

# Jamaican Children: Twenty Years after the Convention on the Rights of the Child



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Report Prepared by the Office of the Children's Advocate and UNICEF

## **The Convention on the Rights of the Child: A Historic Decision for Children**

Twenty years ago, on 20 November 1989, some 70 Heads of Government adopted the Convention on the Rights of the Child (CRC), forever transforming the way the world views children. The Convention was ratified more quickly than any other international treaty in history. Today, this unique, legally binding instrument has near-universal acceptance, ratified by all but two countries.

The CRC spells out the basic human rights that every child under age 18 has: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. The Convention sets out these rights in 54 articles and two Optional Protocols: the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, and the Optional Protocol on the Involvement of Children in Armed Conflict.

The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services. The provisions of the CRC were transformed into specific, measurable and time bound goals in 1990 at the World Summit for Children (WSC), where world leaders adopted a Plan of Action for implementing the Summit's Declaration on the Survival, Protection and Development of Children in the 1990s. At the United Nations Special Session on Children in 2002, 180 nations adopted the outcome document, "A World Fit for Children" – a new agenda outlining 21 specific goals and targets for the next decade. This agenda commits leaders to completing the unfinished agenda of the 1990 WSC, and to achieving other goals and objectives, in particular the UN Millennium Declaration of 2000, from which emerged the eight Millennium Development Goals (MDGs) adopted in 2001.

### **The CRC in Jamaica: Translating International Goals for Children**

Jamaica ratified the CRC in 1991, after much advocacy by the Jamaica Coalition on the Rights of the Child (JCRC). A newly-formed non-governmental organization (NGO) at the time, the JCRC brought together six NGOs working with children to lobby for the ratification of the CRC and monitor its implementation. With the dramatic shift in focus on children that came with the Convention, Jamaica was required to revolutionize its approach to children. Since ratifying the CRC, Jamaica has sought to institute legislation and policies and create institutions, national plans of action and programmes to ensure compliance. While Jamaica has adopted the Optional Protocol concerning armed conflict, the country is yet to adopt the Protocol concerning child prostitution and child pornography.

Twenty years after the CRC came into existence, Jamaican children are born into a society which acknowledges their rights under the Convention, and the valiant efforts of Government, individuals and organizations have contributed to significant progress in protecting and fulfilling those rights. Children born in Jamaica in 2009 have more than a 97% chance of surviving beyond age five, almost a 100% chance at enrolling in school up to the secondary level, and will go on to live, on average, over 73 years. However, the efforts to fulfil children's rights in Jamaica need to be better harmonized and strengthened in order to withstand major threats to child rights from violence, severe economic hardship, declining social conditions, inappropriate use of media and technology, and weakening communal and familial supports. As this analysis of the situation in Jamaica shows, the risks to childhood are great and, in some areas, require urgent national attention.

## Jamaican Childhood Today: The Socioeconomic Context

The Jamaican population continues to be very young: about 33% of the population are children and another 11.5% are adolescents and youth of 18-24 years. In 2008, the country's population grew at a rate of 0.4% while the fertility rate was 2.38; both are marginally lower than the previous year. While 52% (stable over the last five years) of the population live in urban areas, more of the children live in rural areas.

The rate of migration continues to be high with over 17,500 migrants in 2008 and an average of 16,833 annually since 2006. In other words, over six Jamaicans migrate each year for every 1,000 persons in the population – this is one of the highest rates in the world.<sup>1</sup> Migration contributes to the increased

susceptibility of households to economic changes in other countries

(due to reliance on remittances) and increased risks to child rights associated with lack of parental support.

### Poverty

The percentage of the national population that lives in poverty has declined by 10 percentage points between 1997 (19.9%) and 2007 (9.9%). Of those who are poor, over 71% live in rural areas compared to about 20% in the Kingston and Metropolitan Area (KMA) and 9% in other towns. These patterns have persisted over the last ten years. This further underscores the challenge to children: a higher percentage of the rural population is young and the households more likely to be larger and female headed which are more likely to be poor (11% of the poor live in female headed households). According to UNICEF (2008), 41.7% of Jamaica's poor are children compared with 46% for those 18-59 years old, and the elderly (60+ years), at 12.3%. This equates to one of every four children living in poverty.

