THE EARLY CHILDHOOD COMMISSION

CENSUS REPORT 2024-2025

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

TABLE OF CONTENTS

Items *Page(s)*

EXECUTIVE SUMMARY

The Early Childhood Commission (ECC) Annual Census provides a comprehensive assessment of Early Childhood Institutions (ECIs) by collecting data on their demographic composition, enrolment figures, registration status, and overall operational conditions. The Census also gathers information on ECI staff and children suspected or diagnosed with special needs. This data serves as a critical tool for monitoring trends, identifying areas for improvement, and shaping policies to enhance the accessibility and quality of early childhood education and care. The Census consists of three data collection forms: ECI Data Collection Form, Staff Data Collection Form, and Special Needs Data Collection Form.

The 2024–2025 Census Administration was conducted from October 7–11, 2025 with an extension granted until October 14 to facilitate greater participation. As a result, the response rate increased significantly by 11.8 percent, rising from 84 percent to 95.8 percent. A total of 2,223 ECIs participated, with the highest representation from Regions 4, 1, and 6. Additionally, 12,074 ECI staff members participated, and 1,240 ECIs completed the Special Needs Data Collection Form.

Overall, 104,248 children were enrolled in the ECIs that completed the census, comprising 51,983 boys and 51,265 girls. The largest proportion of children (30%) fell within the 48–59 months age group, while the smallest number (1%) were in the 0–11 months range. In terms of enrolment distribution, 55.4 percent of children attended Public-Private ECIs, 22.8 percent were in Private ECIs, and 21.8 percent were in Public ECIs. Attendance rates were nearly equal across genders, with females at 91.4 percent and males at 91 percent[1].

[1] The attendance rate was calculated for the period, September 9 -October 4, 2024.

Regarding ECI operational status, 77 percent of ECIs applied for registration with the ECC, while 44.8 percent had an updated Permit to Operate. Additionally, 76.7 percent of ECIs had a Development Plan, and 81 percent received an Inspection Report in the previous academic year. Early childhood education remains affordable, with 59 percent of ECIs charging less than $10,000 per term. Workforce stability was also notable, as 65.8 percent of ECIs reported no practitioner resignations. While, internet access was available in 67.6 percent of ECIs, supporting digital learning.

The ECI workforce remains predominantly female, with 95.2 percent of staff being women and 4.8 percent men. Among staff roles, 44.4 percent were Early Childhood Practitioners (ECPs), 14.6 percent were Caregivers, and 12.8 percent were Principals. Additionally, 46.1 percent of ECI staff had been employed with their current institution for five or more years. A positive trend was observed in staff qualifications, with a 3 percent increase in the number of trained teachers, bringing the figure to 34.8 percent. In terms of educational attainment, 40.4 percent of staff had vocational training, 18.9 percent had secondary education, and another 18.9 percent held a Bachelor's degree or higher. Public institutions employed the most highly qualified staff, with 1,054 holding a Bachelor's degree and 238 possessing a Master's degree. Vocational training remained the most common qualification across all ECIs, with Public-Private institutions leading (2,628), followed by Private (1,276) and Public institutions (974).

The Special Needs Data Collection identified 3,643 children suspected of having special needs, an increase from 3,150 in the 2022–2023 census and 3,145 in the 2023–2024 administration. Additionally, it was revealed that 926 children were officially diagnosed with special needs. The majority of diagnosed children (90%) fell within the 3–6 age group, with Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder being the most common diagnoses.

Additionally, the findings of the 2024–2025 Census highlighted notable improvements in response rates, operational compliance, workforce stability, and educational attainment among ECI staff. These insights will be instrumental in guiding policy decisions and strengthening early childhood education services to ensure equitable and high-quality learning opportunities for all children.

INTRODUCTION

BACKGROUND

The ECC was established by the Early Childhood Commission Act of 2003 as the regulatory body overseeing the early childhood sector in Jamaica. The Commission plays a pivotal role in ensuring that all Jamaican children have access to high-quality Early Childhood Development (ECD) services that foster their holistic growth and development. As part of its mandate, the ECC is responsible for preparing and implementing plans and programmes, monitoring and evaluating sector-wide initiatives, and coordinating activities to ensure an efficient and well-regulated system for children from birth to age eight, with a particular focus on the 0-6 age group. Additionally, the Early Childhood Act (2003) and its corresponding Regulations (2005) made the ECC the designated regulatory authority, guaranteeing that all ECIs provide an environment conducive to children's optimal development.

To effectively carry out this role, the Commission must remain informed about the conditions within ECIs to ensure they provide a safe, healthy, and nurturing environment for young children. To achieve this, the ECC conducts an annual census during the first term of the academic year, providing a comprehensive overview of ECIs. The ECC Census ensures that accurate, up-to-date information is available on ECIs, their staff, and children with special

needs. Since the successful pilot of paperless data collection in the 2018-2019 academic year, the ECC Census has fully transitioned to an electronic format. The 2024-2025 census was conducted entirely online, continuing the significant progress toward more efficient and comprehensive data collection.

This Annual Census Report for 2024-2025 presents key findings from the most recent census administration, offering critical insights into the state of Jamaica's ECIs, their staff, and children with special needs or suspected to have special needs.

RATIONALE

High-quality early childhood education, development, and care are fundamental to a child's long-term success. To ensure that Jamaica's early childhood sector continues to meet the highest standards, the ECC prioritizes evidence-based decision-making. A crucial part of this is the administration of the ECC Census, which provides comprehensive and up-to-date data on ECIs, their staff, and children with special needs.

By conducting the Census, the ECC ensures that it has current data to inform decisions, policies, and practices that will enhance the quality of early childhood services across Jamaica. The data collected is essential not only for the ECC's internal planning and regulatory functions but also for national and international stakeholders, including policymakers, educators, researchers, and funding agencies. These stakeholders rely on the accuracy of this information to make informed decisions that shape the future of 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 Form. Before the data collection process begins, ECI staff are sensitized on the census process in regional meetings and workshops held in clusters by the ECC's field officers. These sensitization meetings inform ECI personnel of the procedures for the census, the supporting documents to be submitted, and how to accurately complete required census forms.

DATA COLLECTION

The census typically spans three months. However, for the 2024-2025 Census, the process was streamlined, allowing for a more efficient and intensive census week from October 7th–11th. To ensure comprehensive data collection, an extension was granted until October 14, 2024, at which point all census forms were officially closed. This revised approach aimed to improve efficiency, ensuring timely data collection and reporting.

Before the start of the census, a list of all ECIs was shared with field officers. Throughout census week, daily progress updates were provided, tracking the percentage of ECIs that had completed the census. At the end of the week, an updated list of ECIs that had yet to submit their data was shared with Early Childhood Development Officers (ECDOs) to facilitate targeted follow-ups.

To maximize participation, ECDOs actively engaged ECIs by making phone calls and conducting site visits to ensure completion. The research team also supported the process by reaching out to ECIs to encourage submission. Additionally, ECI personnel were invited to visit ECC Regional Resource Centers for in-person support in completing their census forms. These concerted efforts aimed to surpass the 84 percent response rate recorded in the previous year.

The census was administered using Google Forms and all data collection forms were accessible via any internet-enabled device. Three key forms were used for data collection: The ECI Data Collection Form which was to be completed once per institution by the principal, owner, operator, or an authorized representative. The Staff Data Collection Form to be completed by each staff member at an ECI and the Special Needs Data Collection Form to be completed by ECIs with children suspected of having special needs or those with official diagnoses.

DATA COLLECTION FORMS

- ***ECI Data Collection Form***: Contained 32 questions and collected essential information about the ECI, including contact details, enrolment, staff complement, and management committees.
- ***Staff Data Collection Form***: Contained 27 questions and gathered important information about each staff member, 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 October 14, 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 was created and saved.

The data cleaning process involved removing duplicate entries, correcting inaccuracies (through verification), and standardizing.

DATA ANALYSIS

Once the data was collected, it was organized into Excel spreadsheets, with separate sheets allocated for ECIs, staff members, and children with special needs. This structured approach to data management streamlined the census process, enhancing both efficiency and the accuracy of the data. After cleaning the data, the information was analyzed using Microsoft Excel and the Statistical Package for Social Sciences (SPSS), ensuring a thorough and reliable analysis.

DATA ANALYSIS

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

EARLY CHILDHOOD INSTITUTIONS

The following section presents an analysis of the data collected from the ECI Form administered during the ECC's 2024-2025 Census. During the financial year, the Commission recorded approximately 2,320 ECIs in operation, of this total 2,223 institutions (95.8 percent) completed the Census. This means that 97 ECIs (4.2 percent) did not complete the required Form. Despite this, the high response rate provides a robust dataset that allows for meaningful generalizations. The analysis will focus on the demographic characteristics of the responding

ECIs as well as a comprehensive review of their status, covering key areas such as registration, enrollment, sponsorship, and other relevant factors.

ECI Facility Types

Below is a description of the ECI facility types:

- ***Public Schools***

A government-owned school or department of a government-owned school that offers a course of educational training for children aged 3 years and 8 months to 6 years. This include Infant schools/ Department and Brain Builder.

- ***Private Schools***

Independently owned by private individuals or organisations and operated without government financial support. These include Kindergarten & Prep. school, Mixed Pre-School and Day care etc.

- ***Public/Private Schools***

These are privately owned institutions that receive government grants and subsidies. This include Government Supported Daycare, Basic Schools)

REGION

The analysis of demographic data revealed that the majority of ECIs that participated in the census were located in ***'Region 1'*** and ***'Region 4'***, each accounting for 421 (18.9%) ECIs. In contrast, ***'Region 7'*** recorded the lowest number of ECIs, 214 (9.6%).

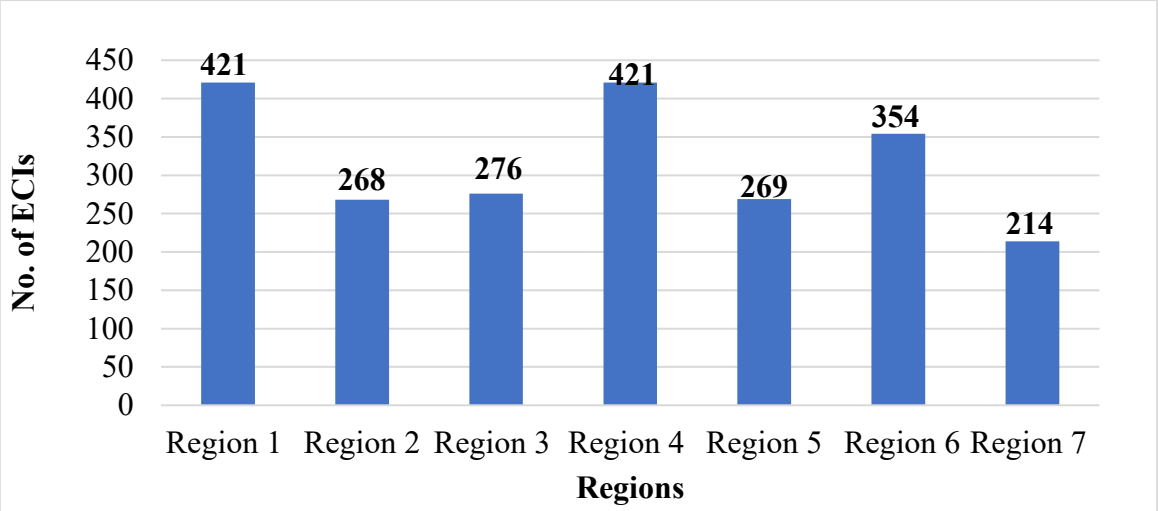

FIGURE 1: NUMBER OF ECI BY REGION

PARISH

The data revealed that ***'St. Catherine'*** had the highest number of ECIs, with 354 institutions, accounting for 15.9 percent of the 2,223 total. This was followed by ***'St. Andrew'*** with 311 ECIs (14.0 %) and ***'Clarendon'*** with 214 ECIs (9.6 %). The parishes with the fewest ECIs were ***'Trelawny'*** with 86 (3.9 %), ***'Hanover'*** with 74 (3.3 %), and ***'Portland'*** with 69 (3.1 %).

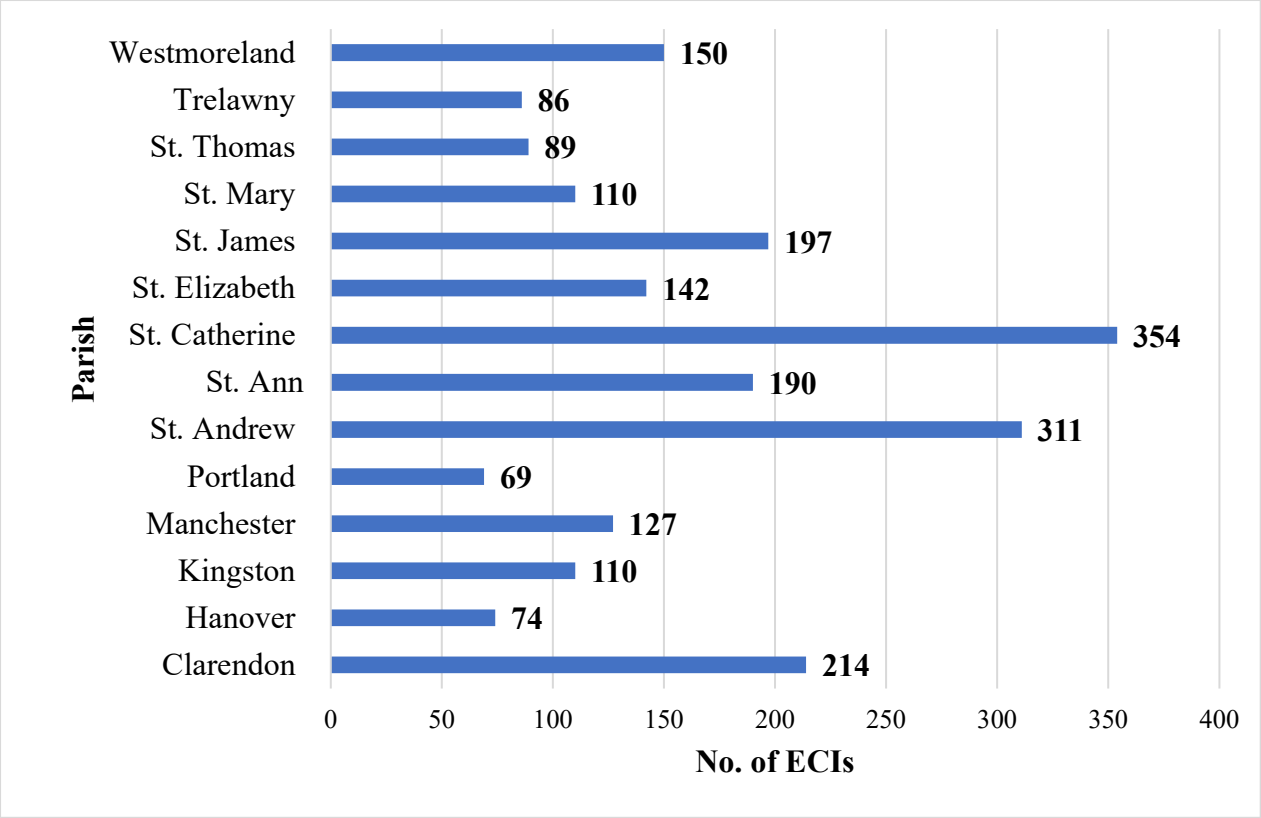

FIGURE 2: NUMBER OF ECIs BY PARISH

FACILITY TYPE

The most commonly reported facility type was ***'Public-Private'*** institutions, accounting for 55.4 percent of ECIs. ***'Private'*** ECIs, represented 22.8 percent of all ECIs. Meanwhile, ***'Public'*** ECIs, made up 21.8 percent.

TABLE 1
NUMBER OF ECIS BY FACILITY TYPES

Types	Frequency	Percentages
Public/ Private	1231	55.4
Public	486	21.8
Private	506	22.8
Total	**2223**	**100**

ENROLMENT BY AGE GROUP AND SEX

According to the ECC's 2024-2025 Census analysis, a total of 104,248 children were enrolled across 2,223 ECIs, including 51,983 boys and 51,265 girls. The data revealed that the largest proportion of enrolled children fell within the ***'48–59 months'*** age group, while the smallest number was in the ***'0-11 months'*** age group.

TABLE 2

ENROLMENT BY AGE GROUP AND SEX

Age Groups	Male	Female	Total
0-11 Months	431	413	844
12-23 Months	1246	1260	2506
24-35 Months	5874	5741	11615
36-47 Months	13726	13494	27220
48-59 Months	15921	15301	31222
60-71 Months	14613	13997	28610
72+ Months	1172	1059	2231
Total	**52983**	**51265**	**104248**

ENROLLMENT DATA TREND 2022-2025

The ECC's 2024-2025 Census revealed that approximately 104,248 children were enrolled in 2223 ECIs. Compared to the 2023-2024 Census, the 2024-2025 Census recorded an increase of approximately 10,000 children in enrolment. This increase may be attributed to the higher response rate of 95.8 percent, compared to 84 percent in the previous year, as greater participation by ECIs will result in more children being accounted for.

Although the 2024-2025 enrolment figures are more closely aligned with those of the 2022-2023 Census, which recorded 107,337 children across 2,233 ECIs, future declines in enrolment are expected. This trend would reflect global demographic patterns, particularly declining birth rates. For instance, Jamaica's crude birth rate dropped from 21.7 per 1,000 population in 2000 to 11.4 per 1,000 in 2022, with further declines projected[2].

