



ANNUAL REPORT 2020-2021

CHILD RESILIENCY PROGRAMME

VIOLENCE PREVENTION ALLIANCE

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CHILD RESILIENCY PROGRAMME'S OBJECTIVE

To foster the development of **Resilient** attributes, pro-social behaviours and mental wellbeing in the children and their parents referred, facilitating protection against violence, abuse, neglect, and trauma.

PROGRAMME DIRECTOR'S MESSAGE

The academic year 2020-2021 was challenging amidst the COVID-19 pandemic, with the Child Resiliency Programme (CRP) pivoting from face-to-face (September 2020-March 2021) to virtual (March – May 2021) and back to face-to-face and virtual (hybrid approach) May – June 2021.

With schools closed (face-to-face), the programme took a community based approach in recruiting and interfacing with the children and their parents.

This year's focus was on mental health and psychosocial support for children, facilitators and parents. Staff development included Resiliency and Wellness coaching/training; as well as certification of the majority of staff in Community Leadership with the International University of the Caribbean.

Parent support WhatsApp groups were formed and the relationship with families was strengthened with home visits and phone and video calls.

Despite the great challenges around COVID restrictions and increased violence in the Boys Town area, the programme was successful and resilient in all areas of expected delivery; especially in its ability to remain extremely flexible and adapt to the dictates of the economic, health, and social environment, while remaining consistent and reliable in its delivery to meet the needs of its children and their families.

Dr Kim Scott



RESILIENCE

“The human capacity and ability to face, overcome, be strengthened by, and even be transformed by experiences of adversity.

*The ability to ‘**BOUNCE BACK**’ from life’s challenges.”*

INTRODUCTION

The 2020/2021 school year saw the Child Resiliency Programme opening its doors to deliver its well-needed and targetted Intervention to children 9-11 years in and around the Boys Town community where, like the rest of Jamaica and the world, risk factors were increasing because of the COVID-19 pandemic.

An initial parent survey revealed that 84% of parents in and around the Boys Town community were willing to send their children to CRPs after school programme and with face-face-school not in session, a community outreach/referral system was used to recruit the children, using a revised criteria to include mental wellbeing (Annex 5).

In addition, the programme acquired certification from the Ministry of Health and Wellness in September/October endorsing its operation as meeting the Government's Disaster Risk Management (DRM) Guidelines.

As a result, the programme altered several logistics to ensure that the DRM was adhered to. This included running the Programme 4 days (instead of 3) for the week with 3 small groups of 6-8 to one facilitator each day. This structure continued throughout the Christmas term but reverted to 3 days per week (Mondays – Wednesdays) in the Easter and Summer terms when the intervention fluctuated between virtual and hybrid delivery.



The facilitators were appointed 'House Parents' where they were responsible for keeping in touch with the children assigned to them, through phone calls and home visits (including community Police support due to violence in the area) in order to engage the families and provide support where needed. Phone data plans were given to staff to carry out this task which allowed for a slightly easier transition between virtual and hybrid delivery. This however, came with several challenges which made online learning very difficult: children and families with no wifi, no smart phones; dysfunctional family settings, waiting till evenings or nights to deliver the class when the only phone reached back home etc. However, these challenges were continually addressed throughout the school year.

Phone meetings with principals and guidance counsellors of feeder schools were held to maintain contact and keep them updated.

OUR THEORY OF CHANGE

The CRP assumes that structured, after-school programmes for behavior change in children identified as 'at risk' for violence will be most successful **IF...**

Children are:

- **Engaged in educational activities;**
- Supported to **strengthen their coping mechanisms and life skills** through sporting and cultural activities **delivered by caring, consistent adult mentors;**
- Receive **nutritional support;**
- Parents are supported to become **better, more involved parents;** and
- **Teachers** are **trained to refer and better cope** with these behaviorally challenged children.

IF children, parents and teachers are **supported by the arms of the Programme** (Fig.1),

AND community cohesiveness is fostered,

THEN **children participating in the program will display an increase in resilient attributes, coping mechanisms and life skills and in turn, be better protected from violence, exploitation and abuse.**



Fig.1 **Arms of The Child Resiliency Programme**

WHAT WE DO

Through support from the Joan Duncan Foundation of the Jamaica Money Market Brokers (JMMB), the Victoria Mutual Foundation and other small private donors, the CRP of the VPA partners with the non-profit organization Boys' Town (BT), to identify and build resiliency in a cohort of 60 pre and young adolescents per year, ages 9-11 years, who are 'at risk' for violence, exploitation, abuse, neglect and trauma; while continuing to strengthen the centre's capacity for long term impact. The children are referred from feeder schools in the Boys Town community.

'Mi glad fi de programme. Him a behave himself now.' Parent

CRP MODEL

The CRP model takes a **holistic approach** to building resilience in a fun and nurturing environment as it caters to the whole person.

The programme is delivered **after school, three times per week** at the Boys' Town community centre, from 3:00 p.m. to 5:00 p.m. The activities offered are rotated among 6 'houses' or teams.

Every child starts each term with five stars and gains or loses stars for themselves and their 'house'/team based on their behaviour/performance. The students who show exemplary behaviour are publicly recognised with behavioural prizes twice per term; and the winning 'house'/ team is rewarded with a field trip at the end of each term.

The prize trip venue this year was Hope Gardens / Hope Zoo in Kingston.



BOYS' TOWN

Meet: Mondays, Tuesdays and Wednesdays

3:00-5:00 pm

Literacy

Circle Time

Literacy through Computer

Art & Craft

Football

Dancing

Parent Workshops: last Wednesday of every month

Family Counselling & Home Visits

Teacher Training: Biennial

Life Skills Training Thematic Approach:

Weekly life skills themes are used to guide the content of activities

Nutritional Support: a meal is served every day

Annual Sports Day & Mini Sports Competitions;

Fun Day; End of term Field Trips;

End-of-term Prize Giving & Awards Ceremonies & Concerts

Reward & Recognition Programme:

6 different coloured 'houses'/teams of 10 children each.

The leading 'House'/team wins a prize field trip at the end of each term.

**12 Individual Behavioural Prizes awarded every 5 weeks
at each centre**

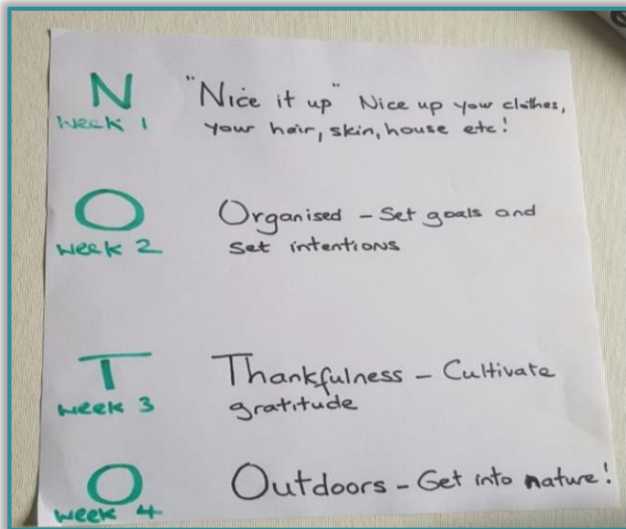
www.childresiliency.org



The children particularly appreciated these prizes and the field trips in light of the extended lock down and no school.

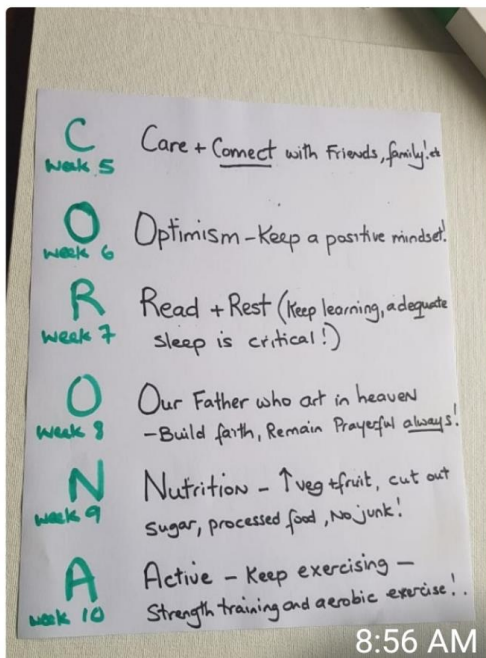


'COVID affect me because I can't get to go to school, have to wear a mask and cannot meet up with my friends, so I like that I can go out to de programme 'an go on de field trip' Child



'I love de aunties and uncles at de programme because they treat us nice. I love when they ask us question because I learn a lot. I tell my mother everything about the programme when I get home. My sista haffi come a de programme next year' Child

Kim Scott



Good morning all ! Let us remember to keep a focus on these 10 areas right throughout but this week we will give special attention to **THANKFULNESS!!**

8:57 AM



WHAT WE MEASURED

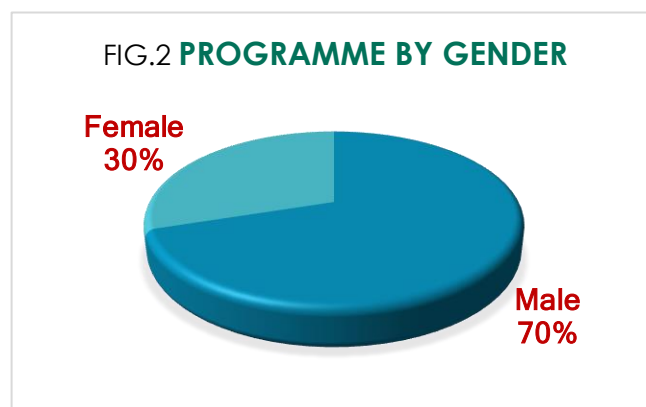
The analytical framework (Fig.3) to assess where changes ought to take place, is outlined in CRPs Outcomes and Indicators (Fig.4)

Data was therefore collected to measure the following according to the Programme's Outcomes:

- **Risk:** the children's level of aggression and exposure to violence.
- **Resilience:** protective factors/ level of the children's resilience.

As a result of the COVID-19 pandemic, a quantitative needs assessment parent survey was conducted in September 2020 (40 of 48 parents/families).

Guided by the Programme Outcomes (Fig.3), baseline data was collected from a sample of 40 (of 48) children in October; and exit data was collected from a sample of 20 children in June. (The sample number was reduced due to COVID restrictions.)



Quantitative data was collected using questionnaires and reading assessments administered to each child individually by a trained researcher. Qualitative exit data was in June with parents and children by interviews and focus group discussions.

The 40 children surveyed included 70% males and 30% females (Fig.2)

All tools were administered by trained personnel to ensure confidentiality and to prevent re-traumatisation of the children. The data was stored in PSpP the statistical analysis tool.

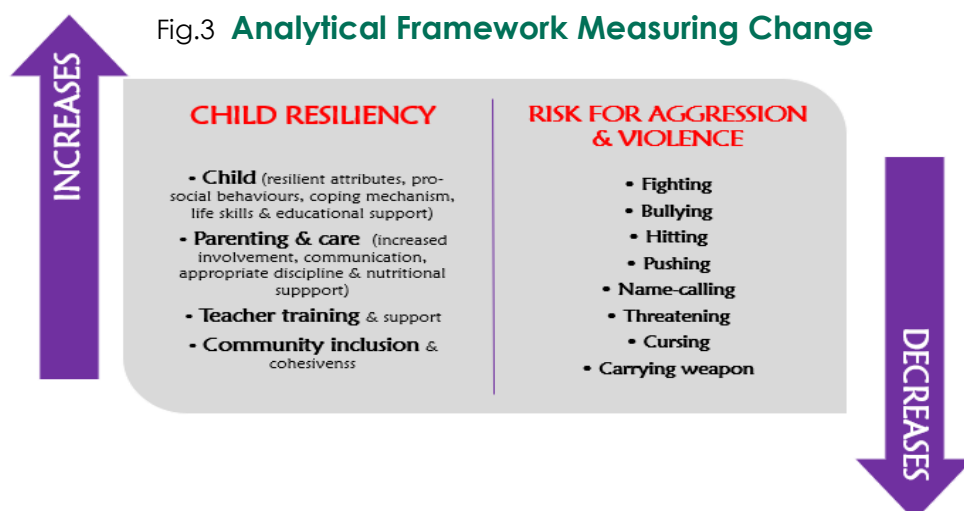


Fig.4 **OVERALL OUTCOME****Greater protection from and prevention of trauma, violence, exploitation, and abuse by:****1. Strengthened resilient attributes, coping mechanisms, and life skills in programme children****Indicators:**

- Extent to which children demonstrate increase in resilient attributes and pro-social behaviours.
- Extent to which children feel comfortable and supported to express their emotions of grief, anger, sadness/depression, and happiness.
- # /percentage of children reporting that they have an adult from the programme who cares and to talk to for support.

2. Strengthened mental wellbeing in programme children**Indicators:**

- Extent to which children demonstrate increased emotional, social and mental wellbeing.
- #/ percentage of children engaged in life skills training and mental health literacy.

3. Increased engagement in educational activities**Indicators:**

- Extent to which children demonstrate an increased love for learning and reading.
- #/ percentage of children showing a positive attitude towards school.

4. Increased parent/family engagement**Indicators:**

- Extent of improvement in appropriate discipline versus corporal punishment among parents.
- Extent to which parents listen and talk more with their children.
- #/percentage of parents receiving family counselling/ training.

5. Reduced level of aggression in programme children**Indicators:**

- Extent to which children demonstrate less aggressive tendencies.
- #/ percentage of children reporting ability to resist fighting.

1 KEY FINDINGS

1.1 Parent Phone Survey Report

The Child Resiliency Programme at Boys Town conducted a phone survey in September with 40 of 48 parents/families (in the community and its environs) who were assigned to the programme for the academic year 2020/2021; to assess the needs of the families and whether or not parents would be willing and wanting to send their children to the programme in the context of COVID-19 and schools not reopening face-to-face.