A recent Rapid Assessment of the Impact of Food Price Increases on the Vulnerable<sup>2</sup> projects that the impact of the increased food prices will result in the prevalence of poverty increasing to 16.7% of the population and 12.9% of all households respectively. This amounts to an additional 181,000 persons falling into poverty and the total number of persons increasing to approximately 447,560. This is expected to disproportionately affect children and young people.

**Table 1: Selected Socioeconomic Indicators for Jamaica (1991, 2008)**

	Indicator	
	1991	2008
Population	2,465,800	2,692,400
Debt Servicing	J\$8301.0m	J\$263.9b
Surplus Deficit	2.2 (as % of GDP)	- J\$57.2b
Population Growth Rate	0.9	0.4
Crude Birth Rate	24.7	16.7
Crude Death Rate	5.5	6.3
Total Fertility Rate	2.9	2.5
Literacy Rate	73.1(1981)	86.0
Labour Force Participation Rate	48.3 (October 1991)	65.5
Total Unemployment Rate	15.4	10.6
Male	9.4	6.1
Female	22.2	14.3
Immunization Rates		
DPT	84.7	87
OPV	85.7	86.9
BCG	94.4	92
MMR	N/A	87.5
Maternal Mortality Rate	115/100,000 (MOH)	94.8 (2005)
% of Population Living in Urban Areas	50.2	52
Access to Safe Water	78.3 % (SLC)	77.3 (2007)
Access to Sanitary Facilities	99.1 (SLC)	100 (2007)

Sources: PIOJ, Economic and Social Survey of Jamaica (ESSJ), 1991, 2008

<sup>1</sup> Jamaica is ranked 13<sup>th</sup> of 225 countries and territories by Nation Master.com for the average number of persons lost to migration. See: [http://www.nationmaster.com/graph/imm\\_net\\_mig\\_rat-immigration-net-migration-rate](http://www.nationmaster.com/graph/imm_net_mig_rat-immigration-net-migration-rate).

<sup>2</sup> Planning Institute of Jamaica and Statistical Institute (supported by FAO, UNDP and UNICEF) cited in UNICEF 2008.

## Economic Crisis

Jamaica's economic situation has worsened since the ratification of the CRC, and its woes have strangled social development. Debt servicing continues to be the major cost to the country accounting for 54% of the budget or 54 cents of every dollar spent. Debt to GDP ratio remains very high, the fourth highest in the world,<sup>3</sup> while rates of inflation have averaged almost 17% each of the last two years, compared to about 6% in 2006. These economic constraints continue to limit the pace and level of progress towards the fulfilment of the rights of the child as stated in the Convention.

	2006	2007	2008
<b>Inflation Rate</b>	5.7	16.8	16.8
<b>Debt/GDP Ratio</b>	117.5	111.4	109
<b>% Budget to Debt servicing</b>	59.0%	53.5%	53.9
<b>Economic Growth</b>	2.7	1.4	-0.6

Sources: ESSJ 2007 and 2008

## Positive Trends for Children: Major Legal and Policy Achievements

Since ratifying the CRC, Jamaica has made a number of significant steps to improve the policy, legislative, institutional and strategic planning framework affecting children, key among them:

### Legislation

- As one of its first responses to the World Summit Goals, the Government of Jamaica embarked on a comprehensive review of legislation relating to children. The landmark **Child Care and Protection Act** (CCPA), passed in 2004 with the support of UNICEF, marked years of collaborative planning to create one piece of legislation that sets universal standards for the care and treatment of children.
- The **Early Childhood Commission Act**, passed in 2003, was enacted to govern the administration of early childhood care, education and development in Jamaica. Its companion, the **Early Childhood Act** of 2005, prescribes the regulatory powers of the Commission and sets standards for all early childhood institutions.
- The **Trafficking in Persons (Prevention, Suppression and Punishment) Act 2007**, which was enacted to prohibit all forms of trafficking in persons, including women and children, and related offences.

### Institutions

- In 1998, a Special Envoy for Children was appointed to influence the development of social policies concerning the welfare of children. This post no longer exists.
- In 1999, a strategic review of early childhood development and another on the provision of services for children paved the way for the establishment in 2004 of the **Early Childhood Commission** (ECC) and the **Child Development Agency** (CDA). The ECC is mandated to bring under one umbrella all the policies and standards pertaining to early childhood development and ensure a more cohesive delivery of services. The CDA was created to achieve the holistic development of children through the creation, implementation, coordination and regulation of programmes and policies which meet Jamaica's obligations to international standards for children. The agency has statutory responsibility for children in need of care and protection.
- The **Early Childhood Commission** was established in 2003 as the main coordinating and monitoring body of the early childhood development sector in Jamaica.

