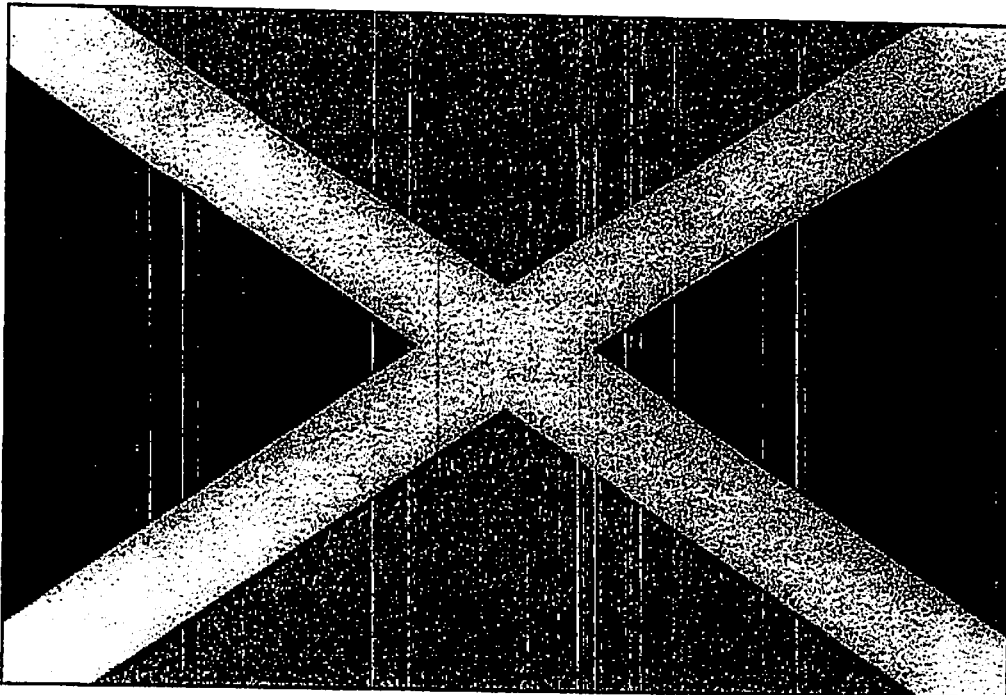


# INTELLECTUAL DISABILITY IN COMMUNITY ACTIVITIES

## INCEPTION REPORT

### JAMAICA



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(*Early Stimulation Programme for Children  
With Disabilities*)

An inception report submitted in partial fulfillment of the  
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Japan International Cooperation Agency

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## INCEPTION REPORT

### JAMAICA

#### General Information

##### Physical Features and Key Statistical Data

Jamaica is one of the largest English speaking countries in the Caribbean and forms a part of the Greater Antilles. The island is commonly called “the land of Wood and Water”, and the “Isle of Springs.” These references, along with the symbolic colours of our flag, black, green and gold, depict the strength and resilience of our people, as well as the warm climate, many rivers, beaches, mountain contours, grassy slopes and plains, which make lovely sceneries for paintings, photography and sight seeing.

Jamaica’s capital is Kingston, and measures approximately 240 kilometers in length and 85 kilometers in width, with a population of 2,651,000; of this amount, over 600,000 are urban. The life expectancy of the total population is 73.24 years. 71.54 years for male and 75.03 years for female. The infant mortality rate is 15.98 deaths out of every 1,000 live births. Maternal mortality rate is 106.2 per 100,000 live births.

Jamaica, in spite of its strong African ancestry is multiracial and is a true reflection of its hanging motto; “Out of many, one people.”

##### Education:

There has been significant improvement in our educational system that has increased the country’s literacy rate, which presently stands at 87%. Most of the island’s schools which are state owned and financed through the Ministry of Education, fall within three basic categories, and are as follows:

- ❖ Early Childhood Education for children between the ages 3-6 years
- ❖ Primary Education, 6 – 12 years
- ❖ Secondary Education, 12 -18 years

The school of Hope, through the Ministry of Education, in collaboration with other learning institutions, also offers special education and training for persons with various types of disabilities, including the intellectually impaired.

