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Getting It Right from the Start: A Retrospective and Current Examination of Infant-Toddler Care in Jamaica

Zoyah Kinkead-Clark and Kerry-Ann Escayg

Introduction

Despite acknowledging that early childhood spans from birth to 8 years, in Jamaica, as in many other developing countries, the predominant interest in early childhood care and education has typically been focused on the education of 3- to 6-year-olds rather than on the care of infants and toddlers. Though this attitude has been changing, largely as a result of the plethora of research surrounding the significance of the first 1,000 days of life and their importance in setting the foundation for children's future development (Cusick & Georgieff, 2016), few can deny that to date, the majority of resources, both of human capacity and of financial funds, are allotted for preschool education rather than the care of infants and toddlers.

Now that Jamaica's Ministry of Education has committed to expand the reach of child care offerings to children from diverse socioeconomic backgrounds, an examination of the issues shaping infant-toddler care that allows us to understand some of the challenges young children and their caregivers currently face is necessary. This examination is particularly timely in light of the 25th anniversary of the groundbreaking UNICEF-funded study that evaluated the status of child care services in Jamaica and that noted the tremendous deficiencies in the system (McDonald & Brown, 1993).

In this paper, we explicate the current status of infant-toddler care in Jamaica. We use the 1993 UNICEF-funded study as the springboard for our analysis. By doing this, we juxtapose the findings in the report with the current status in the sector to illuminate the developments which have occurred over the past 25 years. With this in mind, one of the primary goals of this piece is to contribute to the body of knowledge germane to infant-toddler care in developing countries. We also seek to challenge the view that few, if any, lessons about the provision of child care services can be learned from developing countries. Therefore, we elucidate how Jamaica, as a low-resource state, can address some of the issues affecting young children and their caregivers by drawing on some of the practices in economically similar countries. In this article, we focus on key issues that have implications for the sustained development of Jamaica's infant-toddler programming: funding of the sector; professional development of nursery staff; parent education; and improving child outcomes. We begin, however, with a brief discussion of the Jamaican context.

The Jamaican Context

The island of Jamaica is the largest of the English-speaking countries in the Caribbean. Classified as a Small Island Developing State (SIDS) with middle-income status, since gaining independence from Britain the island has made steady strides to improve the educational outcomes of its most vulnerable

citizens. Recent census data indicate that children under 18 years of age account for 30 percent of the population, or about 900,000 people; of that number, approximately 120,000 are children below the age of 3 (Statistical Institute of Jamaica, 2015).

As in the case of other developing countries, only a minority of Jamaica's children receive nonparental care outside the home prior to their second birthday (Engle et al., 2007; Grantham-McGregor et al., 2007). According to the Early Childhood Commission (the agency responsible for the oversight of early childhood institutions in Jamaica), from 5 percent to 12 percent of children between the ages of birth and 2 years are registered to receive center-based care. It must be noted that though there is greater demand than that for child care services, child care costs which may, on average, equate to a family's earnings at the current local minimum wage can be prohibitive (Kinkead-Clark, n. d.; McDonald & Brown, 1993). This obstacle has largely been the reason for the dependency on culturally accepted practices, such as requiring older siblings to look after children or children being left on their own.

Infant-toddler care: An overview of the journey

In this section, we provide an overview of infant-toddler care in Jamaica. This is particularly important because it allows us to situate our analysis of the developments in the sector over the last 25 years.

For many Caribbean and Latin American countries, the demand for child care services grew exponentially in the 1970s, when female participation in the workforce increased (Blau & Ferber, 1990). Fuelled by an entrepreneurial spirit and noting the business opportunities in this untapped area, many women across the region established hundreds of child care centers to meet the demands of young, expanding families.

Recognizing the need to improve standards in the region, yet aware of a woeful lack of people with the expertise to oversee the increasing number of child care facilities there, in 1972 UNICEF funded the establishment of the Regional Preschool Child Development Centre (RPCDC) at The University of the West Indies, Mona (Davies, 1997). One of the goals of the RPCDC was to provide oversight and professional development support to the scores of child care practitioners across the English-speaking Caribbean (Davies, 1997).

