Brace	17	6.5
Glasses	234	89.3
Hearing Aids	11	4.2
<b>Total</b>	<b>262</b>	<b>100</b>

### **CHILDREN SUSPECTED TO HAVE SPECIAL NEEDS**

From the 3633 children who reported on 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 86.5 percent (3145 children) of the children were suspected to have some form of special needs (Figure 30).



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## FIGURE 29: THE DISTRIBUTION OF CHILDREN SUSPECTED TO HAVE A SPECIAL NEEDS REQUIREMENT

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


The respondents were asked to rate the level of difficulty the children who were suspected to need special needs aid faced in the classroom. They were asked to place the children into 3 categories namely '*A Little Difficulty*', '*A Lot of Difficulty*' and '*Cannot See/Hear/Walk at All*'. It was reported that the majority of children faced '*A Little Difficulty*' in each area. Still, for the children who were suspected to need '**Glasses**', 104 children faced '*A lot of Difficulty*' and 2 children were suspected to '*Cannot See at All*'.

**TABLE 16**  
**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	248	104	2
Hearing Aid	44	10	5
Wheelchair/Brace	7	6	5

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

The respondents were asked to assess the levels of difficulty, the 3-6-year-olds in their care faced with fine motor skills such as '**Holding Small Items**' and '**Helping Themselves E.g. Feeding and Dressing**'. The respondents reported that 906 children had '*A Little Difficulty*',

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‘Helping Themselves E.g. Feeding and Dressing’ while 260 children had ‘*A Little Difficulty*’

Holding Small Items.

**TABLE 17**  
**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	260	113	172
Helping Themselves E.g. Feeding and Dressing	906	431	210

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

When assessing speech development and learning, it was found that 1020 children had ‘*A Little Difficulty*’ ‘Speaking Clearly’ and 1640 children had ‘*A Little Difficulty*’ ‘Remembering Lessons’. Moreover, it was reported that 893 children had ‘*A Lot of Difficulty*’ ‘Learning Things’ and 135 children ‘*Cannot Learn at All*’.

**TABLE 18**  
**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
Speaking Clearly	1020	610	258

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Learning Things	1210	893	135
Remembering Lessons	1640	1147	322

### **LEVELS OF DIFFICULTY EXPERIENCED BY 3-6-YEAR-OLDS WITH SOCIAL SKILLS**


The analysis found that 456 children had '*A Little Difficulty*' 'Playing with Others' in addition to the 540 children who would 'Hit, Bite, Kick or Hurt Others'. Furthermore, 583 children had '*A Little Difficulty*' trying not to 'Curse, Argue, Trace or Say Hurtful Things' to others while, 450 children would often 'Curse, Argue, Trace or Say Hurtful Things'.

**TABLE 19**  
**3-6 YEARS OLDS WHO HAVE DIFFICULTIES WITH SOCIAL SKILLS**

Social Skill	A Little Difficulty	A Lot of Difficulty	Cannot Interact Well at All
Playing with Others	456	266	202
Curse, Argue, Trace or Say Hurtful Things	583	474	450
Hit, Bite, Kick or Hurt Others	540	421	262

### **LEVELS OF DIFFICULTY EXPERIENCED BY 3-6-YEAR-OLDS WITH BEHAVIOURAL PROBLEMS**



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The data revealed that thousands of children experienced difficulties regulating their behaviors. It was reported that children had '*A Lot of Difficulty*' '*Sitting Still*' (1428), '*Focusing in Class*' (1350), and '*Controlling Their Behaviour*' (799). Also, it was found that 700 children could not '*Sit Still*' and 502 could not '*Focus in Class*'.

**TABLE 20**  
**3-6 YEARS OLDS WHO HAVE DIFFICULTIES WITH BEHAVIOURAL PROBLEM**


Behavioural Problem	A Little Difficulty	A Lot of Difficulty	Cannot Regulate Well at All
Sitting Still	1604	1428	700
Focusing in Class	1837	1350	502
Controlling Their Behaviour	831	799	420

### **LEVELS OF DIFFICULTY EXPERIENCED BY 3-6-YEAR-OLDS WITH MENTAL HEALTH ISSUES**

The data revealed that some 3-6-year-olds struggle with managing their mental health. It was found that 260 children had '*A Little Difficulty*' managing '*Anxiety/Worry*' and 242 had '*A Little Difficulty*' managing '*Sadness/Depression*'.