TABLE 3
ENROLMENT TREND 2022-2025

Year	Male	Female	Total
2024/2025	52,983	51,265	104,248
2023/2024	47,419	46,798	94,217
2022/2023	54,369	52,969	107,337

ENROLMENT BY PARISH

The data revealed that most children were enrolled in ECIs located in ***'St. Catherine'*** (18,419), ***'St. Andrew'*** (17,805), and ***'St. James'*** (10,080). In contrast, parishes such as ***'St. Thomas'*** (3,394), ***'Hanover'*** (3,113), and ***'Portland'*** (2,580) recorded the lowest enrolment numbers.

[2] Ministry of Health and Wellness Jamaica. (2024, May 7). *Jamaica population health status report 2000–2022*. Ministry of Health and Wellness Jamaica. https://www.moh.gov.jm/wp-content/uploads/2024/05/Jamaica-Population-Health-Status-Report-2000-2022.pdf

TABLE 4

ENROLMENT BY PARISH

Parish	Number		
	Male	**Female**	**Totals**
Clarendon	4348	4125	8473
Hanover	1593	1520	3113
Kingston	3418	3261	6679
Manchester	3169	2872	6041
Portland	1288	1292	2580
St. Andrew	8984	8821	17805
St. Ann	3824	3730	7554
St. Catherine	9942	8977	18419
St. Elizabeth	3064	2855	5919
St. James	5059	5021	10080
St. Mary	2086	2009	4095
St. Thomas	1640	1754	3394
Trelawny	1747	1715	3462

Westmoreland	3321	3313	6634
Total	**52,983**	**51,265**	**104,248**

ENROLMENT BY FACILITY TYPE

The data indicates that 55,660 children were enrolled in ***'Public-Private'*** ECIs, 24,712 in ***'Private'*** ECIs, and 23,876 in ***'Public'*** ECIs.

TABLE 5
ENROLMENT BY ECI FACILITY TYPE

Facility Type	Enrolment		
	Male	**Female**	**Total**
Private	12599	12113	24712
Public	12078	11798	23876
Public-Private	28306	27354	55660
Total	**52983**	**51265**	**104248**

ATTENDANCE BY SEX

Attendance was captured over a one-month (20 school days) period from September 9 to October 4, 2024. The data revealed that the attendance rates during this period were similar between males and females. Specifically, females had an attendance rate of 91.4 percent, which was slightly higher than the male attendance rate of 91 percent.

TABLE 6
ATTENDANCE BY SEX

Sex	Attendance Rate (Percent)
Male	91.0
Female	91.4

ATTENDANCE BY FACILITY TYPE

The analysis revealed a slight variation in attendance rates across the different facility types. Specifically, *'**Private'*** institutions had the highest attendance rate, at 98.5 percent, followed by '***Public'*** institutions with a rate of 97.5 percent. While '***Public-Private'*** institutions had the lowest attendance rate with 95.3 percent.

TABLE 7
ATTENDANCE BY FACILITY TYPE

Facility type	Attendance Rate
Public	97.5
Private	98.5
Public-Private	95.3

BRAIN BUILDER CENTRE

Among the ECIs that completed the Census, 7.3 percent reported that their ECI currently operates an approved MoESYI/ECC Brain Builder Centre (BBC).

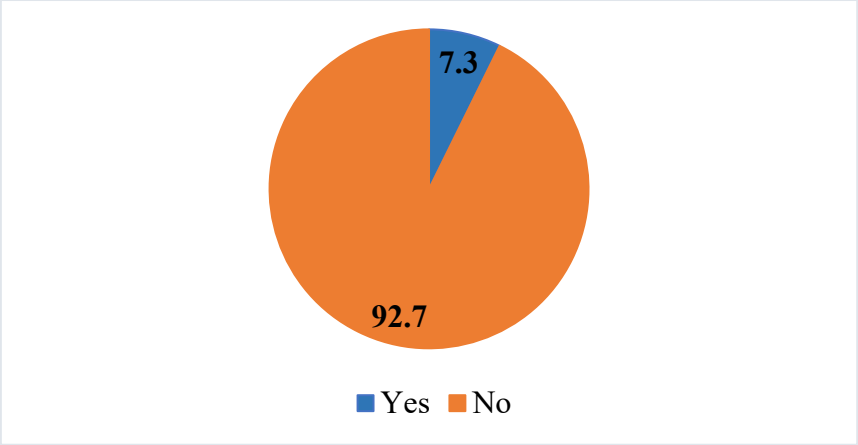

FIGURE 3: DISTRIBUTION OF BRAIN BUILDER CENTRE

BRAIN BUILDER CENTRE

Of the ECIs that indicated they operated an approved MoESYI/ECC Brain Builder Centre (BBC) 97.5 percent reported that they had a Trained Teacher on staff.

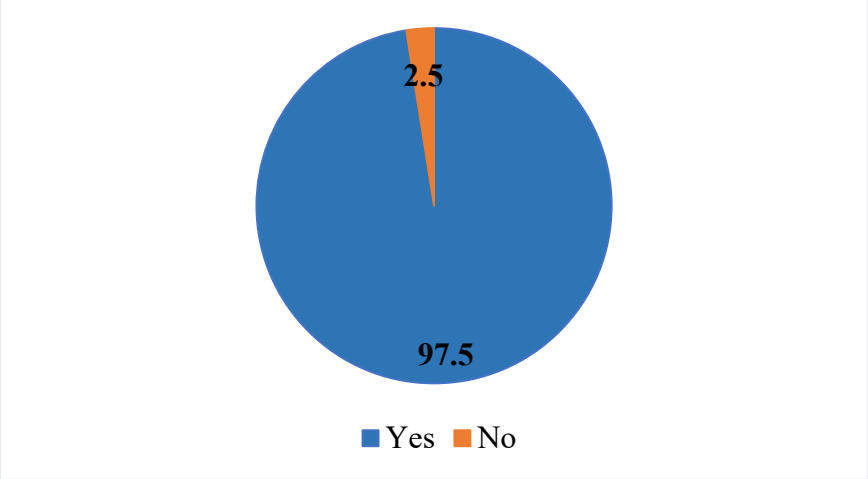

FIGURE 4: DISTRIBUTION OF BRAIN BUILDER CENTRE

ECI REGISTRATION AND CERTIFICATION STATUS

A series of questions were asked to assess the registration status of ECIs during the 2024-2025 academic year. When asked, ***"Did you apply for registration at the ECC?"*** 77 percent responded "***Yes".*** However, when asked, "***Do you have an updated Permit to Operate?"*** more than half (55.2 %) indicated they did not. Additionally, 76.7 percent of ECIs reported having a ***"Development Plan"***, and 81 percent stated they received an ***"Inspection Report"*** during the previous academic year. Notably, 72.9 percent of ECI reported that they were not certified.

TABLE 8

ECI REGISTRATION STATUS (PERCENT)

Question	Yes	No
Did you apply for registration at the ECC	77.0	23.0
Do you have an updated Permit to Operate	44.8	55.2
Does your ECI have a Development Plan	76.7	23.3
Did you receive an Inspection during the last academic year (2023-2024)	81.0	19.0
Is your ECI Certified (received a Certificate of Registration)	27.1	72.9

SPECIAL NEEDS UNIT

The data revealed that 3.1 percent of ECIs had a Special Needs Unit.

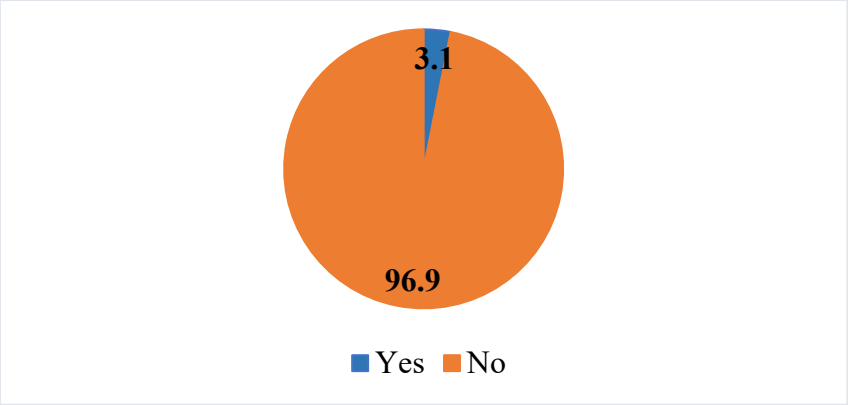

FIGURE 5: DISTRIBUTION OF SPECIAL NEEDS UNITS

ECI SPONSORSHIP

The data revealed that most ECIs (79.1 percent) did not have donor or sponsor, while 84.3 percent of ECIs also indicated they did not receive any sponsorship during the 2023-2024 academic year.

TABLE 9

AVAILABILITY OF SPONSORSHIP

Question	Yes	No
Does the ECI have sponsor(s)/donor(s)	20.9	79.1
Did the ECI receive sponsorship during the academic year	15.7	84.3

SPONSORSHIP TYPE

The data revealed that financial assistance was the most common type of sponsorship received by ECIs, accounting for 49.2 percent. This was followed by infrastructural support (32.1%), food supplies (28.7%), and stationery (26.6%). Additionally, 23.2 percent of ECIs received learning materials such as books, while 18.9 percent benefited from electronic devices and equipment, and 18.1 percent received sanitation supplies. Less common forms of sponsorship included toys (12.6%), furniture (12.6%), and storage containers, which were the least provided at 3.7 percent.

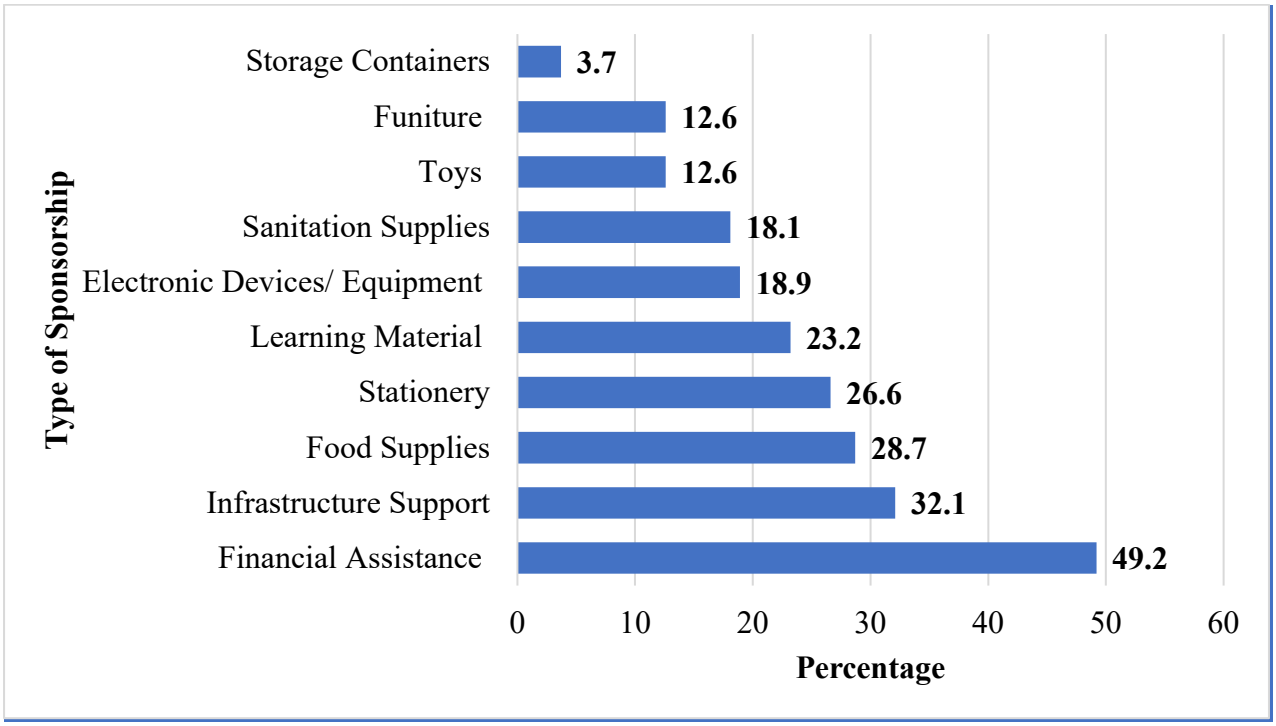

FIGURE 6: TYPES OF SPONSORSHIP RECEIVED BY ECIS

SCHOOL FEE CHARGED

The table below reveals that 19.4 percent of ECIs do not charge a school fee. However, 30 percent indicated that they charged '***$5,000-$10,000'*** per term, and 13.3 percent charged '***$10,000-15,000'*** per term. Meanwhile, 8.2 percent of institutions charged over '***$50,000 or More'*** per term.

TABLE 10

TERMLY SCHOOL FEE CHARGE

Termly School Fee	Frequency	Percentage
No Fees	431	19.4
5,000 or less	218	9.8
5,000-10,000	668	30.0
10,000-15,000	296	13.3
15,000-20,000	112	5.0
20,000-25,000	63	2.8
25,000-30,000	67	3.0
30,000-35,000	61	2.7
35,000-40,000	53	2.4
40,000-45,000	38	1.7
45,000-50,000	34	1.5
50,000 or more	182	8.2
Total	**2223**	**100**

LUNCH FEE CHARGED

The data revealed that the majority of ECIs (90.3 %) charged a lunch fee. The table highlights that most institutions charged was '***$200-$300 daily'*** (38.8 %) or '***$100-$200 daily'*** (25.4 %) for lunch.

TABLE 11

TERMLY SCHOOL FEE CHARGE

Daily Lunch Fee	Frequency	Percentage
No Fees	237	10.7
100 or less	21	0.9
100-200	309	13.9
200-300	863	38.8
300-400	564	25.4
400-500	141	6.3
500-600	51	2.3
600-700	7	0.3
700-800	3	0.1
800-900	1	0.0
900-1,000	3	0.1
1,000 or more	23	1.0
Total	**2223**	**100**

DISTANCE COMMUTED BY CHILDREN

The majority of children attended nearby ECIs, with 41.9 percent commuting an average distance of ***'2-5 km'***, while only 2.7 percent of children travelled a longer distance of ***'41-50 km'***.

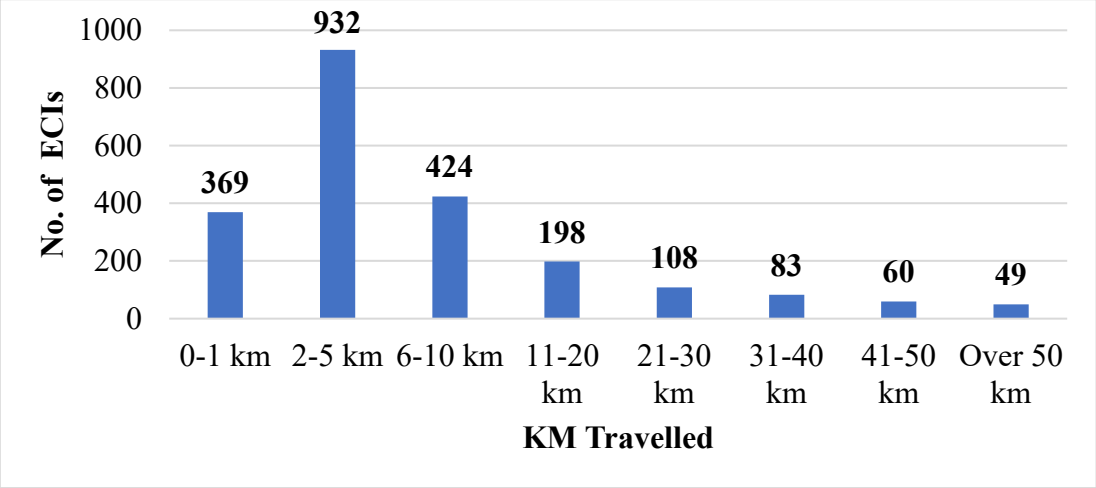

FIGURE 7: AVERAGE DISTANCE COMMUTED BY CHILDREN

ECI MANAGEMENT COMMITTEES

The majority of ECI reported an active ***'School Board'*** (79.1%) and ***'Parent Teachers Association (PTA)'*** (85.3%).

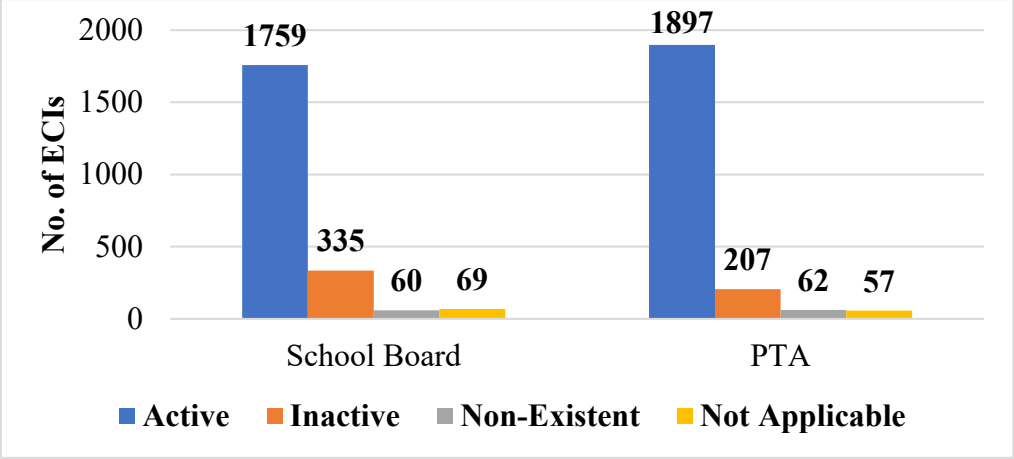

FIGURE 8: PRESENCE OF ECI MANAGEMENT COMMITTEES

PRACTITIONERS RESIGNATION

The data revealed that most ECIs (65.8 %) reported no practitioner resignations during the 2023-2024 Academic Year, while 33.9 percent indicated that 1-5 practitioners resigned during the period.

