MINISTRY OF
EDUCATION & YOUTH

INTEGRATED SERVICE DELIVERY HANDBOOK

SCHOOL-WIDE POSITIVE BEHAVIOUR INTERVENTION AND SUPPORT (SWPBIS) FRAMEWORK

Improving Student Access To Intervention And Support

SWPBIS

unicef
for every child

2020

Table of Contents

Overview

The Ministry of Education and Youth (MOEY), through its Guidance and Counselling Unit (GCU), is working towards a more systematic and standardized approach to the provision of support services to children. This Integrated Service Delivery (ISD) Handbook reflects and integrates the key features of both the policies governing student support and the programmes through which such support is implemented (e.g. existing curriculum material across subject areas and afterschool programmes). Six (6) well attended regional consultations were held in each of the MOEY regions to obtain stakeholder input, feedback and recommendations and the resulting handbook and aligned Staff Health and Wellness Plan provide a common guide for operationalising these systems, empowering schools with tips, tools and reference materials.

Goal of the Integrated Service Delivery (ISD) Handbook

The Handbook's goal is: 'To expand access to child-friendly support services and foster wholesome child development'. It is designed to respond to any and every child, as it outlines a methodology for dealing with both routine and exceptional issues affecting the biological, psychological, socio-cultural, and spiritual needs of the child. Teachers, Guidance Counsellors, Deans of Discipline, School Resource Officers and Principals will benefit from a clear and coordinated mechanism for dealing with these issues and needs as they emerge. Agencies and other stakeholders will benefit from shared information and case management methods as well as from the reduced costs that arise from early detection and effective referrals. The ISD Handbook includes a ***Staff Health and Wellness Programme*** that utilises a 'care for the caregivers' approach to ensuring a healthy and happy school environment. It aims to facilitate child-centred and data driven approaches to addressing children's psychosocial and other problems, with a focus on interagency collaboration to maximise impact and scaling initiatives according to a school's needs and resources.

The ISD Handbook will help to make existing services more efficient, targeted, and collaborative. It may be implemented at no cost and can be a means of helping schools to utilize the resources assigned to student support in a more effective way. It emphasizes the complementary role of families, communities, and agencies, and acknowledges that not all problems will be solved within the school setting. If schools desire to increase the resources directed towards student support, the ISD Handbook provides a framework for understanding the areas of greatest need.

Rationale for an ISD Model

An ISD Model is designed to provide a client with access to a wide range of state services through appropriate interagency collaboration, referral and information sharing systems. Using an ISD model allows institutions to provide children with seamless access to a comprehensive network of appropriate interventions, including any available educational, medical, psychological, social and spiritual health services.

Through interagency procedures and protocols, a school can address a wide range of needs and issues affecting children and families without shifting its core focus beyond its educational mandate. The ISD model streamlines collaboration and coordination among key state entities through standardised assessment and referral systems and structures that promote cross-fertilisation of expertise and innovations, interactive case management procedures and information sharing.

The ISD framework will enable schools to deliver an integrated network of support services to children, particularly those who are affected by psychosocial risks and other challenges. The system is child-centred, as it empowers children as drivers of change, and relies heavily on meaningful partnerships with the family and community.


LOVE
PEACE is the way
PEACE is the Key
for a better world
PEACE
resolution is the
best solution!!
PEACE
WE NUH WAH
NO WAR
PEACE

Benefits of the ISD Model

School systems are often burdened by the psychosocial risks and other challenges that hinder children's effective participation and functionality in schools and negatively affects their overall wellbeing. Childcare or protection professionals in schools and other agencies will typically have a heavy workload and limited resources with which to engage in problem-solving. The ISD model has the potential to provide a win-win situation to schools and their collaborating partners, as it enhances existing partnerships and provides a coordinated mechanism that enables social support services to reach the children who need it most.

Implementing the ISD Handbook

While the ISD Handbook requires a whole of community approach to be effective, there are

key roles required to ensure its implementation.

- **Principals** will need to provide leadership level support for the ISD Handbook and ensure appropriate levels of communication to all school stakeholders.
- **Guidance Counsellors** will be the primary day-to-day drivers of implementing the ISD Handbook and will help to ensure that other parties understand their roles and responsibilities. In schools that do not have a Guidance Counsellor, Principals will need to assign a Case Manager for the ISD Handbook.
- **Teachers, Deans of Discipline and School Resource Officers** will need to understand the scope and intention behind the ISD Handbook and adopt new referral practices.
- **Students, Parents and Guardians** will need to be informed of the ISD Handbook and how they can (a) access help through self-referral, as well as (b) take responsibility for any actions that impact the child's school participation or well-being.