By 1975 the government of Jamaica, under the leadership of then Prime Minister Michael Manley, who was heavily influenced by the Cuban approach to education, established government-sponsored early care and education programs across the island as part of the National Daycare Programme (NDCP). Though these programs were very successful at the time, by the 1980s a change both in the government and in external circumstances resulted in shifted priorities. This decade was a particularly challenging period for Jamaica, largely due to the compound effects of a number of local and global events (Robinson, 1994). Among other things, with a slowdown in the global financial market, the sharp rise in gas prices, and the catastrophic effects of Hurricane Gilbert, which further devastated Jamaica's already fragile social and economic system, there were simply not enough funds to meet the demands of all the major government ministries (the Ministry of Health, the Ministry of Education, and the Ministry of Finance). Faced with these profound financial woes, the government made the

decision, with regard to education, to halt the support of NDCP and shift its focus to rebuilding the hundreds of primary and secondary schools which had been destroyed by the hurricane (McDonald & Brown, 1993).

In the late 1980s the Child Support Unit of the Ministry of Local Government was concerned with the challenges faced by mothers in low-income households who needed access to child care in order to be able to work outside the home. At that time, over 40 percent of women were classified as unemployed (Witter, Hamil, & Spencer, 2009). A number of steps were taken to attend to this challenge, one of which was to address the cost of child care services. In 1989, the Child Support Unit made the decision to buttress the development of home-based nurseries, which they believed was a more financially viable model for the care of children from lower socioeconomic backgrounds (McDonald & Brown, 1993). Prior to the rollout, however, the ministry felt it necessary to get a fuller understanding of the state and needs of the nursery sector. By 1993, with funding from UNICEF, a commissioned report on the status of child care services in Jamaica was written. Among other things, the evaluation (a) appraised the preparedness of child care centers to meet the basic requirements of infant-toddler care and education, (b) assessed the need for child care services across the island, and (c) examined government and private sector responses to child care needs.

While some strengths were noted in Jamaica's child care sector, the findings of the UNICEF report predominantly highlighted the tremendous deficiencies in child care services. Among other things, the findings noted the limited availability of resources in the centers, the low levels of parental involvement in the day-to-day happenings in the facilities, the low levels of interaction between staff and children, and practitioners' limited understanding of child development, which resulted in their heavy reliance on developmentally inappropriate practices.

During the late 1990s through the early 2000s, very little activity occurred in the child care sector. In 2003 the Early Childhood Commission Act was passed, which gave the newly established Early Childhood Commission oversight of all early childhood institutions including child care centers. The next few years were spent monitoring the sector, coordinating with key stakeholders, and facilitating curriculum reform, among other activities. In 2013 the National Strategic Plan 2 for Early Childhood Education was framed. This document made explicit reference to the need to improve care provisions for children between the ages of birth and 2.

Goals to improve infant-toddler care in Jamaica

In this section, we critically assess funding of the child care sector; professional development of nursery staff; parent education; and child outcomes. These factors were explicitly referred to in both the National Strategic Plan 2 for Early Childhood Education and in the 1993 UNICEF-commissioned report on child care services (McDonald & Brown, 1993) as key issues which needed to be addressed in Jamaica's early childhood sector. We also consider it important to examine these issues because they continue to directly impact the caregivers in the centers, which in turn affects the quality of the learning experience young children have in early childhood environments.

Funding the sector

The 1993 report on child care facilities noted that many of Jamaica's child care centers were underfunded (McDonald & Brown, 1993). The ripple effects of this were noted to have implications for the payment of staff, the access to professional development, improvement of the physical infrastructure of centers, the acquisition of resources, and more. To date, funding of the early childhood sector still remains a major challenge. Of the 350 child care centers in Jamaica, over 98 percent are privately owned. This has had significant impacts on the sector because the operating income for these centers comes predominantly from the fees charged to parents, which, in the vast majority of cases, are nowhere near sufficient to cover those operating costs.