**TABLE 21**  
**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
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Anxiety/Worry	260	198	82
Sadness/Depression	242	87	79


### **CHILDREN RECOMMENDED FOR SPECIAL NEEDS ASSESSMENT**

Table 12 highlights the distribution of children recommended for specialist assessment based on a suspicion of a special needs requirement. It was reported that 58.7 percent (1417 children) of the 2413 children reported were recommended for specialist assessment.

However, a point of reference was only reported for 1320 children. Of the 1320 children, the majority of children were recommended to the '*Early Stimulation Programme*' (23.0 percent) or the '*MICO Care Centre*' (21.7 percent). Still, 19.5 percent of children were recommended to '*Specialist Therapists*' such as speech therapists and behavioural therapists.

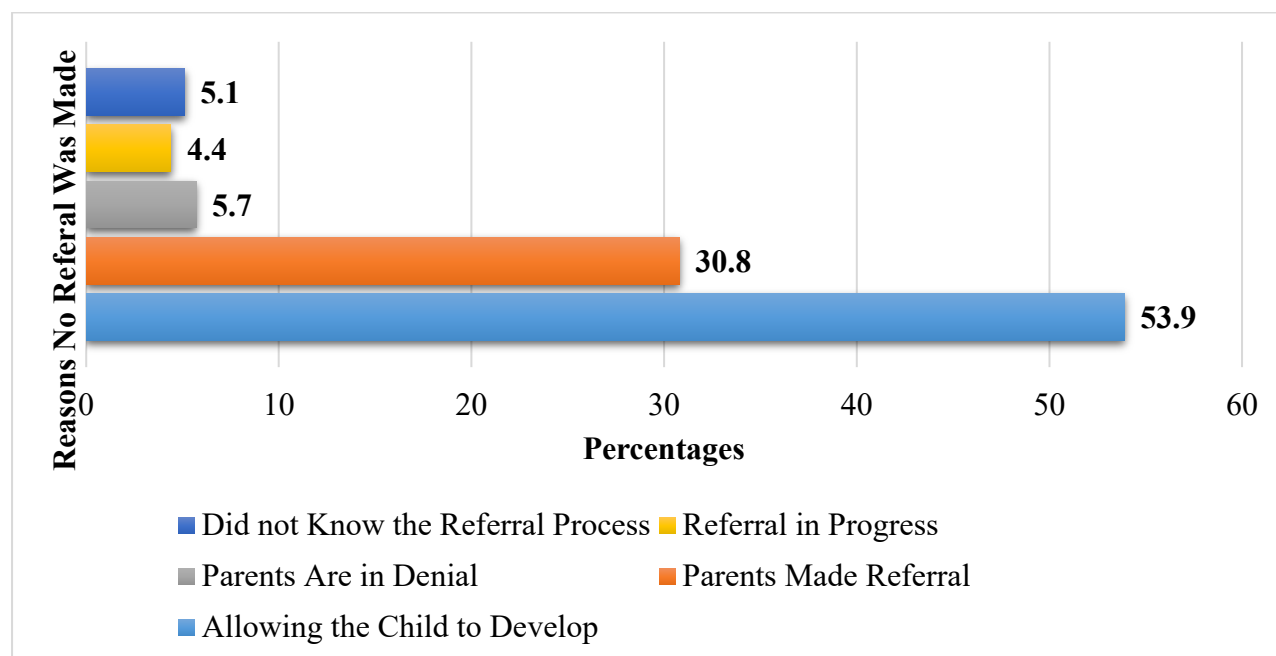
**TABLE 22**  
**INDIVIDUAL/PROGRAMME RECOMMENDED**

Individual/Programme	Number of Children	Percentage
Early Stimulation Programme	304	23.0
Other Government Programme/Personnel	5	0.4
Guidance Counsellor	4	0.3
Diagnosis Centre	4	0.3
Parent/Guardian	2	0.2
Clinic	214	16.2
Private Doctor	242	18.3
MICO Care Centre	287	21.7
Therapist	258	19.5
<b>TOTAL</b>	<b>1320</b>	<b>100</b>