The School-wide Positive Behaviour and Intervention Support (SWPBIS) Model

The School Wide Positive Behaviour Intervention and Support (SWPBIS) is a title given to a model of programming designed for use by the entire school community. The SWPBIS focuses on changing behaviour through proactive, child-centred schoolwide activities, promoting processes that build social, emotional and behavioural competences among all children. The student community is engaged in defining and promoting positive behaviour and to holding each other accountable to school values that they themselves have helped to establish. Teachers are empowered to support and reinforce positive behaviour in classroom management processes, and there is a holistic and integrated structure for managing discipline in schools using this model.

The SWPBIS posits that most behavioural, social and even academic issues that occur in a school can be addressed by pro-

moting school-wide values, standards and competences. In this way, most strategies are universal interventions aimed at prevention through changing culture on a wide scale. These are referred to as Tier 1 Strategies. Tier 2 Strategies target 10-15% of the school population, who may require targeted in-school interventions to address specific risks, curtail issues before they escalate or reduce certain cases of problem behaviours through individual or small group activities. Tier 3 strategies target 1-5% of the school population, who will need to be referred to wider services within the community, such as emergency services, psychiatric or psychosocial interventions or medical treatment. Tier 3 focuses more on individualised interventions that are directed at emergency cases or behavioural issues that are resistant to interventions at Tiers 1 and 2.

The ISD Handbook outlines the implementation of tiers 2 and 3 of the SWPBIS framework.

Organisation of the Handbook

After a brief ***Introductory*** section, the manual presents information on the application of the ISD model in five main sections. The first section presents ***general information about the ISD Handbook*** specifically related to the definition and rationale for an Integrated Service Delivery Model and the costs, benefits, and implementation responsibilities for the model.

The second section examines the ***Operational Framework for the ISD***, including the goals, values and Operational Structure/Models for the ISD. It discusses the implementation of a three-level structure for collaborative work at the Policy/National Level, the Operational/Regional Level and then at the Service Delivery or Institutional Level. This section also provides further details on the Bio-Psycho-Socio-Spiritual Model and the SWPBIS model.

Section 3 discusses the preparatory work for implementing the ISD Handbook. Entitled ***"Getting Ready: Setting the Stage for Success"***, this section of the handbook provides information on gathering the implementation team, assessing the environment, customizing, and adapting protocols and maximising buy-in.

Section 4 presents an ***Implementation Guide*** including tools, templates, and process guides. It outlines the procedures for ensuring that students' issues are detected early and appropriate intervention and support are provided. This means that students are appropriately identified, screened, and referred for requisite school based or external intervention.

ISD Systems and Structures are outlines in section 5. This includes information on forming and managing the School-Based Multi-disciplinary Team, as well as the Regional Multi-Sector Panel and the National ISD Committee. There is also critical information on case management, the role of parents, making appeals and on the ideal counselling/therapeutic environment.

The next part of the ISD Handbook presents information on a proposed results structure which will form a part of a larger

Monitoring and Evaluation Framework. This is followed by guidance and recommendations for the ***Implementation of a Staff Health and Wellness Programme***. Finally, the Appendices provides key forms and templates that can be used in the execution of the ISD.

The ISD Handbook was developed with input from a number of stakeholders , including the Guidance and Counselling Unit of the MOEY, Regional Education Officers with re¬sponsibility for Guidance and Counselling, Guidance Counsellors, Principals and Vice Principals, PTA and Board Representatives, Teachers, Deans of Discipline, School Nurses, stu¬dents and representatives from the child pro¬tection, child guidance, youth engagement, faith-based community, health and justice sectors.

The MOEY would also like to acknowledge UNICEF for support of the SWPBIS pilot, its ongoing national implementation including the dis¬semination of this handbook.