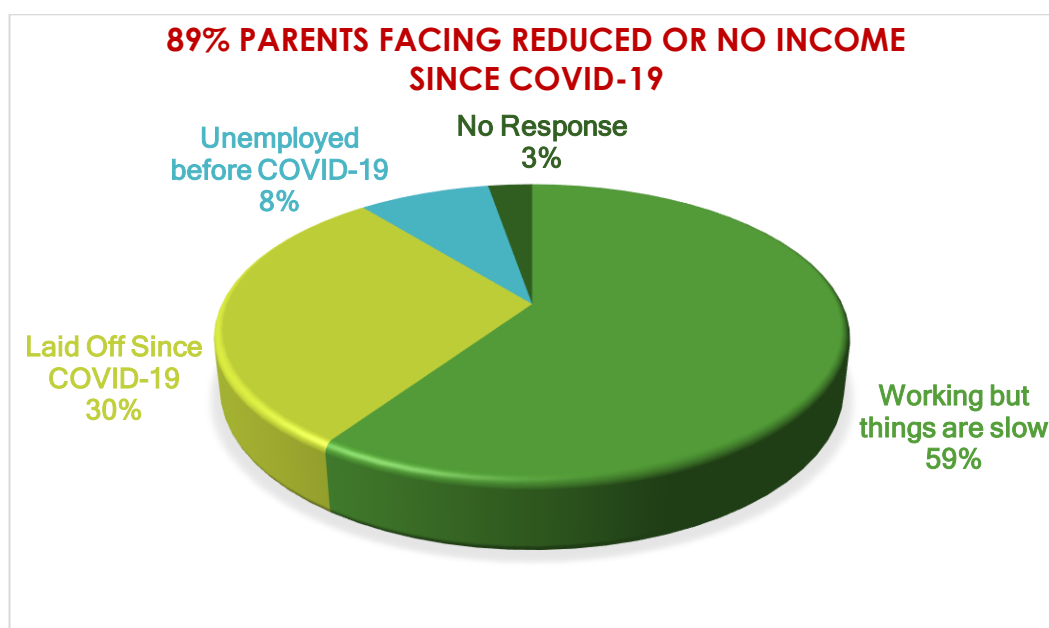


Fig.5

When asked how they were coping generally, whereas 38% of responders said they were trying to do the best they could under the circumstances, 16% confessed to feeling under extreme stress.

Thirty percent (30%) parents were laid off because of the pandemic; and 59% faced reduced income due to less working hours or decreased sales for the self-employed (Fig.5).

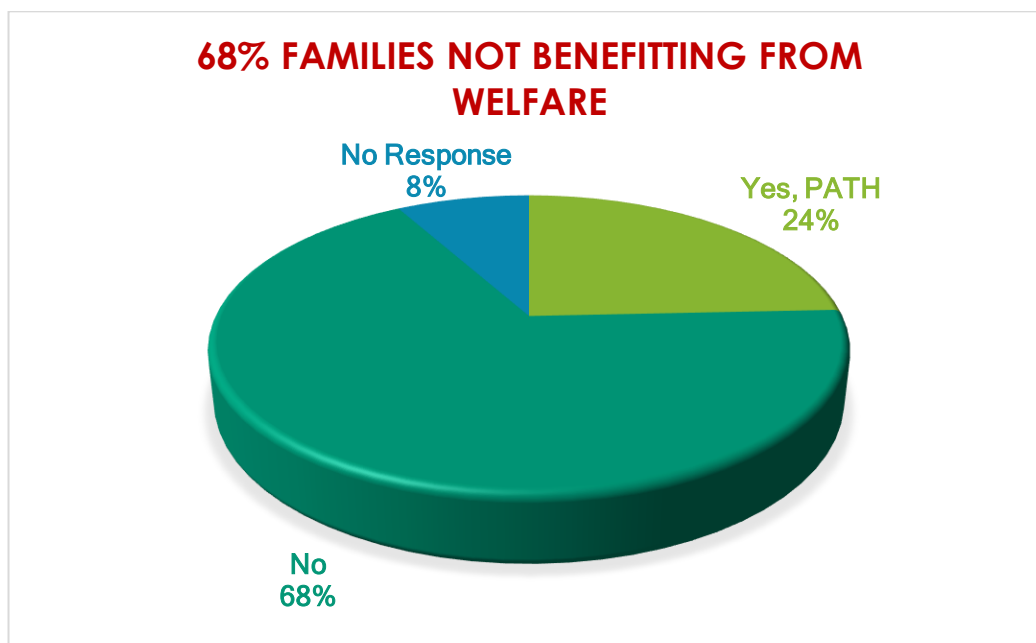


Fig.6

In addition, 68% of families said they were not benefitting from any form of government welfare including the Programme of Advancement Through Health and Education (PATH).

24% however, benefitted from PATH through the distribution of cash or kind on a regular basis (Fig.6)

Regarding home schooling, 59% of the parents said they were coping with helping their children technologically and academically with the added help of family members and the children's teachers (Fig.7).



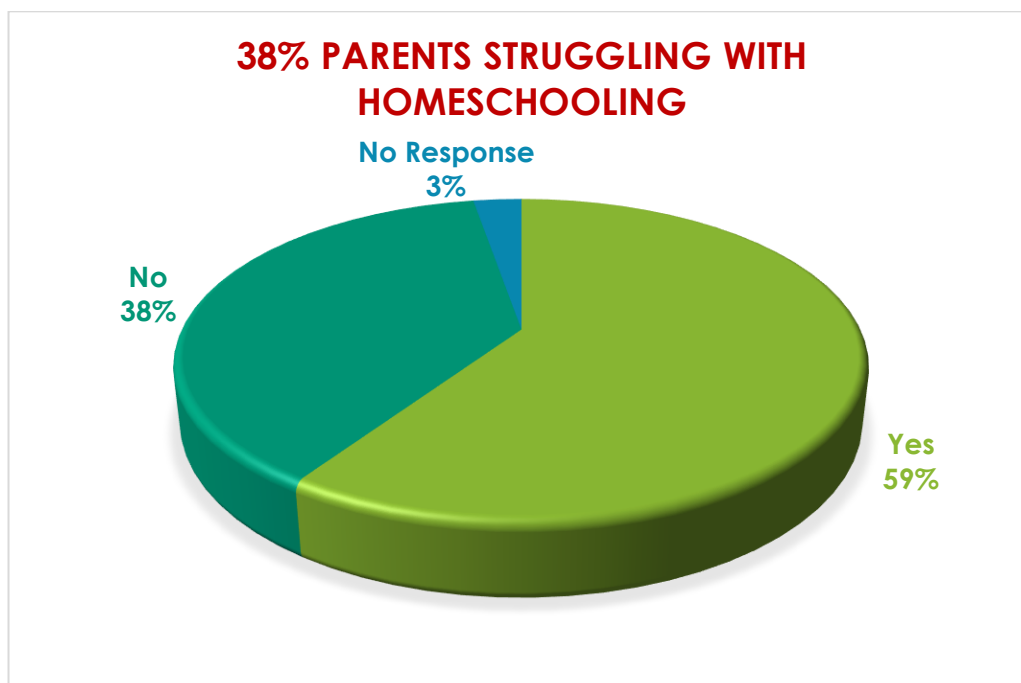


Fig.7

The survey revealed that there was a subsequent migration of some children from their communities to family members who were better able to help with understanding the schoolwork and who may have Wi-Fi.

Thirty eight percent (38%) of parents however, said they were not coping with home-schooling for various reasons including no tablets, expense of DATA plan or no WiFi, miscommunication with school, having to use one phone for online schooling of several children which led to inconsistent attendance of children to online classes (Fig.7).



'The programme is free and I don't have to pay for the extra lesson, it help mi a lot.'

Parent

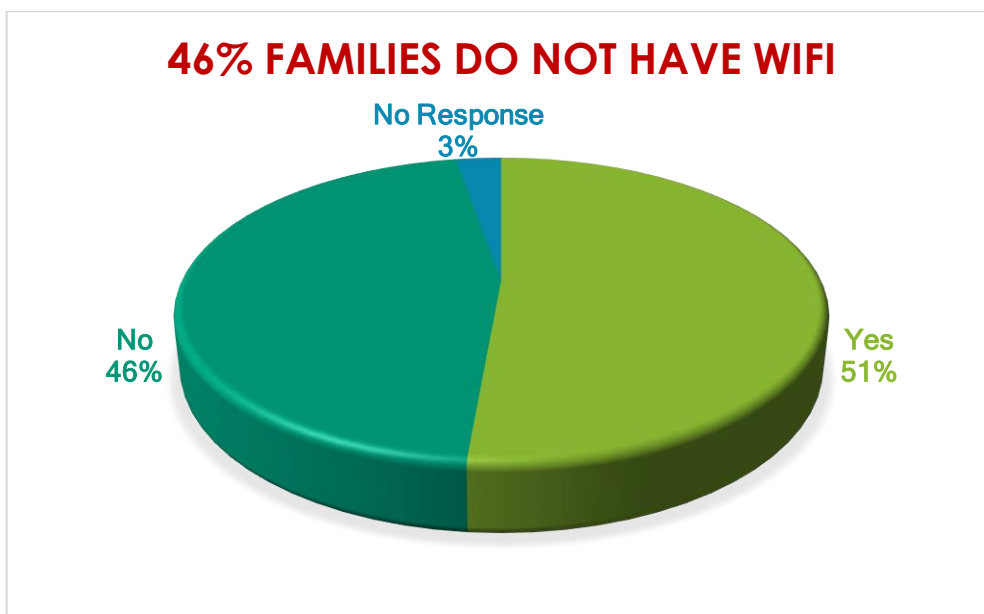


Fig.8

Although 51% parents said they had access to WiFi, a large percentage (46%) had none (Fig.8)

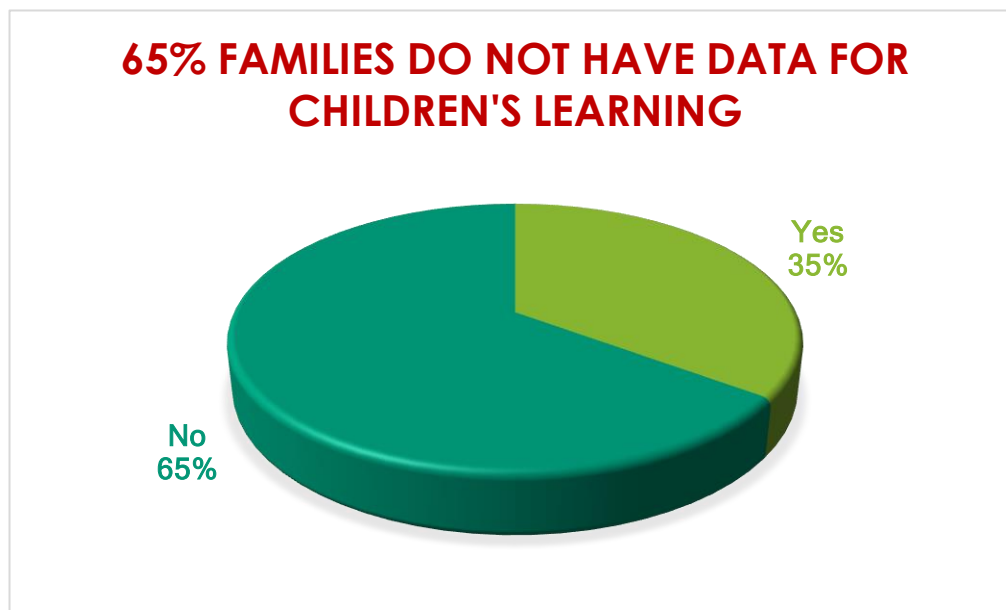


Fig.9

In cases without WiFi, the families purchased DATA to facilitate online classes. 65% families however said they did not have mobile data for their children's learning (Fig.9).

'My child walk to see Uncle to get his assignment and walk back to hand it in, because him don't have internet to go online.' Parent

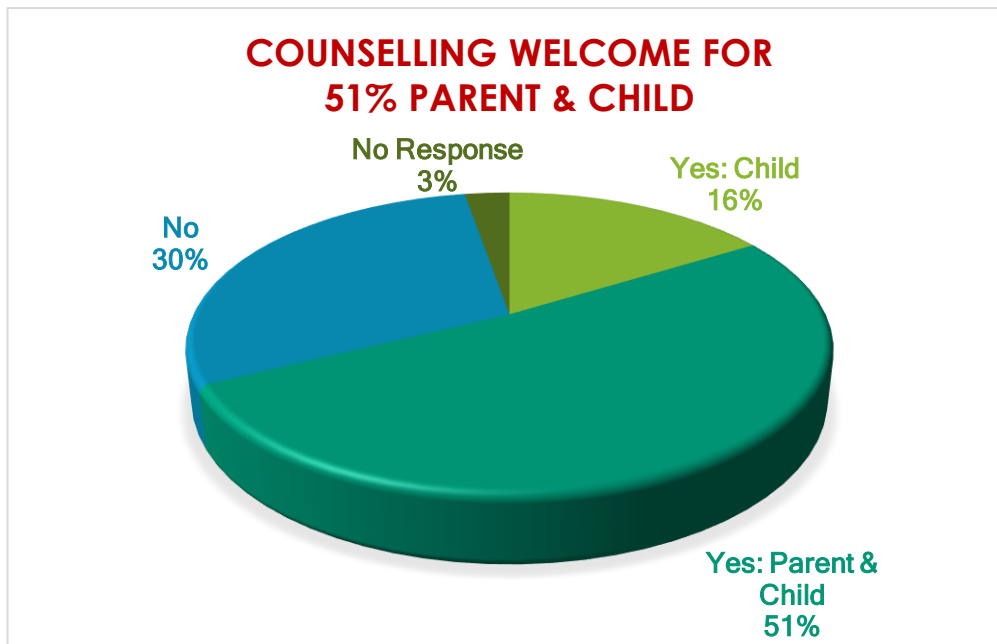


Fig.10

Fifty one percent (51%) of the parents expressed interest in counselling support for them and their children, while 16% required counselling for their children only (Fig.10).