One of the factors that have indeed contributed to our educational achievement is compulsory education at the Primary level. This was made mandatory by the Government through the legislative provision of the Child Care Protection Act 2004, which states that every child has the right to education and that it is the duty of the state to ensure that education is free and compulsory at this basic level.

The government has also sought to ensure compulsory education, through the Programme of Advancement through Health and Education (PATH) programme, which requires all children who are beneficiaries to attend school.

At the tertiary level, there are a number of Community Colleges, Teachers Colleges, vocational Training Centres and Universities. While primary education is free, there is a cost attached to secondary and tertiary education. However, there are opportunities available for those who cannot afford further education in the Vocational Training Arena, through the Human employment and Resource Training – National Training Agency (H.E.A.R.T-NTA), and also through an extensive scholarship network for the various Universities.

### Laws and Policies for the Rights of the Intellectually Impaired

Jamaica, on a whole upholds and defends the basic human rights of its entire people and is a signatory to the United Nations Convention on a number of laws and policies, intended to protect the human rights of persons worldwide. Although there are no laws dealing specifically with the intellectually impaired, these persons' rights are also respected and protected under International Legislative agreements and nationally instituted laws and policies such as the Jamaican Constitution and our National Policy for Persons with disabilities.

The National Policy for Persons with Disabilities which offers similar protection and rights as other Legislative provisions is more sensitive to the needs of disabled persons. The Policy also further guarantees and protects their rights, through specific guidelines and principles as these persons are among the most vulnerable and disadvantaged in the society. The goal of the Policy therefore, is to improve the status and condition of persons with disabilities, so that they can enjoy better quality of life in areas such as education, employment, health, housing, transportation and accessibility to all areas of the society.

The Principles which govern this Policy are based on the human rights of people with disabilities, which will enable them to enjoy the benefits of full citizens, and to carry out the obligations of full citizens of Jamaica. The purpose of the policy is to:

- ❖ Set guidelines and directions for the Jamaican government for the equalization of opportunities for people with disabilities;
- ❖ Assist government in strengthening its capacity to address disability issues as well as assist individual agencies to improve their capacity to address disability issues within their areas of functional responsibility;
- ❖ Provide a framework for agencies of government to cooperate in developing and implementing policies designed to provide equal opportunities for people with disabilities in all aspects of life;
- ❖ Assist government in implementing the United Nations' Standard Rules on the Equalization of opportunities for Persons with Disabilities.

In addition, there are new legislative provisions to protect children and this include children with disability; for example, a disabled child has the right to special care, education and training to help him/her enjoy a full and decent life and to achieve the greatest degree of self reliance and social integration possible.

## **Financial Assistance for the Intellectually Impaired & Other Persons with Disabilities**

The government through the Ministry of Labour and Social Security takes the lead role in providing a range of social services and programmes. These programmes target the unemployed, the social welfare needs of the poor and less privileged families, the elderly and persons with various types of disabilities including persons who are intellectually impaired. Over 40,000 persons with disabilities have benefited from the Council for Persons with Disabilities since its inception in 1971. Since the establishment of the Early Stimulation programme for children with disabilities in 1975, 20,500 children have benefited. An average of 3,000 persons per year receives monetary assistance for tuition fees, uniform, books and medication. Presently, there are 23,600 individuals benefiting from the PATH programme which is a monthly monetary assistance, through the Ministry of Labour and Social Security.

There is also Rehabilitation Grants for those persons who wish to get involved in self help projects. Financial assistance also comes from private and non government agencies, aimed at cushioning the effects of poverty on the vulnerable groups which include persons with disabilities.

## **MY ORGANIZATION/Ministry of Labour and Social Security**

### **VISION**

To contribute to national development, through the provision of efficient and effective labour and social security services; within the context of a globalize economy.

### **MISSION STATEMENT:**

To promote a stable, industrial climate through tripartite dialogue, ensure the highest standards of occupational safety and health at the workplace facilitate increased access to employment and effectively manage social protection programmes, including those for groups with special needs such as households below the poverty line, the elderly and persons with disabilities.

The Ministry of Labour and Social Security commenced operations in 1938, as an Employment Bureau. The Bureau was the first official response to the growing unemployment, which was spreading throughout Jamaica during that period.