Abbreviations & Acronymns

ACEO	Acting Chief Education Officer
ADR	Alternative Dispute Resolution
ASRH	Adolescent Sexual and Reproductive Health
BPSS	Biological-Psycho-Social-Spiritual Model
CCPA	Child Care and Protection Act
CEO	Chief Education Officer
CGC	Child Guidance Clinic
CIMP	Critical Incident Management Plan
CISOCA	Centre for the Investigation of Sexual Offences and Child Abuse
CM	Case Manager
CPFSA	Child Protection and Family Services Agency
CSSB	Community Safety and Security Branch of the JCF
DOD	Dean of Discipline
EDSI	Early Detection Support and Intervention
GC	Guidance Counsellor
HFLE	Health and Family Life Education
ICT	Information Communication Technology
ISD	Integrated Service Delivery
JCF	Jamaica Constabulary Force
JTA	Jamaica Teachers Associtaion
MD	Multi-Disciplinary
MDA	Ministries, Departments and Agencies
MLSS	Ministry of Labour and Social Security
MOEY	Ministry of Education and Youth
MOHW	Ministry of Health and Wellness
MOU	Memorandum of Understanding
NSSC	National Secondary Student Council
NGO	Non-Governmental Organisation
NPSC	National Parenting Support Commission
PAJ	Paediatric Association of Jamaica
PATH	Programme of Advancement Through Health and Education
PTA	Parent Teachers Association
RGCEO	Regional Guidance Counselling Education Officer
RMDP	Regional Multi-Disciplinary Panel
SEO	Senior Education Office
SMDP	School Multi-Disciplinary Panel
SRO	School Resource Officer
SWOT	Strengths, Weaknesses, Opportunities, Threats
SWPBIS	School Wide Positive Behaviour Intervention and Suppor
VSU	Victim Support Unit, Ministry of Justice

Key Terms

Below is a list of key terms used in the Integrated Service Delivery Handbook. These terms have been defined to ensure common interpretation.

Behaviour Modification focuses on assisting individuals to achieve targeted behaviour change. In order for behaviour modification to be effective, the individual must actively engage with practitioners in negotiating contracts that will enable them to learn self-control, self-respect, problem solving, goal setting and reinforce themselves to achieve their set goals.

Behaviour Management maintains order and is less intensive than behaviour modification. It includes all of the actions and conscious inactions to enhance the probability of people, individuals and groups, to choose behaviours which are personally fulfilling, productive and socially acceptable.

Clinical Assessment is a process of collecting vital information on an individual for the purpose of evaluating and diagnosing to determine the individual's treatment needs.

Consequence refers to a conclusion reached by a line of reasoning; the effect, result or outcome of something occurring earlier.

Counselling is a facilitative and promotional endeavor which enables individuals to successfully achieve their developmental goals. This process entails strengthening their capacity to develop and apply skills that foster independence and self-direction. Counselling is therefore growth-oriented as against problem- oriented.

Discipline: Effective discipline is a method that teaches and emphasizes nurturing and guidance as a positive way to self-control and confidence. See also Positive discipline below.

Goal-Setting involves establishing specific, realistic, measurable and achievable time-targeted objectives.

Intervention is the process of identification and mobilization of resources designed to assist the individual to cope.

Positive Discipline is an approach to discipline in which all efforts at managing behaviours contribute positively to the child's development[1]. Positive Discipline teaches [individuals] to become responsible, respectful and resourceful members of their communities. It teaches important social and life skills in a manner that is deeply respectful and encouraging for both children and adults (including parents, teachers, childcare providers, youth workers, and others).[2]

Problem-Solving Skills is a mental process that involves discovering, analyzing, shaping and demonstrating how to overcome obstacles before they become issues/problems.

Psychotherapy is aimed at resolving psychological disorders, that is, long standing patterns of changes in emotion, cognition and behaviour. It is problem-oriented. The problems are debilitating (prevent successful living) and require more than the individual's resources for resolution.

Punishment is a method which usually involves inflicting a painful and an unpleasant act to stop a certain kind of behaviour. Basically, there are four kinds of punishment: physical, verbal, withholding rewards and penalties.

School-Wide Positive Behaviour Intervention and Support (SWPBIS) is a proactive, team-based framework for creating and sustaining safe and effective schools. Emphasis is placed on prevention of problem behaviour, development of prosocial skills, and the use of data-based problem solving for addressing existing behaviour concerns. SWPBIS increases the capacity of schools to educate all students utilizing research-based school-wide, classroom, and individualized interventions.

Screening is the collection of general/basic information to determine appropriate case assignment once intervention becomes necessary.

Self-Control is the ability to exercise restraint over one's emotions, feelings and reactions.

Self-Respect is an important part of one's emotional wellness and is based on a sense of one's own dignity and integrity.

Social identity is usually assessed by measuring self-esteem, efficacy, group affiliation, and academic outcomes. Efficacy expectations determine how much effort children will expend and how long they will persist when faced with obstacles and aversive experiences. Exposure to trauma can lead to students who have established skills not feeling effective enough to use them in diverse situations. In this situation, the counsellor/therapist might want to focus on building the confidence of the student that they are in a supportive educational environment and suggesting that previous coping abilities can apply to current and future situations.