<sup>3</sup> <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2186rank.html>

- The **Office of the Children’s Advocate** was established in January 2006, to protect and enforce the rights of Jamaican children and promote their best interests at all times. This was in keeping with the recommendations of the Committee on the Rights of the Child, a body of independent experts that monitors implementation of the CRC.
- In keeping with the provisions of the CCPA for mandatory reporting of child abuse, the **Office of the Children’s Registry** opened in 2007 as an institution to receive, record, and store reports on all forms of reported child abuse, abandonment and neglect.

### Policies and Plans

- In the effort to fulfil the World Fit for Children commitments, Jamaica moved to formulate a number of social development policies in the mid 1990s, including notably the **National Youth Policy** (1994), which represented the first comprehensive policy on youth, addressing education and training, employment and entrepreneurship, health care, youth participation and empowerment, and care and protection. The policy was updated in 2004 and is currently under review. Other policies included the **Poverty Eradication Policy** (1995) and the **National Policy on Children** (1997).
- The **National Plan of Action for Children** (1995-2000) was crafted to provide an institutional framework to address and enforce children’s rights. Most recently, a comprehensive **National Framework of Action for Children** was developed, which has been submitted to Cabinet.
- The **National Plan of Action for Orphans and Other Children made Vulnerable by HIV/AIDS** (2003-2006) sought to address the specific vulnerabilities of this largely neglected population. The **National Policy for HIV/AIDS Management in Schools** (2004) seeks to ensure access to education by children infected and affected by HIV/AIDS and the delivery of HIV/AIDS and family life education to prevent infection. The **National HIV/AIDS Strategic Plan** (2007-2011) comprehensively addresses prevention, treatment, care and support interventions.
- The **National Plan of Action for an Integrated Response to Children and Violence**, a blueprint for a multifaceted approach to reducing violence against children, was completed in 2005 but has not yet been adopted by the Government. The **National Plan of Action on Child Justice**, which addresses a range of issues concerning the treatment of children who come into conflict with the law, was reviewed by Cabinet in 2008.
- The **Social Investment for Children Initiative**, launched in 2006 with support from UNICEF, the United Nations Development Programme (UNDP), Cabinet Office, Planning Institute of Jamaica (PIOJ), CDA and JCRC, seeks to increase the level of social investment for children.
- In 2008, the Government embarked on the development of a **National Parenting Policy**, as part of its effort to address the mounting concern over weak parenting practices across the island. A National Parenting Support Commission is being established to operationalize the policy.

### Jamaica’s Track Record: Protecting and Fulfilling Children’s Rights

Articles 1-41 of the Convention on the Rights of the Child, which articulate the full spectrum of children’s rights, are often grouped as the “3 P’s”:

- **Provision** rights, which include the right to an adequate standard of living, the right to free education, the right to adequate health resources and the right to legal and social services.
- **Protection** rights, which include protection from abuse, neglect and discrimination, and safety within the justice system.
- **Participation** rights which include the right to freedom of expression and the right to participate in public life.

This brief overview will seek to assess the status of Jamaican children with respect to specific obligations under each group of rights.

## PROVISION RIGHTS

**Article 27 (1) of the CRC:** *States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.*

### Right to a Name and Nationality

Children who are not registered do not officially exist, and are denied one of their most fundamental human rights: to possess an identity. Birth registration is a fundamental means of securing these rights for children. According to the Multiple Indicator Cluster Survey (MICS, 2005), the births of 89% of children in Jamaica have been registered. Among those whose births were not registered, issues of cost were cited as the main reasons. While the birth registration rate is commendably high, the names of fathers are often missing from the registration documents. There is no mandatory provision in the law for the insertion of the father's name, which needs to be addressed in order for children to receive full protection in keeping with their rights.

**Article 24 (1) of the CRC:** *States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*

### Right to Health Care

Access to health services in Jamaica is universal. While the health of Jamaican children has improved through the years, there has not been sustained progress on some key health indicators since the ratification of the CRC. Exclusive breastfeeding continues to decline. According to MICS 2005, only 15% of children at six months are exclusively breastfed, far lower than the recommended rate.