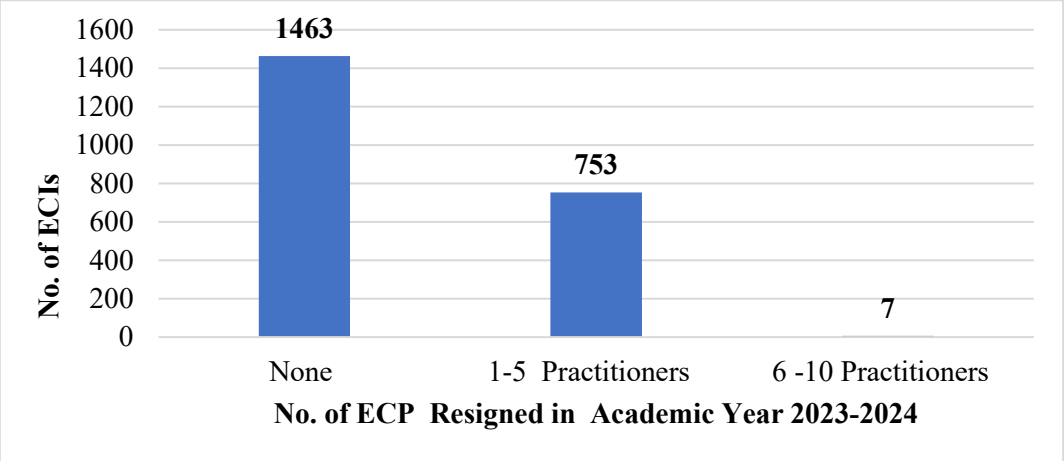

FIGURE 9: NUMBER OF ECPS RESIGNED DURING ACADEMIC YEAR 2023-24

NEWLY HIRED PRACTITIONERS

Approximately 63.3 percent of institutions did not hire new practitioners, meanwhile, 36.3 percent hired 1-5 new practitioners.

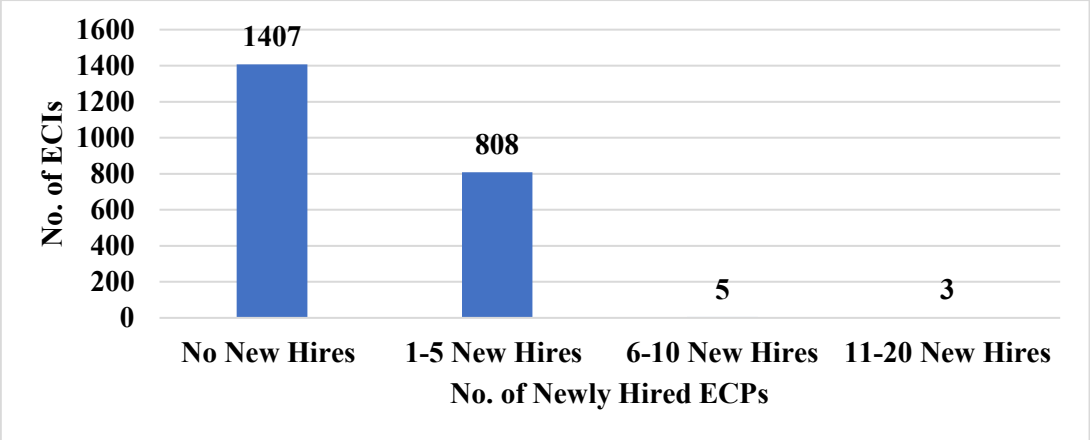

FIGURE 10: NEWLY HIRED PRACTITIONERS AT ECIS

ECI INTERNET ACCESS

It was reported that 67.6 percent of ECIs had internet access and 32.4 percent did not.

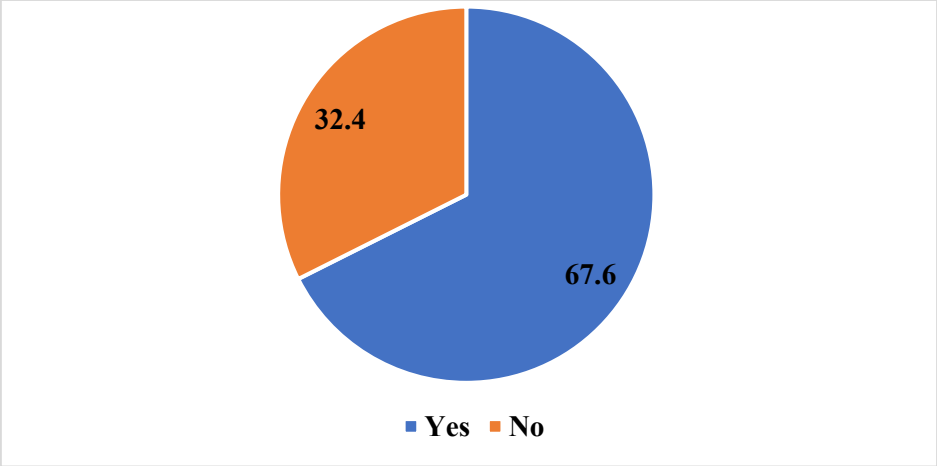

FIGURE 11: ECIs ACCESS TO INTERNET

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 had access to Laptops (36.3%), Desktop Computers (23.6%), Radios/Speakers (15.9%), and Tablets (12.9%). Some other accessible devices included Televisions, Projectors, Printers / Photocopiers, Smart Phones, and Smart Boards. Only 169 or 7.6 percent of ECIs reported ***"Not Applicable"*** for access to technological devices, similar to the previous year's 171 ECIs.

- ***Current Needs: All ECIs expressed a need for technological devices.***

The most requested items included Laptops (39.9%), Desktop Computers (23.9%), Radios/Speakers (17.1%), and Tablets (14.1%). Some institutions listed additional needs, such as Smart Boards, Printers, Projectors, Televisions, and other classroom resources such as office furniture, file cabinets, and interactive learning tools.

DISCUSSION OF FINDINGS

The Early Childhood Commission's 2024–2025 Census recorded a total enrolment of 104,248 children across 2,223 ECIs island-wide, including 51,983 boys and 51,265 girls. This marks an increase of approximately 10,000 children compared to the previous census. The increase in enrolment can largely be attributed to an improved response rate, which rose from 84 percent in 2023–2024 to 95.8 percent in 2024–2025. The increased participation from ECIs is commendable, as it ensures a more comprehensive representation of institutions and a more accurate count of enrolled children. This, in turn, strengthens data reliability for evidence-based decision-making in the ECD sector, as it enhances the likelihood of making decisions that lead to successful outcomes[3].

While the 2024-2025 figures more closely align with the 2022-2023 Census, which revealed that 107,337 children were enrolled in 2,233 ECIs, the ECC should anticipate a reduction in child enrolment as projections suggest potential declines. This trend reflects broader global demographic shifts, particularly the decline in birth rates. A report compiled by the National Epidemiology Branch of the Ministry of Health and Wellness which was tabled in the Jamaican Parliament in May 2024 revealed that in 2021, there were 31,276 live births compared to 40,508

[3] Indeed, Editorial Team. (n.d.). Evidence-based decision making: What it is and why it's important. Indeed. Retrieved March 10, 2025, from https://www.indeed.com/career-advice/career-development/evidence-based-decision-making

in 2010 and 56,134 in 2000[4]. This represents a 27.8 percent decrease from 2000 to 2010 and a further 22.7 percent decline from 2010 to 2021. The impact of this demographic shift is already evident. Jamaica's birth rate declined from 15.331 births per 1,000 people in 2022 to 14.859 births per 1,000 people in 2024, a 3.08 percent decrease[5]. Similarly, school enrolment dropped from 107,337 in 2022-2023 to 104,248 in 2024-2025, reflecting a 2.88 percent decline. This parallel decline strongly suggests that as birth rates continue to fall, so too will early childhood enrolment figures.

The data also reaffirmed a consistent pattern of higher male enrolment, mirroring global trends where birth rates for boys typically surpass those for girls. Research suggests that since the mid-1960s, males have outnumbered females worldwide, with an estimated 44 million more males than females as of 2021[6]. Additionally, most ECIs were located in urban areas such as St. Andrew and St. Catherine. Research indicates that urban areas generally have higher school enrolment rates due to greater financial resources, higher population density, and improved infrastructure, which allows for the establishment and maintenance of more educational institutions[7]. The urban area also tends to attract families seeking better employment opportunities, healthcare, and social services, leading to a concentration of children in these regions and an increased demand for schools. Conversely, rural areas often experience slower or even declining population growth due to migration to urban areas, limited economic

[4] Ministry of Health and Wellness. (2024). Jamaica population health status report 2000–2022. https://www.moh.gov.jm/wp-content/uploads/2024/05/Jamaica-Population-Health-Status-Report-2000-2022.pdf
[5] Macrotrends. (n.d.). Jamaica birth rate 1950-2024. Retrieved March 19, 2025, from https://www.macrotrends.net/global-metrics/countries/JAM/jamaica/birth-rate
[6] Blazina, C. (2024, April 14). Global population skews male, but UN projects parity between sexes by 2050. Pew Research Center. https://www.pewresearch.org/short-reads/2022/08/31/global-population-skews-male-but-un-projects-parity-between-sexes-by-2050/
[7] UNESCO. (2021). Education for sustainable development: A roadmap. United Nations Educational, Scientific and Cultural Organization. https://unesdoc.unesco.org/

opportunities, and fewer educational resources, which contribute to lower school enrolment rates[8].

In addition to location, facility type significantly influences ECI enrolment. In terms of distribution, 55.4 percent of children attended Public-Private ECIs, 22.8 percent were enrolled in Private ECIs, and 21.8 percent attended Public ECIs. This distribution pattern remained consistent in both the 2022-2023 and 2023-2024 periods. This trend is likely due to the higher number of Public-Private ECIs compared to private and public institutions. Additionally, parents often prefer Public-Private ECIs as they offer a balance between affordability and quality, providing access to well-trained teachers, enhanced facilities, and structured early childhood programmes without the high costs of fully private schools[9].

Early Childhood Education and Care (ECEC) remains accessible and affordable, with most ECIs charging less than $10,000 per term. This affordability is commendable, as research indicates that lower costs contribute to increased school attendance among young children. The 2024-2025 census data reflect this trend, with reported attendance rates of 91 percent for boys and 91.4 percent for girls. School attendance is a powerful predictor of student success as regular attendance not only supports academic learning but also fosters social development and builds essential habits for adult life[10]. In addition to tuition affordability, the cost of meals at most ECIs remains reasonable, with the majority charging less than $400 for lunch daily. ECIs

[8] World Bank. (2020). World development report 2020: The future of work in developing countries. World Bank Group. https://www.worldbank.org/

[9]Organisation for Economic Co-operation and Development (OECD). (2021). Education at a glance 2021: OECD indicators. OECD Publishing. https://www.oecd.org/content/dam/oecd/en/publications/reports/2021/09/education-at-a-glance-2021_dd45f55e/b35a14e5-en.pdf

[10] Balfanz, R., & Byrnes, V. (2012). The importance of being in school: A report on absenteeism in the nation's public schools. Johns Hopkins University Center for Social Organization of Schools.

are required to provide nutritious meals and promote healthy eating habits in accordance with the National Infant and Young Child School Feeding Policy (2014), as outlined in Standard 7. Proper nutrition plays a critical role in supporting healthy growth, brain development, and immune function, while also helping to prevent long-term health issues such as obesity and diabetes[11]. ECC initiatives such as the Brain Builder Centre Programme is currently operating in 7.3 percent of ECIs and provides access to free meals through the nutrition programme.

The data revealed that institutions are relatively close to children as approximately 41 percent of ECIs reported that children commute an average distance of 2-5 km to reach their schools. Studies indicate that long commutes can negatively affect students' physical and mental health, contributing to sedentary behaviour and stress[12].

It is noteworthy that most reported ECIs were registered, had a development plan, and underwent inspection during the 2023–2024 academic year. Notably, this year's census highlighted improvements in regulatory compliance, with a 1 percent increase in registered ECIs, a 2.7 percent increase in the issuance of Permits to Operate, and a 3 percent increase in the implementation of Development Plans. These advancements reflect a commitment to meeting the 12 Operating Standards, ensuring that ECIs provide safe and developmentally appropriate environments for children. However, challenges remain, as 55.2 percent of ECIs did not have an updated Permit to Operate, and only 27.1 percent of ECIs had achieved certification, which represents the highest standard of care in early childhood education. These gaps raise regulatory concerns, as permits and certification are critical to ensuring safe,

[11] World Health Organization. (2014). Global nutrition targets 2025: Childhood overweight policy brief.

[12] Buliung, R. N., & Kanaroglou, P. S. (2006). Urban form and household activity-travel behavior. Growth and Change, 37(2), 172-199.

responsive, and nurturing learning environments for young children and to upholding the ECC's mandate of delivering high-quality early childhood education, care, and development in Jamaica.

Encouragingly, ECIs have shown significant progress in retaining ECPs, with the practitioners' retention rate doubling from 30.2 percent to 65.8 percent. This improvement is critical, as research indicates that staff turnover can negatively impact students, families, and the overall work environment, potentially diminishing the quality of care and instruction[13]. However, 33.9 percent of ECIs still reported between 1-5 practitioner resignations during the period, indicating that staff retention remains a concern for some institutions.

Beyond staffing, strong community and parental involvement continue to be hallmarks of early childhood education, with most ECIs maintaining active management and Parent-Teacher Association committees. Research underscores that children thrive in nurturing environments where parents and the broader community play an active role in their growth and learning[14]. However, despite this strong engagement, 84.3 percent of ECIs reported not receiving any sponsorship during the academic year. Many institutions also identified a need for essential resources such as desktop computers, laptops, radios/speakers, televisions, fans, refrigerators, microphones and PA systems, projectors, printers/photocopiers, smartphones, tablets, and smart boards to enhance the learning environment. Increased sponsorship and resource allocation could help address these needs and significantly improve the quality of education and technological integration in early childhood institutions.

[13]Frank Porter Graham Child Development Institute. (2023). 2023 impact report. University of North Carolina at Chapel Hill https://fpg.unc.edu/publications/fpg-2023-impact-report

[14] Organisation for Economic Co-operation and Development. (2021). Starting strong VI: Supporting meaningful interactions in early childhood education and care. OECD Publishing. https://www.oecd.org/en/publications/starting-strong-vi_f47a06ae-en/full-report.html

Additionally, internet access remains a challenge, although the data revealed an increase of 1.2 percent in the number of ECIs that have internet access, 32.4 percent still do not have internet connectivity. As education continues to integrate digital learning, consistent and high-speed internet access is increasingly critical. Reliable connectivity is essential for students to access quality education, develop digital literacy, and remain globally competitive[15]. Addressing this and other issue should ensure equitable learning opportunities for all children and improve the nations ECD sector.

CONCLUSION AND RECOMMENDATION

The 2024–2025 Census provided valuable insights into the state of early childhood education in Jamaica, highlighting progress in enrolment, affordability, and regulatory compliance while also identifying key areas for improvement. While advancements have been made in ECP retention and community engagement, challenges such as low certification rates, inadequate sponsorship, and limited internet access must be addressed. Hence, the following recommendations are being proposed:

1. **Improve Census Participation**

    - Continue sensitisation of ECIs on the importance of participating in the ECC Census to increase the census's response rate.

Chanda, T. C., Sain, Z. H., Shogbesan, Y., & Phiri, E. V. (2024). Digital literacy in education: Preparing students for the future workforce. International Journal of Research, 11(8), 327–344. https://doi.org/10.5281/zenodo.13347718[15]

2. **Improve Children Enrolment Rate**

- Strengthen partnerships with maternal health programmes to engage new parents and encourage early enrolment in ECIs.

3. **Improve Teacher Retention Strategies**

- Conduct research to identify the key reasons behind ECP resignations and develop retention strategies tailored to these challenges.
- Advocate for better salaries, benefits, and professional development opportunities to reduce turnover and enhance job satisfaction.
- Establish mentorship and support programmes to help new and existing practitioners navigate challenges in early childhood education.

4. **Strengthen Efforts to Increase ECI Certification and Regulatory Compliance**

- Launch targeted support programmes to assist ECIs in obtaining updated Permits to Operate and achieving certification, ensuring greater compliance with ECC's 12 Operating Standards.
- Provide technical assistance and training workshops for ECIs to help them meet regulatory requirements.

5. **Increase Access to Early Simulation and Quality Nutrition Programmes**

- Expand the Brain Builder Centres initiative and nutrition grants to reach more ECIs, ensuring children have access to early stimulation and balanced meals.

6. **Expand Sponsorship and Resource Mobilization Initiatives**
   - Advocate for sponsorship programmes to connect ECIs with corporate partners, NGOs, and government agencies willing to provide financial and material support.
   - Encourage community-based initiatives to provide essential resources such as computers, smartboards, projectors, and internet access to ECIs in need.

