

REPORT

Supporting the Development of Children Zero to Three Particularly the Most Vulnerable



A Regional Forum Of Health, Education, Social Development And Parenting Support Agencies

Caribbean Community in partnership with the Caribbean Child Support Initiative Programme and the Government of St Vincent and the Grenadines, with support from UNICEF, the Commonwealth Secretariat, Parenting Partners Caribbean and the University of the West Indies.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CARICOM	Caribbean Community and Common Market
CARICAD	Caribbean Center for Development Administration
CCSI	Caribbean Child Support Initiative
CDB	Caribbean Development Bank
CDGC	Child Development and Guidance Centre
CDP	Child Development Programme
CHA	Community Health Aide
CNCD	Communicable and Non-Communicable Diseases
COHSOD	Council on Human and Social Development (CARICOM)
CXC	Caribbean Examinations Council
ECD	Early Childhood Development
ECHO	Early Childhood Health Outreach
EI	Early Intervention
FDCC	Foundation for the Development of Caribbean Children
GOJ	Government of Jamaica
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MEND	Mold, Empower, Nurture, Direct
MoE	Ministry of Education
NCTVET	National Council on Technical and Vocational Education and Training
NGO	Non Governmental Organisation
NPSC	National Parenting Support Commission
PARADOS	Parents Education For Development (In Barbados)
PPC	Parenting Partners Caribbean
PTA	Parent Teachers Association
RCP	Roving Caregivers Programme
RCWTA	Reaching Children Where They Are
SERVOL	Service Volunteered for ALL
TOLD	Test of Language Development
TORS	Terms of References
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UWI	The University of the West Indies
USA	United States of America
WHO	World Health Organisation

EXECUTIVE SUMMARY

The first three years of life are a period of incredible growth and development in all areas. New research points to the unique vulnerability of children during particular periods of development such as gestation, infancy and very early childhood (Golding, Jones, Brune´ & Pronczuk, 2009).

These findings have significant implications for the development of Caribbean children in general and vulnerable children in particular and the Zero to Three Forum was convened by CARICOM and the Caribbean Child Support Initiative, with the support and collaboration of regional partners, to explore practical strategies for supporting the development of children zero to three, particularly the most vulnerable.

The Forum was attended by seventy three (73) participants from eighteen (18) countries across the region, and from nine (9) regional organisations. The participants included 52 representatives from Ministries of Health, Education, and Social Development, with the other 21 representing regional and international agencies.

The Forum was designed to facilitate the exchange of ideas and experiences and the exploration of new opportunities and approaches. To encourage this, participants were provided with cutting edge information on the most recent science related to the zero to three cohorts, the evidence from regional research interventions and on the status of the children and services. They were then encouraged to examine practical ways in which the programming and services could be strengthened. The processes used consisted of keynote presentations, plenary and roundtable discussions and a field visit to a pilot home stimulation programme in St. Vincent and the Grenadines, the Early Childhood Health Outreach (ECHO).

The roundtable discussions were organised around six themes, and resulted in extensive sharing of experiences and approaches to programming for the zero to three cohorts. The themes were:

- Health and Nutrition;
- Screening, referral and early intervention services;
- Childrearing practices and supports;
- Early stimulation;
- Non-parental day care;
- Policies for supporting parents.

The Foundation for the Development of Caribbean Children (FDCC) was also launched at the Forum, and one of the plenary sessions was dedicated to a presentation and discussion of the Foundation and its role.

During the Forum, country teams identified priority actions that they will initiate on their return to office. Progress and experiences in the implementation of these initiatives would be shared through an online modality e.g. Base Camp, that would be coordinated by UNICEF.

The main priority actions identified included:

- a) **Anguilla** - Sensitisation of Permanent Secretary and relevant department heads; development of a plan of action on early stimulation and initiation of training on early stimulation to include curriculum development, training and monitoring of delivery.
- b) **Antigua and Barbuda** - introduction of early stimulation into the maternal and child health programme by January 2010.
- c) **Barbados** - Initiate a forum to increase collaboration between agencies; strengthen existing structures for early stimulation; conduct a needs assessment and identify training needs and required resources.
- d) **Belize** - Sensitize Ministers on outcomes from Forum; meet with senior technical officers to develop a multi sector action plan for the next 18 months; and develop a communications strategy on the importance of ECD and the Zero to Three period.
- e) **Bermuda** - Develop a comprehensive ECD Policy and Framework; enhance service provision through training.
- f) **British Virgin Islands** - Public Sensitisation, training and strengthened inter-sectoral collaboration by Education, Social Development and Health.
- g) **Cayman Islands** - Convene and inter-sectoral meeting to develop a Memorandum of Understanding on collaboration with Education as the lead agency, with support from health and the hospital. Follow this with the development of a policy and framework for supporting the Zero to Three.
- h) **Dominica** - Convene a Senior Management meeting with representation from Health, Education and Social Services with a view to Government reviewing and approving the ECD Policy and Legislative Framework. Convene a multi-stakeholder meeting on the zero to three with the objective of developing a Plan of Action by October, for implementation by December 2011.
- i) **Grenada** - Pilot ECHO in an area not served by the RCP, using a multi-sectoral approach.
- j) **Guyana** - Priority on getting ECD Policy passed by Cabinet; formalisation of Multi sectoral Steering Committee; increased efficiency through strengthened collaboration; initiate early stimulation programming in hinterland and riverine areas; public education; standards reviewed and adopted; and establishment of minimum competency levels for teachers and carers.
- k) **Jamaica** (2011-2014) - Incorporate Early Stimulation into the work of the Community Health Aides; Public education and sensitisation.

- l) **Montserrat** - Public sensitisation and training.
- m) **St. Kitts and Nevis** - Strengthen RCWTA Programme and public awareness and advocacy.
- n) **St. Lucia** - Inform relevant authorities; convene joint meeting of relevant stakeholders; approval of ECD policy; convene a National Consultation on Zero to Three and develop a national plan; establish a core committee to carry the work forward; public sensitisation.
- o) **St. Vincent And The Grenadines** - Review Policy and Standards to include Zero to Three; develop parenting policies; review curriculum guides; twin the Monitoring Checklist with the ECHO Checklist; comprehensive training of personnel; media sensitization; bring ECHO/Rovers to a national scale.
- p) **Suriname** - Awareness and sensitization programming with the Minister, the medical fraternity and the field officials; finalise the parenting programme; training; and strengthening of early intervention screening.
- q) **Trinidad and Tobago** - Develop a National Plan for Screening to include assessment of needs for screening, identification of appropriate screening tools, training of practitioners; expand home visitation programmes.
- r) **Turks and Caicos Islands** - Increase awareness of importance of early stimulation; training; and development of national guidelines.

In addition, three types of regional supports were identified as being useful in facilitating the implementation of the follow-up actions were identified - products, training and coordination and collaboration.

Products

a) Sensitisation Products

- Access to audio and video recordings e.g. DVDs of the keynote presentations to use at the national level;
- Strategy on Communications and Advocacy at the national level – how to convey the urgency?

b) Infrastructure Designs

- Infrastructure to support programming for the zero to three e.g. alternative room designs; toys and manipulatives;

c) Strategies, Guidelines and Models

- Mapping of policies and strategies that exist in the region;
- Development of regional core components for record keeping measures for inclusion in child health and development records/passports;
- Development of a model for a Screening, Referral and EI system for developmental delay and disability;

- Development of a screening tool for early stimulation of children at multiple risk;
- Guidelines and Standards on non-parental day care;
- Developing a business model for home based day care;
- Strategies for working with parents and developing policies for supporting parenting.

Training

- a) Assess available training vis-à-vis needs at the national and regional level.
- b) Modify existing regional parenting programmes to strengthen the early stimulation component for children zero to three
- c) Strengthen focus on how to work with/approach parents in the regional training of practitioners in early stimulation
- d) Facilitate access to training opportunities on a regional basis in skills/competencies for working with parents, children zero to three, and in specialist areas.

Coordination and Collaboration

- a) Facilitation, monitoring and coordination of country experiences in implementing follow-up actions.
- b) Approval of recommendations by COHSOD; and
- c) Facilitate exchange visits between countries.

1. BACKGROUND

1.1. RATIONALE

The first three years of life are a period of incredible growth and development in all areas. New research points to the unique vulnerability of children during particular periods of development such as gestation, infancy and very early childhood (Golding, Jones, Brune´ & Pronczuk, 2009).

In the first few years of life there is rapid proliferation of neural connections in the brain – as many as 700 new neural connections per second (Shonkoff, 2009). This is to accommodate a wide range of environments and interactions. After this initial period, connections proliferate and prune in a prescribed order, with more complex brain circuits being built upon earlier, simpler circuits (Shonkoff, 2009). In other words, brain plasticity decreases with age. As the brain matures and becomes more specialized, it is less capable of reorganizing and adapting to new challenges. Consequently, the zero to three period is especially important because it is easier to influence a child’s developing brain architecture than to rewire parts of its circuitry during adolescence or adulthood (National Scientific Council on the Developing Child, 2007).

The quality of a child’s early environment and the availability of appropriate experiences during sensitive periods of development are crucial in determining the strength or weakness of the brain’s architecture, which, in turn, determines health, cognitive abilities and self-regulation (National Scientific Council on the Developing Child, 2007). Children most at risk for poverty are most vulnerable to its effects. In Jamaica, the only long term follow up of an early childhood psychosocial intervention undertaken in developing countries showed benefits to cognitive ability and psychological well being throughout adulthood (to age 22 years) (Walker et al., 2005, 2006). Poor households in Jamaica are characterized by a lack of parent child interaction and few materials for children’s learning (Samms-Vaughan, 2005).

Qualitative research in Dominica and Trinidad and Tobago, and a baseline study for the roving caregiver programme in St Lucia, reflect similar concerns (Caribbean Child Support Initiative, 2006; Barrow, 2008). Most children spend some time in non-parental care, in informal arrangements with neighbours or with relatives. The quality of these care arrangements is not known, nor is the extent of use. It could be between 50-70% based on women’s participation in the workforce, and the lack of formal child care services available for the 0-3 age group (UNESCO, 2007). The quality of non-parental care is also not known.

These findings have significant implications for the development of Caribbean children in general and vulnerable children in particular into productive and well adjusted adults, given the developmental challenges being faced of persistent poverty, low human resource capacity and rising incidences of crime, drug use and other social concerns affecting children and young people. The Caribbean as a whole has performed poorly on deliberate targeting of the most vulnerable and disadvantaged for ensuring equitable access to resources, interventions, supports and services. While some programmes exist, they are not at the scale needed to tackle the needs comprehensively in families of young children.