Social support is a resource network of people who are available, helpful, and invested in supporting the student in stressful situations. Traumatic events deeply impact the social support networks that students have available. Helping a student to identify and build new social support networks can be a way for him/her to buffer against stress and to acquire resilience factors. School performance can be enhanced when students perceive school personnel as supportive and helpful rather than as an additional source of pressure and stress.

Treatment is a specialist response, based on clinical diagnosis that is tailored towards the remediation of debilitating conditions impacting the individual.

1 Ministry of Education, Jamaica and UNICEF. (2011) Strictly Positive: A Resource Guide on Positive Disciplinary Practices.

2 Positive Discipline. Retrieved June 12, 2012 from http://www.positivediscipline.com/what-is-positive-discipline.html

Introduction

"Jamaican high school students are stressed, suicidal, bullied, smoke and drink, are obese, lonely and their parents, for the most part, have no clue. This, if a survey on student health conducted by the National Council on Drug Abuse (NCDA) among Jamaican students in grades seven to 12 between April and June 2010 last year, is to be believed."

– Janice Budd, Jamaica Observer, April 24, 2011

Budd made this statement years ago, but it reflects current reality, as if she wrote it just yesterday. Despite these issues, which continue to plague the society and negatively impact the teaching and learning environment, Jamaican youth are expected to achieve high academic success. This is an unrealistic expectation at best, as these issues not only impede student performance and effective curriculum delivery, but also compromise the safety and security of the school environment.

EARLY INTERVENTION AND VISION 2030

Many children are diagnosed with severe emotional and behavioural problems. Untreated trauma, poor parenting practices and inadequate psychosocial support deteriorate into mental and learning disorders and leads to unproductive or antisocial children. This in turn increases societal dysfunction, including crime and violence, which threaten our future. A significant proportion of children with such problems tend to engage in risky behaviours (e.g. stealing, fighting, substance abuse, sexual reproductive health practices). They may not perform well in school and often hinder the learning of others by disrupting the class or engaging in criminal, violent or dysfunctional practices within the school community.

These issues have significant long-term economic consequences such as:

- increased cost of caring for increasing juvenile population in state care,
- potential loss of productivity,
- increased medical costs secondary to increased incidence of injuries, communicable diseases (like HIV infection), and non-communicable diseases,
- drug abuse

Too often the exhibited behaviour or observed issue is a symptom of a greater need or a part of a complex issue thus making it difficult for any one agency to effectively treat or help the child or family to problem solve or change behaviour. Numerous efforts are being made to help children with dysfunctional behaviours yet we are not realizing the desired results for various reasons including failure to detect issues early or to treat problems in a holistic and comprehensive manner.

A FRAGMENTED AND COMPARTMENTALIZED SYSTEM - HINDRANCE TO EARLY INTERVENTION

The systems set up to provide psychosocial support or mental health services and to deal with the various needs of children are fragmented and compartmentalized. As a result, children are "falling through the cracks" as they are not being accorded the priority treatment as they should. Often, children with issues are misunderstood, and are labelled and stigmatised as troublemakers. The first intervention of the state may occur when problems have already complexified and causes and symptoms are multi-layered.

Families of children with serious mental/complex behavioural, academic, social, and/or safety needs face tremendous hurdles. Among them:

- When families reach out for help to a human services system that is fragmented and uncompromising, the challenges only mount.
- When services and supports are unavailable, ineffective, and uncoordinated, the hurdles get even higher.
- These kinds of challenges can put already strained families into crisis; especially when their children are placed into restrictive and costly residential, inpatient and other out-of-community services, and separated from their family.

The result can lead to a belief that the system of state support services cannot or will not produce effective results.

STAFF HEALTH AND WELLNESS NEEDS

Teachers in particular often report, with frustration, on students' behavioural and emotional issues that disrupt the teaching process and impede learning. Classroom Management has become onerous for some. They communicate the need for assistance with creating and maintaining positive school and classroom climates.

These prevailing conditions overtime, evoke bewilderment, frustration and fear and has led to the resolve that schools are no longer a safe place. Police (School Resource) Officers have been placed in most schools, by Ministry of National Security. The Ministry of Education and Youth has established a Security and Safety Unit. However, these interventions do not address underlying causes.

Within today's fast paced and high stress society teachers, students and primary caregivers are prone to become frustrated, burnt out, irritable and overworked. Hence, aggression and intolerance may be meted out in the home, classroom and school yard. Sustained stressful conditions threaten health, wellness and a wholesome social environment.

There are members of staff who are currently suffering from non-communicable diseases; including stress related conditions. Many are finding it increasingly difficult to effectively do their jobs and maintain health and wellness.