As reported in the End Decade Assessment of the World Summit for Children Year 2000 Goals, Jamaica's immunization rate was 92% in 1995. Immunization rates now lag behind the national goal of 95% average coverage. As Table 3 shows, none of the vaccines reached this threshold, though BCG was consistently the highest. While there are slight increases, the Ministry of Health reports that limited budgetary support has constrained its efforts.

**Table 3: Trend in Immunization Coverage for Jamaica: 2003-2007**

Year	BCG	OPV	DPT/DT	Measles/ MMR	Hib	Hep. B	Average Coverage
2003	89.6	83.8	84.9	78.6	n/a	n/a	84.2
2004	89.6	75.4	81.2	85.9	77.4	76.9	81.1
2005	94.5	83.6	87.5	84.0	88.6	87.2	87.6
2006	85.1	81.2	80.7	89.1	82.7	82.6	83.6
2007	87.4	84.8	85.0	76.2	85.0	84.7	83.8

Source: Ministry of Health Annual Report 2007

As noted in Table 4, infant and maternal mortality rates have not changed significantly over the last decade. Another major concern is the relatively high prevalence of teenage pregnancy. Approximately 18% of births in Jamaica are attributable to adolescent girls.<sup>4</sup> A birth by a child puts two children at risk, as teenage pregnancy often leads to complication in pregnancy and delivery, lack of care and support for the newborn, and too often exclusion from school and professional opportunities for the young mother.

According to the Ministry of Health, an estimated 27,000 Jamaicans are living with HIV. Close to 10% of reported AIDS cases are among children under 18, and 20 per cent among young people aged 20-29 years.<sup>5</sup> Important strides have been made in the national efforts to mitigate the impact of HIV/AIDS, notably the dramatic reduction in mother-to-child transmission of HIV from 25% in 2002 to less than 5% in 2008. Eighty-four per cent of HIV-positive pregnant women in Jamaica now receive antiretroviral medication, and more than 90% of infants born to HIV positive mothers receive ARV prophylaxis. Overall, the number of pediatric AIDS cases is down significantly.<sup>6</sup>

One of the persisting areas of concern is the continued engagement in risky sexual behaviours by adolescents and young people. A national Knowledge, Attitudes, Behaviours and Practices Survey found that among sexually active 15-24 year olds, 76% of males and 21.4% of females say they were involved in multiple partnerships. Not only were they having multiple partnerships, 23% of males and 43.5% of females in this group did not use a condom in their last sexual encounter.<sup>7</sup>

Children who have been orphaned or made vulnerable by HIV/AIDS are in need of greater care and protection. An estimated 20,000 Jamaican children are affected by AIDS, of whom approximately 5,000 are orphaned. A rapid assessment conducted in 2002 concluded that children affected by HIV/AIDS suffer from poor nutrition, lack of schooling, trauma from witnessing the death of a family member, and non-supportive family and community environments. Stigma and discrimination associated with the disease are among the most challenging obstacles to mitigating the effects of the disease on children and place them at a higher risk of exclusion and marginalization.

**Table 4: Key Health Indicators**

Indicator	1990	Current Status	Gaps/concerns <sup>8</sup>
Infant Mortality Rate	27.30	25.7/1000 (2007) <sup>9</sup> (MOH)	Need for standardization of data currently being used; data is mainly from public health sector and hospitals. Incomplete registration of births and deaths. Status of implementation of Vital Statistics Commission audit recommendations.
National Immunization Levels	1990: 83.5%	2007: 83.8% (MOH)	The target for national coverage has been 95%. Limited public health staff resources, including issue of redeployment of Community Health Aides to monitor clients' visits to clinics. Need for Community Health Aides with comprehensive skills to promote survival and development of children.

<sup>4</sup> National Family Planning Board – Provisional data 2008.

<sup>5</sup> Ministry of Health HIV/AIDS Report 2008.

<sup>6</sup> National HIV/STI Prevention and Control Programme 2008.

<sup>7</sup> Ibid.

<sup>8</sup> Some of these gaps/concerns were identified in the End Decade Assessment of the World Summit for Children Year 2000 Goals.

<sup>9</sup> Minister of Health Hon. Rudyard Spencer. Speech made at the Launch of the Study on Child Poverty and Disparities in Jamaica. October 21, 2009.