In 2018 the Ministry of Education launched the Brain Builders Programme (BBP), an initiative aimed at improving children's developmental outcomes by increasing the number of children who have access to nursery care. Currently, one of the goals of the BBP, in the initial stage of implementation, is to ensure that children are provided with the supports which attend to their nutritional, physical, and social well-being (Morris, 2018). To support this, the government committed several million dollars to establish 126 Brain Builders Centres across the island to increase the opportunity for more children to have access to child care services.

Although this is a step in the right direction, additional efforts are needed. The BBP simply does not have the reach to ensure that all 40,000 children born in Jamaica each year will have a space in a nursery. Likewise, while some centers have been provided with resources, questions have already emerged about the sustainability of this practice because the centers need to acquire resources on an ongoing basis.

Another issue pertaining to the lack of funding of nursery care is the quality of privately-owned nurseries. Inspection reports from the Early Childhood Commission reveal that many of the nurseries that have undergone the inspection process were deemed to need improvement in a number of areas. A scoping review of these reports indicates many nurseries score poorly on physical infrastructure, basic resources, and finance practices (bookkeeping).

It is clear that the structure of Jamaica's nursery system, which is overwhelmingly dominated by privately owned centers, has implications for the viability of the sector and the quality of the services being provided. At this point, with other equally important, yet competing demands on the government's coffers, it is unreasonable to assume the government can wholly fund the sector. As Cleveland and Krashinsky (2002) indicate, a collaborative approach to child care funding must be considered. Specifically, partnerships must be interpreted broadly and must therefore be seen as a viable option whereby alliances between parents and parents, parents and the government, the government and the private sector, and private companies and parents are firmly established (Sadasivam, 2001).

For many countries, child care access is inextricably linked with workforce labor participation, requiring robust involvement on the part of both the public and private sectors. Though many companies are unwilling to become involved in providing child care services, incentives can be used. Ways to support

access to child care include incentivizing private sector companies to subsidize child care for their workers, as is done in the Dominican Republic; increasing the number of state nurseries, as in Cuba; or supporting grassroots efforts to provide child care, as in India.

We see these as necessary solutions to Jamaica's challenge because though the government's involvement in the sector is commendable, it does not address the root of the issue: how to ensure all nurseries have access to sufficient resources to enable the provision of quality care to young children. At this point, there is little indication that this goal will be achieved anytime soon. An overall assessment of the sector notes limited government intervention for all programs catering to children from birth to 3 years. According to Spencer-Ernandez and Edwards-Kerr (in press), in 2017 less than 6 percent of GDP was allotted to education (from early childhood through postsecondary). From 2014 to 2016, only 0.016 percent of GDP was allotted to education for children aged 3 to 5 years, and none was allotted to the education of children aged 2 years and under. Such wide-ranging issues point to the need for robust, concerted, ongoing discussions among diverse government ministries, including health, education, labor, finance, and social and national security. A collective approach that recognizes the importance of infant-toddler care stands to deliver the innovative solutions necessary for creating sustainable, high-quality, early learning opportunities in the Jamaican context.

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Professional development of nursery staff

The correlation between well-trained staff and program quality has been frequently documented (Sims & Waniganayake, 2015; Sylva, 2010). It is perhaps for this reason that the authors of the 1993 report on child care facilities specifically noted the significant challenges faced by many of the nurseries that resulted from inadequately prepared staff (McDonald & Brown, 1993). The report indicated that 50 percent of nursery workers had no formal training in early childhood education, and only 22 percent had completed training lasting more than one year.

The findings of the 2015 census on staff qualifications of early childhood institutions across Jamaica indicate some improvement has been achieved: over 87 percent of teachers are qualified to teach in early childhood settings. Over 50 percent of them have vocational training, while another 34 percent have postsecondary-level training in the area. However, it is important to note that while more staff are qualified, the data suggest there are still limited opportunities for nursery workers to access ongoing professional development. Because the vast majority of nurseries are open throughout the year, closing only on national holidays and operating as long as 12 hours each day, there are few opportunities for caregivers to engage in more than a few hours of professional development training each year.

