

# *Preparing Jamaican Children in State Care for Independent Living: A Situation Analysis*

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## **Abstract**

*Children and young people aging out of State-run residential institutions in Jamaica are challenged in acquiring the skills and confidence required to manage their adult lives productively and require additional support to prepare for independent living. The remit for preparing children adequately to transition from care comes from several international and national instruments. Three Jamaican studies about leaving care highlight challenges for service providers and policy makers to sustain focus on the needs of children and young people in State care and what they require when transitioning State care. While some provisions have been made by the State to ensure that children are prepared for life after care, it remains crucial to establish mandated mechanisms to ensure that these provisions are adhered to and programmes are standardized and streamlined.*

## **Introduction**

Children and young people compelled to spend valuable formative years in State-run residential care institutions face multiple, well documented challenges. Numerous studies have demonstrated poorer outcomes after youth transition to State child protection systems in all domains of functioning compared with peers from the same societies who were not in

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care (Loman & Siegel, 2000; Courtney, Terao & Bost, 2004). These include unstable living arrangements (Rutman, Hubberstey, Feduniw & Brown, 2006 and 2007), sustained deficits in education and training (Courtney, Dworsky, Ruth, Keller, Havlicek & Bost, 2005; Smithgall, Gladden, Yang & George, 2005), reduced social and emotional support (Reid & Dudding, 2006), poor mental and physical health (Casey Family Programs, 2003; Rutman *et al*, 2006), greater susceptibility to using drugs and alcohol (Rutman *et al*, 2006; Rutman, Hubberstey, Barlow & Brown, 2005); more conflicts with the law (Rutman *et al*, 2005), and early parenthood (Rutman *et al*, 2007). One major challenge is the difficulty young people face in acquiring the skills and confidence required to manage their adult lives productively (Dixon & Stein, 2002; Harder, Kalbover & Knorth, 2011) and there is consensus that additional support is required for them to acquire the range of skills needed for independent living.

Independent Living Programmes (ILPs) may have protective effects for youth leaving the public care system. In a systematic review of ILPs with controlled comparisons (Montgomery, Donkoh & Underhill, 2006) the authors found eight non-randomized controlled studies that reported positive outcomes for ILP participants in educational attainment, employment, housing, health, and other life skills. A more recent study of reportedly the largest random assignment evaluation of a programme serving children in State care (Valentine, Skemer & Courtney, 2015) showed the ILP boosted earnings, increased housing stability and economic well-being, and improved primary outcomes related to health and safety. However, significant improvements were not shown in measures of education, social support, or criminal involvement as most reports of aging out of care and related programmes found from developed countries. In this chapter, we review the situation for youth aging out of the child protection system in the resource-limited, developing country of Jamaica.

## **The Jamaican Context**

Jamaica is a small island of 11,424 sq. km, in the Caribbean Sea, south of Cuba. It is the third largest Caribbean island and the largest of the English-speaking islands, with a population of over 2.8 million. Kingston, the capital city is the most densely populated area with 750,000 persons. Over 90 percent of the Jamaican population is of African descent, with small sub-populations of descendants of East Indian, Chinese, European and Middle Eastern groups. There has been much inter-marriage over the centuries and this is reflected in the diverse physical appearance of Jamaicans,

and in their unique culture. The official language is English, however, the majority of the population speaks a Jamaican creole. The most important economic activities are tourism, agriculture, bauxite mining and manufacturing. Jamaican youth have an insatiable desire for career and personal success, but are often stymied by harsh economic circumstances. For those in State care, the risks are greatly enhanced as a result of low educational outcomes, unemployment and low wage jobs, challenges with independent living, disability, stigma and social exclusion (Planning Institute of Jamaica, 2014).