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## REASONS CHILDREN WERE NOT REFERRED FOR SPECIALIST INTERVENTION

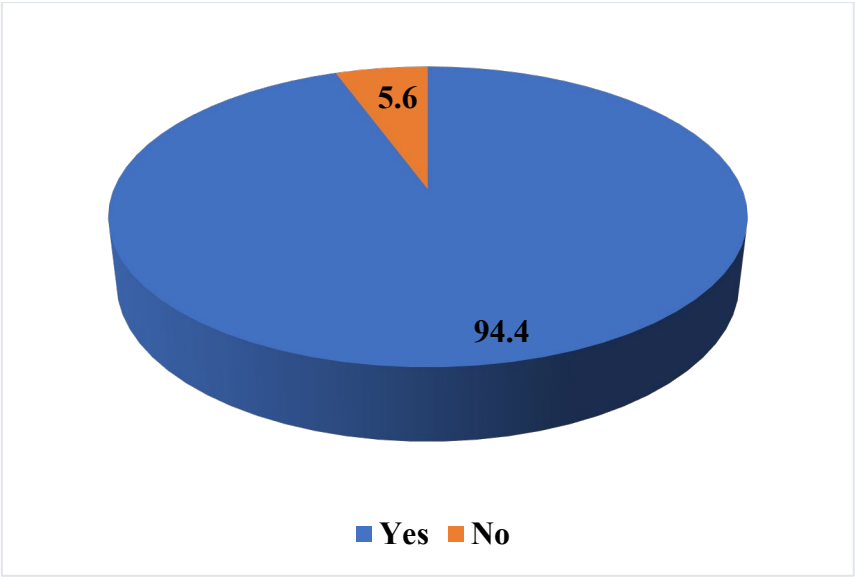
A total of 610 respondents provided a reason for not referring a child suspected of having special needs for specialist interventions. Of the 610 respondents, 53.9 percent stated that they were '*Allowing the Child to Develop*' and 30.8 percent reported that the '*Parents Made the Referral*'.



**FIGURE 30: REASONS CHILDREN WERE NOT RECOMMENDED FOR SPECIALIST INTERVENTION**

## ECI PARTICIPATION IN JSRA


It was found that of the 1233 institutions that responded to the special needs questionnaire, 94.4 percent participated in the 2023 administration of the Jamaica School Readiness Assessment (JSRA).