In 2018, after recognizing the state of the sector, the Early Childhood Commission launched What

You Do with Baby Matters, a program developed by the Tropical Medicine Research Institute of the University of the West Indies, Mona, that is aimed at providing caregivers with tools to stimulate babies cognitively. To further support nursery workers, professional development training sessions are also held once a month. This has resulted in a significant improvement. However, as noted above, it is virtually impossible to engage all staff in training initiatives because of the long operating hours of many of the centers. As a result, only one or two workers from each nursery are allowed to attend each training session; they are then expected to share the information they have learned when they return to their respective centers.

Though steady steps are being made to improve the competencies of nursery workers, the findings suggest this simply is not sufficient. As is also the case in many other countries, census findings highlight that practitioners in child care settings are usually the least qualified of all teachers in the education system. A lack of training results in caregivers who have little understanding of how to plan for children and limited knowledge of how to support their development. It is therefore crucial that caregivers have access to ongoing in-service training in areas of child development. If workers are unlikely to receive training outside of the center, targeted support and supervision from well-trained personnel are necessary. The Cuban program *Educa a tu Hijo* (Educate Your Child) and the Chilean program *Chile Crece Contigo* (Chile Grows with You) can provide very useful information regarding how this can be addressed within the Jamaican context.

In Jamaica, it must be noted that while the Early Childhood Commission is predominantly responsible for all training of nursery workers, professional development support is also provided by external groups. George Brown College, an institution located in Canada that has had a long-standing relationship with early years' stakeholders across the island, hosts annual seminars specifically for nursery workers. An important consideration is how to scale up these professional development initiatives to enable reaching the several hundreds of nursery practitioners across the island.

Parent education

Due to the high percentage of children who are cared for within the home, parent education is crucial to ensure that children who are not enrolled in child care centers have similar opportunities to receive quality interaction and stimulation. The 1993 evaluation report on child care services in Jamaica noted that local nurseries scored poorly on parent involvement, strengthening families, and public education. The report highlighted that parents had minimal understanding of child development and little knowledge of what constitutes quality child care; additionally, there were few opportunities for parents to access parent education programs (McDonald & Brown, 1993, p. 5).

In addition to supporting professional development, What You Do with Baby Matters provides parent education. The goal of the program is to provide caregivers and parents with strategies for “how to care, talk and play with their child in a way to improve their development” (Walker et al., 2016, p. 4). Complementing this initiative, other parent education programs and resources, such as the grassroots street theater *Pon di Corna*, *Parenting Pathways*, and *Parent Places* have also been used to inform parents about ways to better support their children’s developmental needs.

However, while there is effort on the part of the Early Childhood Commission along with other government and private sector entities to improve parent education, more needs to be done.

The ripple effects of the intentional education of parents are numerous for child care facilities. Research, including that of Ackerman (2008) and Horm et al., (2018) speaks clearly about the ways children benefit when their parents, homes, and communities are broadly embraced as an extension of the nursery. All stakeholders, including local nursery operators, need to appreciate these benefits and therefore must prioritize parent education and parent involvement as a part of their mandate as early child care professionals.

Educated parents are educated advocates (Rainey & Murova, 2004); as such, they must be informed about the benefits and purposes of child care. Accordingly, we argue that parent education programs should be oriented toward broadening understandings of infant-toddler care to include the holistic, long-lasting, and life-changing benefits derived from physical, socioemotional, cognitive, and creative interventions/support. When parents are educated, the quality of child care facilities improves. Bogenschneider and Johnson (2004) explain that educated parents are able to communicate with nursery managers and government officials about the importance of high-quality care for children and to advocate for it. Undoubtedly, this has been one of the major obstacles facing Jamaica's nursery sector; in the absence of advocacy on the part of educated parents, who are a powerful electorate, nursery care has been given minimal attention throughout the past several decades.

Despite these challenges, parent education in Jamaica has been used as a model in many developing and developed countries. Two long-standing and very successful programs—the Roving Caregivers Programme (created in 1992) and the Jamaica Home Visiting Programme (including its newer iteration, ReachUP, which was first developed in 1971)—have been replicated in many other countries in the Caribbean and Latin America. There have also been large-scale implementations of the Jamaica Home Visiting Programme in Bangladesh, China, and countries in Africa (Grantham-McGregor & Smith, 2016). Longitudinal evaluations of both programs continue to confirm the benefits to children when parents are empowered to meet their developmental needs (Janssens & Rosemberg, 2014; O'Sullivan & Minott, 2018).