The relationship between employer and employee at the time was one of the master and servant. This gave rise to grave economic disparities within the population, as most persons received low wages and had poor living and working conditions. In response to a need for social programmes, which catered to all sections of the population, a planning team was established in the Ministry of Labour to develop a social security scheme. The Ministry obtained technical assistance from the International Labour Organization (ILO) to develop proposals for this scheme. The National Insurance Scheme Act was passed in 1965 and became effective April 4, 1966. When the Scheme was established, it incorporated the Sugar Workers' Pension Scheme. The Social Security Division of the Ministry which was called Welfare, evolved from this as programmes were added to address the needs of vulnerable groups within the society. On the other hand, the Labour Division is concerned with matters affecting individuals in their capacity as workers, employers and members of the country's labour force and has been able, through effective and strategic planning to lower the unemployment rate to 11.3%. Other services provided are industrial safeties, employment promotion, providing a source of income for workers who are injured on the job, retirement benefits, industrial disputes resolution, pay and conditions of employment, elimination of child labour and other related matters.

The objectives of the Social Security division are to:

- Modernize and improve the administration of the Social Security system for more efficient operation;
- Strengthen the social protection system in keeping with government's policy to reduce poverty;
- Adopt a developmental approach in the provision of social assistance benefits to promote human capital investment and thereby reduce dependence on the state;
- Ensure the operation of an efficient, objective and;
- Transparent Beneficiary Identification System for social assistance;
- Expand coverage under the National Insurance Scheme, by ensuring compliance, in accordance with the provisions of the National Insurance Act;
- Promote active and productive ageing and ensure the full participation of senior citizens in all aspects of national life;
- Ensure prudent management of the National Insurance Fund for long term sustainability and provision of improved benefits;
- Ensure equalization of opportunities for persons with disabilities;
- Promote social integration of vulnerable groups and groups with special needs;

## MY PRESENT POSITION AND DUTIES:

I am presently the Supervisor of the Early Stimulation Programme (Child Development Center) for children with disabilities, which is one of the programmes of the Ministry of Labour and Social Security. In my capacity, I have overall responsibility for the coordination and implementation of special intervention programmes. My duties entail counseling parents; carry out developmental assessment and evaluations, conducting training sessions for parents and staff members. Liaise with teachers, nurses, final year students from various colleges.

## PROGRAMME TO WHICH I AM ASSOCIATED:

### Background

The Early Stimulation Programme serves pre-school disabled children 0-6 years in approximately 1,800 urban and rural families. It has been in existence since September 1975. The implementing agency is Jamaica Council for Persons with Disabilities. Source of funding is the Jamaica Government, through the Ministry of Labour and Social Security.

The Early Stimulation Programme is a community based programme as a response to a growing need for early childhood education intervention in the development of disabled children. It is primarily a home based delivery system involving parent's intervention in the education of pre-school disabled children. Children are accepted with all types of disabilities. However, the majority of children served; do suffer from varying degrees of intellectual impairment.

### Goals and Purpose of Early Stimulation Programme:

- I. To improve significantly the development of pre-school disabled children 0-6 years, through a programme of early detection and intervention;
- II. To involve the parent or primary caregiver, so that they will become the main teacher of their child, under the staff's guidance and supervision;
- III. To prevent development of additional disabilities in the child, which would otherwise ensue without intervention;
- IV. To act as a resource to other agencies serving young children, by providing consultations, referrals, intervention programmes and training;
- V. To implement public education programmes, dealing with Prevention of Disabilities in young children and the need for Early Stimulation.

### Referral:

Children are referred to the programme from various sources but mainly from Child Welfare Clinics, Hospitals, Pediatricians and health Centres. Anyone can refer a child who is thought to have a developmental problem. All referred are seen by appointment.

### Inclusion:

The main criteria for admission to the programme, is that the child display delays in development as demonstrated by a suspect score on the Denver Developmental Screening Test (DDST). To participate also, the child must be younger than are six years.

### Procedure for Admission:

- 1 History – a complete Medical, Developmental, Social and Behavioural history is completed using a standard protocol.
- 2 Assessments –
  - Developmental Screening on the Denver II Developmental Screening Test (DDST)
  - Physical and psychomotor assessment on the Jamaica-Portage checklist. Evaluations are done in areas of cognition, self help, language, motor and socialization
  - Medical examination with screening for
    - Neurological impairments
    - Vision
    - Hearing
  - Parents are invited to orientation sessions to allow a forum for question/answer and to sensitize them to their role within the Early Stimulation Programme.