7. **Address Internet Connectivity Gaps in ECIs**
   - Work with telecommunications companies and government agencies to expand affordable and reliable internet access to ECIs, particularly in underserved areas.

EARLY CHILDHOOD INSTITUTION STAFF

This section examines the data collected from the ECI staff questionnaire administered during the 2024-2025 ECC Census. A total of 12,074 ECI staff members were captured. The analysis covers respondents' demographic details, years of service, occupational status, educational background, compensation, benefits, and other relevant factors.

GENDER

The results revealed that the majority of ECI staff members who participated in the census were female, accounting for 95.2 percent (11,493) of the workforce, while males made up 4.8 percent (581) of ECI staff.

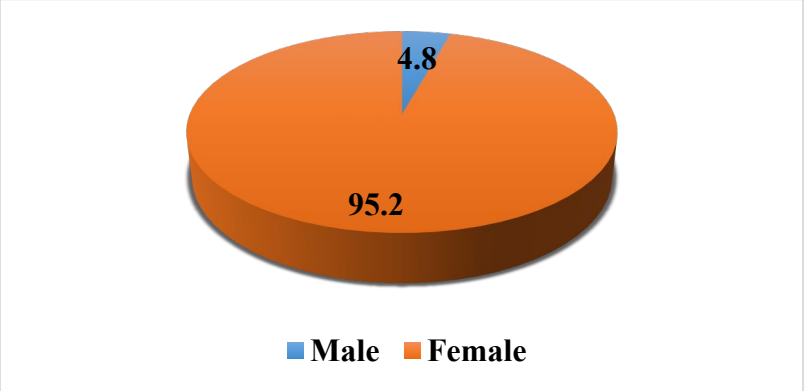

FIGURE 12: GENDER DISTRIBUTION

REGIONS

The data revealed that '***Region 1'*** (Kingston and St. Andrew) had the highest number of ECI staff, comprising 2464 (20.4%) of the total. This was followed by '***Region 4'*** (St. James, Hanover, and Westmoreland) with 2151 (17.8%) and ***'Region 6'*** (St. Catherine) with 1893 (15.7%). '***Region 2'*** (St. Thomas, St. Mary, and Portland) had the fewest ECI staff members as this region accounted for 1295 or 10.7 percent of the total.

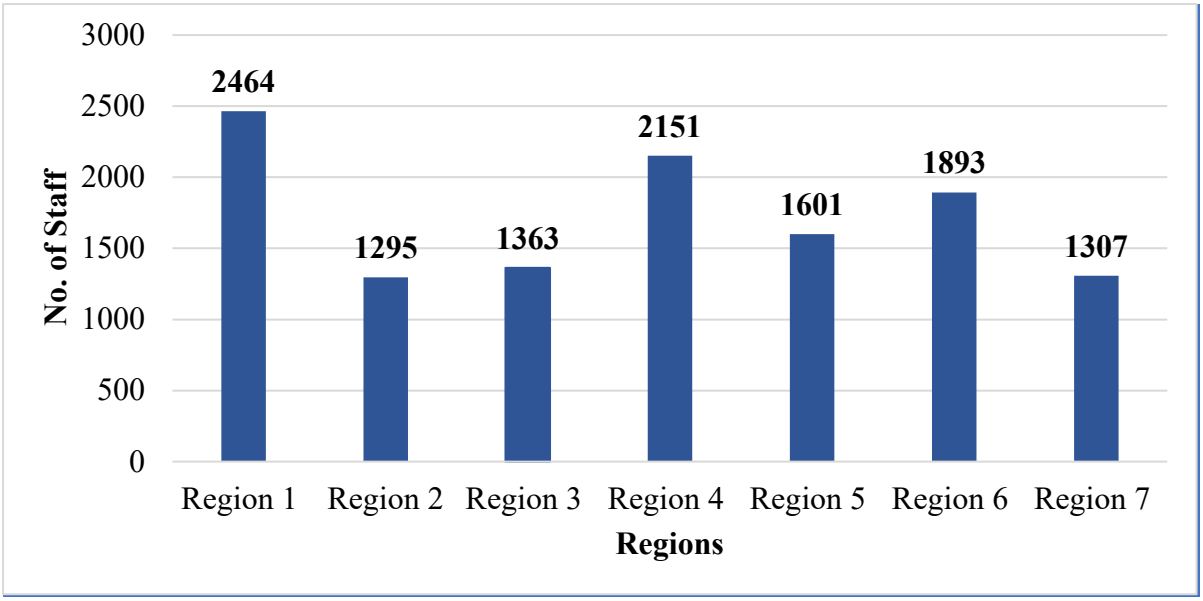

FIGURE 13: DISTRIBUTION OF ECI STAFF BY REGION

PARISH

The data revealed that most ECI staff were located in the parish of '***St. Catherine*** (15.7%). Other Parishes such as '***St. Andrew*** (12.5 %) and '***Clarendon'*** (10.8%) also reported high numbers of staff. Parishes such as '***St. Thomas'*** (3 %), '***Hanover'*** (3%), and '***Portland'*** (3.3%) reported the lowest number of ECI staff.

TABLE 12
ECI STAFF BY PARISH

Parishes	Frequency	Percentage
St. Andrew	1515	12.5
Kingston	949	7.9
St. Catherine	1893	15.7
Clarendon	1307	10.8
Portland	385	3.2

TABLE 12 ECI STAFF BY PARISH		
Trelawny	423	3.5
St. Ann	940	7.8
St. Mary	549	4.5
Manchester	797	6.6
St. Elizabeth	804	6.7
St. James	1018	8.4
St. Thomas	361	3.0
Hanover	366	3.0
Westmoreland	767	6.4
Total	**12074**	**100**

YEARS OF SERVICE

The data revealed that 46.1 percent (5571) of ECI staff had been employed with their current ECI for '***5 or more years'***. This is compared to 15.3 percent (1852) who had been employed for '***1-2 years'***.

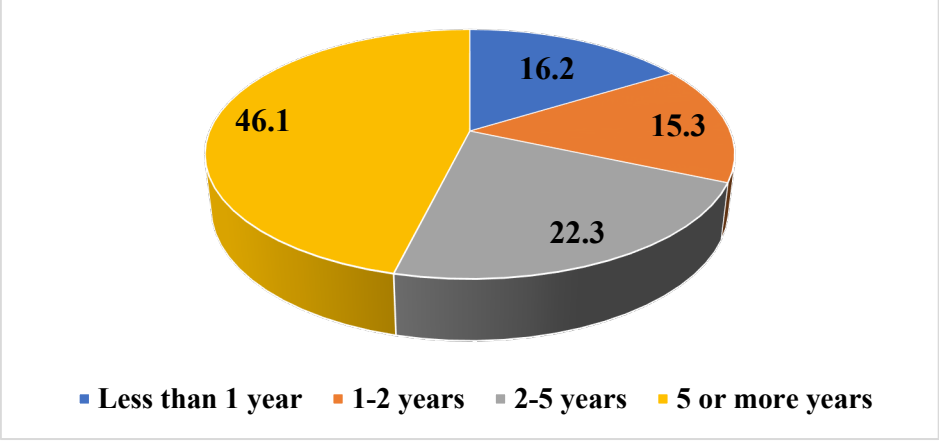

FIGURE 14: YEARS OF SERVICE OF ECI STAFF

ECI STAFF MAIN JOB TITLE

The table below outlines the primary job titles of ECI staff. It is important to note that while some staff members held multiple roles, only their primary job titles were reported for this analysis. The most common role was ***'Teacher/Early Childhood Practitioner,'*** accounting for 5,363 ECI staff or 44.4 percent of the workforce. ***'Caregiver'*** was the second most common position, comprising 1,764 staff members (14.6%), followed by ***'Principal'*** with 1,542 staff members (12.8%). Positions such as ***'IT Personnel,'*** ***'Bus Driver,'*** and '***Speech Therapist/Special Needs Specialist'*** had minimal representation, with 5, 9, and 8 ECI staff members, respectively.

TABLE 13
MAIN JOB TITLE

Main Job Title	Frequency	Per Cent
Principal	1542	12.8
Vice Principal	151	1.3
Teacher / Early Childhood Practitioner	5363	44.4
ECI Operator /Owner	139	1.2
Caregiver	1764	14.6
Administrative Staff (Secretaries, Bursars, Receptionist, etc.)	213	1.8
Nurses/Health Workers	34	0.3
Guidance Counsellor/Psychologist	108	0.9
IT Personnel	5	0.1
Auxiliary Staff (E.g. Janitor and Groundsmen)	823	6.8

TABLE 13 *MAIN JOB TITLE*		
Cook / Canteen or Tuck Shop Attendees, Cashiers or Servers	1357	11.2
Security Staff	143	1.2
Bus Driver	9	0.1
Shadow	34	0.3
Speech Therapist /Special Needs Specialist	8	0.1
Volunteer	354	2.9
Others	27	0.2
Total	**12074**	**100**

TRAINED TEACHER

The data revealed that 4,207 or 34.8 percent of ECI staff were '***Trained Teachers'***.

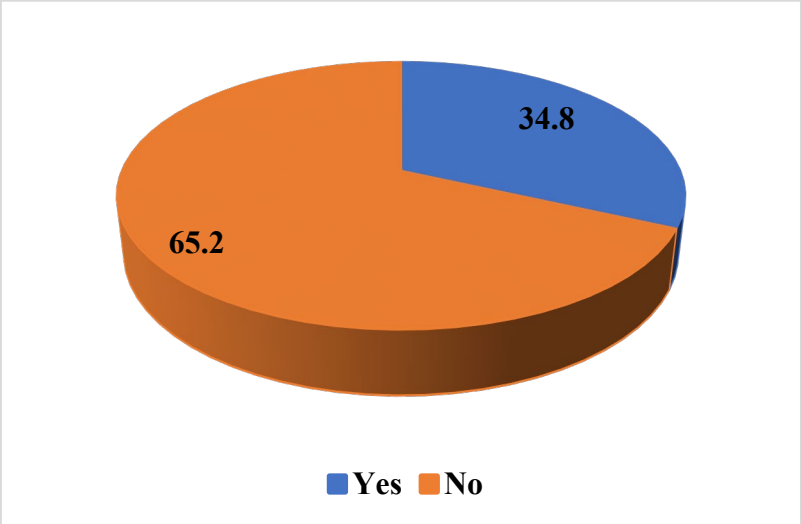

FIGURE 15: DISTRIBUTION OF TRAINED TEACHERS

TEMPORARY TRAINED TEACHER PROGRAMME (TTT)

Of the 4,207 staff members who indicated they were trained teachers, 703 or 6 percent indicated they were employed on the '***Temporary Trained Teacher (TTT) Programme'***.

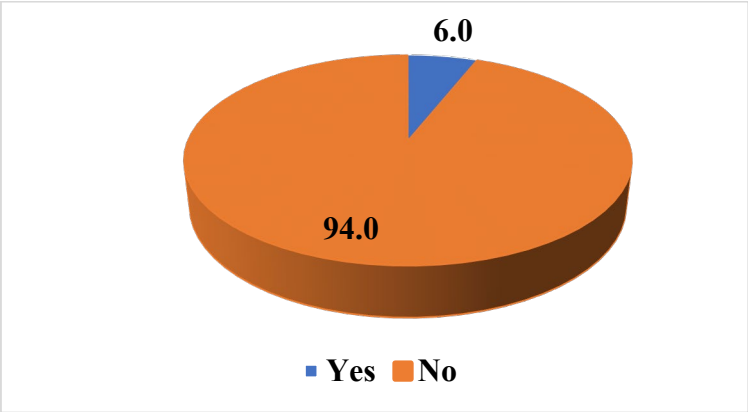

FIGURE 16: TEACHERS ON THE TTT PROGRAMME.

TRAINED TEACHER IN INFANT SCHOOLS/DEPARTMENTS

The data revealed that 2, 548 or 60.5 percent of ***'Trained Teachers'*** work at Infant Schools or Departments.

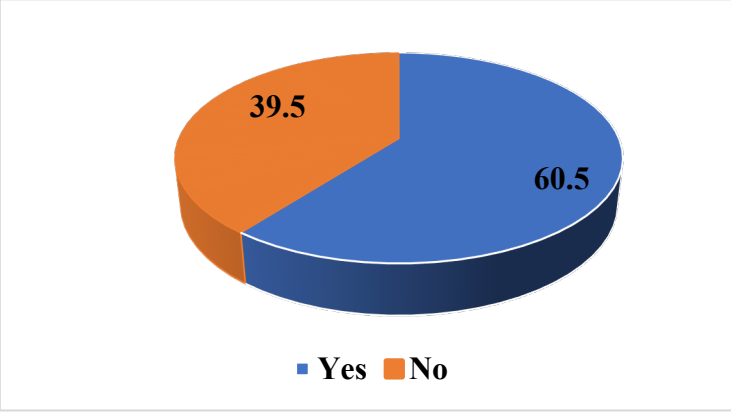

FIGURE 17: TRAINED TEACHERS AT INFANT SCHOOLS/DEPARTMENTS

STAFF SALARY

The data revealed that 43.1 percent (5,205) of ECI staff received a 'S***alary from the ECI'*** they were employed. This is compared to 56.9 percent (6,869) who stated that they did not receive a '***Salary from the ECI'***.

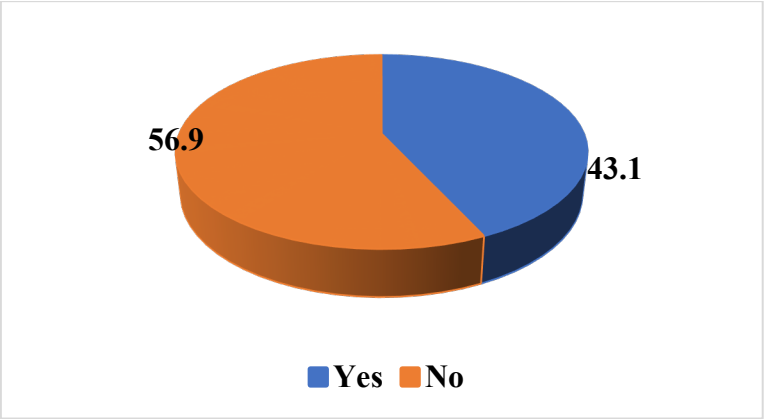

FIGURE 18: STAFF SALARY BY ECI

STAFF SALARY BY MoESYI

The majority of respondents (66.5 percent or 8,030) indicated they did not receive a '***Salary from The Ministry of Education, Skills, Youth, and Information'***. The remaining 33.5 percent (4,044) of staff indicated they received a salary from the ministry.

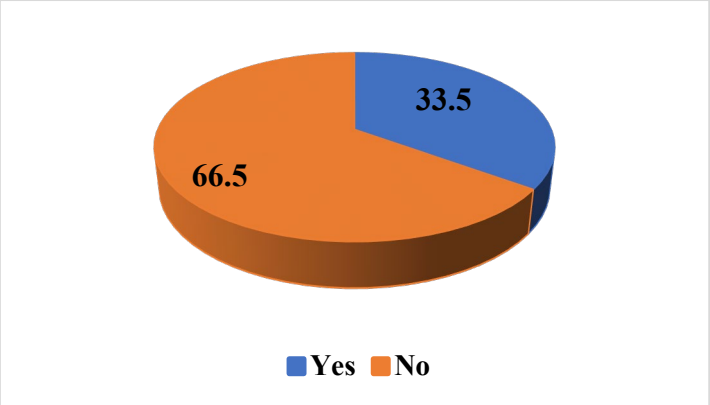

FIGURE 19: STAFF SALARY BY MOEY

STAFF ON SALARY SUBSIDY

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

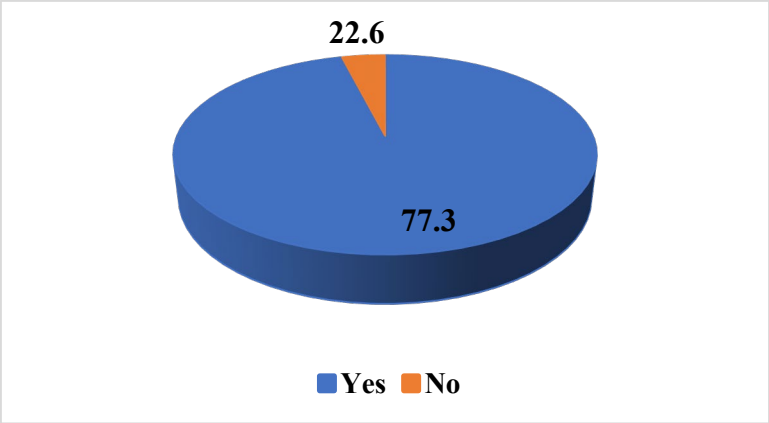

FIGURE 20: SALARY SUBSIDY BENEFICIARY STATUS

COMPENSATION BEFORE TAX

Figure 21 shows that the largest proportion (2, 243, or 18.6 %) of ECI Staff earned between '***$40,000.00 - $ 60,000.00'*** monthly before taxes. In contrast, the smallest proportion (233 or 1.9 percent) earned between '***$140,000.00 – $160,000.00'*** monthly before taxes.