Indicator	1990	Current Status	Gaps/concerns <sup>8</sup>
Access to Antenatal Care	65.6%	72.3% (ESSJ)	Promote easier access to antenatal care. More efforts to raise awareness about high risk pregnancies.
Trained Attendants During Childbirth	83.1%	2008: 96.1% (MOH)	Despite the high number of births delivered by skilled personnel, Jamaica still has a relatively high maternal mortality rate, pointing to the need to improve the quality of emergency obstetric care.
Maternal Mortality Rates	115/100,000 (MOH)	2005: 94.8/100,000 (MOH)	Reach and acceptance of services and information to all women island-wide. Public education needed to stress importance of first antenatal visit before 2 <sup>nd</sup> trimester. Current national average of four antenatal visits is less than recommended for monitoring normal pregnancies.
Low Birth Rate Weight (less than 2.5 kg)	1990: 11.2%	2007: 5.30% (MOH)	Improving and maintaining gains achieved.
Malnutrition	Stunting: 3.4% Wasting: 3.6% Underweight prevalence (composite): 8.4% (JSLC)	Stunting: 2.2 % Wasting: 4.3% Underweight prevalence (composite): 3.7% (JSLC)	Children in poor families and those at weaning stages are vulnerable to malnutrition. In the health sector, regular growth monitoring should be in accordance with the international (WHO/UNICEF) standards and requirements.
Baby Friendly Hospitals	9 (1996)	10 (2009) (MOH)	The Ministry of Health needs to increase the number of Baby Friendly Hospitals.
Birth Registration	1992: 97.1%	2007: 89% (MICS 2005)	Need to consider mandatory registration with father's name under the Registration Act.

## Right to Basic Quality Education

**Article 28 (1) of the CRC:** *States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all.*

While Jamaica provides universal access to primary education, the education sector faces serious challenges in its efforts to provide quality learning opportunities for children up to age eighteen. Despite high levels of enrolment in primary and secondary schools, at each of the major transition points in the education system, a substantial number of children are insufficiently prepared to access the level ahead of them.

Jamaican children enjoy high levels of access to schools with universal access to the Grade 9 level, but only 84% of the students access grades 10 and 11. This reflects the continued difficulty students face at later levels of the system and is further magnified by the estimated 10% of students accessing grades 12 and 13. Table 4 indicates the primary and secondary school attendance. Of concern is the low rate of attendance among primary aged boys; it is the only sub-group with a less than 80% attendance rate (79%) of the time compared to 85% for primary girls. Removal of tuition costs at secondary levels in



2007 helped to reduce cost for secondary access but schools continue to charge “supplementary fees” to help cover costs of operation.

Performance on key national and regional exams continues to be weak, intensifying concerns about the quality of education students are receiving. In the Grade One readiness inventory, only about 42% of the children mastered all four domains while in the Grade Four literacy test three-quarters of girls showed mastery compared to 53% of boys. Similar patterns also persist for the Grade Six Achievement Test (GSAT) performance; overall performance is stagnant with mean scores of around 50% each year and girls outperforming boys by more than 10 percentage points each year. At the CXC level, low passes in the two core subjects Mathematics and English, while improving, remain far too low for subjects that are core pre-requisites for further study and jobs. There is a major disparity between the performance in these subjects of students at upgraded and technical schools and those at secondary high schools.

A significant number of students continue to attend the 116 ‘shift-schools’; this is of concern as the research across contexts shows these schools to be less effective than single shift schools.

**Table 5: Key Education Indicators**

Indicator	1990	Current Status	Gaps/Concerns
Pre-school Enrolment Rates (3 – 5 year olds)	1990: 77.0%	2007: 91.7%	Need for adequately trained human resources in early childhood institutions. More emphasis on parent support needed.
Net Enrolment Rates (primary)	1990: 95.6% (MOE)	2008: 94.5% (SLC, 2008)	Rates have dropped and this may be due to the decreased access by marginalized groups.
Primary School Attendance	1990:77 % (MOE)	2006/7:84.8%	Rates are lower for boys than girls. Violence in some geographical areas affects attendance.
Survival to Grade 5	1989/90: 90.0 % (87.9% boys, 92.2% girls) (MOE)	2005/06: 88.8% (87.2% boys, 93.0% girls)	Rates need to be improved. Boys are more vulnerable than girls.
Secondary School Enrolment	1990:71.1 % (63% male, 71% females)	2008: 77% (78.9% males, 75.1% females)	By grades 10-11 the rate dropped to 66.3% in 2008. Males remain marginalized in the school system.
Secondary School Attendance	No data available	2006/7:82% (79.3% males, 84.6% females)	
CXC Passes	1990: English Language:28.8% Mathematics:25.7%	2008:English Language:55% Mathematics:43%	Quality of achievement in high school education remains low.