In addition to the above, 100% of the parents said they were doing their best to stay healthy and safe by staying at home, wear masks, washing their hands regularly and practicing social distancing.



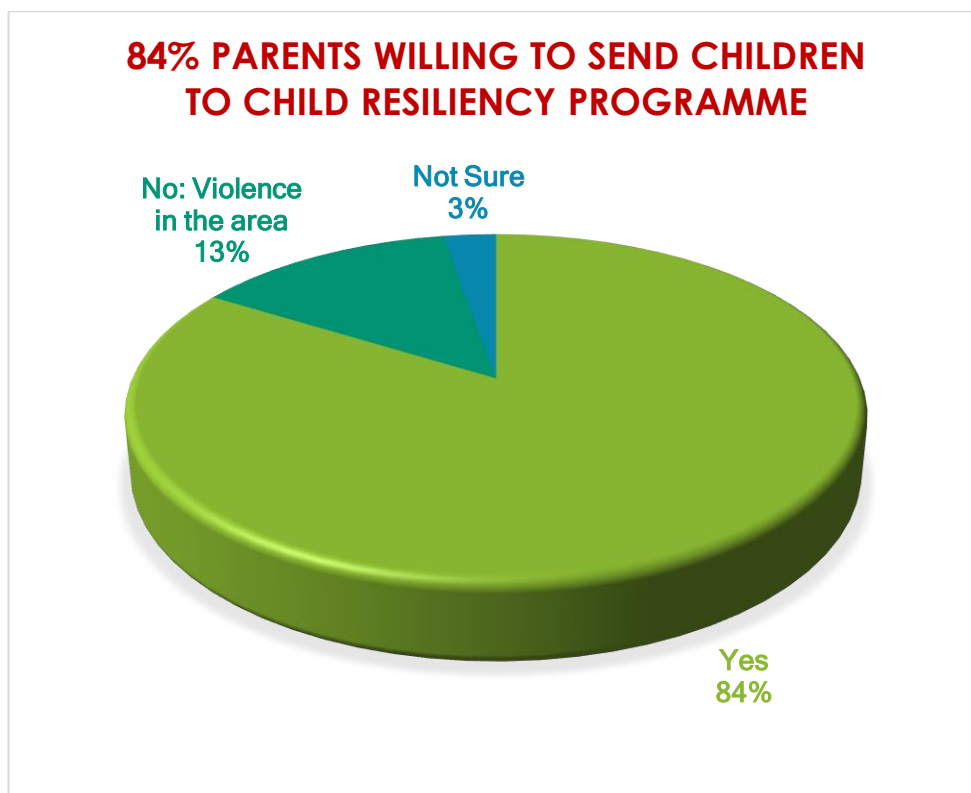


Fig.11

Eighty four percent (84%) parents said they were willing and wanting to send their children to the CRP at Boys Town in the context of schools remaining closed due to COVID-19.

Thirteen percent (13%) parents however expressed grave concern about sending their children to the programme because of the violence in Boys Town and surrounding communities (Fig.11).

Three (3) parents expressed difficulty in being able to send their children to the programme due to the children being relocated out of the area.

Interestingly, no parent expressed being apprehensive about sending their child because of the pandemic (The Ministry of Health and Wellness' COVID-19 protection protocols were endorsed and established at the programme).

Conclusion Of Parent Survey

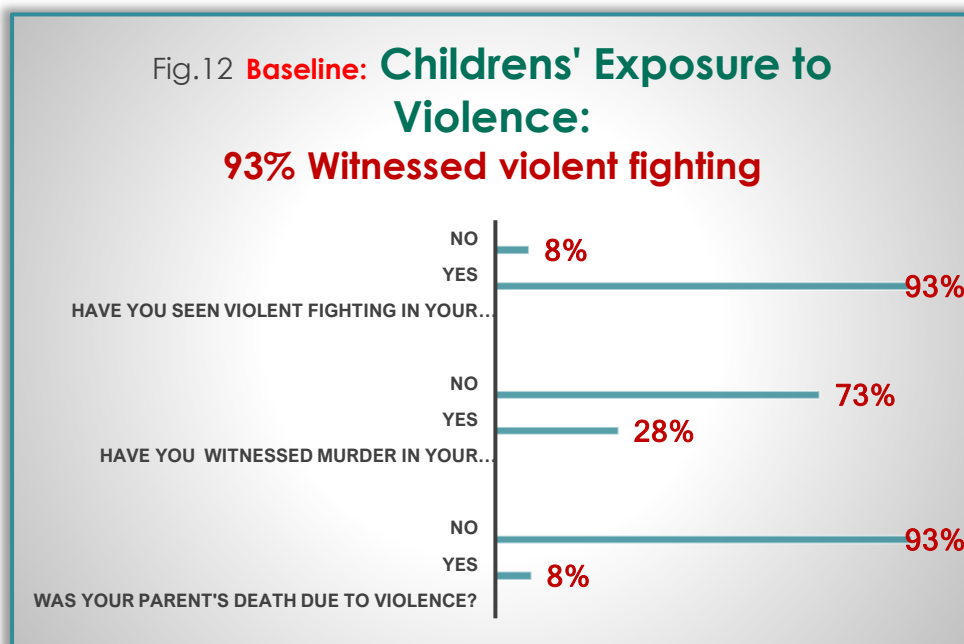
In response to the survey, the Child Resiliency Programme having completed one term of ONLY of online/phone support during the months April- June 2020, made a decision to resume the programme face to face at Boys Town in October 2020 along with online/phone support/home visits as an adjunctive component of the programme.

1.2 Background

Measure of the level of exposure to aggression and violence.

CRP explored the children's exposure to violence in their communities and the level of their protection against the RISK for such behaviour.

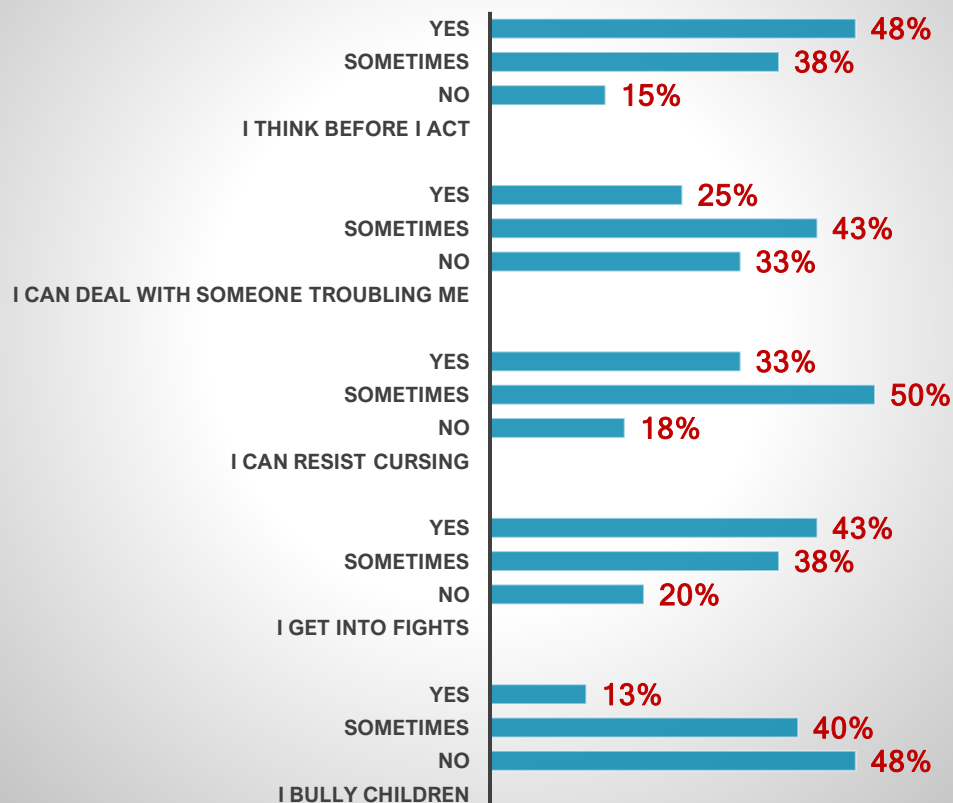
The baseline data showed that the children experienced high exposure to violence in that **93% had witnessed violent fighting regularly** (often times more than once per day); **28% had witnessed murder** in their communities; and 8% said their parents' death was due to violence (Fig.12).



'The aunties and uncles are fun and they do not 'rush' or shout at us.'

Child

Fig.13 **Baseline: High Levels of Aggression:**
43% Will fight back
18% Cannot resist cursing back



Not surprisingly therefore, the children entered the programme with high levels of aggression: 81% said they would fight back sometimes or all the time; 53% said they bullied children sometimes or all the time; 68% said they could not resist cursing back sometimes or all the time; 76% could not resist troubling someone back; while 15% said they do not think before they act. (Fig.13).

**'My child love to fight,
 but he cut down on the
 fighting since him a go
 a de programme'**
 Parent



1.3 Child Recruitment

With the closure of face-to-face schooling due to the global pandemic, a community referral system was used to recruit children from the usual feeder schools; as well as accepting children living in the Boys Town community who attended other schools such as Rosseau's, Irish Gully and Central Branch Primary schools.

This year, a new cohort of 48 referrals of children was registered from 4 of the original 6 neighbouring primary schools (despite being closed) that fed the students to the afterschool program according to the referral criteria.



A facilitator made a promotional trailer of the programme which was circulated to all parents to encourage them to send out their children.

The new cohort of children were happy to come to the programme especially having been 'locked down' at home for the summer. Initially there were obvious signs of depression; and the need for engagement in learning and the supportive activities offered by the programme in the context of schools being closed was obvious. The children and their parents remained grateful.

Attendance

Maintaining face-to-face attendance of the children was very difficult but with much effort, regular attendance of an average of 30 of the 48 cohort was achieved and the other approximate 16 children were supported via phone and video calls, and home visits.



1.4 Life Skills Training for Psychosocial Support and to Impact Behaviour Change

The thematic approach of Life Skills Training (Annex 9) along with the Theme '**NO TO CORONA**' (Annex 10) dictated the 'topic of the week' which guided the focus of each activity, geared towards stimulating resilient attributes and pro-social behaviours in the children. Topics included Stress Management, Healthy Response to COVID, Anger management, Conflict Resolution, Teamwork, Problem Solving to name a few.

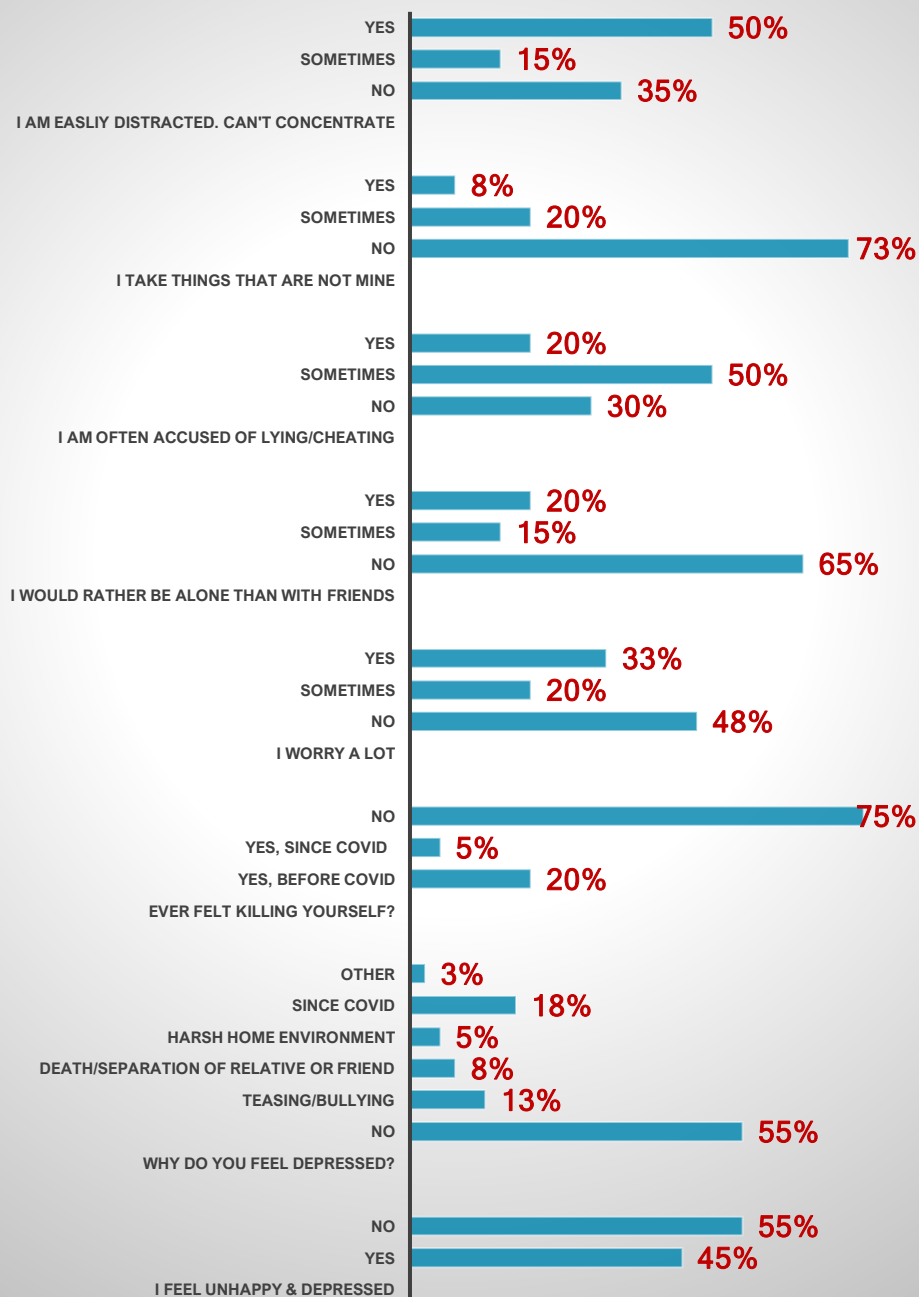
The baseline data showed that a significant percent (45%) of the children disclosed that they were depressed, of which 18% said the depression started since the pandemic. In addition, 25% children said they felt suicidal (Fig.14).