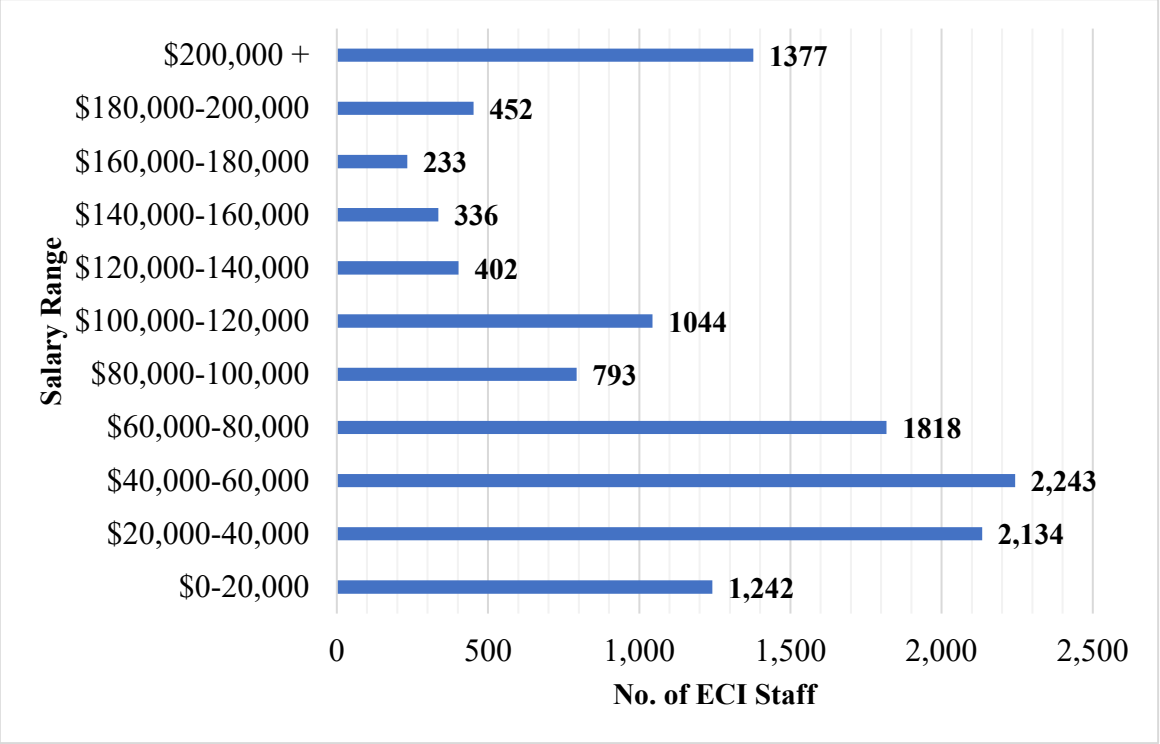

FIGURE 21: MONTHLY COMPENSATION BEFORE TAX.

BENEFITS

Most ECI staff (6,118 or 50.7 %) responded '***Not Applicable'*** when asked what benefits they received from the ECI they were employed. This was followed by 2,777 or 23 percent who indicated they received '***Government Benefits'*** such as N.H.T, N.I.S, P.A.Y.E, etc.

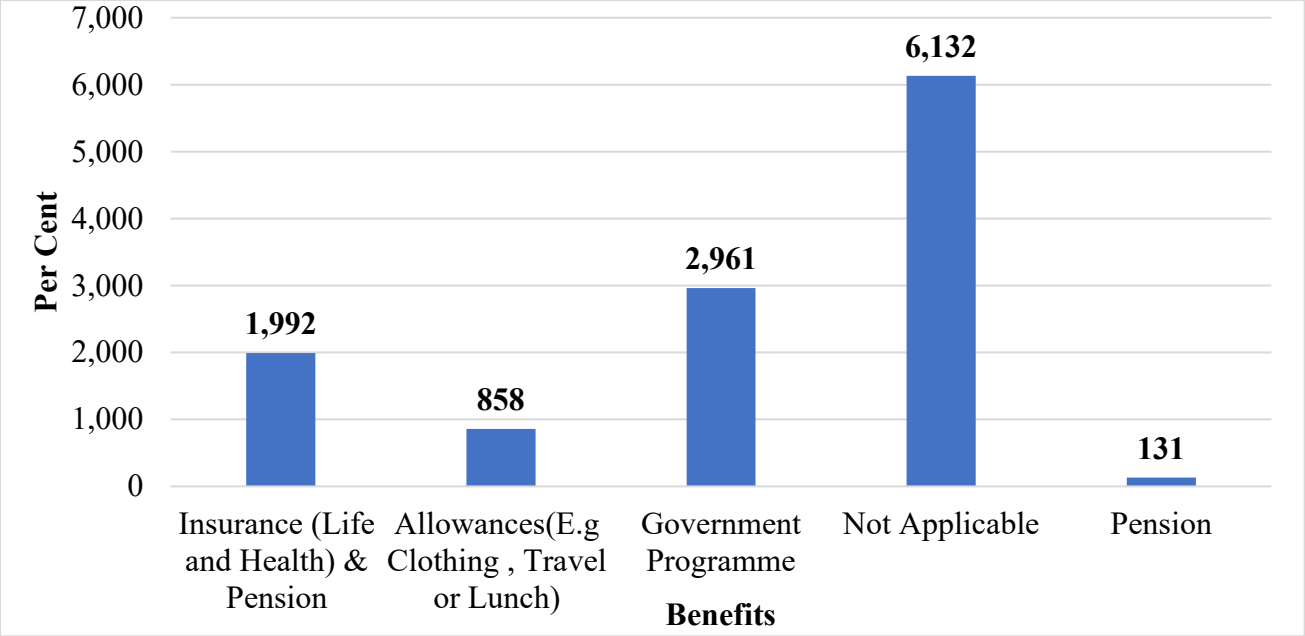

FIGURE 22: ECI STAFF BENEFITS

ECI STAFF LEVEL OF EDUCATION

The majority of ECI staff had vocational-level training (4,878 or 40.4 %), highlighting the importance of skill-based education in the workforce. Secondary Education (2,277 or 18.9%), Bachelor's Degree (1,913 or 15.8 %), and Diplomas (1,255 or 10.4 %) were also common. A few staff held Master's Degrees (354 or 2.9 %) while Doctorates (14 or 0.1%) were less common. Other categories include Primary Education (453 or 3.8 %), and Associate Degrees (296 or 2.5 %).

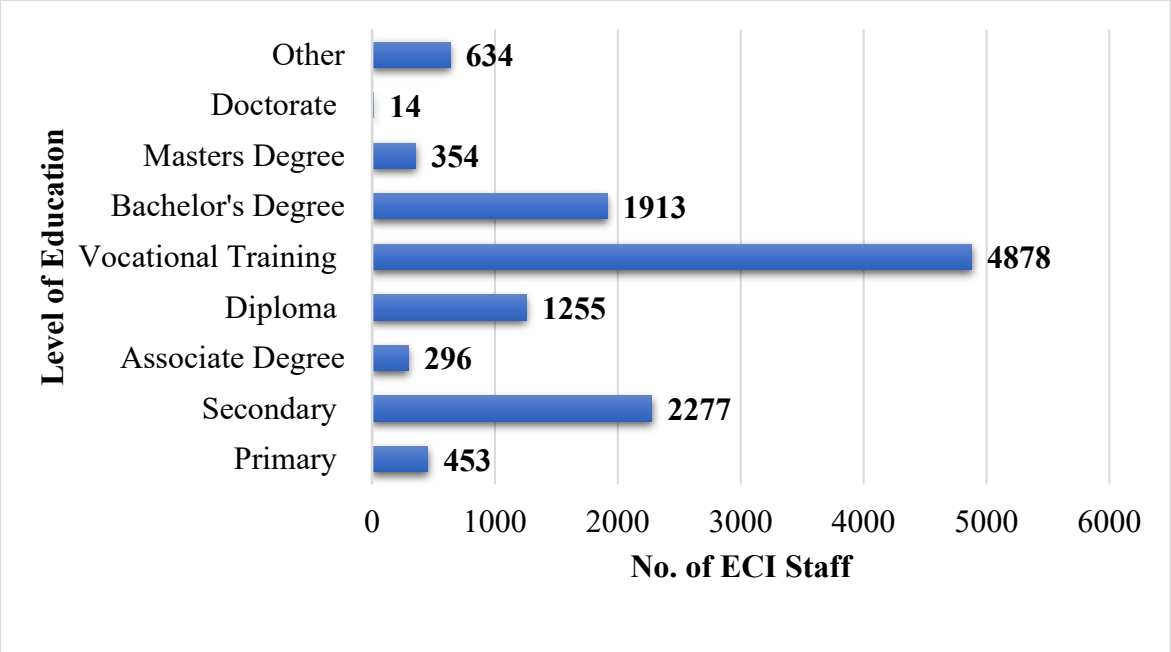

FIGURE 23: HIGHEST LEVEL OF EDUCATION OF ECI STAFF

LEVEL OF EDUCATION BY FACILITY TYPE

The data revealed that the most highly educated staff, were employed by public institutions with the highest number of Bachelor's (1,054) and Master's (238) degree holders. In contrast, private and public-private institutions had a larger proportion of staff with Vocational Training and Diploma qualifications. Vocational Training was the most common qualification across all facility types, were public-private institutions (2628) employed the highest numbers of staff, followed by private (1276) and public institutions (974). Although Doctorate degrees remained rare across all facility types, private institutions (7) employed a slightly larger proportion of staff with the highest level of education.

TABLE 14
ECI STAFF EDUCATIONAL LEVEL BY FACILITY TYPE

Level of Education	Facility Type			
	Private	**Public-Private**	**Public**	**Total**
Primary	68	204	181	453
Secondary	496	1186	595	2277
Associates Degrees	94	102	100	296
Diploma	394	523	338	1255
Vocational Training	1276	2628	974	4878
Bachelor's Degree	283	576	1054	1913
Master's Degree	56	60	238	354
Doctorate Degree	7	1	6	14
Other	90	106	57	253
None	88	173	120	381
Total	2852	5559	3663	12074

TERTIARY EDUCATION

The data revealed that the majority (7,422 or 61.5%) of staff did not complete '***Tertiary Education'***.

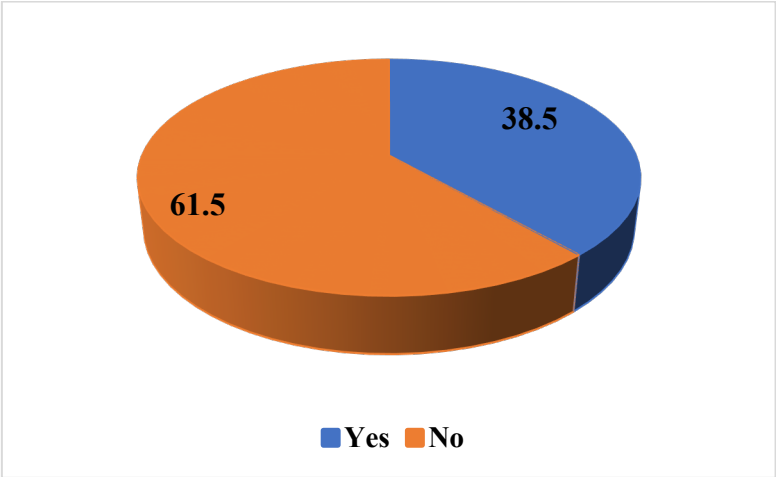

FIGURE 24: TERTIARY EDUCATION COMPLETION

VOCATIONAL TRAINING IN EARLY CHILDHOOD EDUCATION

The data revealed that 57 percent or 6,879 ECI staff completed '***Early Childhood Development'*** at the vocational level and 44 percent or 5,195 did not.

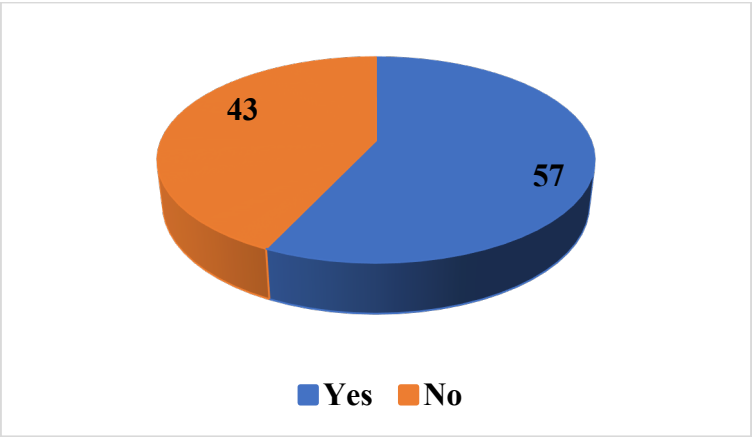

FIGURE 25: VOCATIONAL EDUCATION IN EARLY CHILDHOOD EDUCATION

VOCATIONAL EDUCATION IN OTHER AREAS

When ECI staff were asked if they completed vocational training in other areas excluding Early Childhood Development, 3, 587 or 29.7 percent responded "***Yes***".

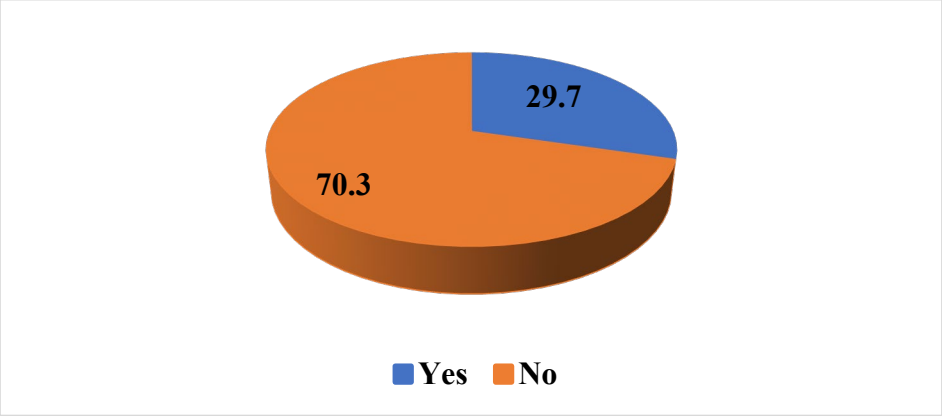

FIGURE 25: VOCATIONAL TRAINING EXCLUDING ECD

STAFF PURSUING HIGHER EDUCATION

Most ECI staff (9663 or 80 %) were not pursuing a '***New Level of Education'***.

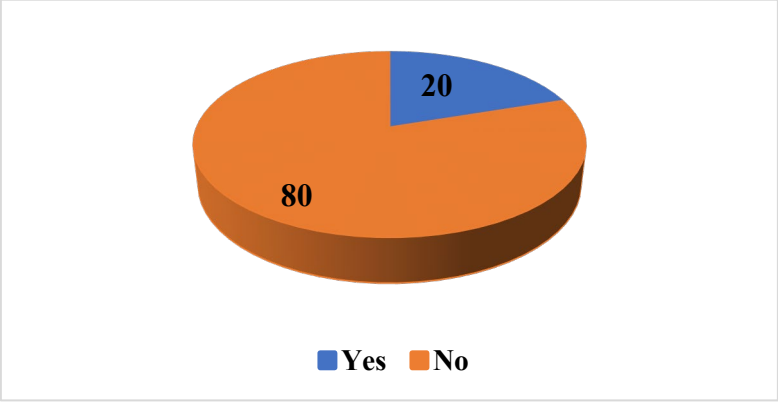

FIGURE 26: STAFF PURSUING HIGHER EDUCATION

LEVEL OF EDUCATION PURSUED BY ECI STAFF

The data revealed that 38.5 percent of ECI staff were currently working toward a vocational certificate, while a significant 29 percent were pursuing a bachelor's degree. In contrast, only 0.4 percent were enrolled in a postgraduate diploma programme.

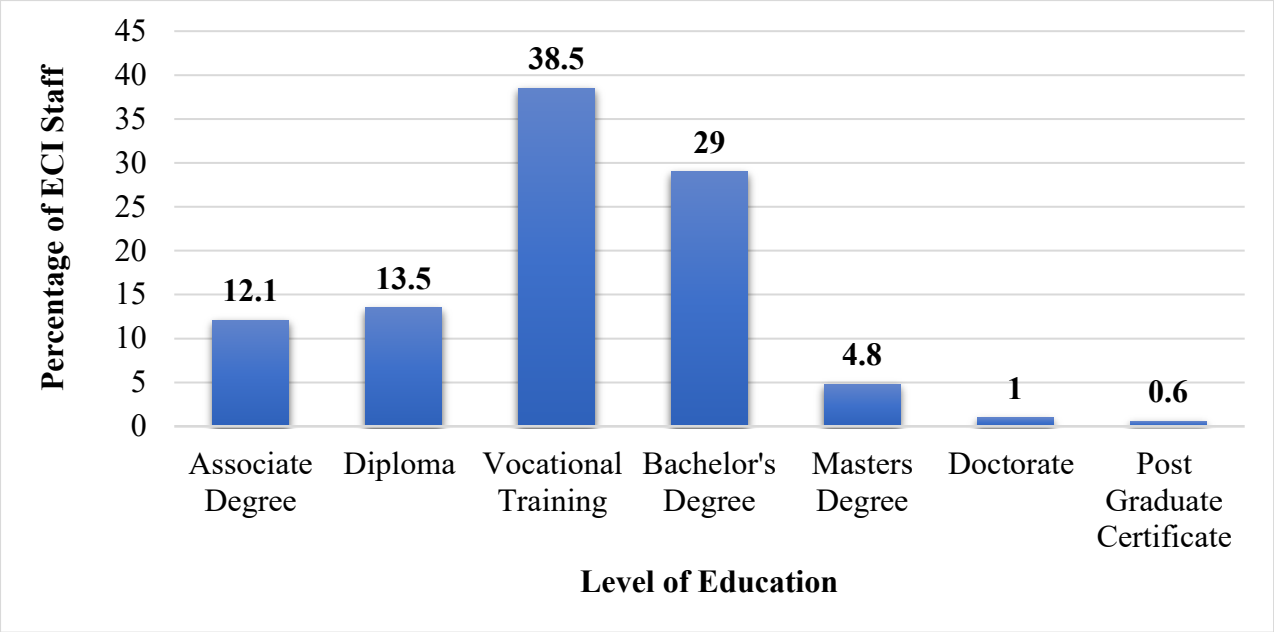

FIGURE 27: HIGHEST LEVEL OF EDUCATION OF ECI STAFF

DISCUSSING OF FINDINGS

The findings of the 2024-2025 census correspond to those of the previous year, revealing that ECEC in Jamaica remains a highly gendered field as more than 90 percent of ECI staff are female. This trend aligns with global patterns that indicate that the proportion of men in ECEC is low despite initiatives to promote gender diversity in this sector. Increased male participation in ECEC is crucial for sectoral development as research suggests that male ECEC workers can positively affect the diversity of learning activities in early childhood institutions. Furthermore, exposure to diverse role models at an early age fosters inclusivity and contributes to a nurturing learning environment for all children[16].

