DESINTERNACIÓN:
Vivir en familia es un derecho
SMILES MOBILE - Mobile Mental Health Unit

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Chief Executive Officer
Child Protection and Family Services Agency (CPFSA)

Santiago, Chile – September 5, 2019
<table>
<thead>
<tr>
<th><strong>Type of the initiative</strong></th>
<th>Smiles Mobile- Mobile Mental Health Unit for children in State care</th>
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<tbody>
<tr>
<td><strong>Country</strong></td>
<td>Jamaica</td>
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<tr>
<td><strong>Institution</strong></td>
<td>Child Protection and Family Services Agency (CPFSA)</td>
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<td><strong>Implementing period</strong></td>
<td>November 2013 to present</td>
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<tr>
<td><strong>Number of direct beneficiaries</strong></td>
<td>Children and adolescents</td>
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</tbody>
</table>
| **Projects**              | The first Mobile Unit was funded by the European Union and UNICEF Jamaica.  
                           | The second Unit was funded by USAID.                                 |
| **Website**               | www.childprotection.gov.jm                                          |
JAMAICA’S CHILD PROTECTION SECTOR

- Made up of several organizations; governmental, non-governmental and civil society
  - Child Protection and Family Services Agency (CPFSA)
  - Jamaica Constabulary Force (JCF)
  - Office of the Children’s Advocate (OCA)
  - UNICEF
  - Ministry of Justice; Victim Services Division (VSD)
  - Ministry of Health; Child Guidance Clinics,
  - Ministry of Labour & Social Security; Street Children
  - Ministry of National Social Security; Trafficking in Persons Taskforce, Juvenile Detention Centres
  - United Nations Development Programme (UNDP)
  - Women’s Centre of Jamaica Foundation
  - Eve for Life among others...
THE CHILD PROTECTION & FAMILY SERVICES AGENCY (CPFSA)

• The Child Protection and Family Services Agency (CPFSA) was formed out of a merger between the Child Development Agency and the Office of the Children’s Registry (OCR) in November 2017.

• The Agency is guided by the Child Care and Protection Act (CCPA, 2004)

Vision:
• Jamaica’s children achieve their full potential in nurturing environments and with full access to developmental and social services; supported by CPFSA, a collaborative, child rights centered, results driven, and technology enabled employer of choice.

Mission:
• Contribute to the well-being of Jamaica’s children by supporting those in need of care and protection, through family empowerment, collaborating with service partners and regulating alternative child services.
OUR MANDATE

• Provide support to children deemed to be in need of care and protection (those who have been, abused, abandoned, neglected or otherwise at risk);
• Receive and record reports of children who are missing, abused, neglected, abandoned or trafficked;
• Carry out advocacy/public education programmes to prevent child abuse;
OUR WORK

• Programme Development and Management;
• Residential Child Care Facility management / monitoring;
• Living in Family Environments (Supervision Order, Foster Care, Adoption and Family Reintegration);
• Placement Management, Court Services, Case Management;
• Licensing & Regulatory Services, Monitoring of police lockups;
• Social interaction planning (primary prevention), Counselling Services;
• Overseas Investigation, National Children’s Registry (NCR);
• Missing Children Intervention (Ananda Alert).
OUR RESPONSE

• **Children and Family Support Unit (CFSU):** Provides practical support by offering advice and counseling to children and families.

• **First Responders:** Provide support to families facing emergency situations eg. fire, violence and death in the community.

• **Multi-Agency Project:** Since the multiagency response programme begun in 2010, 98% of the over 3000 cases handled by the team stationed at CISOCA offices.

• **Psychology Unit:** Partnership with Mico Youth Counselling and Resource Development.

• **Smiles Mobile:** A retrofitted 30 seater bus which provides psychosocial, screening assessment and intervention in Residential facilities. There are two (2) Units- Western and South Easterly parts of the island. The MMHS is staffed by a psychiatrist, two social workers, a psychologist and a driver.
BACKGROUND & CONTEXT

• The Jamaican population is made up of 2.8 million persons. Youth (10-24 years) account for approximately 800,000, or some 30% of the total population. (Source Population Reference Bureau, 2009)

• There are 52 residential child care facilities, nine (9) are operated by the government. The CFSA has regulatory responsibility for all residential child care facilities;

• Over 4600 children are in the child protection system;

• 2,549 or 58% of children in care are in a family oriented environment;

• On average, 10 in every 1000 children are the subject of a child abuse and maltreatment report;

• 79 per cent of children witness violence in their community or at home;
BACKGROUND & CONTEXT (2)

• In December 2012, the European Union, through its European Instrument for Democracy and Human Rights (EIDHR), and UNICEF Jamaica agreed to jointly support the Reducing the Juvenile Population in State-supported Institutions in Jamaica project (RJPSI).

• This initiative sought to improve the capacity of the Government’s justice and child care systems to provide alternatives to custodial care for boys and girls who come into contact with the law.