Against this background, CARICOM and the Caribbean Child Support Initiative, with the support and collaboration of regional partners, convened a regional forum to explore practical strategies for supporting the development of children zero to three, particularly the most vulnerable.

1.2. OBJECTIVES

The objectives of the Forum were to:

- examine the relationship between quality early childhood programming for children zero to three, particularly the most vulnerable, and the priority development concerns of human and social development, school ‘readiness’ and achievement.
- identify practical strategies for supporting the development of children zero to three, particularly the most vulnerable, in the Caribbean Community
- consider a potential menu of options for national application
- recommend priorities for national action.

The Forum targeted government representatives from health, education and social development agencies who work with children zero to three years old and their families, along with representatives from parenting support agencies in the Caribbean Region.

1.3. EXPECTED OUTCOMES

The general outcome expected from the Forum was the sensitisation of influential policy making and programming personnel in government to the importance of deliberate targeting of programming for the development of children zero to three, particularly the most vulnerable, to national development priorities.

This would create a greater awareness of the need to provide direct support to the development of zero to three, particularly those in poor and vulnerable situations, if human and social capital development is to be built and societies are to be both productive and safe.

It would also lay the basis for the mainstreaming of early childhood programming for children zero to three, particularly the most vulnerable, through the ministries of health, education and social development, as a core strategy for strengthening human resource development through effective parenting support, learning opportunities, quality care environments and early intervention.

The long-term impact of the Forum would be dependent on the quality and sustainability of the follow-up at the national and regional levels. The Forum assumed that all partners involved in organizing the Forum would follow up with targeted and sustained advocacy and programming at the national and regional levels.

1.4. METHODOLOGY AND PROCESSES

The Forum was designed to facilitate the exchange of ideas and experiences and the exploration of new opportunities and approaches. To encourage this, participants were provided with cutting edge information on the most recent science related to the zero to three cohorts, the evidence

from regional research interventions and on the status of the children and services. They were then encouraged to examine practical ways in which the programming and services could be strengthened.

The processes that were used were:

- Keynote Presentations on:
 - *Scientific evidence for the critical importance of supporting development of children zero to three, particularly the most vulnerable*, by Prof. Maureen Samms-Vaughan UWI .
 - *What makes the difference in supporting the development of children zero to three, particularly the most vulnerable? Evidence from regional research interventions.* Separate presentations were done by Prof. Susan Walker UWI and Susan Branker, Director CCSI.
 - *Rationale for investing in children zero to three, particularly the most vulnerable. What are the consequences for education and life outcomes?* by Didacus Jules, Caribbean Examinations Council, CXC.
- An update on the *Status of children zero to three and the services and supports available to them in the Caribbean. Where are the gaps? What are the challenges in meeting the gaps?* by Leon Charles, Consultant, Charles & Associates, Inc.
- Six separate Roundtable discussions were held on the themes:
 - Health and Nutrition;
 - Screening, referral and early intervention services;
 - Childrearing practices and supports;
 - Early stimulation;
 - Non-parental day care;
 - Policies for supporting parents.

These Roundtables provided the opportunity for participants to explore issues in more detail including:

- examining the implications for children's development of the failure to provide these services and supports;
- identifying in each area the main components of programming that were required to support children's development;
- identifying in each area examples of promising programme initiatives that already existed in the region; and
- identifying examples of practical strategies for supporting children zero to three that participants can learn from.

The detailed Agenda is attached as **Appendix 1** and the Terms of Reference for the Roundtables are attached as **Appendix 2**.

1.5. PARTICIPANTS

The Forum was attended by seventy three (73) participants from eighteen (18) countries across the region, and from nine (9) regional organisations. The participants included 52 representatives from Ministries of Health, Education, and Social Development, with the other 21 representing regional and international agencies.

A detailed participant listing is attached as **Appendix 3**.

2. FORUM PROCEEDINGS

2.1. OPENING CEREMONY

The Opening Ceremony was chaired by Ms. Lou Anne Gilchrist, Chief Education Officer, St. Vincent and the Grenadines and addressed by representatives from the organizing Agencies – CARICOM Secretariat, CARICAD, UNICEF, Commonwealth Secretariat, Government of St. Vincent and the Grenadines, Parenting Partners Caribbean, University of the West Indies – and by the Minister of Health, Wellness and the Environment in the Government of St. Vincent and the Grenadines, Hon. Cecil McKie, who formally declared the Forum open.

2.1.1. Remarks by Agencies

Dr. Morella Joseph, representing **CARICOM**, emphasised the need for support structures to be in place for children in the Zero to Three cohorts, especially for those born in high risk circumstances. She also noted the need for a well regulated and harmonised system at the national and regional levels that included all the key players servicing those cohorts.

Jennifer Astaphan, **CARICAD** representative, noted its involvement in Early Childhood programming starting with the Caribbean Support Initiative (CSI) and culminating with the Foundation for the Development of Caribbean Children (FDCC) which was to be launched later in the day. She emphasised the role of the Forum as being one that will create concrete steps for moving the ECD agenda in the region forward, to ensure that the children of the region, particularly the most vulnerable, have an equal opportunity to reach their maximum potential.

Tom Olsen, the **UNICEF** Representative for Barbados and the Eastern Caribbean, emphasised the importance of early childhood development and encouraged practitioners to introduce the principles and practices of innovative thinking to children at an early stage. The need to report, monitor and correct approaches was also noted and UNICEF's support for such initiatives was emphasised.

Hipolina Joseph, representing the **Commonwealth Secretariat**, noted its involvement in assisting governments to achieve the MDGs in areas related to early childhood education. She stressed that one of the prime tasks facing the Forum was to assist governments in seeing early childhood development as an investment and not only as an expenditure.

Kathleen Mandeville, speaking on behalf of the **Government of St. Vincent and the Grenadines**, outlined the latter's approach to early childhood programming and provided a detailed description of the Early Childhood Health Outreach (ECHO) pilot intervention.

Janet Brown, on behalf of **Parenting Partners Caribbean**, noted their significant experience in working with parents and children zero to three and pledged their support for the Forum.

Professor Susan Walker, representing the **University of the West Indies**, noted the importance of building foundations early in life and expressed the hope that the Forum will lead to further developmental work in this area.

2.1.2. Minister of Health, Wellness and the Environment, St. Vincent and the Grenadines

The Minister welcomed participants and acknowledged the work the partnering organizations have done throughout the years in nurturing the region's children.

He outlined the work that the Government of St. Vincent and the Grenadines had done in strengthening the programming in the early childhood sector and noted that much success has been achieved to date through the attachment of childhood centres to primary schools, outreach programmes to the disadvantaged, free nutritious meals to children, training for personnel to equip the family practitioners with skills to interface with parents and the stimulation of the children under three, work with the Roving Care Giver Programme, and parenting education, among other initiatives.

He pledged that the government will continue to put policies and programmes in place to ensure not just the holistic development of all its children from ages three to five, but specifically, stimulation of the zero to three age group.

2.2. KEYNOTE PRESENTATIONS

2.2.1. Scientific evidence for the critical importance of supporting development of children zero to three, particularly the most vulnerable

Professor Samms-Vaughan's presentation focused on six areas - a trajectory of Caribbean childhood, the biology of brain development, evidence for the importance of 0-3 years, intervention evidence, conclusions and questions for consideration by the Forum.

(a) A Trajectory of Caribbean Childhood

The science of early childhood development indicates that the first few years of life are critical to children's health, development and behaviour, and set the stage for adult health, education and behaviour.

All children are born wired for feelings and ready to learn. It is the environment that we create for them that determines who they become at age 3 and for many years to come.

(b) The Biology of Brain Development

The brain is the most rapidly growing of all organs during the first few years. Two thirds of the brain size is achieved by 2 and a half through 3 years of age. Brain growth then occurs slowly but steadily until 18 years.

Neurons and connections that we are born with are responsible for basic functions of life. Further complexity of the brain is dependent on the young child's experiences.

The most important time for sculpting brain development is in utero and the first few years of life. It has also been scientifically demonstrated that the first 3 to 4 years are critical for the

development of sensory pathways, social and emotional development and the learning behaviour (basic pathway for reading and mathematics) and health. Failure to adequately develop these pathways in the early years leads to deficiencies in the structure of the brain which required both financial and human resources to rectify; normal development is often not possible thereby impacting on the foundation with which the child enters adulthood.

(c) Practical Evidence for the Importance of 0-3 years

Language development begins as early as 7 months and this sets the capability for mastering multiple languages, literacy and language trajectory. The Test of Language Development (TOLD) can predict a child's reading score at age 9 from vocabulary at age 3, showing a correlation between vocabulary growth at age 3 and TOLD at age 9.

There is also a correlation between birth weight and learning behaviour with low birth weight babies later having more behavioural and learning difficulties than normal birth weight babies.

With respect to health, full term babies born small for their age tend to experience higher health risks as adults, such as:

- Heart disease;
- High blood pressure;
- Type 2 diabetes;
- Obesity;
- Vulnerability to aging.

Babies undernourished during the first few years of life have learning difficulties later on in life.

Stress systems are particularly malleable during the fetal and early childhood periods. Early experiences shape how readily they are activated and how well the responses can be contained and turned off. Stress responses that are activated too frequently or for prolonged periods in the absence of supportive systems are damaging to the brain. They affect the developing systems and result in systems that are hyperactive or slow to shut down when faced with threats. This leads to increased risk of behavioural and physiological disorders, such as:

- Anxiety & Depression;
- Alcoholism & Drug Abuse;
- Cognitive & Memory Impairment;
- Cardiovascular Disease;
- Stroke;
- Diabetes; and
- Infections.

Sensory experiences in early life promote positive behaviours. This was demonstrated in Romanian Orphan Adoption by the significant difference in abnormal brain activity, social and cognitive problems and high vulnerability to behavioral problems between children adopted into middle class homes after 8 months in the orphanage as compared to those adopted early.

The impact of child abuse leads to physical damage to brain structure in areas critical for learning such as those responsible for thinking, memory processing, emotions and response to danger. Chronic abuse causes shrinkage of the area responsible for emotions. Changes in the brain chemistry occur which increase production of the stress hormone cortisol and neurotransmitters such as epinephrine dopamine and serotonin which affect mood and behaviour and lead to depression and aggression along with abnormal EEG and seizures.