In addition to gender disparities, the census identified significant differences in staff distribution based on school location. More developed and urbanized regions recorded higher numbers of ECI staff compared to rural areas. These results support studies that highlight how disparities in development and urbanization impact staffing levels in schools. One study found that schools in underdeveloped regions frequently struggle with official support, making it challenging to recruit and retain qualified professionals. Additionally, principals in remote areas report difficulty recruiting teachers, who are often reluctant to work in rural settings due

[16] Rohrmann, T. (2016). Men and women as professionals in early childhood education. An issue of inclusion? La Nouvelle Revue De L'adaptation Et De La Scolarisation, 73(1), 201. https://doi.org/10.3917/nras.073.0201

to limited resources and facilities[17]. These staffing challenges put students at an educational disadvantage, as "hard-to-staff" schools face systemic issues that negatively affect student outcomes[18]. Additionally, the higher concentration of children and schools in urban areas naturally leads to a greater number of teachers being employed in these regions, as job opportunities are more readily available where demand is highest.

The census indicates that the majority of ECI staff have vocational-level training, underscoring the importance of skill-based education in the workforce. Secondary education and diplomas are also prevalent, reflecting a mix of academic and technical qualifications. A notable portion of staff held a bachelor's degree, but master's degrees and doctorates remain relatively uncommon. While these findings suggest that the basic qualification requirements for ECPs in Jamaica are being met, there is a growing need to encourage higher academic attainment. Studies have demonstrated that teacher education plays a crucial role in children's learning and concept development at the early childhood level.

Encouragingly, the census highlights that this need is gradually being fulfilled as the data revealed a positive trend in teacher qualifications, showing that the proportion of ECI staff with tertiary education increased from 35.4 percent in 2023-2024 to 38.5 percent in 2024-2025. Additionally, there was a 3 percent increase in the number of trained teachers within ECIs, reflecting noteworthy progress in teacher qualification levels. This advancement is commendable, as qualified ECPs play a crucial role in enhancing early childhood education by implementing research-based teaching strategies, fostering cognitive and social development,

[17] Konuk, N., Turan , N.G. & Aradali Y. (2016). The Importance of Urbanization in Education. The Eurasia Proceedings of Educational and Social Science, 5, 232-236. Retrieved from http://www.epess.net/en/pub/issue/30752/334529

[18] Evans, D. K., & Acosta, A. M. (2023). How to recruit teachers for hard-to-staff schools: A systematic review of evidence from low- and middle-income countries. Economics of Education Review, 95, 102430. https://doi.org/10.1016/j.econedurev.2023.102430

and improving overall student performance. Studies suggest that well-trained teachers significantly enhance children's problem-solving abilities, language skills, and emotional regulation which are key components of early childhood development[19]. Increased investment in teacher education has the potential to bring substantial improvements to Jamaica's early childhood education sector. Special attention should be given to public-private and private schools, where data suggest that there is a lower proportion of trained teachers.

Furthermore, 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 research 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[20]. 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[21].According to the census, over half of ECI staff earn $80,000 or less per month before taxes, with the majority reporting that they receive no employment benefits. Given these challenges, addressing job dissatisfaction is essential to ensuring a stable and effective early childhood education system. To improve staff retention, ECIs can implement various strategies, including mentorship and coaching programmes, recognition and rewards for outstanding

[19] Manning, M., Garvis, S., Fleming, C. M., & Wong, G. T. W. (2017). The relationship between teacher qualification and the quality of the early childhood education and care environment. Campbell Systematic Reviews, 13(1), 1–82. https://doi.org/10.4073/csr.2017.1

[20]Jabbar, H., & Holme, J. J. (2025). Teacher turnover and school improvement: The role of organizational social capital. Educational Policy, 49(1), 99–122. https://doi.org/10.3102/01623737241311304

[21] Editorial | CARICOM fix to teacher crisis. (2023, September 3). Commentary | Jamaica Gleaner. https://jamaica-gleaner.com/article/commentary/20230903/editorial-caricom-fix-teacher-crisis

performance, work-life balance initiatives, competitive salaries, clear and effective communication, and continuous training and professional development opportunities[22].

CONCLUSION AND RECOMMENDATION

The 2024-2025 ECC census findings highlight persistent gender disparities, regional staffing inequalities, and the need for continued investment in ECP education and staff retention strategies. While positive trends in ECP qualification rates indicate progress, addressing job dissatisfaction remains a priority to ensure a stable and effective early childhood education system in Jamaica. Strategic interventions focused on professional development, equitable staffing distribution, and improved working conditions will be crucial in advancing the quality of early childhood education in the country. In response to these findings, the following recommendations are proposed to improve the ECI staff structure:

1. **Promote Gender Diversity**

    - Implement a public awareness campaign to encourage gender diversity in ECEC, specifically addressing the shortage of male staff.

2. **Enhance Job Satisfaction**

[22] Miller, S. (May 12, 2014). Why Pay is Driving Employee Satisfaction. Retrieved from https://www.shrm.org/resourcesandtools/hr-topics/compensation/pages/pay-drives-satisfaction.aspx

- Sensitise ECIs on measures to increase job satisfaction, such as career advancement opportunities, job security, flexibility, and work-life balance.

3. Improve Staff Compensation and Benefits Packages

- Launch an awareness campaign about ECC programmes that offer enhanced benefits and compensation, including salary subsidies and the trained teacher programme.
- Advocate for competitive and attractive compensation and benefits packages for ECPs to strengthen staffing and retention in ECIs.

4. Increase Resource Allocation for ECIs in Rural Areas

- Increase the allocation of financial and material resources to develop ECIs in rural areas, thereby retaining more ECEC professionals in these regions.

5. Increased Professional Development for ECPs

- Continue offering programmes aimed at the professional development of ECI practitioners and staff.
- Encourage staff to seek additional professional development opportunities.
- Implement targeted professional development interventions for staff in rural ECIs.

SPECIAL NEEDS

The following section will analyze the data gathered from the Special Needs Questionnaire administered in the ECC 2024-2025 Census. Only institutions that had confirmed or suspected cases of special needs children were asked to complete the questionnaire. A total of one thousand, two hundred and forty (1240) institutions completed the questionnaire. The demographic data of the children, the suspected and confirmed cases of special needs requirements 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.

DEMOGRAPHICAL INFORMATION

PARISH

The data revealed that the majority of ECIs who responded to the Special Needs Questionnaire were located in '***St. Catherine'*** (19.7%) and '***Clarendon'*** (16.8%). This is compared to '**Kingston'** with 1.9 percent and '***St. Thomas'*** with 2.6 percent.

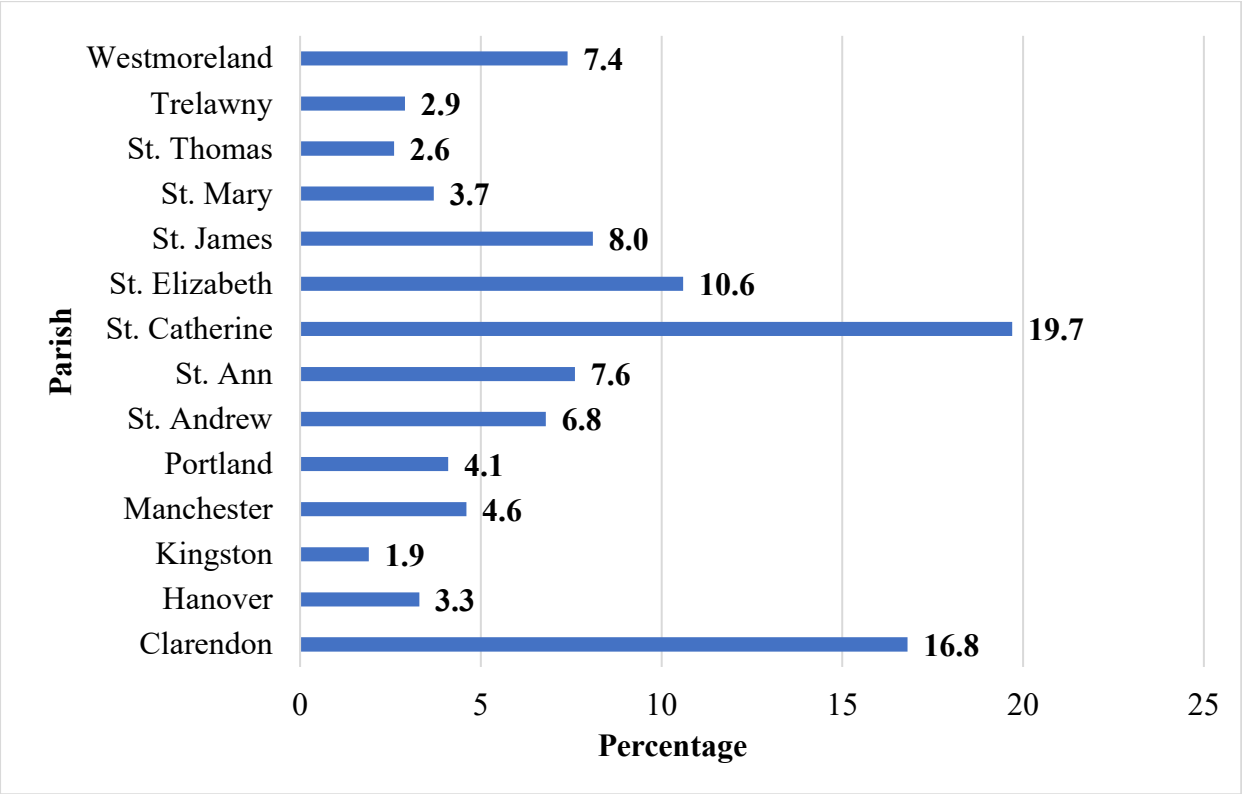

FIGURE 28: LOCATION OF ECI

ECI FACILITY TYPE

The data revealed that the majority of institutions that completed the 2024-2025 Special Needs Questionnaire were '**Public/Private'** institutions (60.8%). While, '**Public'** facilities accounted for 21.6 percent, and '**Private'** facilities made up 17.6 percent of the total.

Table 15
ECI FACILITY TYPE

Facility Type	Frequency	Percentage
Private	218	17.6
Public	268	21.6
Public/Private	754	60.8
Total	**1240**	**100.0**

DIAGNOSED AND SUSPECTED CASES OF SPECIAL NEEDS

CHILDREN DIAGNOSED WITH SPECIAL NEEDS

0–2-YEAR-OLDS WITH SPECIAL NEEDS

The data from Table 16 provides an overview of the number and percentage of 0–2-year-old children with special needs attending ECIs. It was revealed that 94 0-2-year-olds were diagnosed with developmental disabilities or special needs. In addition, 30 (31.9 %) children were engaged in the Early Stimulation Programme, which is a government initiative aimed at supporting young children with developmental challenges. Furthermore, 47 (50%) children were reported to be engaged by private therapists.

TABLE 16
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 needs?	94

How many children 0-2 years at your ECI are attending or receiving services from the Early Stimulation Programme?	30
How many children 0-2 years at your ECI are attending or receiving services from private therapists?	47

3-6-YEAR-OLDS WITH SPECIAL NEEDS

The data in Table 17 presents information on the number of 3-6-year-old children with special needs attending ECIs. A total of 832 children were diagnosed with developmental disabilities or special needs. In addition, 189 children (22.7%) were engaged in the Early Stimulation Programme. Furthermore, 377 children (45.3%) were reported to be engaged by private therapists.

TABLE 17
3-6 YEARS OLDS WITH SPECIAL NEEDS

Questions	Number of Children
How many children 3-6 years at your ECI are diagnosed with a developmental disability/special needs?	832
How many children 3-6 years at your ECI are attending or receiving services from the Early Stimulation Programme?	189
How many children 3-6 years at your ECI are attending or receiving services from private therapists?	377

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

The chart below shows a comparison of 0–2-year-olds and 3–6-year-olds who were diagnosed with special needs, engaged in the Early Stimulation Programme and reported to be engaged by private therapists. It can be seen that the 3–6-year-olds were more likely to be diagnosed with special needs, engaged in the Early Stimulation Programmed and engaged by private therapists.

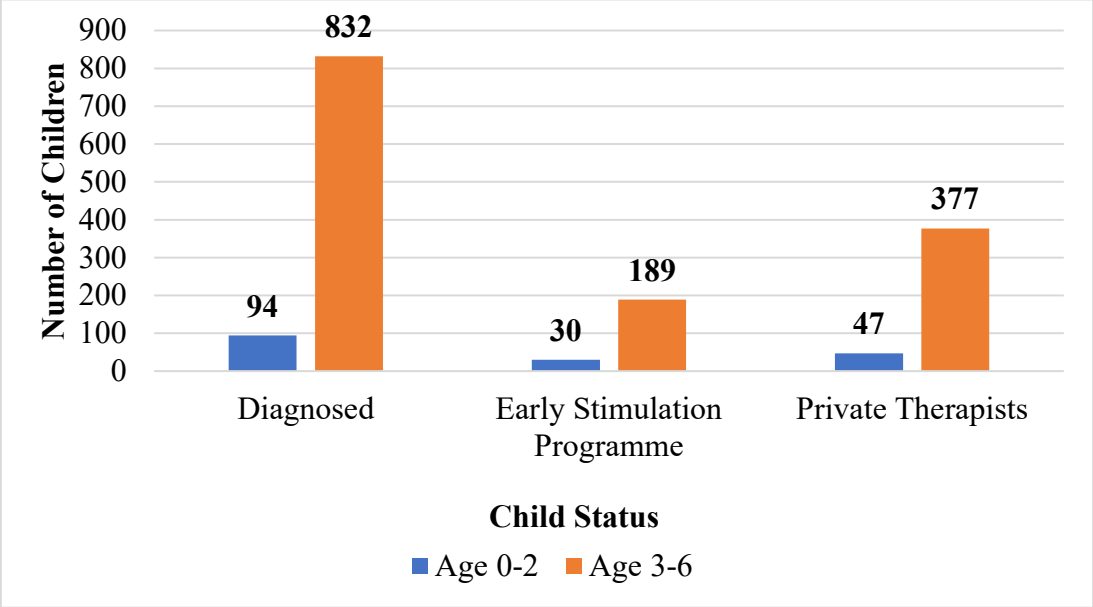

FIGURE 29: COMPARISON OF 0–2-YEAR-OLDS AND 3–6-YEAR-OLDS WITH SPECIAL NEEDS

CHILDREN DIAGNOSED WITH DIAGNOSIS REPORT

The data showed that the parents of 52.1 percent of children diagnosed with a special need provided a diagnostic report to the Early Childhood Institution (ECI) their child attended.

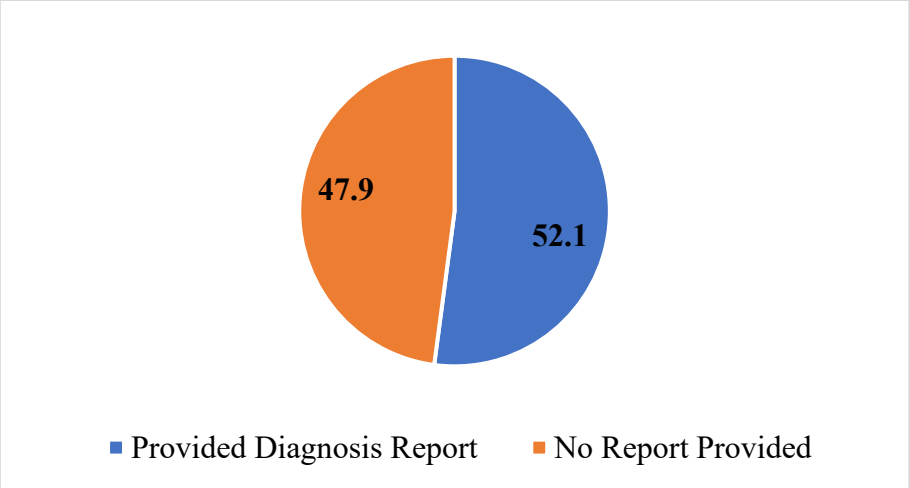

FIGURE 30: DISTRIBUTION OF DIAGNOSED CHILDREN WITH SPECIAL NEEDS

DIAGNOSES OF CHILDREN

The table below provides an overview of the various diagnoses of children attending ECIs with special needs. It is important to note, that 1 child may have had more than one diagnosis. The most common diagnosis recorded was Autism Spectrum Disorder (ASD), with 638 children (51.5%) identified. This is followed by Global Developmental Delay/Intellectual Disability (13.6%), and Attention-Deficit/Hyperactivity Disorder (ADHD) (15.7%). Other diagnoses include Seizures/Fits (6.5%), Speech Delay (43.6%), and Vision Impairment/Blindness (3.1%).