This data also included symptoms of possible stress/trauma: worrying, preferring to be alone, easily distracted etc.

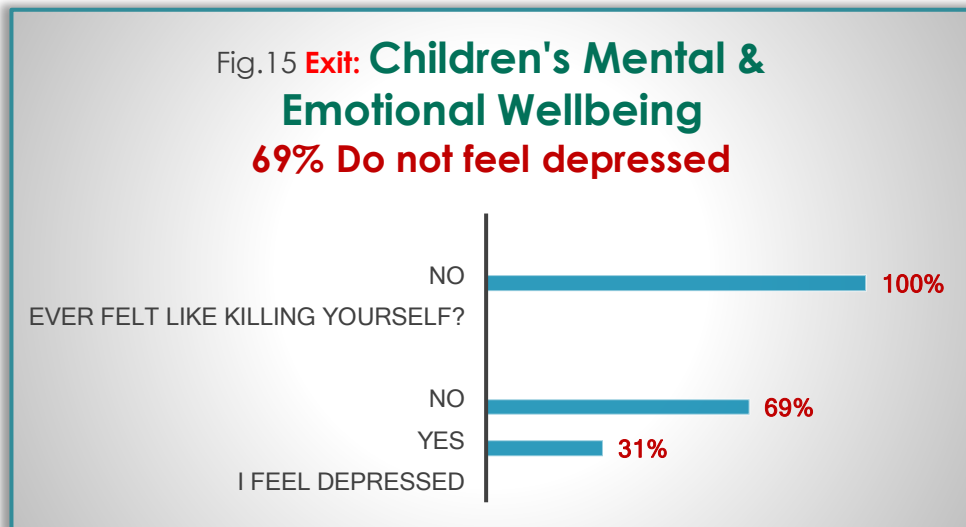
Fig.14 **Baseline: Children's Mental and Emotional Wellbeing:**

45% Feel depressed (18% since COVID-19)

25% Feel suicidal (5% since COVID-19)



The exit data showed improvement in some areas as all children (100%) said they did not feel suicidal and 69% said they did not feel depressed (Fig.15).



Qualitative findings from focus group discussions and interviews showed obvious signs of growth in confidence and self-esteem; boldness; improved ability to self-express; better able to manage their emotions to act appropriately in social settings; identify a goal in life; and increased willingness to operate in groups as a

team. Children formed friendships among each other across political lines and regardless of the schools they attended.

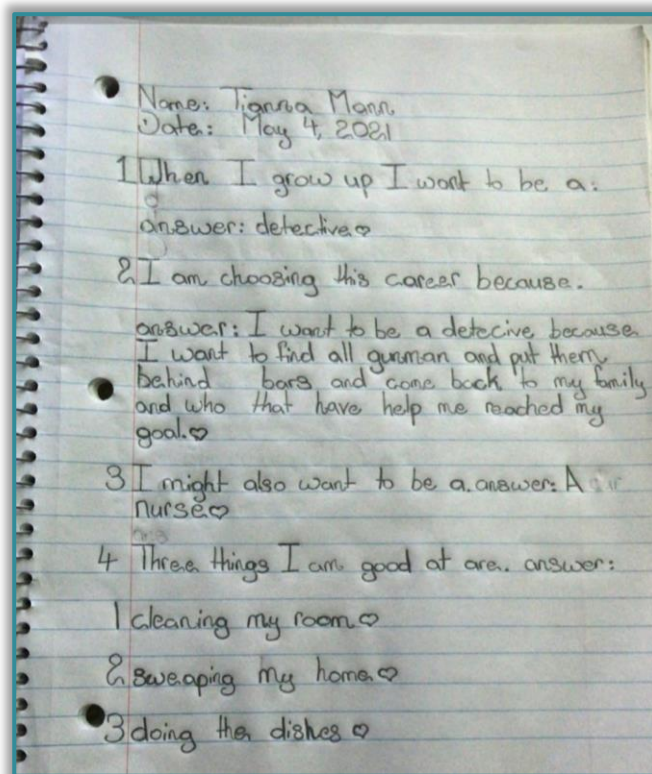
'I like Circle Time because we discuss things like COVID stress, responsibility and how to control our temper.' Child

'I appreciate the programme because it improve my son's attitude to him schoolwork and domestic chores; an' him feel better 'bout himself.'

Parent



'I want to turn soldier when I grow up to help out the community. I don't care amount de pay.' Child



'My child would barely talk an' him a talk plenty now since him start de programme.

Him a communicate and express himself more.

Mi happy fi de programme.' Parent



Sports to Reinforce Life Skills

Sports teaches how to enjoy the thrill of victory and how to 'bounce' back from the agony of defeat. It brings communities together; is therapy for coping with stress; cultivates self-discipline; positive thinking and the value of hard work; develops listening and problem-solving skills; teaches respect and teamwork; and fosters **life-long skills** that are transferable off the field/court. Sports is essential for both physical and mental health and fosters gender equality at the programme.

In preparation for Sports Day scheduled for March 25th, four-a-side football competitions were held weekly along with track and other sporting activities. Due to the increased COVID numbers and government stipulations, the programme pivoted back to a virtual delivery and Sports Day was cancelled. However, sporting activities continued both virtually and face-to-face according to safety protocols.



Karl Goodison BT Circle Time



Table tennis used for group n team work as discussed topic

1:19 PM



'I'm happy to get to leave home an' go to the programme where I can play football.' Child



'I love de programme because I get to play football for the first time in my life. And I get to play it with my friends.' Child

Spiritual Development to Reinforce Life Skills



Faith in God is a key survival tool to building resiliency. This was encouraged through devotion times in songs, favourite choruses and reading of Bible passages related to the Life Skills and NO TO CORONA themes of the week.

'I like the programme because it's fun and it helps me learn, and it helps me know how to be a great friend.' Child

Circle Time to Reinforce Life Skills

Circle time explored topical issues guided by weekly Life Skills and NO TO CORONA themes (Annex 10). The children learned to express their emotions and opinions on a variety of topics including how to deal with COVID related stress. They learned the value of social graces, gender equality, mental health, goal setting, healthy sexual behaviour, etc. Delivery methods included videos, debates, sports therapy, role play, music and games.



'One thing I like with Circle Time is that somethings dat fimi teacher nuh teach me, I come learn dem at Circle Time and when teacher ask me I can explain.' Child

← **BT Child Resiliency**
 Delano, Denise, Eleaska, Francine... +

Circle time
 Topic: Handling anger and conflict

Debate: "Informer fi dead"

Purple argue for
 *Informer chat too much
 *People nuffi business with other people as dem will get involved



Orange house Against
 * We should talk up on corruption
 *Exposes wrong in the community and country
 * Help the community to live better ... [Read more](#)

11:34 AM

'The Circle Time uncle explain certain things to him like what is the meaning of 'police' an 'informer' an what dem do inna de community an so forth.' Parent

'Circle Time teach you how to manage during COVID.' Child



Creative Expression to Reinforce Life Skills

Expressing oneself creatively is liberating and healing. The children not only learned art and craft and dancing skills, but they were able to express themselves through these activities which helped them to gain a positive, meaningful self-image, and self-confidence. It helped them to develop leadership and relationship skills; and re-enforced a sense of belonging.



'She seh she love de dance classes an de literacy classes. She love de stars weh she get when she do har work and cooperate inna de classes.' Parent

'I'm glad for the dancing at the programme because de whole of my family love to dance.' Child

2 FINDINGS BY OUTCOMES

2.1 Strengthened resilient attributes, coping mechanisms, and life skills in programme children

Indicators:

- Extent to which children demonstrate increase in resilient attributes and pro-social behaviours.
- Extent to which children feel comfortable and supported to express their emotions of grief, anger, sadness/depression, and happiness.
- # /percentage of children reporting that they have an adult from the programme who cares and to talk to for support.

&

2.2 Strengthened mental wellbeing in programme children

Indicators:

- Extent to which children demonstrate increased emotional, social and mental wellbeing.
- #/ percentage of children engaged in life skills training and mental health literacy.

'The children's mental health was supported through dance, football, Circle Time and counselling in small groups.' Dr Scott

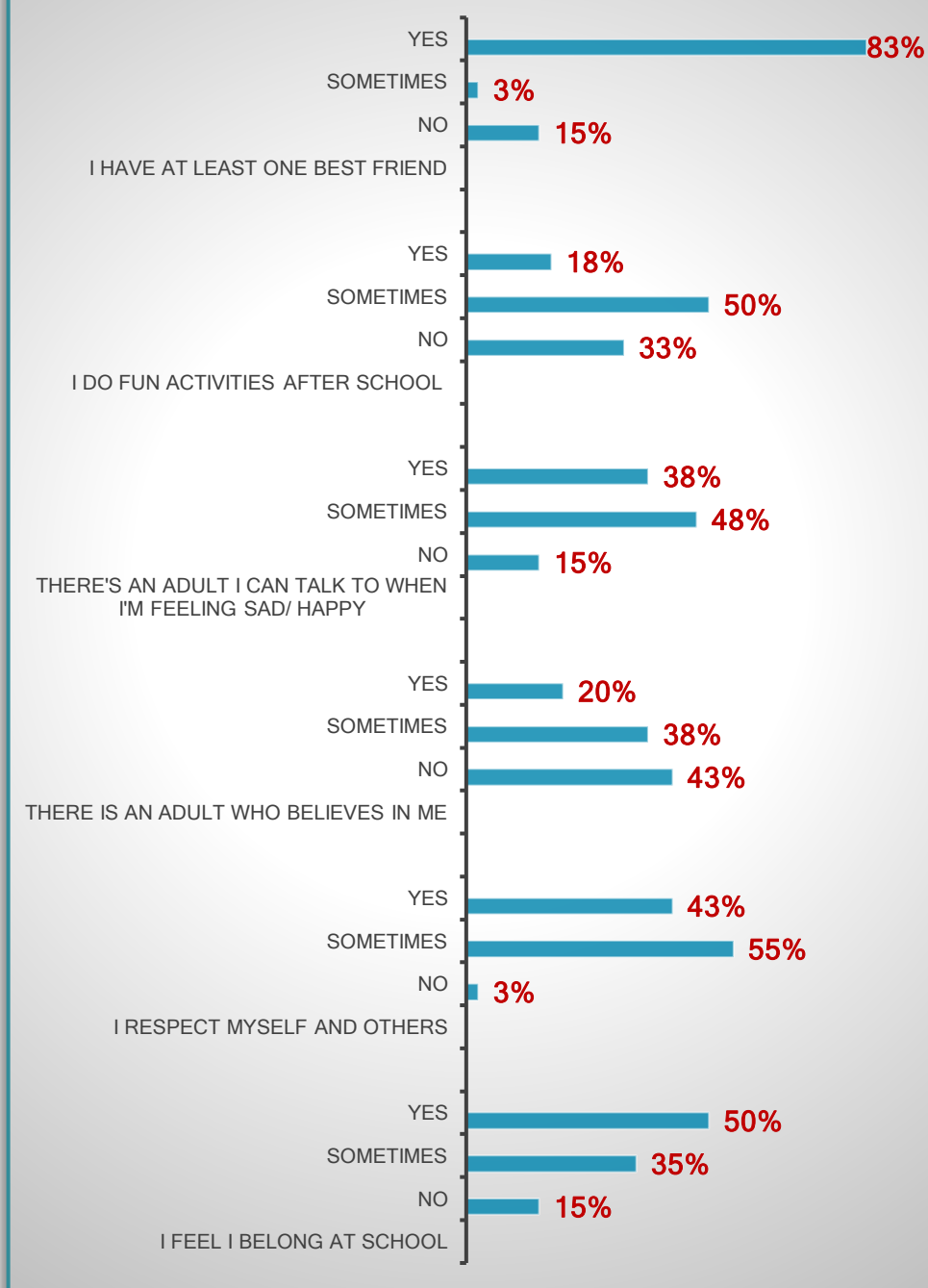


With the background of violence exacerbated by COVID restrictions, what coping mechanism and support did the children enter the Programme with?

The baseline showed that 63% of the children said they **did not have a caring adult** at school who they **felt comfortable to talk to** (sometimes or all the time); 81% reported that they **did not have an adult at school who believed in them** (sometimes or all the time); and 83% reported **not being involved in any structured after-school activities** (sometimes or all the time) (Fig.16).