Sources: ESSJ 1990 and 2008

## PROTECTION RIGHTS

**Article 19 of the CRC:** *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

Violence is damaging every aspect of the lives of Jamaica's children through its direct and indirect effects. Between 2006 and October 2009, over 5,612 persons were murdered in Jamaica – they are fathers, mothers, siblings, friends, and acquaintances of Jamaica's children as well as children themselves. From 2006 to 2008, 230 children under 17 years old were murdered. Children who are not directly victimised are affected by the loss of family members and loved ones and those who escape the direct effect are traumatized by media images. Violence is present in communities, schools, and homes – it has become an accepted way of life for too many, including children.

**Table 6: Violence Related Injuries Treated in Accident and Emergency Rooms**

	Sexual Assault		Stab Wounds		Gunshot Wounds		Blunt Injuries		Total by Age and Gender
	2008	2007	2008	2007	2008	2007	2008	2007	
<b>Under 5 Years:</b>									
Boys	10	09	4	5	6	2	242	245	523
Girls	48	38	1	4	4	0	220	178	<u>493</u>
									<b>1016</b>
<b>5-9 Years old:</b>									
Boys	8	17	21	20	5	20	528	447	1056
Girls	111	112	10	8	5	8	343	255	<u>852</u>
									<b>1908</b>
<b>10-19 Years old:</b>									
Boys	25	22	584	502	129	149	1767	1543	3721
Girls	911	797	115	189	24	36	1273	1144	<u>4492</u>
									<b>8213</b>
<b>Jamaica (Total)</b>	1 464	1295	2 636	2409	1309	1253	12 775	10532	

Source: ESSJ 2008

Intentional violence related injuries seen in the emergency rooms of the island's hospitals (Table 6) show that over 11,100 cases of sexual assault, stab wounds, gunshots or blunt force injury were treated among persons 0-19 years old in 2007 and 2008. Put another way, 17 children and adolescents were treated in emergency rooms for violence related injuries every day for two years. Children under five years old were treated for gunshot wounds (12), sexual assault (105), and blunt injuries (885). The risk of violence related injuries increases as the child gets older.

Reporting of child abuse has been on the rise in recent years, signalling more active citizen participation in child protection. Reporting facilities are also more readily available. Over 8,000 cases of child abuse, neglect and abandonment have been reported to the Office of the Children's Registry since its inception in 2007. Close to 500 reports of infringements of children's rights, including abuse, have been made to the Office of the Children's Advocate.

### Corporal Punishment

Violence is also used as a problem solving mechanism in the form of corporal punishment. According to the MICS (2005) 73% of children between 2 and 14 years old are exposed to 'minor' physical punishment and 7.5% experience severe physical punishment. Corporal punishment is also used in schools and is still sanctioned by law. In 2008, the Ministry of Education recently issued a ministerial order prohibiting its use in schools but the legislative changes have not yet been made. Students are also involved in violence against each other and their teachers with at least two murders of students by other students (on school premises) over the last year. Other strategies to combat violence in schools include the Safe Schools policy which would strengthen school relationship with policy to protect students, while some schools have experimented with metal detectors. The Ministry of Education has appointed Deans of Discipline in over 200 schools.

### Children Deprived of their Liberty

The care and protection of children deprived of their liberty in State institutions has increasingly become a concern. Plans to provide adequate and suitable facilities which would enhance security, provide areas for discipline, segregated accommodation and rehabilitation in relation to the status of wards, have been on the book from 2006 and are still not a reality. The number of children being detained in adult correctional facilities is alarming. Table 7 shows the ideal and current capacity of the correctional facilities for children. Fort Augusta and Horizon are included in the table to highlight the fact that children are being held in these adult correctional facilities. The recent controversial incident of seven children dying at the Armadale Juvenile Centre remains unresolved.