TABLE 18
DIAGNOSES OF CHILDREN

Diagnosis	Number of Children	Percent
Global Developmental Delay / Intellectual Disability	169	13.6
Autism Spectrum Disorder	638	51.5
Attention-Deficit/Hyperactivity Disorder (ADHD)	195	15.7

Cerebral Palsy	20	1.6
Hearing Loss/Deafness	24	1.9
Vision Impairment/ Blindness	39	3.1
Seizures/Fits	81	6.5
Downs Syndrome	23	1.9
Speech Delay	45	3.6
Birth Defect or Brain Disorder	5	0.4
Total	**1239**	**100**

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

Table 19 provides information on the types of aids used by 3–6-year-old children with special needs. The majority of children (85.2%) wore '***Glasses'***. While, 19 children (7.4%) utilized ***'Wheelchairs or leg/back braces'*** and '***Hearing Aids'*** respectively.

TABLE 19
3-6 CHILDREN WITH SPECIAL NEEDS AIDS

Aid	Number of Children	Percentage
Wheelchair/Leg or Back Brace	19	7.4
Glasses	218	85.2
Hearing Aids	19	7.4

Total	**256**	**100.0**

CHILDREN SUSPECTED TO HAVE SPECIAL NEEDS

From the 4088 children enrolled at the ECIs that completed the Special Needs Questionnaire. It was found that 89.1 percent (3643) of the children were suspected to have some form of special needs.

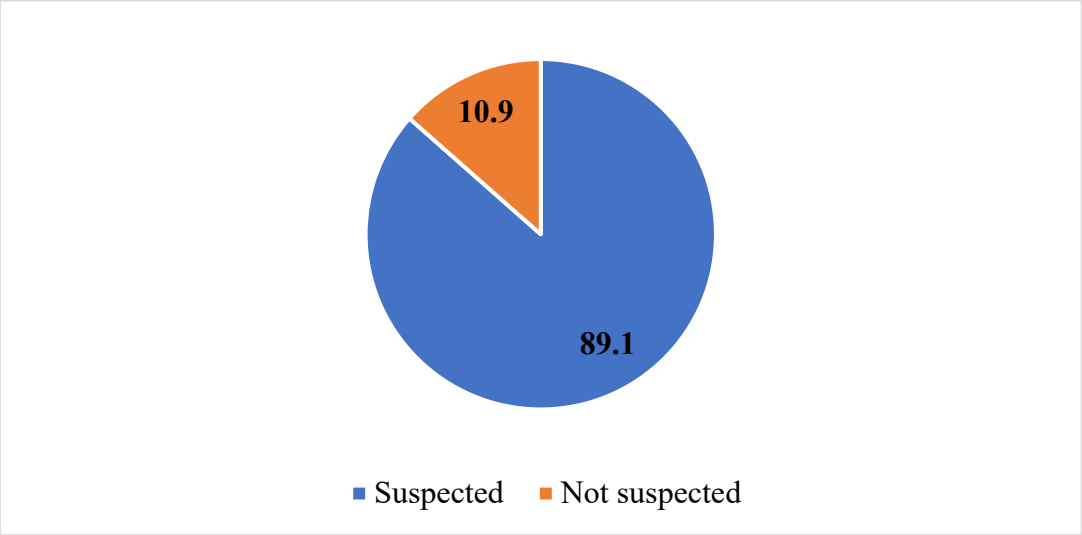

FIGURE 31: THE DISTRIBUTION OF CHILDREN SUSPECTED TO HAVE A SPECIAL NEEDS REQUIREMENT

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

Table 20 highlights the number of 3-6-year-old children who are suspected to need special needs aids, such as glasses, hearing aids, or wheelchairs/brace. A total of 368 children were suspected to need '***Glasses'***, with 122 children who experienced ***"A Little Difficulty"*** and 11 children who faced ***"A Lot of Difficulty"*** seeing. Regarding '***Hearing Aids'***, 143 children were suspected to need this aid, with 77 children who experienced ***"A Little Difficulty"*** and

11 children who had ***"A Lot of Difficulty"*** hearing. For "***Wheelchairs/Leg or Back Braces"***, 31 children were suspected to need assistance, with 10 children who faced ***"A Lot of Difficulty"*** walking and 5 children unable to walk at all.

TABLE 20
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	368	122	11
Hearing Aid	143	77	11
Wheelchair/Brace	31	10	5

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

Table 21 provides data on the fine motor skill difficulties experienced by 3–6-year-old children. Regarding "***Holding Small Items"***, 683 children reported having ***"A Little Difficulty***", 322 children experienced ***"A Lot of Difficulty",*** and 335 children were unable to hold or "***Help Themselves"*** at all. In terms of helping themselves, such as feeding and dressing, 1,642 children experienced ***"A Little Difficulty"***, and 755 children faced ***"A Lot of Difficulty***".

TABLE 21
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	683	322	335
Helping Themselves E.g. Feeding and Dressing	1642	755	240

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

Table 22 provides data on the speech and learning difficulties experienced by 3–6-year-old children. When it comes to "***Speaking Clearly"***, 1,542 children were reported to have ***"A Little Difficulty"***, 610 children experienced ***"A Lot of Difficulty",*** and 351 children could not speak clearly. Regarding "***Learning Things"***, 1,890 children had ***"A Little Difficulty",*** 931 children had ***"A Lot of Difficulty",*** and 128 children were reported as ***'Unable to Learn'***. For "***Remembering Lessons"***, 2,731 children experienced ***"A Little Difficulty",*** 1,345 children faced ***"A Lot of Difficulty"***, and 391 children could not remember lessons.

TABLE 22
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	1542	610	351
Learning Things	1890	931	128
Remembering Lessons	2731	1345	391

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

Table 23 presents data on the levels of difficulties experienced in social skills by 3–6-year-old children. In terms of playing with others, 728 children were reported to have ***"A Little Difficulty",*** 470 children experienced ***"A Lot of Difficulty",*** and 327 children did not interact well with others. Regarding "***Cursing, Arguing, Tracing, Or Saying Hurtful Things"***, 882 children reported to having a ***"A Little Difficulty",*** 390 children had ***"A Lot of Difficulty",*** and 233 children cannot control their behaviour at all. When it comes to "***Hitting, Biting, Kicking, Or Hurting Others"***, 1,010 children reported ***"A Little Difficulty"*** 539 children reported ***"A Lot of Difficulty",*** and 304 children displayed behavioural challenges.

TABLE 23
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	728	470	327
Curse, Argue, Trace or Say Hurtful Things	882	390	233
Hit, Bite, Kick or Hurt Others	1010	539	304

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

Table 24 presents data on behavioural difficulties experienced by 3–6-year-old children. Regarding "***Sitting Still"***, 2,790 children were reported to have ***"A Little Difficulty"***, 1,553

children experienced ***"A Lot of Difficulty"***, and 744 children could not sit still. In relation to, "***Focusing in Class"***, 2,994 children were reported to have "***A Little Difficulty"***, 1,640 children had ***"A Lot of Difficulty"***, and 581 children struggled to focus. When it came to "***Controlling Their Behaviour"***, 1,575 children had ***"A Little Difficulty"***, 888 children had ***"A Lot of Difficulty"***, and 423 children could not regulate their behaviour.

TABLE 24
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	2790	1553	744
Focusing in Class	2994	1640	581
Controlling Their Behaviour	1575	888	423

LEVELS OF DIFFICULTY EXPERIENCED BY 3–6-YEAR-OLDS WITH EMOTIONAL CHALLENGES

Table 25 presented data on with emotional challenges experienced by 3–6-year-old children. Regarding "***Anxiety/Worry"***, 437 children were reported to have ***"A Little Difficulty",*** 184 children experienced "***A Lot of Difficulty"*** and 117 children could not regulate their anxiety/worry. In terms of "***Sadness/Depression"***, 321 children were reported to have ***"A Little Difficulty",*** 127 children faced ***"A Lot of Difficulty"*** and 100 children could not regulate their sadness or depressive feelings.

TABLE 25
3-6 YEARS OLDS WHO HAVE DIFFICULTIES REGULATING THEIR MENTAL HEALTH

Emotional Challenges	A Little Difficulty	A Lot of Difficulty	Cannot Regulate Well at All
Anxiety/Worry	437	184	117
Sadness/Depression	321	127	100

CHILDREN RECOMMENDED FOR SPECIAL NEEDS ASSESSMENT

Table 26 provides the recommended strategies to support children with special needs. The most frequently recommended programme was the "***MICO Care Centre"***, which was suggested for 46.2 percent of children, highlighting its central role in providing specialized care. Intervention from a ***"Parent/Guardian"*** was recommended for 14.7 percent and the "***Early Stimulation Programme"*** was recommended for 10.3 percent, emphasizing the need for early intervention services. Recommendations for visits to "***Private Doctors"*** and ***"Therapists"*** were also common, with 10.0 percent of children recommended for "***Private Doctors"*** and 9.8 percent recommended for ***"Therapists"***.

TABLE 26
INDIVIDUAL/PROGRAMME RECOMMENDED

Individual/Programme	Number of Children	Percentage
Early Stimulation Programme	340	10.3
ECI Principal/ Guidance Counsellor	72	2.2
Parent/Guardian	487	14.7
Clinic	228	6.9
Private Doctor	333	10.0
MICO Care Centre	1532	46.2
Therapist	325	9.8
TOTAL	**3317**	**100.0**

REASONS CHILDREN WERE NOT REFERRED FOR SPECIALIST INTERVENTION

In certain circumstances, ECIs indicated that children were not recommended for intervention. The main reasons provided for not recommending intervention were "***Allowing the Child to Develop"*** (61.1%) and the "***Parents Were in Denial"*** (31.6%).

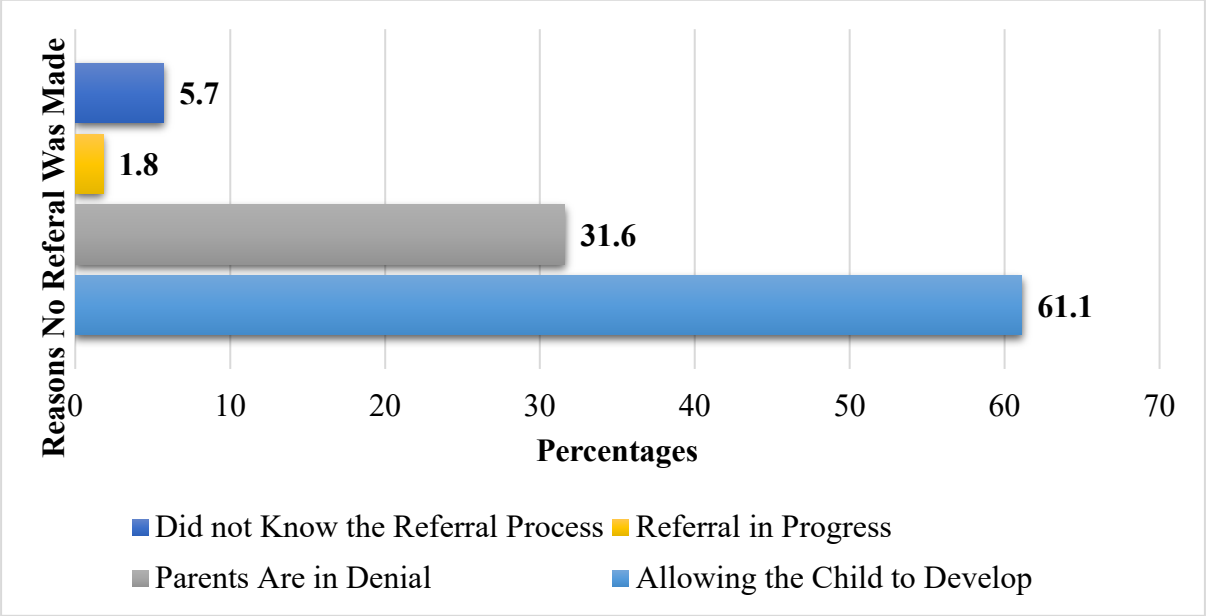

FIGURE 32: REASONS CHILDREN WERE NOT RECOMMENDED FOR SPECIALIST INTERVENTION

ECI PARTICIPATION IN JSRA

It was reported that of the 1240 ECIs that responded to the Special Needs Questionnaire, 94 per cent participated in the 2024 administration of the Jamaica School Readiness Assessment (JSRA).

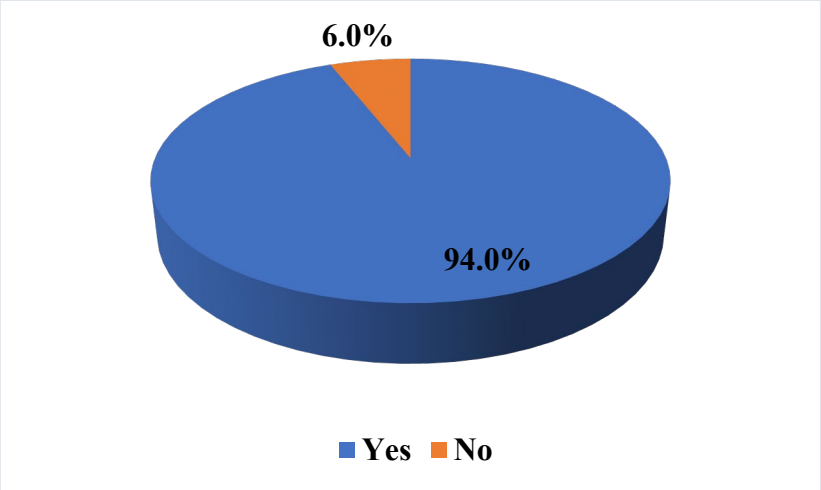

FIGURE 33: DISTRIBUTION OF ECIS WHO PARTICIPATED IN THE 2024 JSRA

ECIS THAT HAVE RECEIVED THE RESULTS FROM THE 2024 JSRA

The data revealed that of the approximately 1,166 ECIs (94% of 1240 ECIs) that reported participation in the 2024 JSRA, 23.1 percent received the results from the administration.

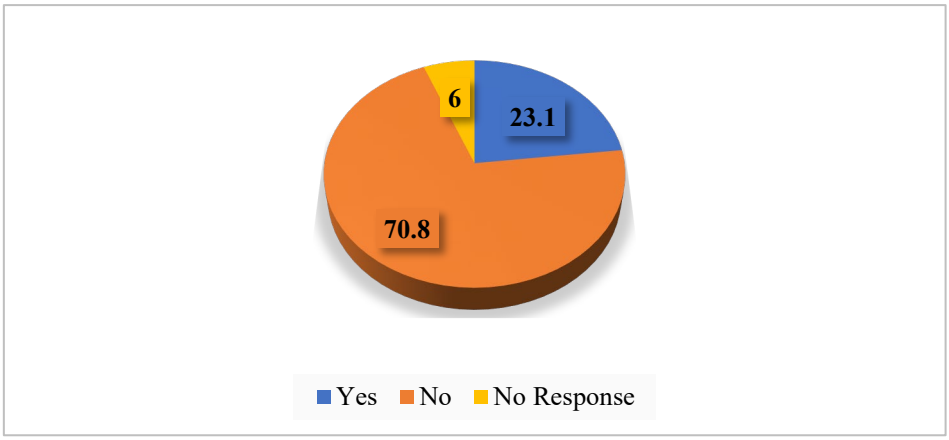

FIGURE 34: ECIS THAT RECEIVED THE RESULTS FROM THE 2024 JSRA

SATISFACTION WITH JSRA ADMINISTRATION

The ECIs were asked to rate their satisfaction with the administration of the 2024 JSRA. Of the 1240 participating ECIs, only 287 ECIs responded to this question. It was found that 71.1 percent of the ECIs were '***Satisfied'*** with the administration and 18.5 percent were '***Extremely Satisfied'*** with the administration.