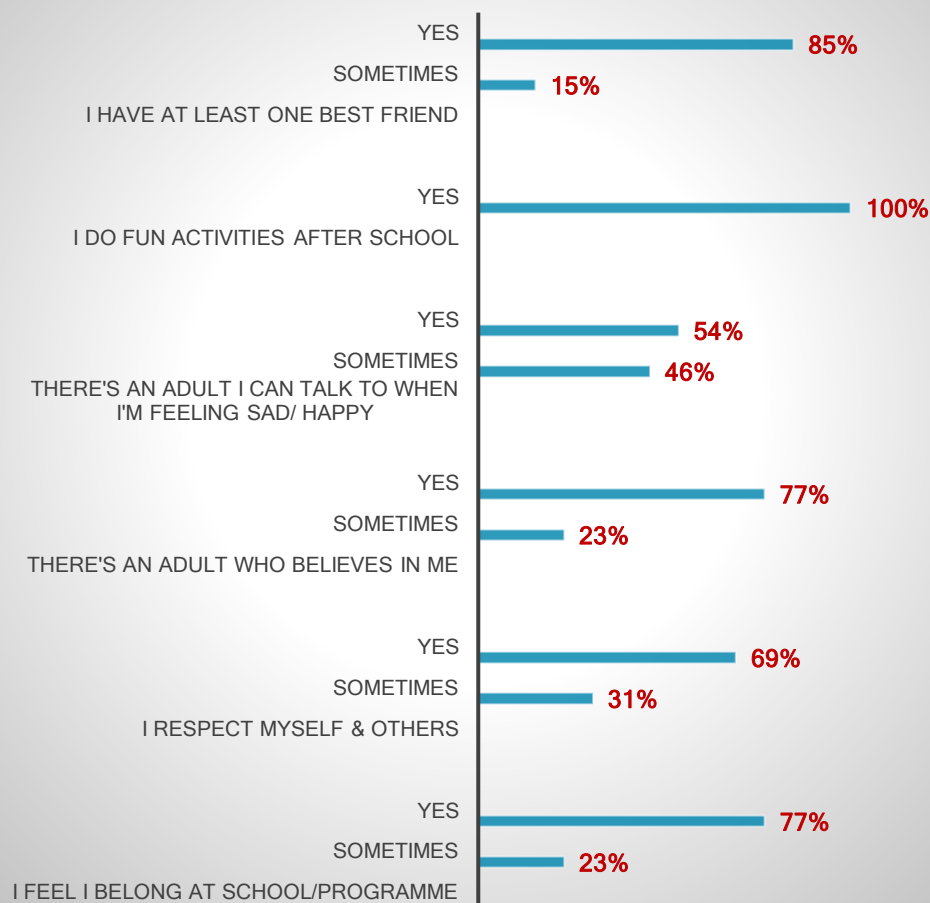
By the end of the school year in June, the children said they loved the aunties and uncles at the programme because they cared for them and they helped them to talk about their feelings.

Fig.16 **Baseline: Children's Level of Coping Mechanism and Support**



'My son look forward to the online session dem wid de aunty an uncle. Dat mean him get something out of it because him always a ask mi if it a go keep online or if him have to go to de centre.' Parent

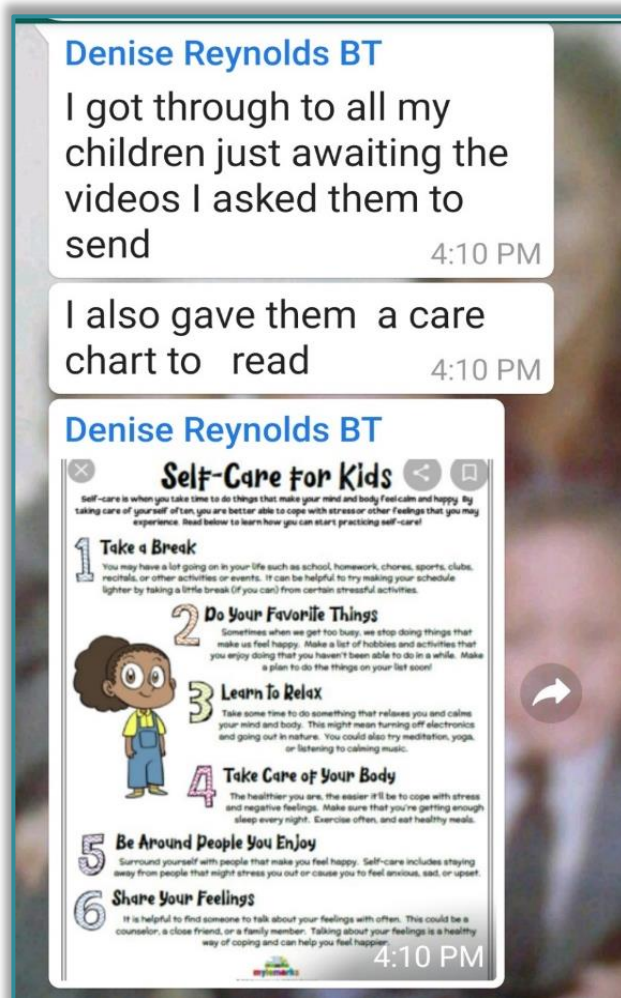
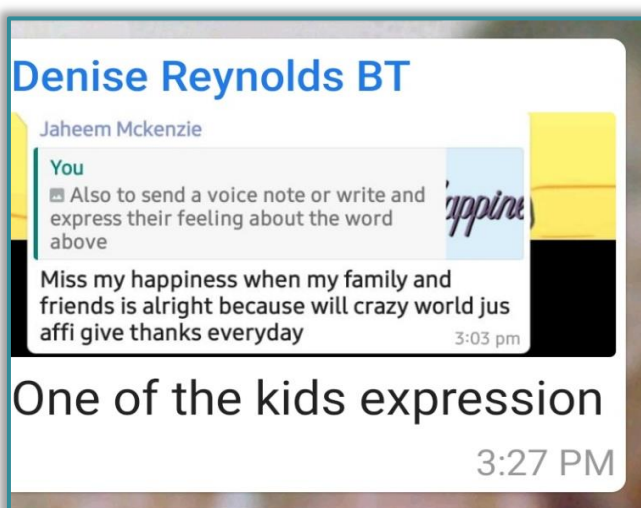
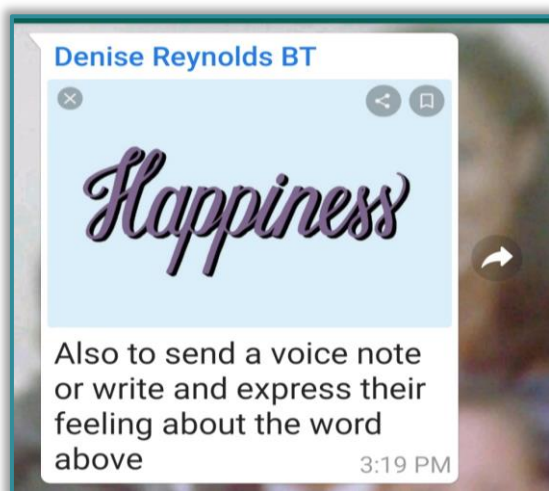
Fig.17 **Exit: Children's Level of Coping Mechanism & Support**



The exit data showed improvement in most areas of the children's coping mechanism and support system, such as all children interviewed saying that they took part in fun, supervised activities after school. In addition, other improved areas included a higher percentage of the children interviewed saying that there is an adult that they can talk to when feeling happy or sad; and that there is an adult who believes in them. The Exit data also showed improvement in their sense of belonging (Fig.17).

'The aunties and uncles are nice. I can talk to dem when I'm happy, sad, mad, angry.' Child

'One ting I like wid de programme is that sometimes when I am feeling down, when I reach the programme, I feel happy because I meet my friends and play games; and things I don't get at school or at home, I get at the programme.' Child



'Him have a better understanding of what a gwan inna de society.' Parent

'I love the progamme because I learn a lot of new things dat I never learn at home or at school.' Child

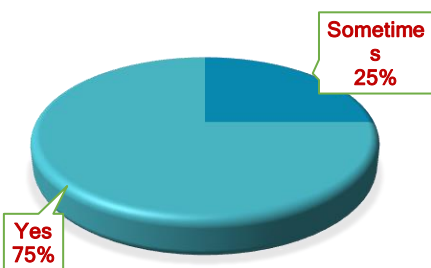
'De programme give dem understanding 'bout survival.' Parent

2.3 Increased engagement in educational activities

Indicators:

- Extent to which children demonstrate an increased love for learning and reading.
- #/ percentage of children showing a positive attitude towards school.

FIG.18 **BASELINE: DOING WELL IN SCHOOL IS IMPORTANT TO ME**



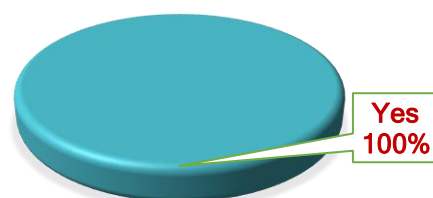
Oftentimes, children's academic performance is directly linked to the environment in their families and communities. The programme's children were no different and as such, their violent and aggressive home and community environments contributed greatly to their reduced academic progress; and increased disruptive/unfocused classroom behaviour. CRPs Academic Arm therefore aimed to help the referred children become functionally literate through small group teaching; and to foster a love for reading and learning.

In addition, children's performance in the classroom can give a clear indication of their levels of stress/ trauma and how they are coping.

The baseline data showed that 70% of the children said *doing well in school is important to them* (Fig.18). In comparison, the Exit data showed all of the children declaring that *doing well in school was important to them* (Fig.19).

Literacy via Information technology (IT) was carried out with the use of computer tablets and additional computer tablets were purchased to facilitate the virtual delivery of this and other activities. Tablets were also loaned to a small number of children who did not have any device with which to communicate online.

FIG.19 **EXIT: DOING WELL IN SCHOOL IS IMPORTANT TO ME**



'De programme give my son the opportunity to express himself and speak up more in class because him understand certain subjects better. Him more confident.' Parent

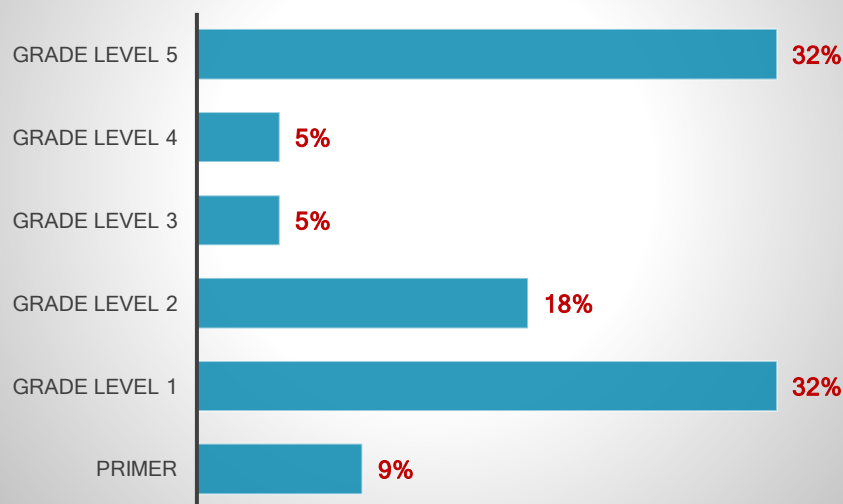
'Me like de face-to-face extra lessons at de programme because my child not doing so well wid de online thing an mi afraid she fall back in class.' Parent

'My son a answer question more inna class. No matter if him de pan line at home. Teacher say him more focus an him keeping up wid de classes. Him a come on to it.' Parent



Fig.20 **Baseline: Reading Assessment of Children**

59% Children Reading below Grade 3 Level



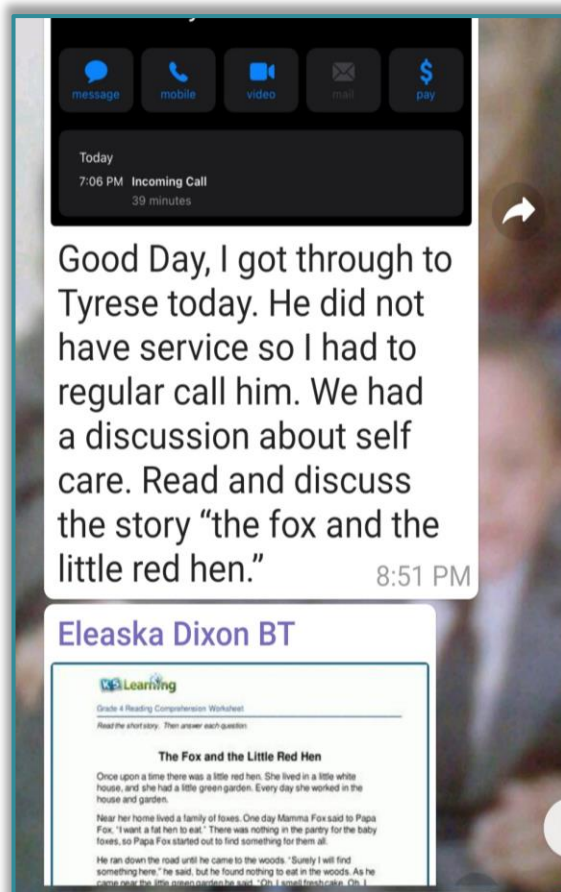
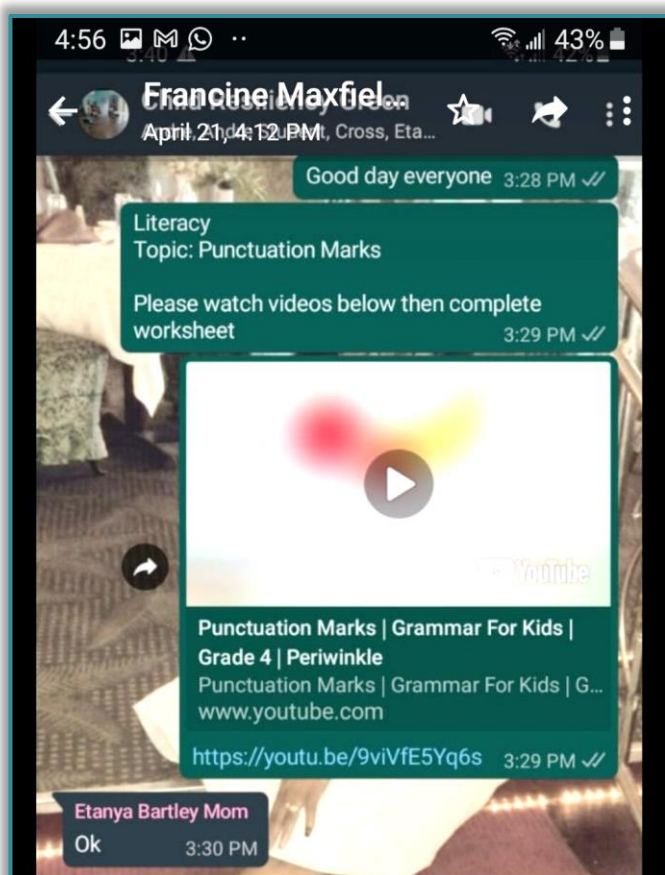
The baseline data showed 59% of the children reading below Grade 3 level. (Fig.20).