Jamaica's first long-term strategic plan for national development, 'Vision 2030 Jamaica,' described goals and actions meant to lead to the attainment of development status of a first world nation by 2030, and to produce a nation where 'Jamaicans are empowered to achieve their fullest potential' (Planning Institute of Jamaica, 2009). This focuses on children up to 18 years, who comprise 29.8% of the population (Planning Institute of Jamaica, 2014). The goals must therefore include strong capacity building to prepare children, including those in residential care, for independent living, and so improve the likelihood of their achieving their full potential. Every year, approximately 700 youth are discharged from Jamaica's child protection system on reaching 18 years. Some do not experience successful transition into adulthood and are not able to make an optimal contribution to national development.

The Child Development Agency is responsible for providing care for children who by an order of the Courts, are found to be in need of care and protection. Governed by the Child Care and Protection Act, 2004, that Act was reviewed and revised in 2016 and a policy paper outlining recommendations for amendment to the law were submitted for consideration by the respective decision-makers. The Child Development Agency is responsible for the investigation, assessment and providing interventions for children who are the subject of a child abuse report, referred by the Office of the Children's Registry, and the administration of appropriate programmes to the children in its care. It provides residential child care services which includes direct responsibility for the operation and management of five government children's homes (private or State run facilities that accommodate and maintain children in need of care and protection until the age of 18 years) and four places of safety (temporary facilities that receive juveniles deemed to be in need of care and protection, are uncontrollable and/or are charged with a criminal offence), and the licensing and regulatory oversight of another fifty (50) privately operated children's homes. The Child Development Agency also provides general

monitoring and inspection of facilities within the residential sector to ensure that the services being provided to children are being delivered according to prescribed standards of care and other regulation requirements under the Child Care and Protection Act, Children's Home Regulations 2005.

## **Preparing for Independent Living: A Child's Right**

The remit for preparing children adequately to transit from care comes from several international and national instruments including the United Nations Convention on the Rights of the Child, 1989 (UNCRC), The United Nations Guidelines for Children in Alternative Care and the (Jamaican) Child Care and Protection Act (2004). Jamaica ratified the UNCRC in May, 1991 (Government of Jamaica, 2004). In keeping with the tenets of the Convention, children in the care of the State are entitled to protection of their best interests. The UN Guidelines for Children in Alternative Care distinctly outline the support to be provided for "after care" and dictates that the plan for transition be in place well before the child is ready to exit care. It also mandates that the child be equipped with life and vocational skills which enable financial independence, and proposes that public and private sectors be encouraged to employ children from care.

The Jamaican Child Care and Protection Act (CCPA) part III, section 62 applies to children in places of safety and children's homes. Children's involvement in their transition plan is mandated in this section of the Act by highlighting that the child *'be consulted and, according to the child's abilities, to express his views about significant decisions affecting that child.'* While some provisions have been made by the State to ensure that children are prepared for life after care, it remains crucial to establish mandated mechanisms to ensure that these provisions are adhered to and implemented.

## **Challenges for Jamaican Youths Transiting Out of State Care**

Three recent studies carried out in Jamaica describe the challenges faced by youth on leaving care or challenges facing programmes to prepare children for independent living. All three highlighted the need to better prepare Jamaican children for life after exiting care. The Keating report (2003) focused on the insecurity and fear faced by wards of the State concerning their own futures and their unpreparedness to exit care. It also pointed to the particular challenges disabled wards faced transitioning to independent living. Recommendations included requirements for written policies and guidelines

for Separation from Care and tracer studies to follow ex-wards after separation. The Child Development Agency Review and the Independent Living Programme Proposal for Wards of the State underscored the concept of Independent Living, identified service gaps, and made recommendations to improve existing programmes (Child Development Agency, 2009). The review highlighted the existing process of care planning, which includes education and skills training, socialization of children while in care, and suggestions for the creation and maintenance of robust and regularly updated care plans for all children in care.