• The two main outputs of the project were the establishment of a (i) a Mobile Mental Health Service (MMHS) for children in state-supported institutions and (ii) a National Child Diversion Programme (NCPD).
The Mobile Mental Health Unit (MMHU), otherwise called the Smiles Mobile, was created in 2013 as a joint project between the CPFSA, Child and Adolescent Mental Health Services of the Ministry of Health, Ministry of Justice and the Department of Correctional Services within the Ministry of National Security.

Sustainability of the mobile service was done through continuing support from UNICEF (2 years) and thereafter through GOJ budgetary support. Savings realized from the reduction of juvenile population in institutions will allowed for greater allocation of funds to the mobile service.

In 2018, this programme expanded to include the Western Region (Hanover, Westmoreland, St. James and Trelawny) with a donation from USAID of the 2nd mobile mental health unit.
OBJECTIVES

• To contribute to the initiatives of the Government of Jamaica to improve the quality care and rehabilitation of children in Residential Child Care Facilities (RCCFs) and Juvenile Correctional Centres (JCCs).

• Divert children away from judicial proceedings and placements in institutions as much as possible.

• Provision of psychological screening assessment and treatment for children in Homes, Places of Safety and JCCs.

• To strengthen on-going efforts towards the improved protection of children’s rights.
OBJECTIVES

- Reduce the number of children going before the Courts for minor offences.
- Assist in facilitating early release of children from custodial care through emphasis on good mental health, empowerment and the reintegration into their own family homes.
- Achieve greater involvement of parents, caregivers and the community in the rehabilitation and reintegration of child offenders and children in care.
METHODOLOGY

• The End-of-project Evaluation of the RJPSI Project was undertaken over a twelve week period. It included a desk review, stakeholder consultations and an analysis phase. The evaluation examined the operational processes and stakeholder relationships, as well as the performance of the project.
  • The desk review provided context and an introduction to known outcomes and factors.
  • Stakeholder consultation included questionnaires, structured interviews, site visits and group consultations.
  • Consultations were structured so as to begin to organize the information according to the evaluation criteria for analysis.
  • Site visits provided a view of implementers and beneficiaries in their functional environments, as well as insight into the operations and processes of the institutions involved.
EXPECTED OUTCOMES

• 1,000 boys and girls will have better mental health outcomes, such as the ability to manage anger and avoid conflicts & situations which trigger anger and subsequently inappropriate, violent behavior. These outcomes should have an impact on the national crime rate as such children often become adult offenders.

• RCCFs and JCCs will be free of major incidents of violence.
RESULTS

• The Mobile Mental Health Service (MMHS) was piloted in the South East Region (Kingston, St. Andrew, St. Catherine and St. Thomas). A total of 11 residential child care facilities and two juvenile correctional centres, a total of 465 wards of the state (260 boys) and (205 girls) were screened to determine their mental health status. Of this number, 231 assessments were completed.

• Treatment commenced for 83 wards (Round 1) who were diagnosed with serious psychological disorders were provided. This accounts for 40 percent of the target population.
RESULTS

• The Strengths and Difficulties Questionnaire (SDQ) screening tool has been fully integrated into the intake systems at the Metcalfe Street Juvenile Remand Centre.

• Successful engagement of wards and staff by the Mobile team assisted with the identification of gaps that exist in the capacity of caregivers and facility staff to facilitate an enabling environment or psychotherapy and mental health.

• Developed, tested and formalized a method of service for mental health services to wards in RCCFs and JCCs settings.
CHALLENGES / LESSONS LEARNED

• **Programmatic**: Incomplete BIO-Data Files
  • Lack of pertinent information in files on wards.

• **Limited technological aids**
  • No access to SOHEMA or the network drives

• **Outdated Standard Operating Procedure**

• **No files generated and stored** by the MMHU/Smiles Mobile for children who are seen which would have undoubtedly limited a desk review

• **Issues securing the Smiles Mobile Unit**

• **Human Resource**: Identifying Appropriate Skills Sets
  • Decision was made to recruit two psychologists and reduce the number of social workers from two to one to provide a more effective skills set for the bus, given the mandate of the project
CHALLENGES/LESSONS LEARNT (2)

- **Difficulty reaching all children** who were to have been screened for reasons including absconding, transfer etc.,

- **Financial limitations of the project** which resulted in the project scope being reduced from four (4) to two (2) parishes (Kingston and St. Catherine).
RECOMMENDATIONS

(I) Recruitment of additional MMHU/Smiles Mobile staff to meet the immediate service demands of the South East and Western regions as well as the remaining regions once the unit is rolled out in those regions;

(II) Revision of the MMHU/Smiles Mobile Standard Operating Procedure and ensure its enforcement;

(III) Implement better coordinated screening processes to ensure all children are screened;

(IV) Development of a Sustainability Plan;

(V) Development of a Monitoring and Evaluation Plan;

(VI) MMHU/Smiles Mobile staff to get access to SOHEMA and the Agency’s network drives to be better able to carry out their duties;

(VII) Use of MMHU/Smiles Mobile Client Feedback Report Form to ensure client satisfaction.
https://drive.google.com/file/d/1eortPp3Yr_KbtjtWJLX57RyEsWxPdWrd/view?usp=sharing
Gracias por su atención!
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