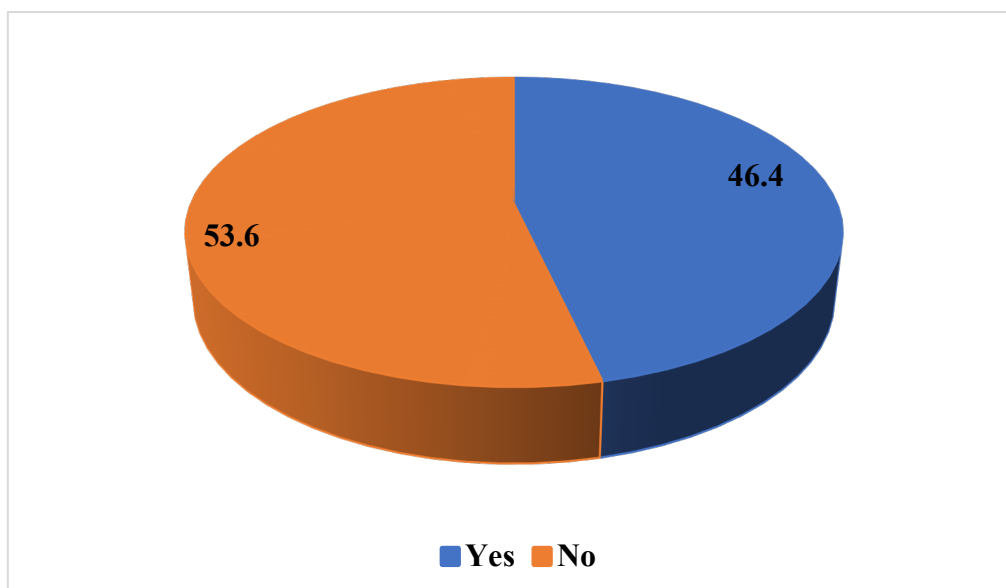


**FIGURE 31: DISTRIBUTION OF ECIS WHO PARTICIPATESD IN THE 2023 (JSRA)**

**ECIS THAT HAVE RECEIVED THE RESULTS FROM THE 2023 JSRA**

Approximately, 97 percent (1192) of participating institutions responded to the question “*If [your ECI participated in the last administration of the Age 4 Assessment], did you receive results from the ECC*”. It was found that less than 50 percent (46.4 percent) of institutions received the results of the administration.

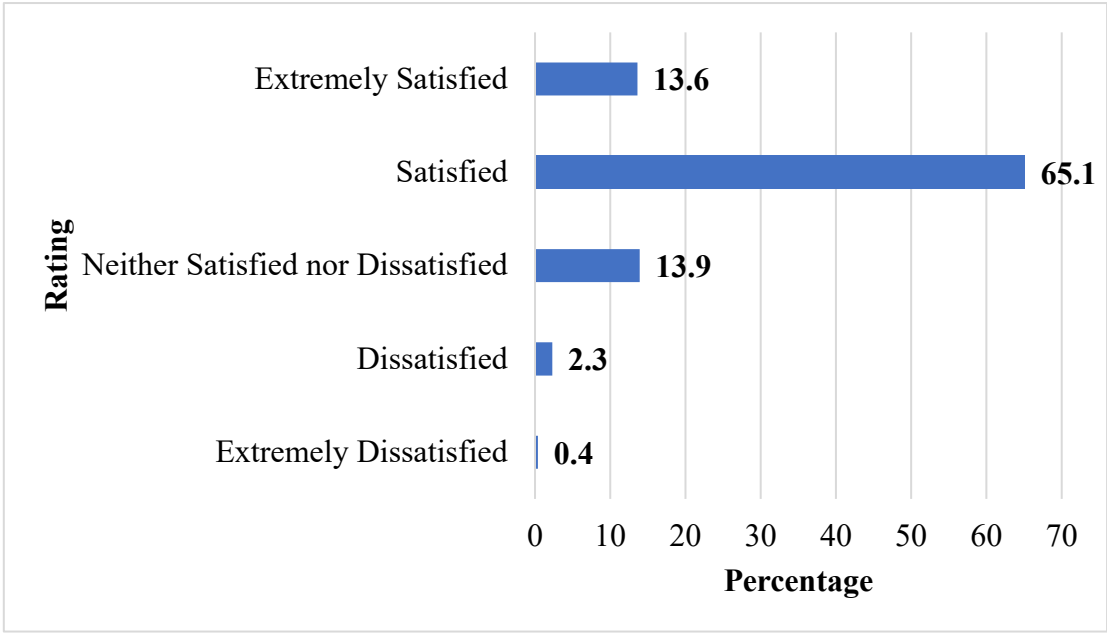
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**FIGURE 33: ECIS WHO HAVE RECEIVED THE RESULTS FROM THE 2023 JAMAICA SCHOOL READINESS ASSESSMENT**

### **SATISFACTION WITH JSRA ADMINISTRATION**


The respondents were asked to rate their satisfaction with the administration of the JSRA. Of the 1233 participating institutions only 825 institutions responded. Of the 825, 33.1 percent stated the question was not applicable. Still, it was found that 65.1 percent of the respondents were '*Satisfied*' with the administration and 13.6 percent were '*Extremely Satisfied*' and '*Neither Satisfied nor Dissatisfied*' with the administration.