That report also listed transitional housing initiatives provided by private homes, and described existing programmes which were mostly organized and delivered through the care planning process. These programmes focused on education, skills training, Career Fairs, physical and psychological health care, mentorship, recreational and sports activities. It was noted, however, that these programmes were largely *ad hoc* in nature and unstructured in implementation. Decision-making was largely experiential with little or no evaluation or outcome measures. Inadequacies included:

- incomplete or unavailable documents for the children that should be instrumental in the care planning process for each child;
- no formal strategic guide or operational plan for implementing independent living programmes;
- unstructured methods of discharge; and
- no provisions for transitional housing, except a few private facilities.

The authors also reported a lack of technical capacity for addressing the issues faced by wards in the preparation for transition, and no tracking of wards once they leave the system. Among other recommendations, the review suggested development of a policy paper to drive the process of creation and rollout of an independent living programme for children in alternative care, and research to gauge the effectiveness of the existing service delivery.

Robinson-Hall (2012) reviewed the capacity of the Child Development Agency to prepare children living in residential facilities for independent living. The study included children on the threshold of leaving State care. Findings showed they were not confident about their readiness to exit care and did not feel prepared to enter the adult world. Over half wanted to continue their education and training as a priority. They were concerned how they would manage in the outside world as they had become accustomed to a highly structured way of life and suddenly had to be solely responsible for

themselves. Their priority concerns on exiting care were: having somewhere to live, finding employment, securing start-up living expenses, and continuing their education and training. The study also examined the achievement of independent living milestones of a sample of ex-wards of the State, and concluded that ‘the majority seemingly become an invisible population group.’ Stakeholder consultations pointed out it was imperative that a comprehensive approach be adopted to ensure the successful re-integration of former state wards into society (Jamaica Information Service, 2012).

## **Initiatives to Prepare Children for Independent Living**

Senior staff from the Child Development Agency are reportedly cognizant of the challenges described and note critical areas of support including continuing education, accommodation, jobs, other opportunities for self-advancement, and positive social influences (Child Development Agency, 2013a). They point to efforts to give greater attention to transitional or independent living programmes to better prepare and assist children to live a stable and productive life after State care and several new initiatives planned to facilitate preparation for life after State care before the wards are ready to exit Care (Child Development Agency, 2013a).

### *a. The Exodus Transitioning Programme*

The Exodus programme is a response to the anxiety expressed by the wards (Child Development Agency, 2013a; 2013b) and targets children who will exit care within two years as well as those who have left care. It is an effort to help them navigate life after State care through an annual exposition of relevant government agencies and other organizations, providing access to banks, passports, national registration for insurance or tax registration and other services.

### *b. Transitional Housing Facilities*

Existing transitional housing facilities are shown in Table 1. These provide some transitional living services, some of which are facilitated by service partners. Proposals have been drafted for two other facilities, the Manning Child Care Facility and Hope House (Child Development Agency, 2012).

**TABLE 1**  
**Transitional Housing Facilities for Children Leaving Care in Jamaica**

<b>No.</b>	<b>Institution</b>	<b>Govt./Private</b>	<b>Target Group</b>	<b>Support/Partner</b>	<b>Transitional Housing Facility</b>	<b>Life Skills Training</b>	<b>Skill Training</b>	<b>Mentoring</b>
1.	The Homestead Place of Safety Stony Hill, St. Andrew (Angus, 2014)	Government	Girls 18yrs and up	Rotary Club and British High Commission	Yes	Yes	Yes	<i>Ad hoc</i>
2.	The Hope House Muirton Child Care Centre, Manchionel, Portland (Jamaica Information Service, 2013)	Government	Boys	New Creation and Crenshaw United Methodist Churches Virginia, and missionaries from Missouri, USA,	Yes	No	Yes	<i>Ad hoc</i>
3.	The Father's House, Reading, Montego Bay, St. James	Government	Girls 16-18 years & 18 years plus	Embracing Orphans, USA	Yes	Yes	Yes	Yes
4.	Sunbeam Boys Home Nightingale Grove, St. Catherine	Private	Boys 15 years and up	Sunbeam Association for Mission (SAM) Minnesota, USA	Yes	Yes	Partial	<i>Ad hoc</i>
5.	St. John Bosco Children's Home Hatfield, Manchester	Private	Boys	Sisters of Mercy	Yes	Yes	Yes	Yes
6.	Jamaica National Children's Home Papine, St. Andrew	Private	Wards 18 yrs. and up	National Children's Home UK & The Methodist Church	Yes	Yes	Yes	Yes
7.	Windsor Lodge Children's Home Williamsfield, Manchester	Private	Wards 18 yrs. and up	The Salvation Army	Yes	Yes	Yes	No
8.	SOS Children's Village, Stony Hill, St. Andrew & Barrett Town, Montego Bay	Private	Girls and Boys 15 years and up	SOS Children's Villages International	Yes	Yes	Yes	Yes