(d) Intervention Evidence for ECD

A quality ECD programme improves children's educational and behavioural outcomes in the short term and as adults in the long term. This was demonstrated by results collected from the Head Start programme in the USA.

(e) Conclusions: What does this mean for the Caribbean?

The presentation concluded with a listing of implications for the region, viz:

- Inadequate attention to 0-3 years results in immediate consequences for children who fail to reach academic, socio-emotional and health potential, and who therefore become challenges for society.
- Inadequate attention to 0-3 years results in long term consequences of adults who fail to reach educational and social potential.
- There is economic advantage to addressing the needs of children 0-3 years.
- Caribbean countries must address the needs of children 0-3 years if we are to impact current problems of violence, low academic attainment and low productivity.
- Our children are depending on us to get it right for them. They cannot do it themselves.

(f) Questions for Consideration by Forum

In closing, a number of questions were suggested for consideration by the Forum, viz:

- Do we provide parents or caregivers of young children with the supports they need to promote their development?
- Do we ensure that early childhood centres have appropriate standards?
- Are we able to identify children/families living with child or social protection challenges that hinder appropriate development?
- Are we able to identify children with physical/medical challenges (e.g. under-nutrition, low birth weight?) that may hinder appropriate development?

- Are we able to identify and provide adequate intervention for early developmental or behavioural disorders?

2.2.2. What makes the difference in supporting the development of children zero to three, particularly the most vulnerable? Evidence from regional research interventions.

(a) Evidence from Regional Research Interventions

Professor Susan Walker's presentation was based on research conducted in Jamaica. The main conclusions from the research were summarised as follows:

What we know:

- There are significant benefits from home visiting delivered by Community Health Aides;
- Weekly home visiting for 2 years had lasting benefits to adulthood;
- Visits must be at least fortnightly to benefit development;
- Home visiting can be integrated into health services;
- Supervision is essential to maintain quality of visits;
- The approach to the visit is important – working with and through the mother.

What we need to know:

- Evaluation of other approaches to delivery of parenting programmes;
- Is individual counseling feasible and effective?;
- What is the impact of parenting programmes delivered to groups; and
- How to reach children 18-36 months.

(b) Evidence from Evaluation of Roving Caregivers Programme

Susan Branker's presentation was based on the results of the evaluation of the RCP programme in St. Lucia.

The research addressed the following questions:

- What has been the impact of the RCP intervention on the children's development?
- What has been the impact of the RCP intervention on parents' knowledge and behaviour?

The research was conducted using a variety of methodologies, viz:

- Mixed methodology (both qualitative and quantitative);
- Longitudinal : following 450 children (qualitative);
- In-depth analysis of 44 families.

The main quantitative findings were that the intervention had a positive impact on cognitive development of especially younger children (6-18 months old at start of programme). It also identified poverty, low maternal education, malnutrition as significant risk factors that could impede children's development.

2.2.3. Rationale for investing in children zero to three, particularly the most vulnerable. What are the consequences for education and life outcomes?

Dr. Jules' presentation focused on the consequences for education and life outcomes for children who grow up in poverty and efforts being made by the CXC to address these challenges.

The presentation noted that children who grow up poor are more likely to have low productivity and income; provide poor care for their own children and contribute to the intergenerational transmission of poverty. This has significant consequences for education and life outcomes viz:

- If a child is not motivated and stimulated to learn, the more likely it is that when a child becomes an adult, he or she will fail in social and economic life.
- Youth who drop out of school early are vulnerable to unemployment, poverty, teen pregnancy, delinquency and crime.
- The longer policy makers wait to intervene, the more costly it becomes to remediate.

The socio-economic problems facing the region's youth were highlighted and the possible role of early childhood interventions in assisting to address these problems emphasised. These problems included youth crime, gang membership, sexual abuse and violence which resulted in lost benefits and significant costs to the society.

The low participation rate of children zero to three years of age in early childhood programmes across the region - approximately 20% - was noted, in the context where ECD should be seen as the foundation of the education system.

The presentation ended with an outline of the reforms to the regional education system that were being introduced by the Caribbean Examinations Council (CXC).

2.3. STATUS OF CHILDREN ZERO TO THREE AND THE SERVICES AND SUPPORTS AVAILABLE TO THEM IN THE CARIBBEAN. WHERE ARE THE GAPS? WHAT ARE THE CHALLENGES IN MEETING THE GAPS?

The analytical frame for this presentation was based on the work of Professor Susan Walker which identified the critical factors for optimal child development as:

- Health – Survival and free from infection
- Nutrition
- Stimulation
- Parent-child interaction

Using these parameters, the status of Caribbean children were summarised as follows:

- Acceptable health and freedom from infection;
- Nutritional concerns – Low Birth Weight, Iron deficiency anemia, breastfeeding; and
- Major gaps in knowledge of adequacy/impact of early stimulation and of children's developmental status.

On the question of the availability of supports and services to ensure that children, especially the most vulnerable were able to develop adequately, the situation was summarised as follows:

- Support and services for basic health needs are available;
- There are significant gaps in services for early stimulation and early intervention;
- There is limited policy support for parents; and
- There is no targeting of vulnerable children in most countries except for special programmes, with limited coverage.

A number of challenges were identified as constraints to changing the status quo. These included:

- Lack of awareness of the importance of the zero to three period at all policy levels;
- Limited public resources allocated to programming for the zero to three, beyond basic health services;
- Unavailability of personnel with relevant training;
- Lack of/inadequate policy and legislative environment;
- Cultural norms – parents prefer to keep children at home;
- Challenges of working in hinterland communities; and
- Private sector ownership of some services, where the profit motive received priority over the developmental needs of the vulnerable children.

A number of innovative practices and policies in the public sector were identified across the region including:

- Parenting Support Policy – Jamaica
- Child Health and Development Passport - Jamaica
- National Monitoring through Survey of Living Conditions - Jamaica
- Child Development Programme – Bermuda
- Child Development and Guidance Centre – St. Lucia

- UNICEF Village Care Points – Guyana
- Mould, Empower, Nurture, Direct (MEND) – St. Kitts and Nevis (Holistic family approach)
- Pilot programmes in the interior – Suriname (Prey Skoro + Piramide)
- Early Childhood Health Outreach – St. Vincent and the Grenadines

2.4. ROUNDTABLE DELIBERATIONS

2.4.1. Health and Nutrition

Objective: To identify practical strategies and the potential menu of options that participants can take back to their countries and use to guide programming at the national level.

Output: Practical recommendations for ensuring coordinated and effective health and nutrition programming for children zero to three, particularly the most vulnerable.

a) *What are the implications for children's development of the failure to provide adequate health and nutrition programming?*

- Iron deficiency; anemia – linked to cognitive development (across countries);
- Stunting has been reduced but is still relevant to some countries (e.g. Guyana; Belize);
- Neural tube defects;
- Deficiencies in folic acid e.g. spina bifida;
- Too many still births;
- Low birth weight;
- Severe Malnutrition;
- Obesity;
- Childhood diseases as a result of not being adequately immunized;
- Child's mental health;
- Prevention of mother to child transmission of HIV and AIDS;
- Water borne diseases as a result of poor sanitation conditions;
- Parasitic infestations;
- Malaria;
- Fetal alcohol syndrome and other substance abuse syndromes;
- CNCDS.

b) *What are the main ingredients for health and nutrition programming to support children's development?*

- Establishing balanced diets in schools/ECD Centres/Standards for school/ECD centre feeding programmes;
- Education and monitoring of school/ECD Centre vendors – institute policies on what should be sold;
- Target prospective parents (mothers and fathers) with ready and timely pre and ante-natal care/safe motherhood initiatives;
- Early screening;
- Education on complementary feeding (teach mothers to introduce different foods (e.g. vegetables before fruits);
- Exclusive breastfeeding programme for six months; breast feeding support groups;
- Continuous public awareness and education programmes, including targeting the most vulnerable and caregivers;
- Promotion of gross motor development and physical activity; safe play spaces
- Human and financial resources;
- Legislative framework – legislation and policies;
- Documentation and following processes and protocols to ensure successful delivery;
- Ongoing training and re-training;
- Involvement of males/prospective fathers in maternal and child health programmes; and
- Political will.

c) *What examples of promising programme initiatives in health and nutrition relevant to the age group exist in the region?*

- Workers go to preschools and give children their immunization – St. Kitts Nevis;
- Active home visitation programmes – at least three post natal visits within 10 days – Grenada;
- Monitoring programme after delivery – 666; 6 hours after discharge; 6 days after discharge; 6 weeks after discharge - Jamaica;
- Introduction of high risk clinics (including poor and vulnerable prospective mothers) – St. Kitts Nevis; Government appointed ObGyn; monitoring programme;
- Vaccination for all children prior to attending preschools in a number of countries;
- Post partum depression tests for all new mothers at 10 days after birth; at 6 weeks through use of a simple questionnaire which can result in referral for counseling and arrangements for follow up – Bermuda;
- Linking of referral system to other areas – cross ministerial initiative team – Bermuda;

- Sprinkles programme – pregnant mothers are given vitamins before they give birth; after birth children are given sachets from 6 months – 24 months for the child; coupon is given for them to access flour, barley etc. – Guyana;
- Food supplements for children suffering or at risk from under nutrition; HIV mothers; pregnant and lactating mothers – St. Vincent and the Grenadines;
- Malaria prone areas – distribution of treated bed nets for mothers and children – Guyana;
- Areas prone to flooding - promote oral rehydration – Dominica and Guyana;
- Breast milk bank – Brazil;
- Certified baby friendly hospitals – some territories;
- Growth monitoring that is linked to referral and intervention – most countries;
- Deworming programmes for children – some countries;
- Anaemia screening – 1 yr. olds – Grenada;
- Health and nutrition surveillance.

d) *What examples of practical strategies for accessing vulnerable children zero to three to health and nutrition services can participants learn from?*

- House to house visitations by community health aides/nurses - Jamaica;
- Collaboration between public and private practitioners – Grenada;
- Training of early childhood practitioners to counsel parents in infant and young child feeding – St. Vincent and the Grenadines;
- Health educators train caregivers, PTAs, and the like – Jamaica;
- Each health district (6) has a nutrition officer who goes into the clinics and provides nutrition education; also go into homes and provide nutrition counseling and demonstration for parents – Grenada;
- Community involvement and empowerment in the programmes - Belize;
- Multi-sectoral collaboration (health/education/social); public/private - Bermuda;
- Conditional cash transfers – parents have to meet certain requirements in order to get benefits; performance based health and nutrition indicators; e.g. if your child is fully immunized, then you get some cash - Belize;
- Child health passport/record – most countries;
- Political will; and
- Clearly defined policies.