Presently, the Early Stimulation Programme is staffed as follows:

- ❖ One (1) Director
- ❖ One (1) Physical Therapist
- ❖ One (1) Supervisor
- ❖ One (1) Clinical Officer
- ❖ One (1) Secretary
- ❖ Ten (10) Child Development Officers (Community Rehab Workers)
- ❖ One (1) Family Nurse Practitioner
- ❖ One (1) Messenger
- ❖ One (1) Office Attendant

### Intervention Process:

Contingent on referral and assessment, the child is given a working diagnosis and placed on an intervention programme, administered by the Child Development Aide (CDA).

Child Development Officers visits homes weekly and demonstrates to the mother/caregiver how to teach the child various skills. A written description of the skill is also left with the parent. Each aide may visit as many as twenty families in one week with visits lasting between 45 minutes to an hour depending on the caseload or nature of case. At the end of the week, she meets with the Supervisor to discuss each child under her care.

### Categories of Children Served:

- ❖ Multi-disabled children
- ❖ Intellectually Impaired – mental retardation, learning disability
- ❖ Hearing Impaired
- ❖ Visually Impaired
- ❖ Language development disorders
- ❖ Physically challenged
- ❖ Behavioural problems
- ❖ Cultural familial retardation
- ❖ Attention deficit disorder
- ❖ Autism
- ❖ Cerebral Palsy
- ❖ Down Syndrome

The progress of the child is evaluated continuously:

- Daily records are expected to be kept by the parent and at the visit of the CDO this information is shared. The progress of the child as reported by the parent is relayed to the supervisor during weekly case discussions in order that appropriate adjustment can be made to the programme of intervention.
- Three monthly independent evaluations of the child's progress are conducted at the programme office. A thorough assessment is performed across all sectors of development by the clinical officer.

### Activities of the Programme

Early identification and Assessment

Social Intervention

Home Visiting Programme



Physiotherapy

Three-monthly Re-Evaluation

Referral Service

Parent Counselling

Public Education

Resource for other agencies serving mothers and young children.

**Results of the Community Intervention Programme:**

- I. Allows for family involvement whereby the parent/caregiver and siblings become totally involved in the stimulation and intervention process thereby allowing for continuity of care;
- II. The early intervention process thus engaged in, enhances the development process in the young developmentally delayed or disabled child and is conducted in the child's own familiar environment;
- III. Parents learn to develop more positive attitudes toward their children as they are taught and become more competent in the care of their children;
- IV. Implementation of individualized programmes designed to suit the needs of the child. This allows for spin-off effects/benefits to other young siblings in the family;
- V. Alleviates to a certain extent, the transportation difficulty experienced by families that have to use public transportation;
- VI. Relatively low cost. Uses in many instances, indigenous materials common to the child's own environment and therefore does not necessitate expensive toys. The use of paraprofessionals in the execution of the intervention process also minimizes the cost factor.

At the end of the six years, when the child exhibit readiness skills, they are referred to School of Hope or Hope Valley Experimental School.

Although the programme is primarily funded by the government, we receive donations from private companies to assist with various activities such as treats, Christmas parties, birthday parties, outings and graduations.

## CONCLUSION

As with every organization, there are strengths and weaknesses. One of the greatest strengths of the Early Stimulation Programme is that unlike other similar programmes, we have been able to continue and improve the service over the years, due to the sustained financial assistance it receives from the government. The services are considerably low in cost, as it is highly subsidized by the government.

The main concern as it relates to weakness is that the home visiting intervention is not available to disabled children living in rural areas. However, these children benefit from our programme when they are brought to our clinic on a monthly basis for the monitoring of their progress.

In 1993 a UNESCO expert evaluated the efficiency of the programme and pronounced it as highly innovative, realistic and appropriate. He recommended full government support and stabilization. This has only been partly implemented.

The Early Stimulation Programme is an economically feasible, relevant and effective approach to community based early intervention services for disabled children. It has the potential for expansion, reliability and integration into any human service agency for children with special needs.