Though slightly different in focus, both programs involve having trained child development specialists visit homes, both to provide cognitive stimulation for babies and to teach parents how to do that themselves. The data suggest this has been very successful. As a part of the Roving Caregivers Programme, parents are also encouraged to join support groups where they discuss issues germane to parenting. Likewise, for the Jamaica Home Visiting Programme, parents were encouraged to observe, practice, and learn from the community health worker assigned to their child.

In addition, the developers of both programs recognized the need for parent education that exposed parents to child-rearing practices that support the development of the whole child. Such education represented the additional link that was necessary in order for children to continue to receive the benefits of the intervention. Both the Roving Caregivers Programme and the Jamaica Home Visiting Programme have had much success in educating parents about the benefits of play and its value in

supporting children's physical, socioemotional, and cognitive development.

It is important to note that while both programs are currently being implemented around the world, the Roving Caregivers Programme is no longer being implemented in Jamaica, due to limited funds. On a positive note, the Jamaica Home Visiting Programme has now received funding from Jamaica's Ministry of Health and will be implemented starting in 2019.

Improving child outcomes

The overarching goal of the BBP is to improve the outcomes for children at risk of not meeting their full developmental potential. This goal is largely built on the research which indicates that children who have access to quality care have an increased chance of achieving that potential (Britto et al., 2017; Degotardi, 2010; Maggi, Irwin, Siddiqi, & Hertzman).

Children in developing countries are at greater risk for adverse outcomes. Data suggest that in Jamaica, over 25 percent of children live in poverty. In Jamaica, many homes are headed by females, with children from female-headed households more likely to live in poverty and more likely to be at risk for exposure to violence. Violence and poverty are two of the greatest factors which increase children's inability to meet their developmental potential (Smith & Green, 2007; UNICEF, 2018). Children with disabilities are also at greater risk.

The UNICEF-funded report on Jamaican child care facilities noted that almost 50 percent of centers rated poorly on providing child-oriented environments and on offering minimum opportunities for active learning and critical thinking (McDonald & Brown, 1993). Furthermore, children were not provided with developmentally appropriate activities and had little opportunity to express themselves. In essence, many of the centers, rather than minimizing the effects of poor cognitive stimulation essentially replicate those developmentally inhibitive practices.

The preliminary findings of the study by Kinkead-Clark (2019) indicate that very little has changed since 1993. Kinkead-Clark found that the vast majority of Jamaican nurseries scored poorly on all subscales of the internationally benchmarked ITERS-3 scale. Similar findings were noted in the 1993 report; they continue to have negative implications for the outcomes of children.

Addressing the issue of improving children's outcomes

In order to adequately position children on a positive developmental trajectory, a holistic approach that takes into account physical, nutritional, and cognitive needs must be taken (Engle et al., 2007). To do this, however, requires that the standards of child care facilities are improved; decisions driving practice with these settings are informed by data; and practitioners are equipped with the competencies—including the skills to identify and refer children for specialized care, if necessary—to effectively support the range of children's unique developmental needs.

While the Abecedarian and the Perry High Scope projects in the United States have served as powerful examples of the importance of high-quality, targeted interventions for infants at risk (Englund, White, Reynolds, Schweinhart, & Campbell, 2014), it is also important to note that several

examples of interventions in low-income countries have also shown great promise. These studies are especially helpful for developing countries because they address some of the commonly faced challenges. For instance, in developing countries, nutritional deficiencies in the first three years of life have been found to be especially deleterious for children's ability to reach their full developmental potential. Engle et al. (2007) draw attention to child care interventions in Vietnam, Peru, and the Philippines that demonstrate the benefits for children of receiving high-quality care beginning during the first six months of their lives. In all three of these cases, children were provided with nutritional supplementation, cognitive stimulation, and access to child care services outside the home. And in all three countries, the findings demonstrate that the positive effects of the interventions extended well into preschool and in primary years.