2.4.2. Screening Referral and Early Intervention Services

a) *Definitions*

Developmental Surveillance – many ways of doing this but in our region it is mainly a tool used in the clinics that looks at developmental milestones to monitor when a child first ate solid food,

learned to walk, talk etc. Research out of the US suggests that this only picks up 30 percent of the children who have developmental issues.

Developmental Screening – it is used on every child, nationally, and involves the use of a tool, typically standardized and validated to be useful. It then picks up most children who are high risk for developmental disability. It is a comprehensive measure for identifying developmental delay and disability in the whole population. Based on the findings, a child can be referred for developmental assessment.

Developmental Assessment – used to qualify what developmental disability there is so that an intervention can be planned. Formal assessment is undertaken using a measure e.g. such as the Bayley Scales of Infant Development.

b) *Why are Screening, referral and early intervention services necessary for children zero – 3?*

- Screening is necessary to identify all children at risk. Instrument must be validated to do this.
- Referral and early intervention are necessary because – it is unethical to not intervene after referring, with early intervention there will be better outcomes.

c) *What are the main components of screening referral and early intervention services to support children's development?*

- ***Screening*** - This should address gross motor, fine motor, speech and language, cognitive and sensory, nutritional, anemia, medical – hearing and vision and other illness.
- ***Referral*** has two broad approaches:
 1. Automatic referral for high risk, right out of hospital persons.
 2. Referral from the national screening process.
- ***Early Intervention*** has two broad approaches:
 - Centre based with specialists including developmental pediatricians, occupational therapists, speech and language therapists, physiotherapists, audiologists;
 - Early stimulation /intervention – community based programmes typically in health.

- d) *What examples are there of promising programme initiatives in the region in screening, referral, and early intervention services?*
- ***St. Lucia***
 - Screening is done in health centres at 6 weeks, 8 months, 3 years and 5 years. The screening tool is not yet validated.
 - Referral to CDGC – developmental centre for children who have challenges
 - Developmental assessment – Bayley’s administered by a pediatrician.
 - Intervention provided at the Centre – speech and language therapy; occupational therapy and physiotherapy.

 - ***Barbados***
 - Surveillance in polyclinics;
 - Some screening using the Denver Developmental Screening Test, but not in standard use in the country, in all centres and professionals;
 - Public health visit homes and make referral directly to Cecil Graham Child Development Centre for assessment;
 - Some intervention and follow-up.

 - ***Bermuda***
 - Surveillance at clinics;
 - All children assessed at home at 6 weeks old; Developmental “screening” using developmental assessment tool at 2 years; Some intervention services: Occupational therapy; physiotherapy; speech therapy; assistance with swallowing disorders; and
 - Parenting assistance using 1234 Active Parenting and 1-2-3 Magic to support positive discipline approaches

 - ***Jamaica***
 - Just launched the Child Health and Development Passport nationally as a parent held record of child’s health and development, to be taken to the clinic at each visit
 - Screening with the WHO Ten Question Screen for Childhood Disability
 - Developmental Assessment by developmental pediatrician at UWI Diagnostic centre for this age group; and
 - Intervention – private and expensive by qualified specialists or community based by non-specialists. Not enough services to reach the population.

 - ***Suriname***
 - In the process of setting up screening and intervention services.

e) Challenges/and Recommendations

- Human resources – not enough therapists – UWI Mona has developed a Child Development Therapy Associate Degree programme to train and qualify community based therapists; need to encourage career paths in the areas identified : Occupational therapy; physiotherapy; speech therapy; audiology; ophthalmology – to include pediatric specialisms
- Countries collecting different data – options include the development of a regional health passport; or a regional core set of record keeping measures to be used in each country's national child health passports; need to review what we are all collecting and to determine what we can report on in every country. Important to develop this in the context of CSME, families moving throughout the region
- Topography and geography in each island is different and can serve as a barrier to access and service delivery;
- The need for more collaboration between agencies; for example though the use of a single identifier number from the cradle to the grave. Some countries have experience in establishing a single beneficiary system in social protection, or using a universal pupil number on entry to the school system. Useful to review these experiences, and consider how a Child Profile could ensure access to supports across sectors/in transition between life stages; and
- Screening tools should be regionally and nationally identified, validated and used; a regional pediatrician to guide the process. Caution that once a decision to screen is made at national level, concurrently, proper referral systems and procedures need to be put in place for diagnosis and early intervention services

2.4.3. Child rearing Practices and Supports

a) What are the main child rearing practices that are critical for supporting children's development? (Related to Health/Nutrition/ Stimulation/ Parent-child interaction/psychological development)

- Breastfeeding is important for minimum of 6 months; one person added “talking while breastfeeding” to maximize benefits;
- Listening to your child;
- Both mother and father are involved and share care;
- Using play for learning;
- Observe and document child's behaviour;
- Talking WITH not TO child;
- Parents apply nutritional information positively;

- Using recycled indigenous materials to stimulate children;
- TIME – doing enjoyable things with children;
- Immunizations complete;
- Parents know more about their children’s day care/school curriculum and engage with school;
- Hug your child often;
- Safe environment – re hygiene, security of spaces, and the like;
- Practice conflict resolution within the family (modeling and teaching values);
- Positive discipline and routines that promote self-discipline in children;
- Consistent discipline;
- Praising children’s efforts towards developing self-esteem. Caution offered to ENCOURAGE further effort; scaffold the child’s experience rather than “close” it with praise;
- Convey love – words/actions;
- Promote reasoning, creating, problem-solving;
- Have fun;
- Exploring own environment, promoting discovery, learning from all around (doesn’t have to cost \$);
- Individualize your children; no comparing;
- Promote autonomy, give children responsibilities and choices;
- Honesty with children;
- Using what we grow (0-3), developing healthy tastes; and
- Encourage language development with songs, stories, imagination.

b) *What are the main components of programmes of support to parents in relation to childrearing practices?*

- Pre-natal counseling – for both parents; groups, individual;
- Post-birth check-ups: home/clinic visits; group sessions;
- ECD group services – parenting groups, one-to-one, news-boards, visuals and videos (for non-readers), home visits;
- Early stimulation programmes in community settings, e.g. RCP, Reaching the Unreached, informal care-giving with training, play groups;
- Parenting courses;
- Mentoring programmes – for pre-parents, new parents, troubled parents;
- Nutrition counseling;
- Public education/media (with a caution about user-friendly language and strengths-based messages (not judgmental of parents));
- Materials production (for parents and caregivers, for facilitators/resource persons);
- Training facilitators towards raising quality of programme delivery;
- Training caregivers who are parenting (e.g. nannies, grandmothers, other guardians); and
- Focus on parents themselves, not on children’s needs alone.

- c) *What examples are there of programme initiatives in the region that provide effective support to child rearing practices via parenting support in the home and parenting education? and*
- d) *What examples are there of practical strategies for accessing parents of vulnerable children zero to three to programmes providing support in child rearing practices?*

Country/ Programme	Strategy
Dominica, St Vincent and the Grenadines, Jamaica, St. Lucia	RCP (if sustained/institutionalized) <ul style="list-style-type: none"> ▪ Use older community persons/graduates; selection criteria for Rovers and training are key ▪ Add skills training/income earning options for parents ▪ Parent groups regularly for mutual support, learning ▪ Focus on parent development: sustain learning for new child(ren)
Trinidad and Tobago: Parent Outreach Programme at SERVOL	Link home visitors to EC Centres <ul style="list-style-type: none"> ▪ Can identify families at risk ▪ Provide safe spaces for parents (from volatile neighbourhoods) and visitors ▪ Add group meetings to home visiting agendas
Jamaica Women’s Centres, Trinidad and Tobago SERVOL Choice programme	Parenting courses, other courses for teenage mothers in day centre which also has child care for babies before mothers return to school
	Use Early Childhood trained personnel to provide parenting sessions, demonstrations in health clinics (when clinic staff are overloaded, or untrained in EC stimulation)
	Include parenting messages, approaches in midwife training courses
Jamaica: Parents’ Places (in development)	Develop parent-friendly community settings for parent access for range of activities, e.g. parenting courses, individual counseling, access to information and referral, parent-child activities, partner activities, skills/literacy training, toy and book lending
(a) Trinidad and Tobago (b) Jamaica	Ministry of Education: (a) Outreach officers charged with picking up at-risk families through school reports/visits ; would then do home visiting and counseling or referral; (b) training EC practitioners to identify risk factors and respond appropriately, report/refer
St Vincent and the Grenadines	ECHO programme: plugging in parenting messages and approaches to training and work of Community Health Aides who do home visiting/demonstrations [Will see more next day]
Several countries have used one or more of these forums	Media uses: Ads/promotions: ** Make user-friendly video/radio version of Maureen Samms-Vaughan’s presentation for wide use – parent groups, classrooms, radio/TV <ul style="list-style-type: none"> ▪ Use catchy clips ▪ Private sector sponsorships of placements ▪ Productions to travel to more remote sites ▪ Radio reaches where services cannot/do not ▪ Use musicians, popular theatre to carry key messages
(a) SERVOL’s Adolescent Development Programme (b) St. Vincent and the Grenadines Cuba, Mexico, St.	PREVENT RISKS: <ul style="list-style-type: none"> (a) Place adolescents in regular hours in day care/preschool centres as part of 3-month life skills course (b) Parenting videos and conversations WHERE PEOPLE GATHER – taking messages to them, e.g. “on the block”, under the tree, in the bar/at sports clubs (fathers); often best around FOOD (c) Create good experiences for parents – break the cycle of bad experiences with

Lucia	<p>systems, “helpers”; this builds cultural capital that can pass on to children</p> <p>(d) Attend to ATTITUDE TRAINING so approach to parents is respectful, strengths-based. e.g. Teachers Colleges, facilitator training. “See parents as first teachers, teachers as second parents” – working on same goals</p> <p>(e) Provide child care during parent sessions – no security worries, don’t need babysitters, can watch demos with trained caregivers</p>
Several countries; St. Lucia offers 10-week men-only courses, well attended	<p>Make specific and concerted efforts to reach FATHERS, e.g.</p> <ul style="list-style-type: none"> • Prenatal visit invitations, courses • Birth attendance • Train and use male facilitators • Male-only Courses
Roving Caregiver Programmes	<p>Economic sustainability activities for parents so they can care for their children, e.g. backyard gardens, livestock rearing, micro-enterprise loans, grants with training/support</p>
Jamaica, Belize, Grenada, (not present)	<p>Need a national structure of delivery of parenting supports that include 0-3 focus and focus on the most vulnerable across age groups</p>
<p>CRITICAL TO SUCCESS OF MOST OF THE ABOVE: COLLABORATION ACROSS MINISTRIES AND OTHER SECTORS: share work, information, resources, personnel. The child and family should be at the centre of an integrated delivery system, particularly in identifying and serving those most in need and most vulnerable.</p>	

2.4.4. Early Stimulation

a) *Definitions:*

Early Stimulation - describes the use of activities, experiences and games that promote a child’s development through parent-child interaction in the home, community or clinic setting. Early Stimulation Programmes are provided to vulnerable children who are at multiple risk of development through poverty, exposure to drugs, environmental toxins, crime, under or malnutrition, and the like.