### *c. Vocational Skills Training Programmes*

Also crucial for successful independent living, is being equipped with training and skills. Most Jamaican residential facilities offer some skills training opportunities for their wards through in-house trainers or external institutions. However, many of these children fail to achieve the minimum educational requirements to enter courses and programmes. A pilot programme by CDA and HEART Trust/NTA was run for 20 youths in State care to help them prepare for and access skills training for national certification. This four-month 500-hour preparatory Pre-Tech programme includes academic strengthening, personal development and an introduction to skills training programme. Employability skills of children transitioning from care are also a concern. Several employers report inappropriate attitudes towards work among some former wards of the State. Life skills and mentorship programmes need to address this.

### *d. Life Skills Programmes*

Training sessions related to various life skills are conducted in the homes from time to time. One example is a Child Development Agency collaboration with UNICEF and the National Family Planning Board which initiated a pilot programme in two Places of Safety with adolescent girls to improve health related knowledge, attitudes and behaviours focussing on addressing HIV/STI and pregnancy prevention. However, these life skills activities conducted within the residential homes are largely *ad hoc* in nature while a comprehensive and standardized approach to the delivery of life skills programmes has been recommended.

### *e. Other Support Programmes*

Although not designed specifically towards facilitating independent living, several initiatives nevertheless support the process. One is improved provision of psychological support. Currently, one psychologist is assigned to each of the four geographical regions, with additional support by social workers. A mobile mental health service, “Smiles Mobile” (Patterson, 2013) is a part of the ‘*Reducing the Juvenile Population in State-supported Institutions in Jamaica (RJPSI)*’ pilot project, started November 2013, with the European Union and UNICEF support. As a part of this initiative, mobile mental health services provide psychological assessment and treatment for children in the capital and surrounding parishes. The services are delivered by a psychiatrist, two social workers, and a psychologist.



A ‘Bridging the Gap Project’ was proposed in December 2012 to establish safe living spaces coupled with support that included academic, vocational and life skills, self-start programmes, job search, placements, internships and apprenticeship programmes, and would include a residential facility for 40 boys in the rural parish of St. Elizabeth (Child Development Agency, 2012).

Another proposal for a Leaving Care programme for children starting at their 16<sup>th</sup> birthday to prepare children to leave care at 18 years, and one for a children’s home, aims to equip 26 young men with vocational skills training, participation in a mentorship programme, life skills empowerment and basic matriculation (Child Development Agency, 2013c).

### Strengths, Gaps and Recommendations

Table 2 summarizes the current state of provisions and services available to prepare children from State-run residential facilities for independent living in Jamaica. It outlines the initiatives, lists the advances made, highlights the gaps and makes recommendations to address the existing challenges.