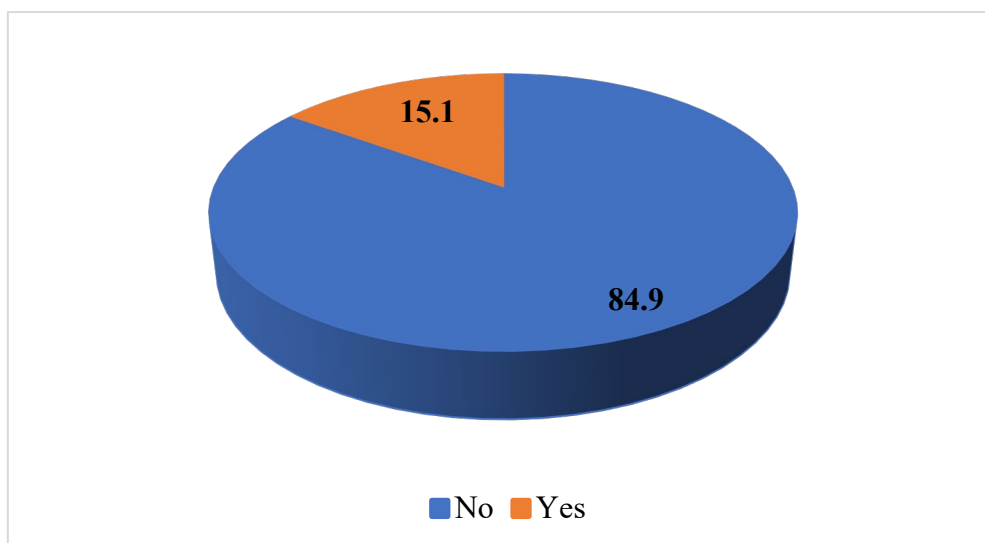


**FIGURE 34: ECI SATISFACTION WITH THE ADMINISTRATION OF THE 2023 JAMAICA SCHOOL READINESS ASSESSMENT**

**ECIS EQUIPPED TO FACILITATE CHILDREN WITH SPECIAL NEEDS**

The majority of ECIs (84.9 percent) reported that they are not equipped to facilitate children with special needs.


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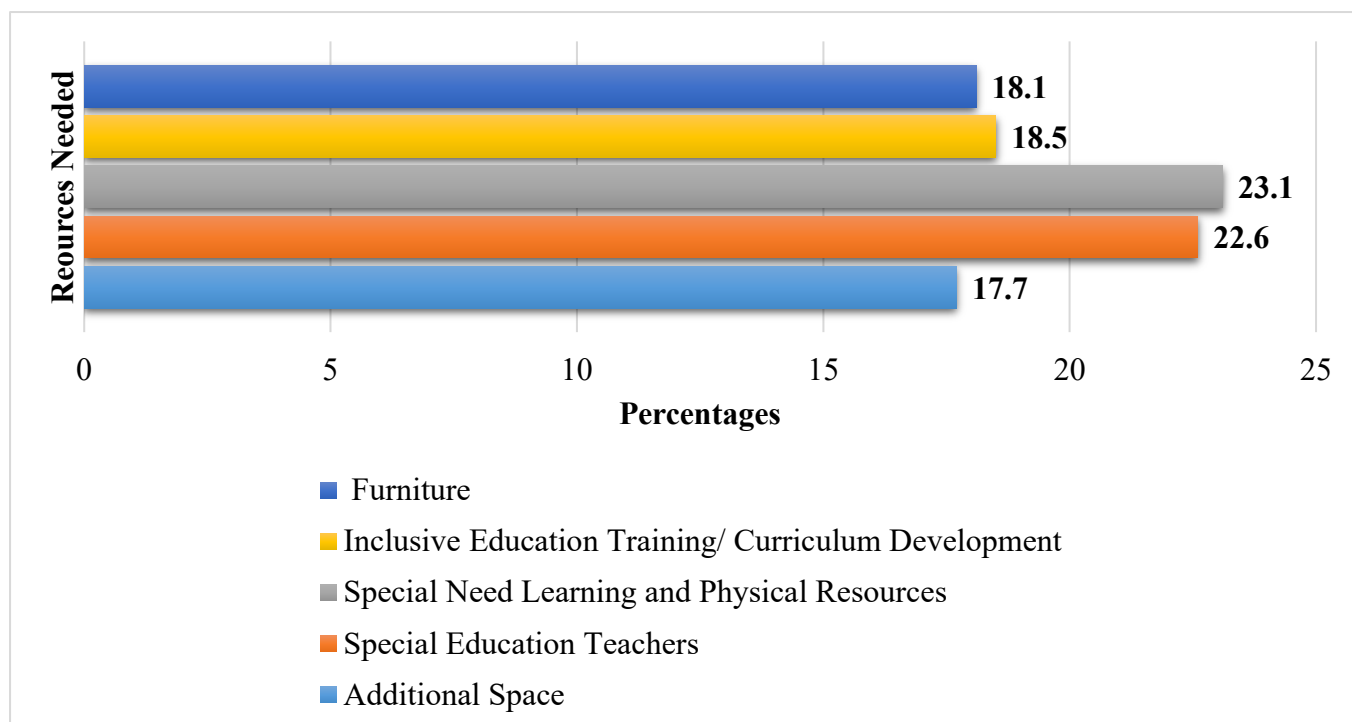