Early Stimulation Programmes are different from Early Intervention Services. Early Intervention Services include treatment, therapy, and other supportive interventions for children with diagnosed developmental delays and special educational needs (sensory, cognitive, language, social/emotional/behavioural and physical).

b) *What are the implications for children’s development of the failure to provide adequate early stimulation in the first three years of life?*

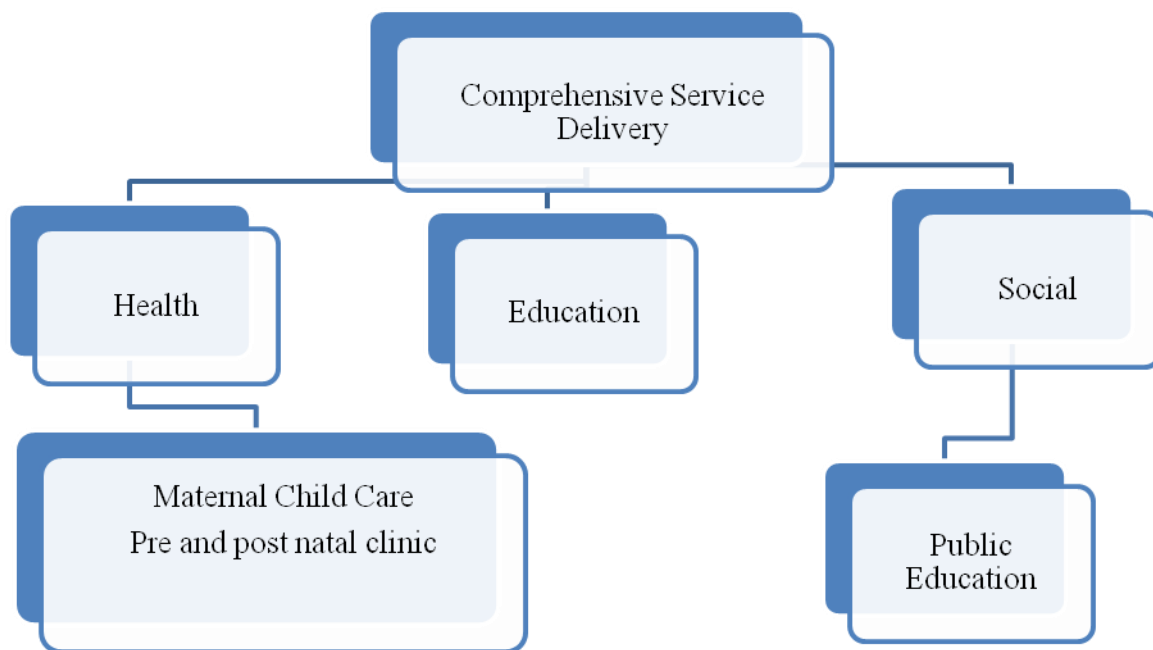
- Retarded development;
- Limits on maximizing child’s full potential;
- Less productive;
- Increase in crimes;
- Poor interpersonal skills;
- Inability to cope with challenges;
- Miss early signs; and
- Marginalization.

c) *What are the main ingredients for early stimulation programming to support children's development?*

- Trained personnel;
- Public engagement;
- Resources; and
- Communication.

Fig. 1 shows the interrelationship between the sectors in the delivery of a comprehensive early stimulation service and illustrates the need for inter-sectoral collaboration.

Fig. 1 - Comprehensive Early Stimulation Service Delivery



d) *What examples are there of promising programme initiatives in early stimulation relevant to the age group?*

- Barbados- PAREDOS;
- St. Kitts- Better Parenting
 - Reaching the Unreached
 - Project Viola
- Grenada: National Parenting Programme
- Trinidad & Tobago
 - SERVOL – POP, focused on the very poor, provided parenting training and life skills for fathers

- SERVOL - CHOICE

- Bermuda: One to One (check website verbal interaction)

Some countries are using the Parenting Pathways (Parenting Partners Manual) to deliver the programmes; others have designed their own manuals.

e) *What examples are there of practical strategies for accessing vulnerable children zero to three to early stimulation services?*

Who are the vulnerable? Children who face multiple risk of e.g.:

- Disadvantage (victims of domestic violence, substance abuse, crimes);
- Children born with low birth weights;
- Children with poor nutrition;
- Children living in extreme poverty; and
- Children of parents who face educational challenges.

Examples of practical strategies for accessing vulnerable children:

- ***Roving Caregivers Programme (RCP)*** - is a non-formal, home visitation, family support programme which seeks to provide early stimulation to children in rural communities under the age of three years.
 - It is implemented in the 4 Windward Islands, Jamaica and Belize;
 - It covers a very small percentage in the population of the birth to three age group.
- ***Early Childhood Health Outreach (ECHO)*** - similar to the RCP, but administered at the health clinics by community health workers. It is being piloted in St. Vincent and the Grenadines.
- ***Reaching the Unreached*** - provides training and support to home-based nurseries' staff and parents, offered by St. Kitts Nevis.
- Jamaica: In the process of developing a programme.

How children and their families are identified?

- National Poverty Assessment Findings;
- Health Assessment;
- Social Assessment;
- Community Mapping;
- Risk Indicators- communities known to have some level of violence, drug use and abuse and the like; and
- PATH programme (Jamaica).

It should also be noted that smaller countries identify the families through consultation with the community leaders, fact finding exercises and/or referral from people in the health, social and education services. Larger countries use surveys and reviews.

f) Conclusions and Recommendations: Strategies for Early Stimulation

Main Concerns

- The existing early stimulation programmes are in one or two communities in a country and are not reaching the entire country population of the birth to three cohort at multiple risk and in need of support;
- We cannot assume children accessing day care services are receiving quality care; and
- Most parenting programme offered by countries are designed for parents in general with little or no component on early stimulation

Recommendations:

- Poverty alone is not an indicator of risk of lack of stimulation. Therefore we need to systematically screen for children at risk of lack of stimulation. Formulate a national protocol for identification of children and families at high-risk and screen systematically in order to target programmes to children in need rather than provide programmes to all poor children which would be unsustainable. Consider group based programming for children in poverty and individualized programming for children at multiple risk. Engage the public aimed at changing behaviour;
- Modify existing parenting programmes to strengthen the early stimulation component for children zero to three; expand on the module for 0-3 in *Pathways to Parenting* (Parenting Partners Caribbean)
- Design programmes to be delivered to parents in prenatal and child well clinics; in group sessions as well as one to one; and
- Cross sectoral collaboration to identify existing services in which to incorporate early stimulation

2.4.5 Non-parental Day Care

Current situation in the Caribbean region:

- About 20% of children attend daycare centres;

- Women's participation in workforce is nearly 60%;
- Accordingly, the children must be with someone while women are out of the home;
- A large gap in our knowledge is around the area of where children are and what quality of care they are receiving and if they should be left with the person at all.

Globally- at least 17% of children globally are left with another sibling who may be under 10 years.

From the submitted questionnaires, three (3) key areas stand out as challenges and gaps:

- Identifying where children are in on-parental day care;
- What supports exist for care-giving – regulations, training, certification;
- Monitoring system for home based day care/non parental day care.

There is a challenge on how to classify the varying forms of non parental child care including:

- day care centres;
- home based provision- in home can range from 1:3 or have multiple care givers with larger numbers of children.

It was noted that there is very little information on in-home non-parental day care providers.

a) Why is it important to support the development of young children attending non- parental daycare services?

- Must ensure quality wherever the child is located because of how pivotal this time period is for development;
- Role of the carer is critical because in the homes they are alone and less connected to a system of support and training;
- Children will be entering the same system and converging and want to ensure children come in with an equitable start;
- When parents know their children are safe and well cared for their productivity and wellbeing increases (stress decreases);
- It's about our nation building and inclusion of all types of providers;
- Children in care by those who are not well paid, or recognized, often decreases quality;
- Home care environments offer positive cultural opportunities for children;
- Some may be in residential care homes without parents, and with caregivers (often shift work) who may not have the training necessary in early childhood.

b) *What examples are there of programme initiatives in the region that provide effective support for non parental child care provision?*

- **Bermuda - Child Development Programme** - provides training workshops to daycare center and home based care providers; CDP services are offered in non parental day care environments.
- **St Kitts Nevis - Reaching the Unreached programme.** ECD officer going into the community and find where care is taking place - very supportive rather than punitive; breaking down suspicion through their approach of establishing a connection and relationship over time; offering curriculum support, access to training and resources.
- **Cayman Islands-** Developing a framework for early child development services including a curriculum policy and procedures that will apply to all types of locations of day care.
- **Suriname** - training for day care workers; Train the Trainers by Stichting Klimop and NGO and by government - but government programmes stalled.
- **Roving Caregiver Programme-** to what extent does this programme capture home providers?
- **Trinidad and Tobago** established institutions provide center based care: candlelight; Child Welfare League gives training for providers - not sure if extended to home based. Training also done by Nursery Association and UWI and SERVOL is designing a curriculum for training targeted at carers of children zero to three.
- **Guyana** - George Town municipal council- train providers- not sure if extend to home based.

c) *What examples of promising programme initiatives exist in the region?*

- Roving Caregivers Programme Curriculum - could be adopted for providers.
- Cayman Islands' professional development framework - conducting interviews to determine existing levels of training and what they would like to have in the future. Sector wide to include home based day care.
- Bermuda - Regulation of day care centers and home based providers. For home based providers, the improvement of the regulatory body framework to include orientation and pre-license training, annual professional development, health and safety and programme standards.
- Various training programmes exist across the region:
 - NCTVET- across the region;
 - In Guyana - training of child care practitioners;

- Nursing Association of Trinidad and Tobago - 2 tiered childcare course;
- Trinidad and Tobago - the Child Welfare League offering short courses for providers;
- Suriname- Stichting Klimop training to day care providers;
- SERVOL – training in childcare; and
- Bermuda - CDP workshops - training caregivers together for practicality and efficiency.

d) *What examples are there for improving accesses to non parental day care for vulnerable children?*

- **British Virgin Islands** - Intend to start subsidizing vulnerable parents to access quality day care. Current programme does not ensure children are getting quality care providers. Programme is also to help ensure parents is able to find work. Requires collaborative inter-ministerial approach to ensure quality care.
- **Bermuda:**
 - Child Day Care Allowance provided to families under a set income level;
 - Cross Ministerial Initiatives Team to work with identified families in need and provide access to services such as the allowance to access non parental day care.
 - Tailoring standards for different care environments to ensure all services are monitored.