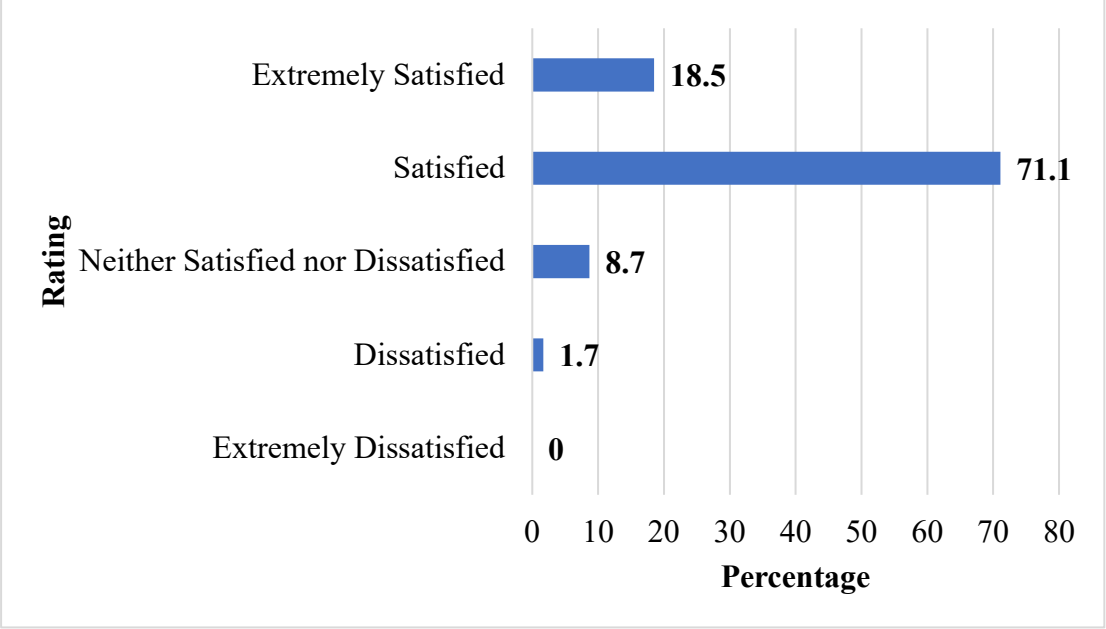

FIGURE 35: ECIS SATISFACTION WITH 2024 JSRA ADMINISTRATION

ECIs ABLE TO ACCOMMODATE AN ECC LEGACY INCLUSIVE CLASSROOM

The participating ECIs were asked if they were able to accommodate an ECC inclusive classroom. The data revealed that 40.1 percent of ECIs were able to accommodate a legacy classroom.

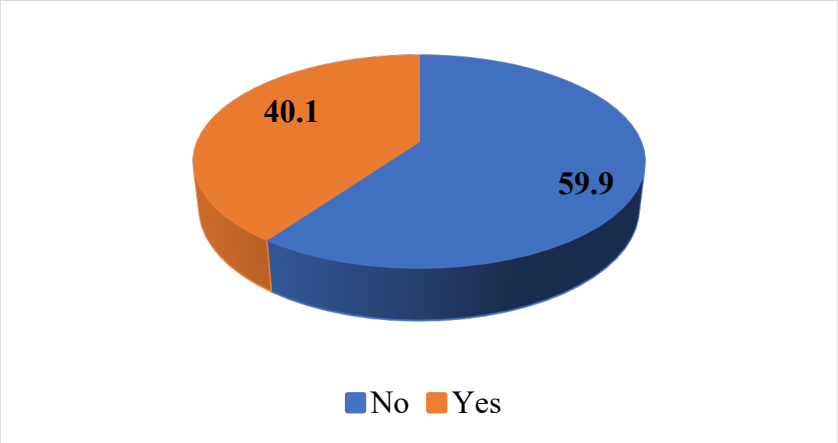

FIGURE 36: ECIs ABLE TO ACCOMMODATE AN ECC LEGACY INCLUSIVE CLASSROOM

ECIS EQUIPPED TO FACILITATE CHILDREN WITH SPECIAL NEEDS

The data revealed that of the participating ECIs, only 16.6 percent reported to be equipped to facilitate children with special needs.

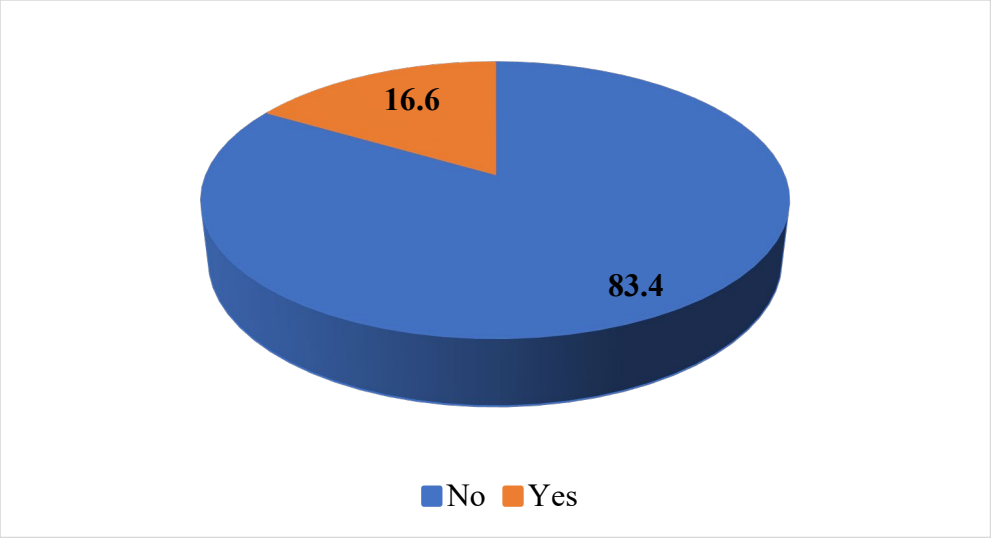

FIGURE 37: ECIS EQUIPPED TO FACILITATE CHILDREN WITH SPECIAL NEEDS

RESOURCES NEEDED TO FACILITATE CHILDREN WITH SPECIAL NEEDS

The data indicated that the majority of ECIs reported that to be able to accommodate children with special needs, the ECIs would need a variety of resources including '***Special Needs Learning and Physical Resources'***, ***'Special Education Teachers'***, ***'Inclusive Education/Curriculum Development Training', 'Furniture'*** and ***'Additional Space'*** (40.9%). Additionally, 23.1 percent of ECIs requested '***Special Needs Learning and Physical Resources'*** to be able to accommodate children with special needs.

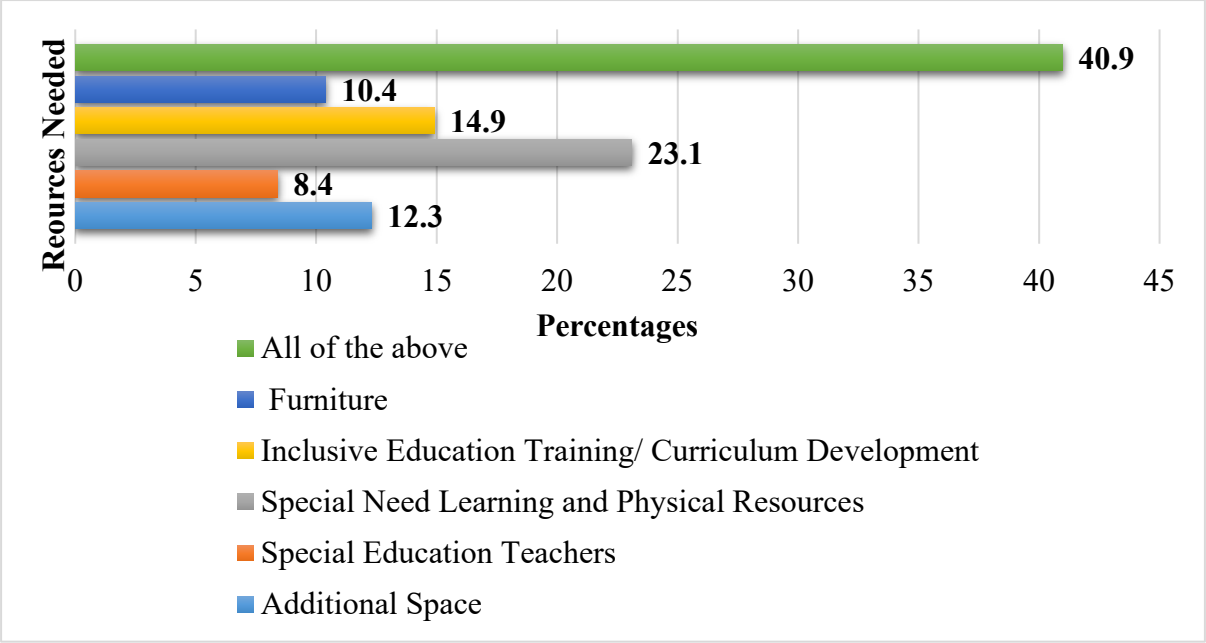

FIGURE 38: RESOURCES NEEDED TO FACILITATE CHILDREN WITH SPECIAL NEEDS

DISCUSSION OF FINDINGS

The analysis of the Special Needs Questionnaire is intended to understand the status of children diagnosed and suspected to have special needs in the early childhood sector. From the detailed analysis of the results of the administration, it is clear that there has been a steady increase in the number of children confirmed and suspected to require special needs intervention over the last two administrations. The ECC's move towards inclusive early childhood education could not come at a better time as the national prevalence rate for disability in Jamaica has increased from 3 percent to almost 10 percent in 2023[23]. The ECC development screening tools such as the JSRA, Ages and Stages Questionnaire (ASQ-J), and the Family Support Screening Tool (FSST) working in tandem with the Legacy Project's inclusive classrooms should be able to

[23] World Bank. (2023). *Education sector analysis: Country report* (Report No. P171256). https://documents1.worldbank.org/curated/en/099061024112032451/pdf/P1712561baadfe0951815216935b8964206.pdf

assist with the proper assimilation of children with special needs into the inclusive classroom settings. The following discussion will focus on the children who were identified as needing intervention from the 2024-2025 ECC Census-Special Needs Questionnaire.

The current analysis revealed that 3643 children were suspected to have a special needs requirement during the administration. The number has been steadily increasing over the last two administrations, coming from 3150 children in the 2022-2023 census and 3145 during the 2023-2024 administration. Correspondingly, the number of children who were officially diagnosed while still a small percentage is also on the rise. The 2024-2025 census revealed a total of 926 children diagnosed with special needs, showcasing a 15.3 percent increase from the 803 children from the previous year. The most common diagnoses were Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder (ADHD). An official diagnostic report was provided for approximately 52 percent of these children.

The low diagnoses rate from the survey is reflective of the available information on disability in Jamaica as there are "approximately 580,000 persons with disability in Jamaica, however only 15,540 are registered, of which just about 5,000 are children,"[24]. Still, it is noteworthy to mention that there has not been a major study on the situational analysis of disability in Jamaica since the 2018 UNICEF report in partnership with the Jamaica Council for Persons with Disabilities (JCPWD)[25]. Furthermore, the article revealed that low rate of diagnosis extends into adulthood. This further compound that the importance of early intervention in childhood and adulthood cannot be underestimated.

[24] UNICEF & JCPD. (2023, March 15). UNICEF and JCPD sign agreement to modernize social protection system. UNICEF Jamaica. https://www.unicef.org/jamaica/press-releases/unicef-and-jcpd-sign-agreement-modernise-social-protection-system

[25] https://documents1.worldbank.org/curated/en/099061024112032451/pdf/P1712561baadfe0951815216935b8964206.pdf

According to the Centers for Disease Control and Prevention (CDC), early intervention can help children with developmental delays or disabilities achieve better outcomes by providing services and support during critical periods of growth in the first few years of life. By addressing developmental issues early on, children are more likely to catch up with their peers in terms of speech, motor skills, and cognitive abilities[26]. So, while, the data revealed that the majority of children who were officially diagnosed with a developmental disability/special need (926), were involved in invention programmes such as the Early Stimulation Programme (219) and attending or receiving services from private therapists (424), 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 more inclusive is essential to reducing the risk factors that can hinder child development and limit social and economic opportunities for children. According to the National Association for the Education of Young Children (NAEYC), inclusive education helps ensure that all children, including those with disabilities, receive the support they need to thrive both academically and socially[27]. The World Bank reported that only 70 percent of children 3-18 years with a disability attend school[28]. In response to the limited access to inclusive education at the early childhood level in Jamaica,

[26] Centers for Disease Control and Prevention. (n.d.). *Developmental screening: Why it's important*. CDC. https://www.cdc.gov/ncbddd/actearly/screening.html
[27] Zrilić, I., & Šojat, V. (2021). Introduction to early intervention. In R. M. B. J. Zrilić & V. Šojat (Eds.), *Early intervention in children with disabilities: Clinical practices and treatment* (pp. 1-18). IntechOpen. https://doi.org/10.5772/intechopen.96121
[28] World Bank. (2023). *Education sector analysis: Country report* (Report No. P171256). https://documents1.worldbank.org/curated/en/099061024112032451/pdf/P1712561baadfe0951815216935b8964206.pdf

the Early Childhood Commission (ECC) has taken steps to integrate inclusive education practices into early childhood education. Initiatives like the Legacy Project's inclusive classrooms and the revision of the Early Childhood Education Curriculum are designed to support this shift. These efforts are crucial, as the results from the current survey revealed that while about 83 percent of early childhood institutions (ECIs) are not equipped to support children with special needs, 40 percent of institutions are willing to implement inclusive education if the necessary resources are made available.

Additionally, the results of the current survey highlight the important and growing concern of children's mental health in Jamaica. The Centre for Disease Control explains that mental health in childhood includes achieving both developmental and emotional milestones[29]. Children's mental health entails the complete well-being of the children including emotional, behavioural, social, and cognitive aspects. The results from the 2024-2025 administration of the Special Needs Questionnaire saw an increase in the number of children who were reported to face difficulties with regulating their emotions. Specifically, an approximately 80 percent increase was recorded in the number of children who face difficulty with playing with others, hitting, biting, kicking and hurting others, and controlling their behaviour. The number of children who faced anxiety/worry and sadness/depression also saw an approximately 50 percent increase. These results further compound the importance of early intervention services especially in early childhood mental health to improve school attendance, performance, and peer relations, reducing the risk of school dropout and substance abuse[30].

[29] Centers for Disease Control and Prevention. (2024). *Children's mental health: About the topic*. CDC. https://www.cdc.gov/children-mental-health/about/index.html

[30] National Institute of Mental Health. (2024, March). *Child and adolescent mental health*. NIMH. https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health

The current state of classrooms in Jamaica shows a quasi-inclusive model, where children with mild or non-severe disabilities, such as those with speech or attention issues are placed in regular classrooms. However, UNICEF reports that many teachers and practitioners lack the appropriate training or resources to effectively support these children. Providing the necessary resources, such as specialized materials and training, is vital to creating an environment that delivers high-quality inclusive early childhood education[31]. Research indicates that children with mild or moderate disabilities generally face fewer challenges in regular classrooms and are easier to accommodate, making it possible for them to integrate with peers in a supportive learning environment[32]. Furthermore, many teachers have expressed a willingness to accommodate children with special needs once the appropriate support is provided.

Despite these positive signs, there are concerns about the lack of feedback following the 2024 JSRA. The data from the census revealed that approximately 23 percent of the institutions involved in the assessment received their results. During the assessment, 29,729 four-year-olds were assessed, and 11,291 were referred to an ECC field officer. However, only approximately 16 percent of these children underwent secondary screening with the ASQ-J. In response to these challenges, the ECC has made efforts to increase the JSRA team's staff and move toward a digitalized assessment process to improve the efficiency of the evaluation. These steps are intended to help provide better early intervention services, ultimately leading to more positive educational outcomes for children with special needs.

[31] UNICEF. (2022). *Inclusive education webinar booklet* (PDF). UNICEF. https://www.unicef.org/eca/sites/unicef.org.eca/files/IE_Webinar_Booklet_12.pdf
[32] UNESCO. (2020). *The role of education in promoting social inclusion* (ED/2020/WS/8). UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000374691

By improving access to training and resources for teachers and increasing the efficiency of early assessments, Jamaica is taking significant steps toward creating a more inclusive education system that supports all children.

CONCLUSION AND RECOMMENDATIONS

The discussion above highlights the critical need for early intervention services for children with special needs in Jamaica, particularly within the early childhood sector. The findings reinforce the importance of addressing developmental delays and disabilities early on, ensuring that children receive the support they need to thrive in educational and social settings.

The fact that many ECIs are willing to accommodate children with mild and moderate disabilities, given adequate resources and training, is a promising sign. This suggests that with the right support systems in place, educational institutions can become more inclusive and better cater to the diverse needs of children. Improving the administration and monitoring of the JSRA screening tool is particularly relevant to help identify children in need of intervention earlier, leading to better outcomes.

Furthermore, the development of the Early Childhood Development Assessment Services Unit is a significant step in improving how children's needs are assessed, which can lead to more tailored and effective interventions. Similarly, the Early Screening and Referral Pathway Strategy offers a structured approach to identifying and addressing developmental delays in children. By mapping out clear processes for early identification and treatment, this strategy aligns with the broader goals of the National Strategic Plan, which focuses on the well-being of children throughout their developmental stages.

If the strategy is fully implemented, it could significantly enhance the quality of early childhood education in Jamaica, benefiting not just children with special needs but all children. The integrated approach would allow for a more holistic view of each child's needs and provide a stronger foundation for their future educational success.

Still, the following recommendations are being made:

1. **The introduction of a Regional/Cluster Guidance Counsellor Collaboration Model.**

- The share system offers a practical and innovative solution to address the growing demand for mental health support services in ECIs. By optimizing the deployment of

qualified counsellors, this system ensures that all children, regardless of the resources available at their ECI, have access to critical support. Ultimately, it fosters healthier, more well-rounded students who are better equipped to navigate both academic and personal challenges.

2. **A Framework for Monitoring and Evaluation Should Be Implemented to Track Children Recommended Through The JSRA.**

- Children who were recommended but did not receive intervention should be identified and grouped for additional intervention strategies. The effective monitoring of this framework should allow for more children to receive intervention strategies.

3. **ECC Inspectors Should Be Deployed to Carry Out Needs Assessments for ECIs That Have Expressed a Willingness to Accommodate Children with Special Needs.**

- This process will help provide support and potentially facilitate the expansion of the Legacy Project's Inclusive Classrooms.