Lessons to be learned

As Jamaica looks toward the next 25 years, a robust effort needs to be made to ensure children reach their full developmental capabilities. While some of the issues faced by the nursery sector cannot be solved overnight, there are lessons that can be learned from our neighboring countries in the Caribbean and Latin America. These examples show that with sustained effort and the alignment of political will and social need, there are still opportunities for children to meet their full potential, despite the challenges faced.

Cuba, Jamaica's closest neighbor, has much to teach Jamaica about ways to promote quality early childhood practices. Like Jamaica, Cuba has minimum funds available for education. However, while only 5 percent to 12 percent of children in Jamaica are enrolled in nurseries, in Cuba almost 100 percent of infants and toddlers are enrolled in child care settings (UNICEF, 2016). Structured programs such as *Educa a tu Hijo* encourage families and communities to get involved in the care and education of their children. Similarly, child care facility workers understand the importance of parents in this process and make deliberate efforts to ensure parents are involved in nursery activities.

With regard to teacher education, Belize, the small, English-speaking country in Central America, serves as a model for how the government has taken steps to develop the capacities of those who oversee its early childhood sector. As previously discussed, cost is often a prohibitive factor for nursery workers in accessing training. Due to the low salaries many of them are paid, it is extremely difficult for them to consider furthering their education.

The Belizean model provides a way to address this problem. Recognizing the importance of professional development for those in the child care sector, starting in 2017 the Belizean government provided scholarships to scores of teachers and education officers to complete postgraduate studies in early childhood education. This focus on capacity building will ensure that there are trained educators (albeit not enough) to provide oversight of the sector. This model ensures that strides will be made in improving the quality of child care centers by ensuring that staff are adequately trained in the area. Admittedly, though the problem is not wholly solved, this represents a deliberate attempt to tackle the issue.

It is very clear that one of the greatest challenges facing nursery care in developing countries is funding,

which has several ripple effects. For one, children in many low-resource nations often suffer from inequitable access to child care; parents frequently lack adequate funds for it. In addition, children with special needs often do not receive appropriate education. The Chilean model serves as an example of how Jamaica can address this issue.

Chile Crece Contigo is a part of a “comprehensive support system” (Silva, n.d.) aimed at ensuring all children have a chance to meet their full developmental potential. Using a multisectoral approach to child care, all major government agencies are integrally involved in the process of providing universal access to quality care.

As is the case in Jamaica, limited socioeconomic opportunities have implications for the poorest children’s ability to access resources that have the potential to transform their lives. Unlike Jamaica’s government, however, Chile’s has recognized the importance of removing barriers to life-changing resources. Because Chile Crece Contigo is a part of Chile’s Social Protection System, funding the program is a priority in planning the government’s budget. Essentially, all children have a right to access the benefits of the program (Torres et al., 2018).

The Chilean government has done what many are asking the Jamaican government to do: wholly commit to the development and funding of early childhood education. While the 126 centers that are a part of the BBP is a start, more than 3,000 child care facilities are still operating with little, if any, support from the government. The Chilean government’s decision to make Chile Crece Contigo a central focus for major ministries indicates how much the country values the policy. This is certainly one lesson for Jamaica.

Conclusion

This conceptual piece aimed to outline the state of infant-toddler care in Jamaica. With the goal of exploring and analyzing some of the issues shaping the sector, it provides insight into some of the challenges facing infants and toddlers and their caregivers.

While Jamaica has made some progress over the two and a half decades since the 1993 UNICEF-funded evaluation of the state of its child care facilities, there is still much room for improvement. How this is achieved depends on several variables. A key step, for example, is to consider the several lessons that Jamaica can learn from of its regional neighbors.

Notwithstanding the present challenges, we envision (and encourage others to do so as well) possibilities, solutions, and institutional transformation. The journey to remove barriers requires understanding more fully the issues affecting young children as well as highlighting the progress that has been made. Indeed, as the government moves to promote universal and equitable access, we remain grounded in the steadfast hope that the state of infant-toddler care and education in Jamaica will improve, and consequently, that all children will have the opportunity to not only live, but also thrive, not only in the near future, but in the long term as well.

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