2.4.6.Policies for Supporting Parents

a) *What are the main areas in which policies for supporting parents are important, including access to information and services, and to various forms of assistance and support?*

- Access to health services;
- Nutrition (e.g. national policy on feeding of babies and infants);
- Access to education;
- Parental leave – maternity & paternity. This needs to be broadened to support parents in fulfilling their parental responsibilities e.g. attending PTA meetings for shift workers and leave for when child is ill;
- Flextime for parents;
- Access to onsite child care services;
- Access to quality child care services (day and night);
- Labour policies that are family centered; and
- Availability of infrastructure for safe and secure play.

b) *What examples are here of policies in the region that aim to strengthen parenting, including parenting of children zero to three years?*

- Jamaica – National Parenting Policy;

- Belize and Jamaica – Conditional Cash Transfer programme, where parents receive cash if commitments are met e.g. child is fully immunized;
- Belize - Child care subsidies for poor and those with disabilities (birth – two years);
- Dominica, Barbados, Guyana, Jamaica - micro financing for parents for small businesses.

c) *What examples are there of practical policies and strategies for providing parents of vulnerable children zero to three with access to information, services, assistance and support on a targeted basis?*

- Free health care for children;
- Adult Education – literacy , parenting skills training; and
- Financial support to vulnerable children to obtain day care services.

d) *What examples are there of mechanisms for implementing policies for supporting parenting?*

- Communication modalities for clear understanding of policies to target groups e.g. advertisements, public awareness in creole language – St. Lucia;
- Clear mapping/identification of target groups for disbursing financial assistance;
- Intersectoral linkages;
- Linking labour policies into parent policies;
- National Parenting Commission in Jamaica;
- Roving Caregivers Programme; and
- Establishment of lead agency (inter ministerial; public/private sector).

The National Parenting Commission (Jamaica)

(Excerpt from public correspondence from Dr. Rebecca Tortello, Adviser to the Minister of Education on Early Childhood and Parenting)

The Strategy is based on beginning with, and celebrating, parents' strengths, and as such, it is closely tied to the recently tabled National Parenting Support Strategy soon to go to debate in Parliament.

The National Parenting Support Strategy is deliberately named (including the word 'support') so as to emphasize the strengths-based approach. The vision presented in the Policy is as follows:

All parents in Jamaica – whether — by virtue of having given birth, adopting or serving as guardians - recognize, accept and discharge their duty to ensure that the rights of children are always upheld, the best interests of children are always promoted and their children are always loved and provided with opportunities and resources to achieve their full potential and ultimate fulfillment, within safe, caring and nurturing environments

This vision is articulated through 5 goals:

1. All Jamaicans make wise choices about becoming parents and make parenting a priority.
2. All Jamaican children are loved, nurtured and protected instinctively and unconditionally

by their parents.

3. Each parent understands and utilizes/applies positive practices in effective parenting
4. An enabling institutional framework exists to support parenting.
5. Ensuring that the principles and implications of effective parenting are communicated to the public in user friendly ways that enable comprehension of the material.

The Policy is also grounded in the intention of ensuring that our parents are aware of and understand what their responsibilities are under the law and that they are supported as they seek to meet these responsibilities, by promoting and coordinating organizational efforts and resources throughout the country that parents need to realise positive parenting practices. However, the Government also intends to ensure that our parents understand the consequences of defaulting on their responsibilities to their children under the law.

The Policy, and its accompanying Parenting Support Strategy, will be implemented by the National Parenting Support Commission (NPSC), and the bill to enact that multisectoral agency is on its way to the Legislative Subcommittee of Cabinet. The basic structure for the NPSC, its job descriptions/TORs and subcommittee TORs, are already drafted and ready for the board to review once appointed by the Honourable Minister in order to enable a quick start for that entity. We know that the majority of Jamaicans, despite many challenges, have managed/are managing to successfully raise their children, and through the NPSC we will acknowledge their successes and the best practices at work across the island. Together and through this policy, the NPSC, our schools and other parenting partners, we will elevate parenting on the national agenda and provide concrete, equitable support to our nation's parents.

The Ministry of Education recognises that parents are our students' first and, in many cases, most important teachers. Supportive, consistent parental involvement is therefore critical to a strong education system and that is why we are spearheading this work. So although we have been waiting for the legal establishment of the NPSC, the 'NPSC' has still been at work through consultancies headed by Parenting Partners Caribbean (PPC) to implement the key component of the support strategy - the Parents' Places. PPC (through a World Bank funded programme) has developed standards for parenting programme content and delivery based on local and international research on parenting best practices and Jamaica's own critical parenting issues - many of which have been mentioned/discussed in this week's postings.

A major part of the NPSC's activities will be to facilitate the establishment of "Parents' Places" island wide, drawing on aspects of existing community/government and business places and resources. Developed by Parenting Partners Caribbean (PPC), again funded by the World Bank, the strategy recommends three levels of Parents' Places:

If you have reached this far, we hope that you will see that a lot of thought and work has been put into better coordinating and supporting parenting as it relates to our school system. All of what I have posted here is doable and achievable in short order and this is so because wherever we have taken the ideas and sought feedback, from the Policy consultations, the consultations on

the NPSC, the consultations on the parenting support strategy (all of which have been diverse in terms of stakeholder representation and participatory in nature) there has been an overwhelming interest and willingness to work together to create a more enabling support network for our nation's parents. We are happy to report that the Parents' Places will be launched later this year (Sept/Oct) and at least 7 that represent different types of institutions - GOJ, NGO, Church, and the private sector - will be up and running. PPC has worked out (again with significant input from the sectors that traditionally work with parents) an application and review process as well as an implementation support process. A wider call for institutions to join in and create Parents' Places out of their existing resources will go out at that time. Parenting Support Kits with resource material for the first 100 Parents' Places have already been created - all Parents' Places will receive one of these kits. In addition, training has begun for existing GOJ/NGO staff to enable them to support Parents' Places as they develop island wide.

As the NPSC learns and grows, and as the nature of parenting and services for parenting change, its objectives and strategies will be evaluated and adapted to strengthen the national response to parenting matters. We look forward to your feedback and to more ideas and additional input so that together we can create a Jamaica where no parent will ever have to say "I did not know where to go to get help" and no school will complain - "I have trouble getting my parents to come to school and participate in their children's education."

2.5. Field Visit

Participants were provided with the opportunity to participate in field visits to see the implementation of the pilot Early Childhood Health Outreach (ECHO) project in action. During the visit, they were able to interact with the Community Health Aides (CHAs) and with parents and to see the CHAs in action as they worked with the parents and children.

This was followed by a debriefing session at which participants shared experiences and sought clarifications on the functioning of the project.

The feedback from the experience was very positive as expressed by many participants in their final evaluations.

2.6. Foundation for the Development of Caribbean Children (FDCC)

CARICAD launched the FDCC at a special function on the first evening of the Forum, and one of the plenary sessions was dedicated to a presentation and discussion of the Foundation and its role.

The Foundation was very positively received by the participants.

The FDCC is the region's first indigenous foundation dedicated to improving the early childhood development experiences for socially vulnerable children in the Caribbean.

The long-term vision for the FDCC is that Caribbean children from all social and economic backgrounds will have equal opportunities to reach their maximum potential. Over the next three years, the FDCC aims to significantly increase the number of disadvantaged children who

acquire the knowledge and skills to prepare them for entry into primary school and lifelong learning by accessing quality early childhood development services.

The FDCC will achieve this by providing funding and technical assistance to support the cognitive, social and emotional stimulation of children 0-3 years in socially vulnerable circumstances; and advocacy to decision makers and other stakeholders on behalf of children 0-5 years.

As a result, the FDCC envisions by 2015, a Caribbean Region where a greater proportion of socially vulnerable young children have equal opportunities to reach their maximum educational potential.

This will be achieved through four vision goals and two cross cutting strategies:

1. Extend the reach of quality ECD services to children aged 0-3 years
2. Develop strategies and related competencies for children 3-5 years
3. Lead, promote and ensure adherence to sound corporate governance principles
4. Develop predictable and sustainable funding

These will be under girded by a robust Monitoring, Evaluation and Research framework and supported by advocacy and communications at both the micro and macro levels.

3. FORUM OUTCOMES AND RECOMMENDATIONS

3.1. NEXT STEPS BY COUNTRY

Country teams identified priority actions that they will initiate on their return to office. Progress and experiences in the implementation of these initiatives would be shared through an online modality e.g. Base Camp, that would be coordinated by UNICEF.

The main priority actions identified included:

- s) **Anguilla** - Sensitisation of Permanent Secretary and relevant department heads; development of a plan of action on early stimulation and initiation of training on early stimulation to include curriculum development, training and monitoring of delivery.
- t) **Antigua and Barbuda** - introduction of early stimulation into the maternal and child health programme by January 2010.
- u) **Barbados** - Initiate a forum to increase collaboration between agencies; strengthen existing structures for early stimulation; conduct a needs assessment and identify training needs and required resources.
- v) **Belize** - Sensitize Ministers on outcomes from Forum; meet with senior technical officers to develop a multi sector action plan for the next 18 months; and develop a communications strategy on the importance of ECD and the Zero to Three period.
- w) **Bermuda** - Develop a comprehensive ECD Policy and Framework; enhance service provision through training.
- x) **British Virgin Islands** - Public Sensitisation, training and strengthened inter-sectoral collaboration by Education, Social Development and Health.
- y) **Cayman Islands** - Convene and inter-sectoral meeting to develop a Memorandum of Understanding on collaboration with Education as the lead agency, with support from health and the hospital. Follow this with the development of a policy and framework for supporting the Zero to Three.
- z) **Dominica** - Convene a Senior Management meeting with representation from Health, Education and Social Services with a view to Government reviewing and approving the ECD Policy and Legislative Framework. Convene a multi-stakeholder meeting on the zero to three with the objective of developing a Plan of Action by October, for implementation by December 2011.
- aa) **Grenada** - Pilot ECHO in an area not served by the RCP, using a multi-sectoral approach.