**FIGURE 35: ECIS EQUIPPED TO FACILITATE CHILDREN WITH SPECIAL NEEDS**

### **RESOURCES NEEDED TO FACILITATE CHILDREN WITH SPECIAL NEEDS**

The ECIs reported that to be able to facilitate children with special needs the institutions would primarily need ‘*Special Needs Learning and Physical Resources*’ (23.1 percent) such as ramps and rails, sensory books, and toys. It was also pointed out the need for ‘*Special Education Teachers*’ (22.6 percent) and ‘*Inclusive Education/Curriculum Development Training*’ (18.5 percent). The institutions highlighted that with these additional resources, they would be able to facilitate children with special needs.

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**FIGURE 36: RESOURCES NEEDED BY ECIS TO FACILITATE CHILDREN WITH SPECIAL NEEDS**

## DISCUSSION OF FINDINGS

The analysis of the Special Needs Questionnaire is intended to explore the status of children with special needs in Jamaica's early childhood institutions. From a detailed analysis of the results, it is clear that a significant number of 3-6-year-olds are confirmed and suspected to require special needs intervention. The initiation of projects such as the Legacy Project and the move towards inclusive education could not have come at a better time. Working in tandem with screening tools such as the Jamaica School Readiness Assessment (JSRA), Ages and Stages Questionnaire (ASQ-J), and the Family Support Screening Tool (FSST), the Legacy




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Project (Inclusive Classrooms in ECIs) should be able to assist with the proper assimilation of children with special needs into the ordinary classroom settings. The following discussion will focus on the children who were identified as needing intervention from the 2023-2024 ECC Census-Special Needs Questionnaire.

The current analysis revealed that 3145 children were suspected to have a special needs requirement during the 2023-2024 FY. This number seems to have remained somewhat constant as the 2022-2023 census revealed a total of 3150 children who were suspected to have a special needs requirement. Correspondingly, it can be seen that the number of children who were officially diagnosed is still a small percentage, as only 803 children were reported to be officially diagnosed, 683 3-6-year-olds and 120 0-2-year-olds. With an official diagnostic report provided for approximately 53 percent of the children. This corresponds with the current information on disability in Jamaica as there are “approximately 580,000 persons with disability in Jamaica, however only 15,540 are registered, of which approximately 5,000 are children,” (UNICEF, 2023). A comparison of the data highlights that the low level of special needs diagnoses extends beyond early childhood-aged children into adulthood. This further compound the need to push early intervention programmes that can accompany the child through to adulthood.


Correspondingly, the importance of early intervention in childhood and adulthood cannot be underestimated. The Director of JCFS Integrated Pediatric Therapies, Jennie Marble, explains that “early intervention can significantly change a child’s developmental path and increase their success in school and life” (para.2). Likewise, the risk factors that threaten children’s development exist at different levels within the child’s environment such as individual, family,

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community, and societal levels and they interact in complex ways (The Early Intervention Foundation, 2023). So, while the data revealed that the majority of children who were officially diagnosed with a developmental disability/special need (683), were involved in intervention programmes such as the Early Stimulation Programme (267) and attending or receiving services from private therapists (349), actions should be taken to increase and sustain enrolment. These Early intervention practices work to reduce the risk factors and increase the protective factors in a child's life and therefore, actions must be taken to encourage parents and practitioners to ensure that children diagnosed with special needs are enrolled in intervention programmes.