**Table 7: Ideal and Actual Capacity of Juvenile Correctional Facilities in Jamaica**

Institutions	Ideal Capacity	Current Number of Children	Type
Fort Augusta A.C.C.	*	53	Female
Horizon A.R.C.	*	36	Male/female
Hill Top J.C.C.	98	110	Male
Rio Cobre J.C.C.	120	118	Male
Armadale J.C.C.	45	47	Female
St. Andrew J.R.C.	48	45	Male
Montpellier Camp J.C. & R. C. (Note: This institution does not exist. It has been on the books since 2006)	250	Nil	Male
<b>Total</b>	<b>561</b>	<b>409</b>	

### Children in Care

Table 8 provides data on the number of children in foster care, children's homes, places of safety and other institutions. Expressions of public concern have been mounting over the quality of care children receive in public institutions. The current level of the Government's subsidy to private residential care facilities is inadequate. There has been a recent push to decrease the number of children in institutionalized care and increase those in foster care. However, more investment is required for defining the standards for foster care, training foster families and providing them with adequate means to provide for children taken into their care. Current expenditure by the State per child per month in foster families is entirely insufficient to cover the basic needs of these children.

**Table 8: Children in Care by Region: 2006-2007**

Region	Foster Care		Home On Trial		Children's Home		Places of Safety		Supervision Order		Other		Total	
	'06	'07	'06	'07	'06	'07	'06	'07	'06	'07	'06	'07	'06	'07
<b>South East</b>	311	333	329	356	985	869	654	637	539	732	24	38	2,842	2,965
<b>North East</b>	205	204	123	92	185	164	113	99	154	177	31	31	811	767
<b>Southern</b>	171	161	180	259	262	283	105	91	117	166	10	29	845	989
<b>Western</b>	501	461	187	170	305	314	87	91	245	271	12	1	1,337	1,308
<b>Total</b>	1,188	1,159	819	877	1,737	1,630	959	918	1,055	1,346	77	99	5,835	6,029
<b>Change</b>	<b>-29</b>		<b>58</b>		<b>107</b>		<b>-41</b>		<b>291</b>		<b>22</b>		<b>194</b>	

Source: Ministry of Health Annual Report 2007

### **Children on the Streets**

It is estimated that more than 6,000 children are living and working on the streets of Jamaica. This troubling phenomenon has not been well researched. According to a national survey conducted in 2002, boys out-number girls by a ratio of 70:30, are an average 13 years old and are usually from a female-headed household of five, where their parent or guardian is marginally employed as a vendor, domestic helper, self-employed or unskilled worker.<sup>10</sup> This issue urgently requires further investigation and interventions.

### **Children with Disabilities**

Another largely under-researched area is the prevalence of children with disabilities in Jamaica, and the degree to which the country makes an effort to protect and serve these children. There is a shortage of specialists who can adequately address their needs, including audiologists, speech therapists and child psychiatrists. Aside from a small number of NGOs, there is a dearth of organizations and institutions delivering services for these children. State-run homes which provide services for children with disabilities, such as the Mustard Seed Homes, are under-resourced. Services for children with mental health problems are also inadequate and cannot meet the increasing needs and referrals, particularly from schools.

### **Missing Children**

A disturbing recent trend is the disappearance of children. In 2008, 960 of the 1,446 persons who went missing were children – over three-quarters of the missing children were female unlike the adult population where males were more likely to go missing. At the end of 2008, 181 children were still missing. The trend has continued in 2009 with a new twist being abductions of the children of predominantly wealthy Jamaicans accompanied by demands for ransom. Two important steps taken in response to the disappearance of children are:

- **Ananda Alert:** This is a system for informing and mobilising the public to help locate missing children. Named after 11-year old Ananda Dean who went missing and was found dead in 2008,

<sup>10</sup> National Survey on Street and Working Children, 2002: Ministry of Health.

the system is based on the US' Amber Alert and includes a three-digit toll free number (211) for calls in case of emergency, and public display of photographs and posters of missing children. Since the inception of the system, the community mobilization efforts when a child goes missing have been limited. Members of the public can sign up to receive Ananda Alert notifications about children who have gone missing via text message.

- Missing Persons Investigation Policy: This policy was revised to remove the 24 hour wait period for reporting missing persons.

## **PARTICIPATION RIGHTS**

**Article 12 of the CRC:** *States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

This area of the Convention has received the least attention over the years. While there have been some efforts to involve youth advocates in the discussion of policies affecting them, there is no institutionalised mechanism to involve children and youth in the conceptualization, formulation, implementation, monitoring and evaluation of policies and programmes.