- bb) **Guyana** - Priority on getting ECD Policy passed by Cabinet; formalisation of Multi sectoral Steering Committee; increased efficiency through strengthened collaboration; initiate early stimulation programming in hinterland and riverine areas; public education; standards reviewed and adopted; and establishment of minimum competency levels for teachers and carers.
- cc) **Jamaica** (2011-2014) - Incorporate Early Stimulation into the work of the Community Health Aides; Public education and sensitisation.
- dd) **Montserrat** - Public sensitisation and training.
- ee) **St. Kitts and Nevis** - Strengthen RCWTA Programme and public awareness and advocacy.
- ff) **St. Lucia** - Inform relevant authorities; convene joint meeting of relevant stakeholders; approval of ECD policy; convene a National Consultation on Zero to Three and develop a national plan; establish a core committee to carry the work forward; public sensitisation.
- gg) **St. Vincent And The Grenadines** - Review Policy and Standards to include Zero to Three; develop parenting policies; review curriculum guides; twin the Monitoring Checklist with the ECHO Checklist; comprehensive training of personnel; media sensitization; bring ECHO/Rovers to a national scale.
- hh) **Suriname** - Awareness and sensitization programming with the Minister, the medical fraternity and the field officials; finalise the parenting programme; training; and strengthening of early intervention screening.
- ii) **Trinidad and Tobago** - Develop a National Plan for Screening to include assessment of needs for screening, identification of appropriate screening tools, training of practitioners; expand home visitation programmes.
- jj) **Turks and Caicos Islands** - Increase awareness of importance of early stimulation; training; and development of national guidelines.

3.2. REGIONAL SUPPORTS

Three types of regional supports were identified as being useful in facilitating the implementation of the follow-up actions were identified - products, training and coordination and collaboration.

3.2.1. Products

a) Sensitisation Products

- Access to audio and video recordings e.g. DVDs of the keynote presentations to use at the national level;

- Strategy on Communications and Advocacy at the national level – how to convey the urgency

b) Infrastructure Designs

- Infrastructure to support programming for the zero to three e.g. alternative room designs; toys and manipulatives;

c) Strategies, Guidelines and Models

- Mapping of policies and strategies that exist in the region;
- Development of regional core components for record keeping measures for inclusion in child health and development records/passports;
- Development of a model for a Screening, Referral and Early Intervention system for developmental delay and disability;
- Development of a screening tool for early stimulation of children at multiple risk;
- Guidelines and Standards for non-parental day care;
- Developing a business model for home based day care;
- Strategies for working with parents;
- Developing policies for supporting parenting

3.2.2. Training

- e) Assess available training vis-à-vis needs at the national and regional level.
- f) Modify existing regional parenting programmes to strengthen the early stimulation component for children zero to three
- g) Strengthen focus on how to work with/approach parents in the regional training of practitioners in early stimulation
- h) Facilitate access to training opportunities on a regional basis in skills/competencies for working with parents, children zero to three, and in specialist areas.

3.2.3. Coordination and Collaboration

- d) Facilitation, monitoring and coordination of country experiences in implementing follow-up actions.
- e) Approval of recommendations by COHSOD; and
- f) Facilitate exchange visits between countries.

4. PARTICIPANT EVALUATION

Participants were asked to complete an evaluation form during the last session of the Forum; forty-one forms were submitted. The evaluation by the participants was very positive, with very little in the way of negative comments, with the later related to the use of time and the very late finish on the first and second day. Of particular value to participants were the presentations on Day one and the field visit on Day three.

Participants made a number of recommendations for follow-up action at the regional level as part of the evaluation feedback. Many were similar to those that had been made during the discussion on regional supports and are not repeated in this section.

The recommendations included, *inter alia*:

- Regional guidelines for ECD 0-3; assist with technical input;
- Provide both technical and financial support as we take the process forward for national Strategic Plans on ECD with emphasis on 0-3;
- Seek to engage once more the CARICOM heads of government;
- Compilation /dissemination of information on promising practices within the region;
- There could be a display of resources used by other countries for implementation, monitoring and screening 0-3, e.g. check list, curriculum, scope of training;
- To create a Regional Certification for 0-3 practitioners to assist with easier assessment;
- Identify technical staff from the Caribbean who can assist the countries with help needed with ECD and Parenting (i.e. screening);
- Have a website where countries can communicate and update each other on what is happening with ECD in the countries;
- Dissemination of information via DVDs, CDs, newsletters concerning research done about ECD;
- Keep the participants in touch for mutual ideas sharing and support. Shared e-mails/newsletters or file sharing such as Dropbox (Free!), www.dropbox.com;
- Technical and financial support for training and implementation; and
- I will like to see yearly fora to give support to each other; evaluate where we are at; share and gain new experiences; follow-up on suggestions made; energise all concerned.

REFERENCES

- Barrow, C. (2008). *Early Childhood in the Caribbean. Working Papers in Early Childhood Development 47*, Bernard van Leer Foundation
- Caribbean Child Support Initiative, 2006. *St. Lucia Child Development Study, Baseline Report*. Bridgetown, Barbados
- Golding, J., Jones, R., Brune, M. N., and Pronczuk, J.: *Why carry out a longitudinal birth survey? Paediatric Perinatal Epidemiology 23 Suppl 1*, 1–14, 2009
- National Scientific Council on the Developing Child, 2007. *The science of Early Childhood Development. Closing the Gap between what we know and what we do*. www.developingchild.net.
- Samms-Vaughan M.E. 2005. *The Jamaican Pre-School Child: The Status of Early Childhood Development in Jamaica*. Planning Institute of Jamaica, Kingston, Jamaica
- Shonkoff, P. MD. *Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society*. Published on line in the Encyclopedia on Early Childhood Development 1 ©2009 Centre of Excellence for Early Childhood Development December 9, 2009
- UNESCO, 2007. *Education For All Global Monitoring Report. Strong Foundations. Early Childhood Care and Education*. Background Paper on the Caribbean Region (CARICOM States). www.efareport.unesco.org
- Walker, S. P., S. M. Chang, C. A. Powell, and S. M. Grantham-McGregor. 2005. “*Effects of Early Childhood Psychosocial Stimulation and Nutritional Supplementation on Cognition and Education in Growth-Stunted Jamaican Children: Prospective Cohort Study*.” *Lancet* 366: 1804–7.
- Walker, S. P., S. M. Chang, C. A. Powell, E. Simonoff, and S. M. Grantham-McGregor. 2006. “*Effects of Psychosocial Stimulation and Dietary Supplementation in Early Childhood on Psychosocial Functioning in Late Adolescence: Follow-up of Randomised Controlled Trial*.” *British Medical Journal* 333: 472–74.

APPENDIX 1 FORUM AGENDA

Supporting the development of children zero to three, particularly the most vulnerable

A regional forum of health, education, social development and parenting support agencies
NIS Conference Room, NIS Building, Kingstown, St Vincent and the Grenadines
27th – 30th June, 2011

*Caribbean Community in partnership with the Caribbean Child Support Initiative (CCSI) Programme
and the Government of St Vincent and the Grenadines,
with support from UNICEF, the Commonwealth Secretariat, Parenting Partners Caribbean (PPC) and
the University of the West Indies(UWI)*

PROGRAMME

SUNDAY 26th June: At Participants' hotels

7.00pm – 9.00pm Participants collect Forum Package from their hotel front desk.

MONDAY 27th June: VENUE: NIS CONFERENCE ROOM

7.30 am Transportation leaves the participants' hotels for the venue

8.00 – 8.45 am Registration of participants from St Vincent and the Grenadines.
Allocation to Roundtables

Participants to be **seated by 8.45 am**

8.45 – 10.45 am OPENING SESSION

8.45 – 8.50 **Welcome**
Forum Chairperson: Ms. Lou-Anne Gilchrist, Chief Education
Officer, Government of St Vincent and the Grenadines

8.50 - 9.00 **Introductory Remarks**
Dr Morella Joseph, Programme Manager, Human Resource
Development, Caribbean Community Secretariat
Ms. Jennifer Astaphan, Director, Caribbean Centre for
Development Administration

9.00 – 9.15	Remarks by Supporting Organisations Mr. Tom Olsen, Representative, UNICEF Eastern Caribbean Office Ms. Hipolina Joseph, Commonwealth Secretariat, London Mrs. Shirla Francis, Permanent Secretary in the Ministry of Health, Wellness and the Environment Mrs. Janet Brown, Parenting Partners Caribbean Professor Susan Walker, Acting Director, Tropical Medicine Research Institute, University of the West Indies (UWI)
9.15 - 9.30	Official Opening: The Honourable Girlyn Miguel, Deputy Prime Minister and Minister of Education, Government of St Vincent and the Grenadines
9.30 - 10.10	Key note address 1: <i>Scientific evidence for the critical importance of supporting development of children zero to three, particularly the most vulnerable</i> Professor Maureen Samms-Vaughan, Professor of Child Health, Development and Behaviour, Faculty of Medical Sciences, UWI
10.10 –10.45	Question and Answer
10.45-11.15	Break
11.15 am – 12.45 pm	MORNING SESSION: Chairperson: Ms. Lou-Anne Gilchrist Introduction of Forum Co-Facilitators: Leon Charles and Sian Williams
11.15 -12.00 noon	Key note address 2: <i>What makes the difference in supporting the development of children zero to three, particularly the most vulnerable? Evidence from regional research interventions.</i>
11.15 – 11.45 am	Prof. Susan Walker, Professor of Nutrition, Acting Director, Tropical Medicine Research Institute, UWI
11:45 – 12.00 pm	Susan Branker, Director CCSI
12.00– 12.40	Plenary discussion.
12.40 –12.45	Summary of the morning session by the Chairperson
12.45 – 2.00	Lunch
2.00 – 4.30 pm	AFTERNOON SESSION: Chairperson Ms. Lou-Anne Gilchrist.
2.00 – 2.30	Key note address 3: <i>Rationale for investing in children zero to three, particularly the most vulnerable. What are the consequences for education and life outcomes?</i>
	Didacus Jules, Caribbean Examinations Council (CXC)
2.30 - 3.00	Discussion
3.00 - 3.15	Break.