Qualitative Interviews with parents and their children revealed that by the end of the school year in June, there was significant improvement in the children's love for learning and reading as well as their attitude to schoolwork.

'My child is very rude and so mi haffi beat har. She always a walk street. De extra lesson she get when she go a de programme help har because she not doing well wid de online learning.' Parent

'Literacy class help mi wid my schoolwork.

**I am reading better now.
And the games dem is fun.'**
Child

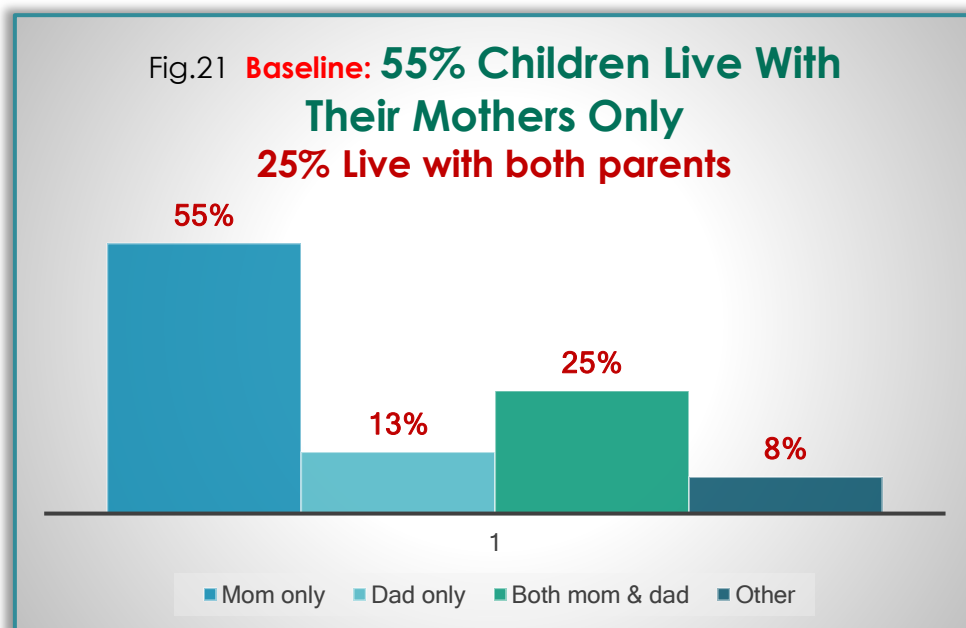


'The children have increased their literacy levels (including computer literacy) and have fostered an increased love for learning, particularly reading' Dr Scott

2.4 Increased parent/family engagement

Indicators:

- Extent of improvement in appropriate discipline versus corporal punishment among parents.
- Extent to which parents listen and talk more with their children.
- #/percentage of parents receiving family counselling/ training.



The Programme's intervention takes into account the parenting profile of its children. The baseline data revealed that 55% of the children live in single-parent households headed by their mothers; 13% headed by their fathers; and 25% said they lived with both parents (Fig.21).

'Aunty Sheena is a very understanding lady and she give us opportunity and guidance dat we can really follow.' Parent

'I don't have any problem wid de programme. Anuty always text us and tell us what is what. Like when we supposed to come to the centre.' Parent

Fig.22 **Baseline: Top Forms of Parental Discipline:**

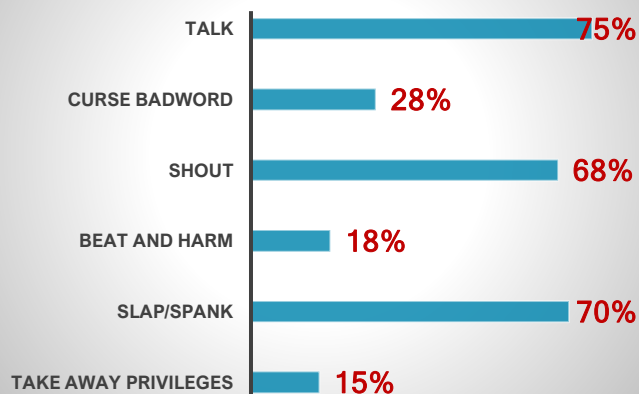
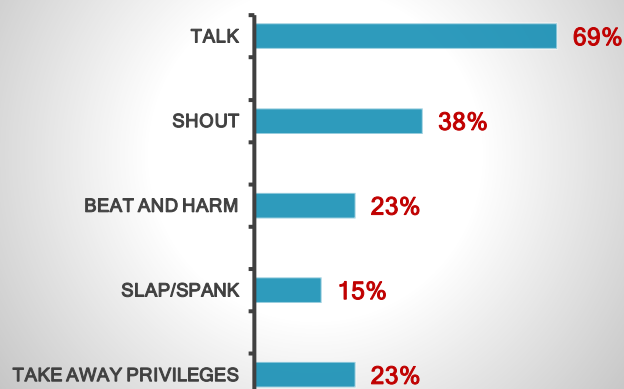


Fig.23 **Exit: Top Forms of Parental Discipline:**



Most of the children reported that their parents/caregivers disciplined them by talking (75%); slapping (70%); and shouting (68%). They also disclosed that their parents/caregivers inflicted harm while beating them (18%) (Fig.22).

The exit data showed that talking (69%) and shouting (38%) remained the top forms of discipline (Fig.23).

Fig.24 **Baseline: Parents' Interest In Schoolwork**

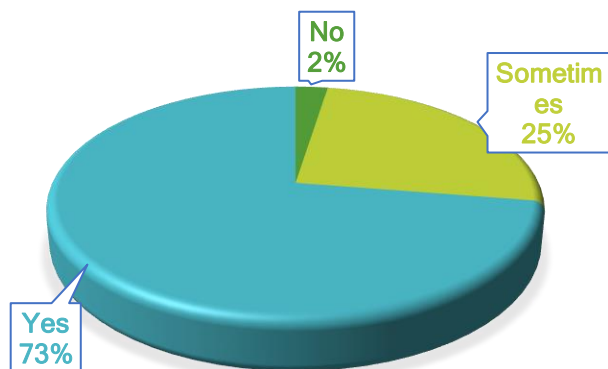
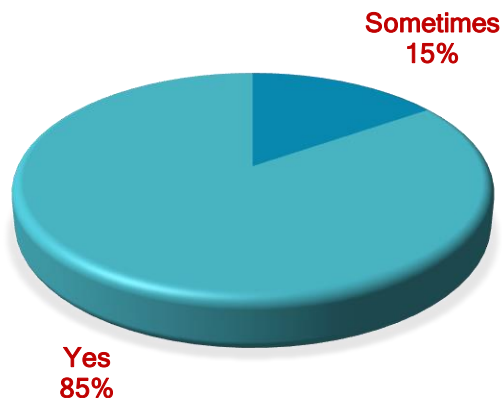


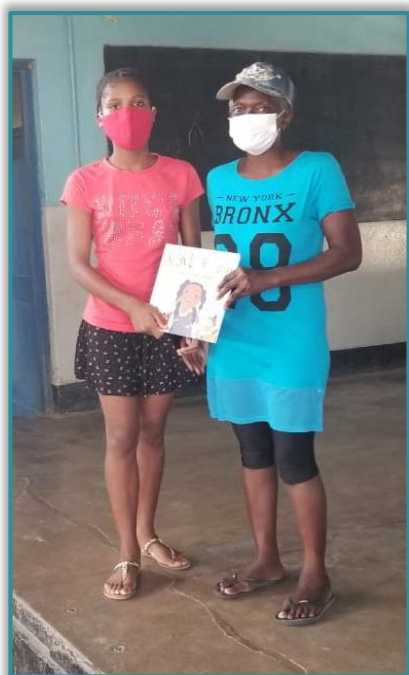
Fig.25 **.Exit: Parents' Interest In Schoolwork**



The exit data also showed that most of the children (85%) reported that their parents/caregivers had interest in their school and homework; while 15% said their parents/caregivers showed interest sometimes (Fig.25). This is an improvement on the baseline data which revealed 73% and 25% respectively (Fig.24).

Monthly Parent Workshops were held during the Christmas term and suspended in the mid of Easter Term in March 2021 for the rest of the school year, due to full closure of school and more stringent measures put in place by the government to curtail the spread of the virus. Increase in home visits boosted the parent/facilitator bond and contributed to well-attended parent workshops.

The parents who attended CRPs monthly Parenting Workshops were taught strategies for conflict resolution, to continue to be more collaborative in the child's virtual learning experiences and to increase their ability to find alternate discipline strategies apart from the old traditional beating method. Additionally, they were guided to set clear rules and boundaries for their children.



Parents also took part in a Behavioural Prizegiving were asked to present prizes to the children including their own child. This helped in stimulating pride and confidence in both parent and child.

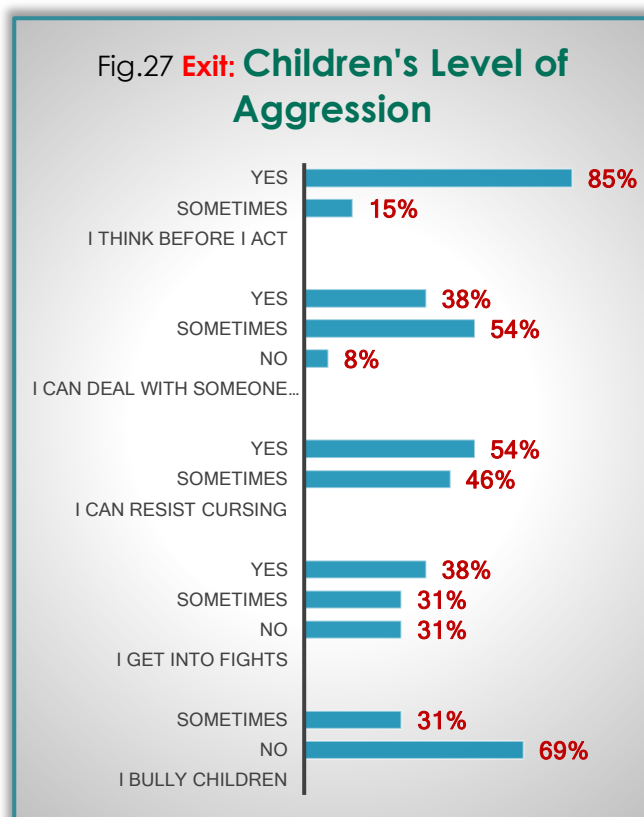
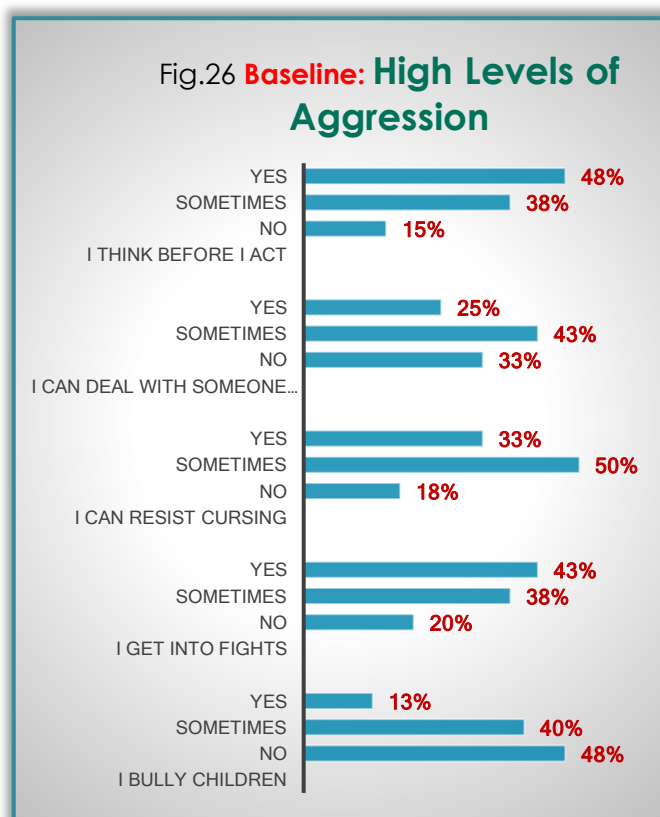
The Parent WhatsApp group chats formed in September was very successful in engaging the parents and keeping them and the facilitators abreast with updates about the children.

Parents were also linked to UNICEFs Parent Support helplines for additional support.