There have been some notable efforts to create safe spaces where youth can interact. With the assistance of UNICEF, the National Centre for Youth Development (NCYD) of the Ministry of Culture, Youth and Sports, currently operates Youth Information Centres (YICs) in Kingston & St. Andrew, St. Catherine, St. James, St. Mary and Portland. These are youth friendly spaces where young people aged 10-24 years, and sometimes those as young as eight years, can discuss and access information on issues affecting them, including career development and HIV/AIDS prevention. These YICs also serve as training centres for youth and adolescents to build their knowledge base and life skills. The existing YICs have been used over 81,000 times in the last two years. NCYD plans to establish a Youth Information Centre in each parish.

At a more formal level, youth serve on National Secondary School Councils. They also participate in the seven year-old Youth Parliament which allows 60 young parliamentarians to discuss issues concerning young Jamaicans. A number of youth also serve as Youth Ambassadors.

There are some agencies that seek to ensure child participation in the formulation of their policies. The Office of the Children's Advocate has involved children in the development of their Corporate Plan and sought the opinions of children on several issues affecting them. The Child Development Agency has also sought the advice of children in their care and in the development of the agency's annual budget.

UNICEF has always strived to ensure that children are an integral part of their activities. For the last three years, the annual Caribbean Child Research Conference has provided an opportunity for young researchers from high schools to present their research on child-related matters. An outstanding child researcher is selected each year from a group of top ten child researchers.

Notwithstanding these levels of participation, many aspects of child and youth participation remain symbolic and tokenistic and the views of children do not generally influence the direction of policy in Jamaica.

### **Creating a Jamaica Fit for Children: The Way Ahead**

While significant gains have been made in protecting and fulfilling the rights of the Jamaican child, the nation is currently at a very precarious point and the gains made to date face serious risk of reversal. The reduced social investments resulting from the global financial crisis, the global H1N1 threat, and the local epidemic of violence pose major threats to the rights, including to life, of Jamaican children. There is need for increased collaboration of all stakeholders to ensure that the welfare of children is protected, especially when the conditions are less than ideal.

More urgent action is required to improve the welfare and well-being of Jamaican children, in keeping with article 3 of the CRC which maintains that “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”.

This review has revealed that there is an urgent need to regain the momentum of the early 1990s that existed with the ratification of the CRC. While the current economic constraints may impede the recommendations of this report, a strategic focus on children must be maintained, using targeted, evidence-based interventions with an efficient allocation of resources. None of Jamaica’s development goals can be attained if childhood in Jamaica continues to be threatened as it is today.

### **Recommendations**

1. **Accelerate the protracted process of developing and implementing key legislation and policies.** The lengthy delays in this process severely impede progress for children. As a matter of urgency:
  - Expedite the implementation of the National Plan of Action on Child Justice, which would enable greater focus on restorative justice for juveniles and community-based diversion programmes; the finalization and implementation of the National Plan of Action for an Integrated Response to Children and Violence; and the finalization and enactment of the Disability Act.
2. **Conduct a comprehensive review of the social welfare system for children,** with a view for making sweeping reforms to better safeguard and serve children in need of care and protection. As a matter of urgency:
  - Provision of appropriate resources for the strengthening of key institutions for children, including the Office of the Children’s Advocate and the Child Development Agency, and greater support for NGOs providing services for children on the streets and children with disabilities.
3. **Establish mechanisms to support and strengthen services for parents at the community level,** in tandem with current efforts to operationalize the National Parenting Policy.

4. **Improve data collection, analysis and reporting on child-specific data (age 0-17 plus)** to provide a stronger evidence base for policies and programmes.
5. **Implement the recommendations of the Child Protection Audit (2008)**, focusing on reporting and handling of child abuse cases, particularly sexual abuse.
6. **Improve the quality and relevance of education**, making schools child-friendly, student-centered, interactive learning environments that are more attractive for all children, and for boys in particular.
7. **Improve the quality of health care** for children, with an urgent focus on increasing immunization coverage and addressing the causes of the persistently high infant and maternal mortality rates.
8. **Establish mechanisms designed for early detection and referral of children who are at risk.**
9. **Undertake urgent reforms to ensure compliance with international standards on children who are deprived of their liberty.**
10. **Invest in and expand programmes addressing conflict resolution, anger management, safety in the homes and community safety, particularly among youth.**