**TABLE 2**  
**Summary: Strengths, Gaps and Recommendations**

Documentation or Initiative	Strengths/Advances	Gaps	Recommendations
United Nations Convention on the Rights of the Child (UNCRC)	Jamaica signed and ratified the UNCRC in May 1991. CRC outlines provisions for children who need special protection and assistance from the state. CRC also addresses the rights of all children to survival, development, protection and participation.	It took several years after ratification of CRC for Jamaica to implement the Child Care and Protection Act (CCPA) to ensure that children are duly protected and their rights under the CRC ensured.	Ensure that children in care of the State have access and protection of the rights outlined in the UNCRC and consider the ‘best interests of the child’ in care planning and preparation for independent living, as well as during transition from care.
UN Guidelines for Children in Alternative Care	CCPA reinforces the rights stipulated by the UNCRC, especially for children in places of safety and residential facilities. Children’s participation mandated in the transition plan. Plan for transition must be in place long before the child is ready to exit state care. After care support is encouraged.	Challenges to implementation	Ensure that the provisions are instituted within the child protection system.

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<p>Child Care and Protection Act (CCPA)</p>	<p>1. The Act stipulates the guidelines for placing children in the care of the State, their rights thereafter, and circumstances under which they may be transferred or removed from these facilities.</p> <p>2. The Children's Homes Regulations (2007) specify quality of care standards for all child care facilities.</p>	<p>Based on the Child Care and Protection Act, the Child Development Agency is not mandated to monitor children in juvenile correctional facilities.</p> <p>The Act is silent about provisions made for children aging out of care at age 18</p>	<p>The Act needs to be amended to give authority to the Child Development Agency to monitor the welfare of children in juvenile remand and correctional centres, and to inspect these facilities at regular intervals and regulate services these facilities provide.</p>
<p>Guidance and standards of care for residential care – CDA</p>	<p>Support for after care.</p> <p>Need for life skills training for those transitioning from care.</p> <p>Promoting independence and moving to adulthood.</p>	<p>Challenges to implementation</p>	<p>Ensure and mandate mechanism for compliance, monitoring and evaluation.</p>
<p>2004 National Youth Policy</p>	<p>Revision to initial Youth Policy drafted in 1994. Policy goals outlined for youths in need of care and protection included the following:</p> <p>(1) Provision of high quality services for children which include the review of standards of care, capacity building for staff that work with youth in need of care and protection; and</p> <p>(2) Strengthening of programmes to equip wards of the State with skills to aid their transition into adulthood and the society.</p>	<p>Multi-sectoral approach needed for successful policy implementation</p> <p>Review of Policy to be done every five (5) years to ensure goals of policy are relevant to current situation of youth.</p>	<p>Ensure policy goals remain relevant to current situation of young people</p> <p>Strengthening of programmes that equips wards of the State with skills to help them re-enter society</p> <p>Capacity building for families, communities and institutions to receive wards of the State on termination of care</p>
<p>Review of State Capacity to Prepare Wards of the State for Independent Living Rose Robinson-Hall (2012) &amp; Keating Report (2003)</p>	<p>Highlighted need to prepare children for independent living</p> <p>Identified variables that contributed to/or prevented successful reintegration into wider society.</p> <p>Social assessment of adequacy of social protection systems (SPS)</p>	<p>Children not prepared for independent living.</p> <ul style="list-style-type: none"> <li>• Few studies done locally and regionally</li> <li>• Deficit view of youth in system</li> <li>• TLPs are unstructured and ad hoc in implementation</li> <li>• No /outcome measures.</li> <li>• No standardization of TLP's across facilities.</li> <li>• Absence of care plans for children ready to leave</li> <li>• No written guidelines on separation from care</li> </ul>	<p>Include voices of children in planning their transition.</p> <ul style="list-style-type: none"> <li>• Develop a life skills assessment and ILP programme starting from age 14.</li> <li>• Creation and maintenance of care plans for all children, ensuring their care plans are up to date.</li> <li>• Institute a clear policy and standard operating protocols.</li> <li>• Build CDAs capacity to sustain proposed programmes.</li> </ul>