2.5 Reduced level of aggression in programme children

Indicators:

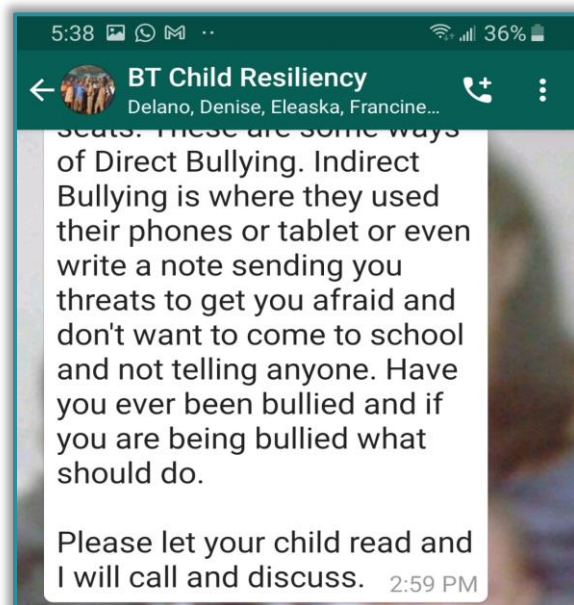
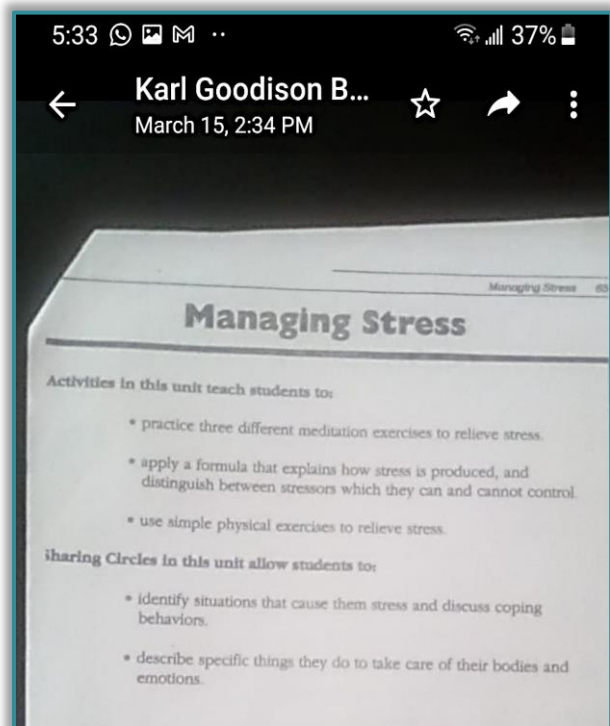
- Extent to which children demonstrate less aggressive tendencies.
- #/ percentage of children reporting ability to resist fighting.



The baseline data as previously outlined, showed high levels of aggression in the children which was largely due to their exposure to violence in their communities (Fig.26). The exit data from interviews done with children in June, showed an **overall reduction in their aggressive tendencies**: thinking more before acting, handling persons troubling them without hurting anyone; resisting cursing; not getting into as many fights; and not bullying persons as much (Fig.27).

'Lawd, mi very frustrated wid him because him no listen. Mi used to beat him hard hard but since him a go a de programme, mi no know wah unnu do, unnu good because di bwoy change an' mi no ha ffi beat him so much.'

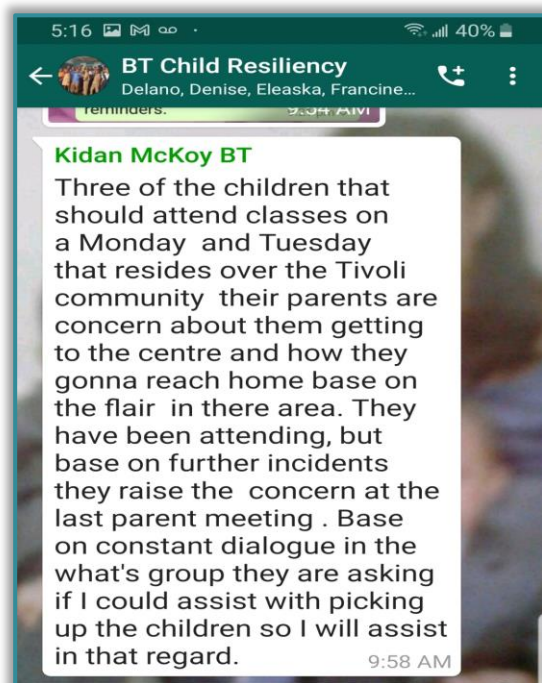
Parent



'The uncles and uncles teach us to be kind and loving to each other.'
Child

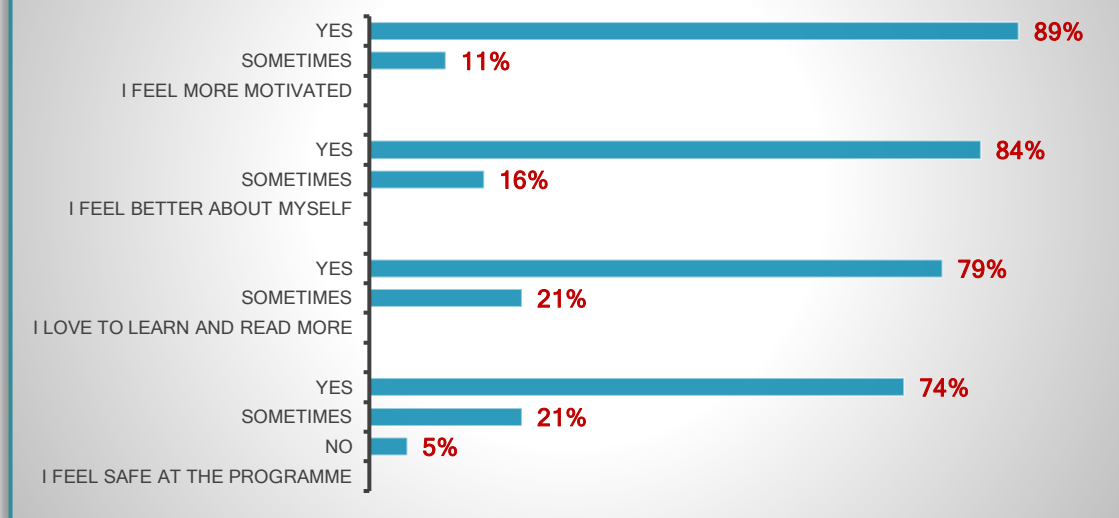


'De programme help me to listen to my child and reason wid him so mi fine seh mi nah rush him so much.' Parent



'De programme help to keep my child off de street and give him something to do inna de evenings.' Parent

Fig. 28 **Exit: Since Being at the Programme...**



The exit interview captured how the children felt overall after one school year of the programme's Resilience and Wellness intervention. The data showed 89% feeling more motivated; 84% feeling better about themselves; 79% loving to learn and read more and 74% feeling safe at the programme, largely due to the violence in the area (Fig.28).

'When the aunties and uncles a do dem class, dem have a little fun part and a little serious part 'cause everybody haffi learn. Circle Time, football, dancing, literacy... everybody haffi learn.'
Child



3 ADDITIONAL FINDINGS

3.1 Nutritional Support



The Nutritional arm of the programme had to be flexible in working closely with the management of the centre to provide meals especially with increased costs. This boosted the programme's communication and acceptance with not only with the centre, but the wider community.

'The children were given a well needed nutritional meal on attendance and the parents continue to express their gratitude for the continuing of the programme intervention throughout the COVID-19 pandemic.'

Centre Coordinator



3.2 Staff Development

This reporting year focused on mental health and psychosocial support of not just the children and their caregivers, but of the facilitators as well. To kick-start this emphasis, the Implementors' Training Session in September 2020, included a focus on Building Resiliency and Wellness in the context of COVID (covering topics such as 'Operating at Your Peak: Practices to Improve Resilience' and 'Tips for Handling Behavioural and Emotional Challenges in Children in COVID Context').

The CRPs Boys Town facilitators received weekly one-on-one Self-care, Resiliency and Wellness coaching from Dr. Scott using the NO TO CORONA theme.

In addition, the programme sponsored 8 staff members in a Community Leadership Certification course at the International University of the Caribbean (IUC). This included Community Counselling, Advocacy, Child Development, Resiliency & Wellness etc. It was delivered online May- July 2021 and came at an appropriate time as the venue of the BT Centre underwent structural improvement.



Staff were also encouraged to take part in the Ministry of Health and Wellness' COVID Vaccination Programme with 2 doses of Astrazeneca. Dr Scott educated staff on the value of vaccination.

3.3 Partnership with the International University of The Caribbean (IUC)

The CRP partnered with the Peace Institute and Extended Learning Centre of the International University of the Caribbean (IUC) to conduct training in Resiliency and Wellness for their Community Leadership Certification course.

In addition, as part of the partnership, a Peace Building, Resiliency and Wellness Training Manual was developed by the Child Resiliency Leadership team headed by Dr Scott; and the corresponding training of this topic geared towards community leaders, undergraduates, and post-graduate students, is scheduled to begin in the upcoming academic year 2021-2022.

The partnership will also include assignment of IUC's students to participate in CRPs Boys Town centre as part of their practicum and research assignments.

As part of the partnership, Dr. Scott sits on the Advisory Committee of the Peace Institute and Extended Learning Centre of the IUC.



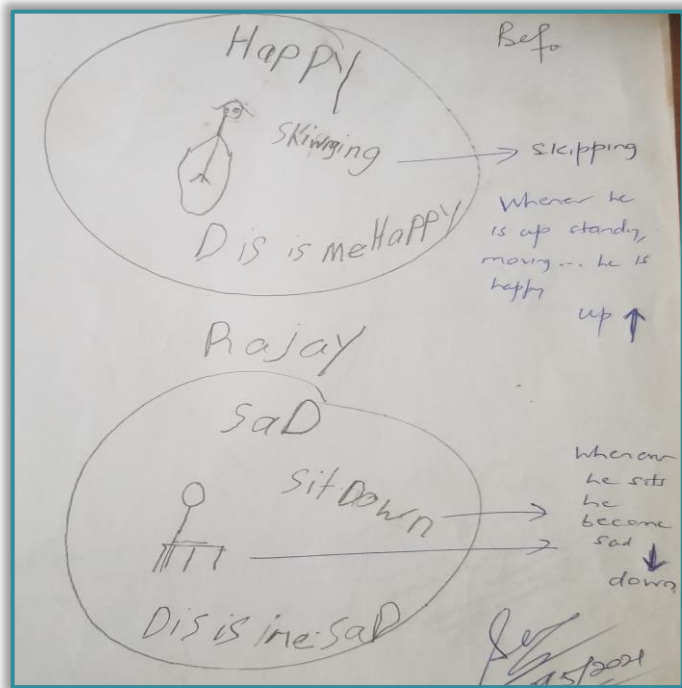
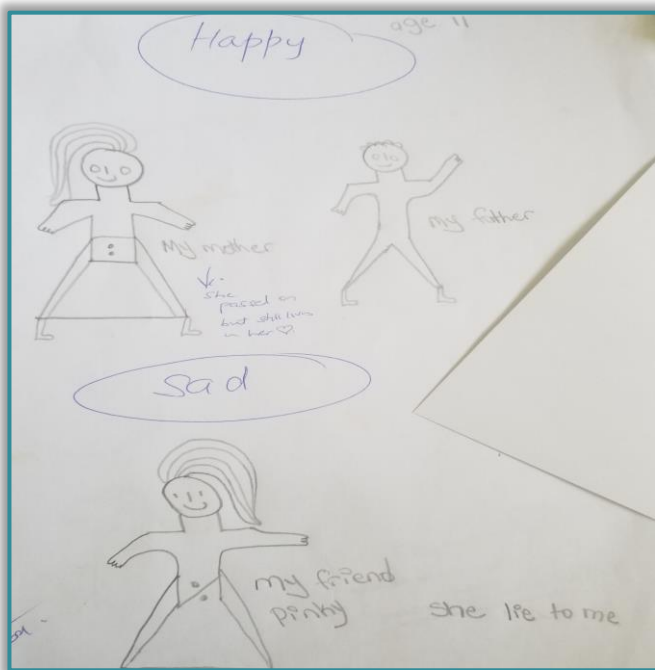
3.4 Additional Counselling

An additional cohort of 12 children underwent Family Counselling using the Cognitive Behaviour Therapy (CBT) and the Solutions Focused Therapy (SFT).

I Love to Cook and Seeing my dad.
I Love to Sing and dance... and being
my life Seeing people Slime and
my dad, brothers, Sister, grand man and
My Sfire. Grandma is the best in the
World and dad win for the best dad
is the world.

The Helping programme... "The Helping process"

① Individual Counselling	② Group Counselling	③ Start Pep Talks ✓ on the spot.
④ Inspirational quotes ✓ Think positive ✓ Be kind to the other person ✓ Show care & concern.	⑤ Reading materials ✓ Books ✓ Magazines ✓ The News. <i>Stretch the mind Take you places Inspire</i>	⑥ Children Own Start stories with a message.
⑦ Cognitive Behavioural Therapy (CBT)	⑧ Solution Focused Therapy (SFT)	⑨ On-line Counselling Telephone Counselling
⑩ Care packages child month little packages.	⑪ Positive Vibes e Warm • smiling • appropriate dress • appropriate language • good eye contact	For attractive life ⇒ speak words of kindness for healthy eye ⇒ look for the good in others.



3.5 Other Matters

• The Child Resiliency's Programme Administrator, Aunty Marilyn Lee retired in July 2020, and the programme sent her off with a celebratory lunch and gift to honour her over 15 years of excellent service from to the children and their parents.



- The Programme made quarterly contributions to the newsletter MANNA on Building Resiliency.
- The Programme acknowledges with thanks, the donations of 200 disposable masks from the Council of Voluntary Social Services (CVSS); and laptops and cell phones from USAIDs Community, Family and Youth Resilience Programme of St. Kitts; as well as the loan of a fully decorated Christmas tree for the programme's Annual Christmas concert, compliments of Mrs Joanne Shorhouse.
- Dr. Scott conducted Resiliency and Wellness Training for all JMMB Joan Duncan Foundation staff in June 2021.

• in June 2021, the programme said goodbye to Aunty Francine Maxfield, facilitator in Literacy who started with CRP in 2014 since the opening of the Boys Town centre. The staff thanked her for giving invaluable contribution to the children and the community over the years.