3.15 – 3.45	Plenary presentation: <i>Status of children zero to three and the services and supports available to them in the Caribbean. Where are the gaps? What are the challenges in meeting the gaps?</i> Leon Charles, Charles and Associates
3.45 – 4.15	Discussion
4.15 – 4.30	Summary of the day by the Chairperson Housekeeping: Forum Secretariat.
4.30	Break for the day. Transportation takes participants to their hotels
6.00 pm	Transportation leaves hotels to take participants to the Reception
6.30 – 9pm	Forum Reception and Launch of the Foundation for the Development of Caribbean Children Prime Minister’s Residence, Kingstown

TUESDAY 28th June

VENUE: NIS CONFERENCE ROOM

7.30 am	Transportation leaves the participants’ hotels for the venue
8.30 – 8.45 am	Introduction to the Roundtables by the co-facilitators
8.45 – 10.45	Roundtables run concurrently Roundtable 1: Health and Nutrition Roundtable 2: Screening, referral & early intervention service Roundtable 3: Childrearing practices and supports
10.45 – 11.15	Break
11.15 -11.45	Plenary session: Feedback from Round Tables
11.45– 12.20 pm	Discussion in plenary
12.20 –12.30	Summary of the morning session by the co-facilitators
12.30 – 2.00	Lunch
2.0 – 4.00 pm	Round Tables run concurrently Roundtable 4: Early stimulation Roundtable 5: Non-parental day care Roundtable 6: Policies for supporting parents
4.00 – 4.30	Plenary session: Feedback from Round Tables
4.30 – 5.00	Discussion in plenary

5.00 – 5.20	Summary of the day by the co-facilitators Housekeeping: arrangements for Wednesday
5.30	Break for the day. Transportation takes participants to their hotels
WEDNESDAY 29th June	FIELD VISITS and RETURN TO THE VENUE
8.00 am	Transportation leaves the participants' hotels for Field Visits Participants should wear comfortable clothing and shoes.
8.00 – 11.15 pm	Visits to see the Early Childhood Outreach and Roving Caregiver Programmes in action in Barrouallie Participants will be taken to see the Programmes in a community half an hour outside of Kingstown
11.15 – 11.30 am	Break and Convene at the Venue at the NIS Conference Room
11.30 am – 12.45 pm	Discussion: The value of ECHO and RCP in programming for children zero to three, particularly the most vulnerable, and options for future sustainability and country-wide programming Discussion led by Leon Charles, Shirla Francis, Lou-Anne Gilchrist, Kathleen Mandeville and Judith Hull-Ballah
12.45 – 2.00 pm	Lunch
2.00 – 4.00 pm	Consultation meeting on the proposed programme of the Foundation for the Development of Caribbean Children (FDCC)
4.00 – 6.00 pm	Working Groups: Planning Next Steps at Country Level
6.00 pm	Break for the day Transportation takes participants to their hotels
THURSDAY 30th June	VENUE: NIS CONFERENCE ROOM
7.30 am	N.B. Prior check out from hotels for participants departing today Transportation leaves the participants' hotels for the venue
8.30 am – 12.30 pm	FINAL SESSION: Chairperson: Dr Morella Joseph, Programme Manager, HRD, Caribbean Community Secretariat
8.30 – 10.45	Feedback from Working Groups. Co-Facilitators
10.45 – 11.15	Break

11.15 – 12.15	Next steps: Consensus and consolidation of the outcomes of the Forum
12.15 pm	Summary and conclusion to the forum: Co-facilitators and Chairperson
12.30	Lunch Transportation takes participants to their hotels

APPENDIX 2

TERMS OF REFERENCE FOR ROUNDTABLE FACILITATORS

Round Table 1 on Tuesday 28th June, commencing 8.45 am: To facilitate discussion at the Forum on supporting the development of children zero to three, particularly the most vulnerable, **through health and nutrition services**

Objective:

The objective of the Roundtable is to identify practical strategies and a potential menu of options that participants can take back to their countries and use to guide programming at the national level.

The Roundtable will make recommendations for consideration at the national and regional levels.

Process:

The Roundtable will address the following questions:

- What are the implications for children's development of the failure to provide adequate health and nutrition programming?
- What are the main ingredients for health and nutrition programming to support children's development?
- What examples of promising programme initiatives in health and nutrition relevant to the age group exist in the region?
- What examples of practical strategies for accessing vulnerable children zero to three to health and nutrition services can participants learn from?

Output:

Practical recommendations for ensuring coordinated and effective health and nutrition programming for children zero to three, particularly the most vulnerable.

Suggested timing:

15 minutes on introductions, to include each person's area of work/interest in supporting the development of children Zero to Three, particularly the most vulnerable

60 minutes of discussion, supporting participants to address the questions

45 minutes to prepare recommendations to be shared in plenary

Round Table 2 on Tuesday 28th June, commencing 8.45 am: To provide technical support to the Forum on supporting the development of children zero to three, particularly the most vulnerable, **in screening, referral and early intervention services**

Objective:

The objective of the Roundtable is to identify practical strategies and a potential menu of options that participants can take back to their countries and use to guide programming at the national level.

The Roundtable will make recommendations for consideration at the national and regional levels.

Process:

The Roundtable will address the following questions:

- Why screening, referral and early intervention services are necessary for children zero to three, particularly the most vulnerable?
- What are the main components of screening, referral and early intervention services to support children's development?
- What examples are there of promising programme initiatives in the region in screening, referral and early intervention services relevant to the age group?
- What examples of practical strategies are there for accessing vulnerable children zero to three to screening, referral and early intervention services?

Output:

Practical recommendations for ensuring coordinated and effective screening, referral and early intervention services for children zero to three, particularly the most vulnerable

Suggested timing:

15 minutes on introductions, to include each person's area of work/interest in supporting the development of children zero to three, particularly the most vulnerable

60 minutes of discussion, supporting participants to address the questions

45 minutes to prepare recommendations to be shared in plenary

Round Table 3 on Tuesday 28th June, commencing 8.45 am: To provide technical support to the Forum on supporting the development of children zero to three, particularly the most vulnerable, **through childrearing practices and supports**

Objective:

The objective of the Roundtable is to identify practical strategies and a potential menu of options that participants can take back to their countries and use to guide programming at the national level.

The Roundtable will make recommendations for consideration at the national and regional levels.

Process:

The Roundtable will address the following questions:

- What are the main child rearing practices that are critical for supporting children's development?
- What are the main components of programmes of support to parents in childrearing practices?
- What examples are there of programme initiatives in the region that provide effective support to child rearing practices parenting support in the home and parenting education?
- What examples are there of practical strategies for accessing parents of vulnerable children zero to three, to programmes providing support in child rearing practices?

Output:

Practical recommendations for ensuring coordinated and effective support for child rearing practices for children zero to three, particularly the most vulnerable

Suggested timing:

15 minutes on introductions, to include each person's area of work/interest in supporting the development of children zero to three, particularly the most vulnerable

60 minutes of discussion, supporting participants to address the questions

45 minutes to prepare recommendations to be shared in plenary

Round Table 4 on Tuesday 28th June, commencing 2.00 pm: To provide technical support to the Forum on supporting the development of children zero to three, particularly the most vulnerable, **through early stimulation**

Objective:

The objective of the Roundtable is to identify practical strategies and a potential menu of options that participants can take back to their countries and use to guide programming at the national level.

The Roundtable will make recommendations for consideration at the national and regional levels.

Process:

The Roundtable will address the following questions:

- What are the implications for children's development of the failure to provide adequate early stimulation in the first three years of life?
- What are the main ingredients for early stimulation programming to support children's development?
- What examples are there of promising programme initiatives in early stimulation relevant to the age group?
- What examples are there of practical strategies for accessing vulnerable children zero to three to early stimulation services?

Output:

Practical recommendations for ensuring coordinated and effective early stimulation programming for children zero to three, particularly the most vulnerable

Suggested timing:

15 minutes on introductions, to include each person's area of work/interest in supporting the development of children zero to three, particularly the most vulnerable

60 minutes of discussion, supporting participants to address the questions

45 minutes to prepare recommendations to be shared in plenary

Round Table 5 on Tuesday 28th June, commencing 2.00 pm: To provide technical support to the Forum on supporting the development of children zero to three, particularly the most vulnerable, **in non-parental day care services**

Objective:

The objective of the Roundtable is to identify practical strategies and a potential menu of options that participants can take back to their countries and use to guide programming at the national level.

The Roundtable will make recommendations for consideration at the national and regional levels.

Process:

The Roundtable will address the following questions:

- Why is it important to support the development of young children attending non-parental day care services?
- What examples are there of programme initiatives in the region that provide effective support to the development of children in non-parental day care services, including home based nurseries, child minding services and day care centres?
- What promising practices are there in training and supporting the providers of non-parental day care?
- What examples are there of practical strategies for accessing vulnerable children zero to three to non-parental day care services?

Output:

Practical recommendations for ensuring coordinated and effective support and monitoring for non-parental day care services for children zero to three, particularly the most vulnerable

Suggested timing:

15 minutes on introductions, to include each person's area of work/interest in supporting the development of children zero to three, particularly the most vulnerable

60 minutes of discussion, supporting participants to address the questions

45 minutes to prepare recommendations to be shared in plenary

Round Table 6 on Tuesday 28th June, commencing 2.00 pm: To provide technical support to the Forum on supporting the development of children zero to three, particularly the most vulnerable, **through policies for supporting parents**

Objective:

The objective of the Roundtable is to identify practical strategies and a potential menu of options that participants can take back to their countries and use to guide programming at the national level.

The Roundtable will make recommendations for consideration at the national and regional levels.

Process:

- What are the main areas in which policies for supporting parents are important, including access to information and services, and to various forms of assistance and support?
- What examples are here of policies in the region that aim to strengthen parenting, including parenting of children zero to three years?
- What examples are there of practical policy strategies for accessing parents of vulnerable children zero to three to information, services, assistance and support on a targeted basis?
- What examples are there of mechanisms for implementing policies for supporting parenting?

Output:

Practical recommendations for ensuring coordinated and effective support for child rearing practices for children zero to three, particularly the most vulnerable

Suggested timing:

15 minutes on introductions, to include each person's area of work/interest in supporting the development of children zero to three, particularly the most vulnerable

60 minutes of discussion, supporting participants to address the questions

45 minutes to prepare recommendations to be shared in plenary

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