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<p>Independent Living Programme Proposal – CDA (2009)</p>	<p>Document identified gaps in existing IL services. TLP establishment was emphasized Several proposals put forward to strengthen existing programmes Formalizing Standard Operating Procedures (SOP)</p>	<p>Implementation done in an ad hoc &amp; unstructured manner (no operational implementation plan)</p> <ul style="list-style-type: none"> <li>• No evaluation or outcome measures</li> <li>• Lack of standardization in ILP delivery</li> <li>• Incomplete documents that informs care planning process</li> <li>• Unstructured method of discharge from care</li> <li>• Few TH facilities; most run privately</li> <li>• Lack of tracking wards who left system</li> <li>• Limited capacity to address issues in preparing for transition.</li> </ul>	<p>Policy Paper to drive the creation of a properly structured ILP. Research on children who exited care within two years period to assess effectiveness of services provided by CDA.</p>
<p>Child Development Agency (CDA) Redefined Strategic Objectives 2013-2018 Care Planning System</p>	<p>Several proposals to improve provision of services including establishment of TLP/ILP. Care Plans will inform this process. Care planning process assisted by following components: Basic Information Sheet</p> <ul style="list-style-type: none"> <li>• Care Plan for Child/ Young Person supervised by the state</li> <li>• Care Plan Review Instrument</li> <li>• Life in Care Interview</li> </ul>	<p>Care plans need to be periodically updated. Life in Care Interview instrument now administered six months prior to exit from state care, but needs to be done much earlier.</p>	<p>Specified time frames for updating and assessing care plans</p> <ul style="list-style-type: none"> <li>• Properly document and track progress of children in system</li> <li>• Administration of certain instruments (Life in care interview) at least 12 months prior to departure from state care</li> <li>• Sound monitoring and evaluation procedures to assess services provided by CDA</li> <li>• Ensure input of children in developing their care plans and transition strategy.</li> </ul>
<p>Exodus Transitioning Programme</p>	<p>Developed from concerns of the wards of the state.</p> <ul style="list-style-type: none"> <li>• Targets children due to exit care within 2 years.</li> <li>• Strengthened CDA collaboration with other allied stakeholders and government agencies.</li> <li>• Provides access to services that strengthen independent living.</li> </ul>	<p>Needs to be streamlined</p>	<p>Should be held regularly.</p>
<p>Transitional Housing Facilities</p>	<p>Children's homes have provided some transitional living preparation. Facilities have been created in collaboration with service partners e.g. Services Clubs, charities, and Churches</p>	<p>Differences exist in level of application and service provided. Existing facilities inadequate to address housing needs of youth aging out from State care</p>	<p>Ensure consistency in provision of services across facilities. Increased collaboration and support needed from private sector. TLPs should be tied to low cost housing options and programmes to reintegrate youth with families</p>

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**TABLE 2**  
**Summary: Strengths, Gaps and Recommendations**

<p>Vocational Skills Training Programmes</p>	<p>Facilities have some skills training, some taught by in-house trainers</p> <p>Onsite training facilities are available at some homes.</p> <p>Programmes in coordination with 4H Club</p>	<p>In-house skills training programmes in the homes not necessarily recognized and certified by training agencies</p> <p>Programmes not standardized or streamlined across facilities</p> <p>Minimum educational requirements not fulfilled by many wards in state care</p>	<p>Strengthen partnerships to offer standardized skills programmes</p> <p>Assist wards to meet the minimum educational requirements for training</p> <p>Standardize training programmes across the residential care facilities.</p> <p>Mentorship programmes to guide and motivate the youth need to be incorporated.</p>
<p>Life Skills Programmes</p>	<p>Some programmes are being implemented at the facilities</p> <p>Existing support and guidance is readily available from child care staff in the facilities</p> <p>A Life Skills pilot programme supported by UNICEF is being implemented in 2 Places of Safety with the intention of expanding to all children's homes.</p>	<p>Sessions in homes implemented in <i>ad hoc</i> manner, and not sustained over a period of time.</p> <p>Content and Strategies to implement the programmes are not standardized.</p> <p>No evaluation of outcomes of these programmes</p>	<p>Need for comprehensive and standardized approach to life skills training.</p> <p>There must be consistent delivery.</p> <p>Training must incorporate specific issues faced during and after exiting state care.</p> <p>There must be room for wards to practice and reinforce life skills during their time in care.</p> <p>Need for more in-house trainers and staff to disseminate like skills training to ensure sustainability</p> <p>Monitoring and evaluation need to be integral components.</p>
<p>Social and Psychological Support</p>	<p>Team of Professionals are within the CDA to provide psychological support- Clinical Psychologists and Social Workers</p> <p>Institution of Mobile Mental Health Clinics (Smiles Mobile) which provides psychological assessment and treatment to children in areas of Kingston, St. Andrew and St. Catherine.</p> <p>The Ministry of Youth and Culture with CDA have established a therapeutic centre for psychological screening, assessment and intervention for children in state care at the Granville Place of Safety.</p>	<p>Only one Clinical Psychologist is assigned to each region (four for the entire country) and supported by a team of Social Workers. The need for mental health support is much higher than this for this particular group.</p>	<p>Increase the cadre of professionals to offer psychological support to children in care across the regions.</p> <p>Train care staff to identify and seek appropriate assistance for children's mental health issues.</p> <p>Periodic assessment of children in care to ensure that any concerns related to mental health are adequate addressed.</p>