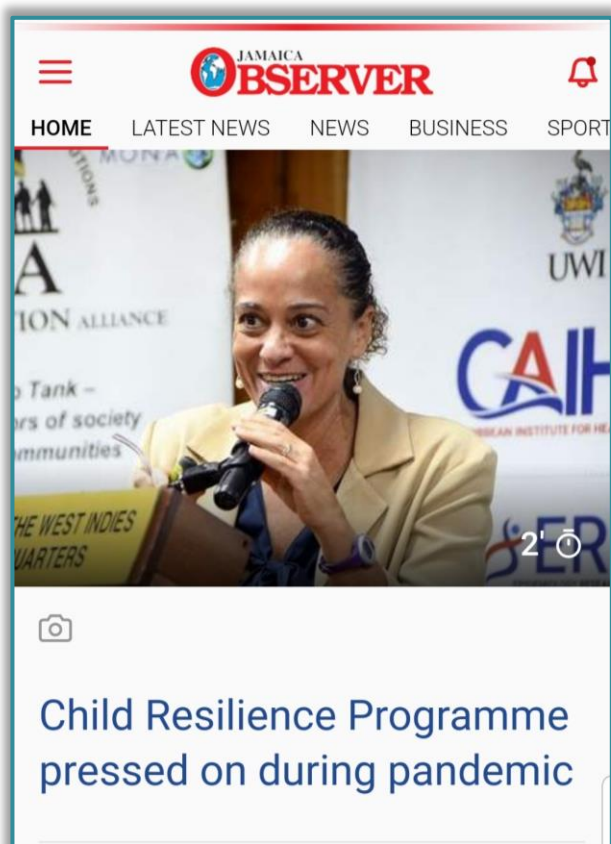
HUG A CHILD!



CONCLUDING REMARKS

The Child Resiliency Programme demonstrated its **RESILIENCE** in this reporting year by providing a well-needed protective environment for children at risk, who were made even more vulnerable because of the COVID-19 pandemic.

One of the CRPs key success was resuming face-to-face in September 2020 (after being closed to face-to-face delivery for the summer term of April-June 2020) while all schools still remained closed; which helped in overcoming the apprehension to physical delivery of its activities. This was a huge success.



Another key success was adopting the community-based approach in the absence of the usual school support. The repeated home visits and calls to parents to follow up on the children in the COVID times, improved the bonding of the staff with the children and their families.

Also noteworthy is the ongoing focus on staff development in building the Resiliency and Wellness of the Boys Town staff themselves who were also being impacted by the pandemic.

The flexibility of the Programme in delivering Life skills training and literacy activities whether in person or online without compromising quality, is to be commended.

Partnership with the IUC to develop and deliver a Peace Building Resiliency and Wellness Training Manual and curriculum is also to be applauded.

Of significance, is the continued partnership with the police which was very helpful in alleviating the fears of parents to sending out their children in the context of extreme flare ups of violence in the surrounding communities.

The Child Resiliency Programme has not only met its objectives towards the 'at risk' children that it serves primarily, but it has proven its own resilience as an organisation to 'bounce back' and be transformed in challenging times to create and spread HOPE to the wider community.

ANNEX

1. Programme Outputs 2020-2021

Programme Output for 2020-2021

- **40 children attending afterschool activities three times per week** (with a hybrid delivery of face-to-face and online.)
- **Implementers' Training Session** conducted online for 12 facilitators on 22 September 2020.
- **Monthly Parenting workshops and Parent/Family Counselling** October 2020 - February 2021.
- **Training of Facilitators in Community Leadership** at the International University College (IUC) May – July

2. Parent Survey Questionnaire

CHILD RESILIENCY PROGRAMME

PARENT PHONE SURVEY

September 2020

CHILD'S NAME: _____ SCHOOL: _____

CAREGIVER'S NAME & NUMBER: _____ RELATIONSHIP WITH CHILD: _____

PLEASE JOT DOWN ANSWERS TO THE FOLLOWING:

1) How are you coping?

a) Do you have access to any form of welfare like PATH or Poor Relief?

YES, please state name of welfare: _____

NO

b) Do you have the time (or literacy level or understand the technology) to assist your child with home-schooling?

YES, how do you support your child? _____

NO _____

c) Are you working/ laid off since COVID?

YES

NO

OTHER _____

2) a) What have you been doing to keep well and safe from Covid-19? (encouraged staying home, social distancing, hygiene practices, eating healthy, exercise). _____

b) Where are you and your child currently located (have you relocated since COVID)?
(address/ community where staying) _____

3) Do you &/or your child want/need phone support and counselling?

YES

NO

4) Do you have Wi-Fi that can be used for your child's learning?

YES

NO

5) Do you have a data plan that can be used for your child's learning?

YES

NO

6) Are you willing to send your child to Boys Town, Hugh Sherlock Centre, 2 afternoons per week for language arts support, life skills training and sporting/creative activities while working in a small group of 10?

YES

NO, why? _____

3. Child Individual Profile Questionnaire

CHILD RESILIENCY PROGRAMME				
INDIVIDUAL PROFILE				
NAME				
SCHOOL				DATE
GENDER		Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B.: / /
Who do you live with?		<input type="checkbox"/> Biological mother only <input type="checkbox"/> Biological father only <input type="checkbox"/> Both parents <input type="checkbox"/> Other		How many persons live in your house?
Parents' /Main Caregiver's Name		Mother:	Tel #:	
		Father:	Tel #:	
		Other:	Tel #:	
Address/ Name of Community:				
Where is your other parent? For those living with single parents/ or caregiver.				
Lives elsewhere in Jamaica: Kingston/another parish	Migrated	Incarcerated	Deceased	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Was death due to violence?		Don't know
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
How often do you see or talk to him/her?	Not at all	Seldom	Often	All the time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

RISK BEHAVIOUR ASSESSMENT		
1. Do you feel like crying, unhappy or depressed very often?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, skip to next question, if yes, why? Please mark all that apply:		
When they tease/ pick on me/ bully me	<input type="checkbox"/>	<input type="checkbox"/>
Due to death/separation of relative or friend	<input type="checkbox"/>	<input type="checkbox"/>
When parent curses/ harsh home environment	<input type="checkbox"/>	<input type="checkbox"/>
Since COVID	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever felt like killing yourself? If no, skip to next question, if yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Before COVID	<input type="checkbox"/>	<input type="checkbox"/>
Since COVID	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever seen or experienced murder in your community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever experienced or seen violent fighting in your community (fist, stone, gun, broken bottle etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. How do your parents discipline you? Please mark all that apply:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk	Time outs	Take away privileges (no TV, video games etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slap and Spank	Beat with hand or object to harm	Shout
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curse Bad words	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3
4	5	6
7	8	

2

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4. Child Baseline/Exit Questionnaire

**CHILD RESILIENCY PROGRAMME
MONITORING & EVALUATION QUESTIONNAIRE**

+

NAME:		DATE:			SCHOOL:					
To what extent do the sentences below describe you over the last 10 months? Circle ONE answer for each statement.										
		PRE			POST					
		No	Some times	Yes	No	Some times	Yes			
1	I do fun and interesting activities after school in my community/ programme (e.g. sports, cultural arts, clubs)	1	2	3	1	2	3			
2	There is an adult at school/ programme who tells me when I am doing a good job and believes I will be a success	1	2	3	1	2	3			
3	There is an adult at school / programme who cares (hugs etc.) & listens to me when I have something to say (when feeling bad or good, sad or happy, angry)	1	2	3	1	2	3			
4	I feel I belong at school/programme	1	2	3	1	2	3			
5	Doing well in school is important to me	1	2	3	1	2	3			
6	I respect myself and others	1	2	3	1	2	3			
7	My parent/caregiver shows interest in my schoolwork & homework	1	2	3	1	2	3			
8	I bully children at school and at the programme (hit, push, name-calling, threaten, spread mean rumours, tease about body)	1	2	3	1	2	3			
9	I get a lot of headaches and stomach-aches	1	2	3	1	2	3			
10	I get into a fist fight / pushing when somebody wants to fight me	1	2	3	1	2	3			
11	I can resist cursing students back when they curse me	1	2	3	1	2	3			
12	I can deal with someone troubling me, without hurting myself or others	1	2	3	1	2	3			
13	I try to be nice to other people because I care about their feelings	1	2	3	1	2	3			
14	I worry a lot	1	2	3	1	2	3			
15	I would rather be alone than with my friends	1	1	3	2	3	3			

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**CHILD RESILIENCY PROGRAMME
MONITORING & EVALUATION QUESTIONNAIRE**

NAME:		DATE:			SCHOOL:					
To what extent do the sentences below describe you over the last 10 months? Circle ONE answer for each statement.										
		PRE			POST					
		No	Some times	Yes	No	Some times	Yes			
16	I am easily distracted. I find it difficult to concentrate	1	2	3	1	2	3			
17	I am often accused of lying or cheating	1	2	3	1	2	3			
18	I take things that are not mine (from home, school or elsewhere)	1	2	3	1	2	3			
19	I often offer to help others (parents, teachers, friends etc)	1	2	3	1	2	3			
20	I usually do as I am told	1	2	3	1	2	3			
21	I have at least one best friend	1	2	3	1	2	3			
22	I think before I act	1	2	3	1	2	3			
ADDITIONAL QUESTIONS FOR END OF YEAR										
23	Since being in the programme, I feel more motivated to do well and to never give up	1	2	3	1	2	3			
24	Since being in the programme I feel better about myself	1	2	3	1	2	3			
25	Since being in the programme I love to learn and read more	1	2	3	1	2	3			
26	I feel safe when I am at the programme	1	2	3	1	2	3			

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5. Referral Criteria of Children in The Child Resiliency Programme

- | | |
|---|---|
| <ul style="list-style-type: none">• Literacy below grade level.• Delinquency, excessive fighting, violence and poor internal locus of control.• Inappropriate behaviour.• Family history of incarceration, death and involvement in gangs. | <ul style="list-style-type: none">• History of sexual, emotional, physical abuse and/or neglect.• Exposure to drugs and other substances.• Difficulty coping with COVID/Needing mental health support.• Displays anxiety/depression (e.g., headache, stomach-ache, forgetfulness, clinging, change in sleep & appetite, poor concentration). |
|---|---|

6. Boys Town Centre Feeder Schools

- | | |
|--|---|
| <ul style="list-style-type: none">• Boy's Town All Age• Denham Town Primary• St. Alban's Primary | <ul style="list-style-type: none">• St. Anne's Primary• St. Andrew Primary• Trench Town Primary |
|--|---|

7.

RESILIENT ATTRIBUTE & PRO-SOCIAL BEHAVIOURS

- **Resilient Attributes:** can identify a goal in life can identify someone who cares ● has good self- esteem ● self-discipline ● sense of purpose and belonging ● good relationship with peers, teachers and parents ● sensitive to feelings and experiences of others ● cares about others ● has insight to one's strengths & weaknesses ●resistance skills i.e. ability to resist negative peer pressure ●
- **Pro-social Behaviours:** – common courtesies: 'please & thank you', 'I'm sorry' ● polite, ●honest ●obedient ●use of appropriate language ●helpful ●proper hygiene ●participative ●optimistic about

8.

RESILIENCY STRATEGIES

- **Caring relationships:** Supportive relationships at home, school & community
- **Provide Opportunities for Meaningful Participation:** at home, school & community
- **Have High, yet Realistic Boundaries & Expectations:** clear rules, high expectations, sense of safety & structure at home school & community.

9.

Life Skills Training Thematic Approach

- Helping young people gain knowledge, insight and a meaningful perspective of themselves
- Helping youth/adolescents successfully navigate all the major tasks associated with Healthy Adolescent Development
- Encouraging socially acceptable behaviour

Core Topics – 10 Adolescent Development Tasks:

1. Self-Development

- Who am I?
- Moral/Spiritual Development
- Roles & Responsibilities
- Sexuality

2. Emotional & Social Development

- Communication & Cooperation: Team & Group Work
- Friendship & Peer Pressure
- Handling Anger & Conflict
- Handling Complex Emotional Feelings

3. Cognitive Development

- Decision Making & Problem Solving
- Goal Setting

Special Topics – The Prevention of:

1. HIV/AIDS/STI/Pregnancy
2. Drug Use & Abuse
3. Violence & Crime
4. Child Abuse

http://www.childresiliency.org/featured_item/life-skills-training/

10. 'NO TO CORONA' Theme

<p>N. 'Nice it up'. Nice up your clothes, skin, hair house etc. (week 1)</p> <p>O. Organise. Set goals (week 2)</p>	<p>C. Care & Connect with Friends & family (week 5)</p> <p>O. Optimism. Keep a positive mindset (week 6)</p>
<p>T. Thankful. Cultivate gratitude (week 3)</p> <p>O. Outdoors. Get into nature (week 4)</p>	<p>R. Read & Rest. Keep learning/ adequate sleep is critical (week 7)</p> <p>O. Our Father Who Art in Heaven. Build faith. Remain prayerful always (week 8)</p> <p>N. Nutrition. Increase fruits & vegetables. Cut out sugar & processed food. No junk! (week 9)</p> <p>A. Active. Keep exercising. Strength training & aerobic exercise (week 10)</p>

12.

A Curriculum for Parents of Adolescents

- What kind of Parent Do I want to be?
- Promoting Self, Emotional Social and Cognitive Development of Adolescents including the following lessons:
 - Defining a Positive Self Image
 - Building Self Esteem
 - Effective Communication
 - Supportive Peer Friendships
 - Adolescent Sexuality
 - Problem Solving and Decision-making Skills
 - Handling Anger and Conflict
 - Renegotiating Roles and Responsibilities
 - Setting and Achieving Goals
- STI/HIV and Pregnancy Prevention
- Preventing Abuse and Violence at Home and in the Community
- Helping my Adolescent Resist Drugs and Alcohol
- Handling Grief and Building Resilience