Furthermore, making early childhood education inclusive would reduce the risk factors that can threaten childhood development and limit the social and economic opportunities of the children (Early Intervention Foundation, 2023). The ECC in recognition of the limited access to inclusive early childhood education has taken actions to integrate inclusive education practices in the early childhood education sector such as the Legacy Project's Inclusive Classrooms and the revision of the Early Childhood Education Curriculum. The introduction of such initiatives is welcomed as the data revealed that while approximately 85 percent of ECIs can't facilitate children with special needs, the majority also indicated that with the allocation of the appropriate resources the ECIs would be willing to utilize an inclusive education environment.

Additionally, Jamaica has taken on a quasi-inclusive classroom format where children with invisible or non-severe/profound (mild) disabilities are in regular classrooms, however, the teachers/practitioners do not have the appropriate training or resources to facilitate their


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education (UNESCO, 2020). Providing the appropriate resources to create a balanced environment will only serve to ensure high-quality inclusive early childhood education. The analysis revealed that most children tend to face a little difficulty or in certain instances a lot of difficulty in their challenges with speech, learning, focus/attention, mental health, etc. This would mean that most children would fall into the categories of mild or moderate disability. The article continued that children with mild or moderate disabilities face fewer obstacles and are easier to accommodate in regular classrooms. The analysis also revealed the willingness of the teachers/practitioners to accommodate children with special needs into the regular classroom once the appropriate resources and training are provided.

Furthermore, the respondents indicated a concern with the lack of feedback received from the administration of the 2023 JSRA. It was revealed that less than 50 percent (46.4 percent) of institutions received the results of the administration. Of the 27, 384 4-year-olds that were assessed during the administration, 9832 were flagged for secondary screening. Still, only 1300 undertook secondary screening. The ECC has since then taken measures to increase the complement of ECC staff to better streamline the administration and the move to digitize the administration to increase the efficiency and efficacy of the process. Thereby providing early intervention services that increases positive education outcome for children with special needs.

## **CONCLUSION AND RECOMMENDATIONS**


The preceding discussion highlights the need to streamline early intervention services in the early childhood sector. The results and literature complimented the need for early intervention

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services and the impact it can have on the overall outcome of the child. The data revealed that there were a significant number of children with special needs who need intervention services. Additionally, it was found that institutions are willing to accommodate children with mild and moderate disabilities once the necessary resources and trainings are provided. Furthermore, some institutions outlined the need for improvement of the administration of Jamaica School Readiness Assessment (JSRA) and the dissemination of the results. Consequently, the recent establishment of the ECD Assessment Services Unit seeks to improve the administration and monitoring of the tool.

Additionally, the implementation of the Early Screening and Referral Pathway Strategy will provide a road map for the identification and treatment of children with developmental delays in Jamaica. The strategy fills a mandate of the National Strategic Plan that supports the lifecycle of the child in that it identified the processes in the early screening and referral approach to better provide for early childhood aged children with special needs. The implementation of the strategy should see a tremendous improvement in the quality of early childhood education for all children in Jamaica. Still, the following recommendations are being made:


1. Biennial health fairs can be hosted to provide screening for special needs aids/assistive technology such as hearing aids and glasses. Based on the results of the assessment and recommendations children suspected to have a need could be assessed and confirmed to reduce the delay in intervention. It is recommended that the ECC seek partnerships with organizations such as The Jamaica Association of the Deaf Hearing Services Department which provides hearing tests from their mobile unit and the Lions Club which offers free hearing aids and assistance. Additionally, for assistance with vision

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care the ECC could partner with organizations such as Optical Solutions International Limited which provides free eye testing, and the Jamaica Outreach Programme which provides free eye testing and eyeglasses.

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. ECC inspectors can be deployed to conduct Needs Assessments for ECI who indicated their willingness to accommodate children with special needs from the results of the Special Needs Questionnaire. This process can provide support or facilitate the expansion of the Legacy Project's Inclusive classrooms.

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