## Conclusion

To conclude, in spite of many activities and initiatives, children in care in Jamaica are inadequately prepared for transitioning into independent living. There are plans for improvements, including more programmes, better coordination of programmes, streamlining of services, and monitoring for consistency and sustainability. Transitional living programmes that standardize and integrate the several programmes outlined in this document need to provide support by adequately addressing the transitioning process with each young person concerned.

Development of an Independent Living Protocol to be adopted into the general operating procedures is warranted. This should be supplemented by Standard Operating Procedures for preparation towards independent living, which are incorporated into the children's care management plan. The development of a life skills policy for children in care would go a long way in ensuring standardization and streamlining the existing life skills initiatives. Upgrading the technical capacities of staff, including caregivers, in alignment with these standards, would ensure that the efforts are translated to practice. Enhanced supervisory practices will also be necessary to help reinforce a culture change that is nurtured and sustained across Jamaica's health and welfare services with children and young people, as well as their families. Such efforts need to be documented through longitudinal and tracer studies of young people who cease being wards of the State through aging out of the system. Robust research will serve to inform programmatic efforts by assessing the strengths and gaps in these efforts. It will also ensure that voices of children, including those with physical, developmental and emotional challenges, dictate the agenda for their preparations to transit from care.

## Questions for Small Group Discussion or Guided Reflection

1. In 2014, the Planning Institute of Jamaica claimed that for [children and young people] *in State care, the risks are greatly enhanced as a result of low educational outcomes, unemployment and low wage jobs, challenges with independent living, disability, stigma and social exclusion.* What do you think this research finding means for the roughly 700 young people a year who exit the State child protection system?
2. *Jamaica is a small island of 11,424 sq. km in the Caribbean Sea south of Cuba, with a population of over 2.8 million – 90 percent of whom are of African descent.* How do you think geographic location and regional politics in the

- Caribbean have influenced the historical development of residential child and youth care in Jamaica?
3. How have the United Nations Convention on the Rights of the Child and The United Nations Guidelines for Children in Alternative Care been used in Jamaica to focus national attention on the preparation of children and young people for leaving residential child and youth care placements as they reach 'adult' status?
  4. To what extent might the Jamaican research finding about challenges faced by disabled young people transitioning from State care into independent living highlight parallel challenges facing young disabled people in your community?
  5. In *Table 1: Transitional Housing Facilities for Children Leaving Care in Jamaica*, what issues or challenges might be highlighted for residential child and youth care practices in light of qualitative data contained in the central column labelled Support/Partner highlighting funding support?

*This chapter is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Caribbean Child Development Centre and do not necessarily reflect the views of USAID or the United States Government.*

*The authors are grateful for the support of Jamaica's Child Development Agency (CDA) in providing much of the data which informed this manuscript.*

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