"Lord, grant me the serenity
to accept the things I cannot change, the courage
to change the things I can, and the wisdom to
know the difference."

- The Serenity Prayer

The Serenity Prayer, quoted above, evokes the thought that we may not be able to convince essential decision making bodies, groups and individuals to give priority to family health in a hurry, but we may, in a hurry, discover and apply solutions that can enable teachers to successfully educate and train children who are hungry for support and affirmation, while maintaining their own health and wellness. In light of this an Integrated Service Delivery framework can be designed to benefit children and staff alike.

DEMANDS ON SCHOOLS

Experts on the development and treatment of psychosocial problems during adolescence typically distinguish among three general categories of problems - Substance abuse, Internalizing disorders (problems are turned inwards and are manifested in emotional and cognitive distress such as depression, anxiety or phobia, suicidal tendencies and self-harming) and Externalizing disorders (problems are turned outwards and are manifested in behavioural problems such as acting out, fighting or bullying). Common externalizing problems in adolescence are delinquency, anti-social aggression and truancy.

Exacerbating these issues are mental illnesses that often go undiagnosed or untreated. Culturally, there may be reticence in treating psychiatric or psychological issues professionally and many families opt for religious interventions or superstitious or occultic solutions, or simply ignore the manifestations of mental illness. Even for those students who receive treatment, schools may be disconnected from the treatment process but will invariable need to deal with the consequences of gaps in medication adherence or other compliance issues.

Schools must establish systems and practices that are aimed at addressing the holistic development of the student and identifying those students who are in need of targeted psychosocial intervention and support. Caution however must be exercised

to avoid the common tendency to become pre-occupied with students who exhibit externalizing disorders to the extent that students contending with internalizing disorders are over-looked and under-served.

Schools are therefore challenged to meet the social and emotional needs of students. A common response to students with emotional and social challenges has been repeated suspensions and expulsions. Some schools have established education centres in an attempt to address these challenges. However, successful response to our students require system-wide cooperation that provides leadership, direction and support to the five major contexts of adolescence (families, peer groups, school, work and leisure).

GUIDANCE AND COUNSELLING SERVICES IN SCHOOLS

The recent launch of the Policy on Guidance and Counselling in Schools aims to create a standardised platform for the planning, design and delivery of guidance and counselling services in schools. The most of common of these initiatives are the following:

i. **Individual and Group Counselling Sessions** are available to students, based on internal referrals from students or teachers.

ii. **Career Guidance** is conducted through routine and ad hoc activities, including career fairs.

iii. **Student Welfare** Initiatives are implemented based on needs and community priorities and may include ongoing programmes, such as school breakfast programmes, or case by case donations.

iv. **Classroom Contact Sessions** (teach problem solving, conflict mediation, decision making skills, etc) still form a part of the role of the Guidance Department, although some personal development skills are now taught through the Health and Family Life Education curriculum.

v. **Staff Development Sessions** are conducted by some Guidance Counsellors, in order to address either factors creating stress among staff or to assist teachers in handling the issues that arise in the classroom.

vi. **Parenting Sessions** may be implemented through Parents Places, in one-on-one sessions or in PTA meetings.

vii. **Referral** to external services is necessary, although the emphasis is on referring only those cases that cannot be addressed through school-based support.

viii. **Inter-agency collaboration** is essential to the Guidance Counsellor's functions, and will often involve maintaining strong linkages with CPFSA Children's Officers, Community Safety and Security Officers or the CISOCA Unit of the JCF, Child Guidance Clinics or other community health facilities as well as the PATH or Poor Relief programmes in the parish.

OPERATIONS OF THE REGIONAL GUIDANCE AND COUNSELLING UNITS

Undergirding these school-based functions are the regional guidance officers, staffed with supervisory and social work professionals who serve schools through programmes designed to support:

- Policy Implementation
- Curriculum Implementation
- School Supervision and Support
- Inter-Agency Collaboration
- Capacity Building for School Staff and External Stakeholders

STRATEGIC DIRECTION - GUIDANCE AND COUNSELLING UNIT (CENTRAL)

These programmes and policies are developed, monitored and updated through the MOEY's Guidance and Counselling Unit. The Early Detection Support and Intervention (EDSI) System is the Unit's response to the demand for measures to minimize occurrence of anti-social behaviours and therefore minimize demand for intervention and support services. Specific intervention and support strategies of the EDSI System include the increase of timely access to intervention and support services which will reduce expenditure on safety and security. This outcome would facilitate greater support and preventive measures, such as:

- School-Wide Positive Intervention and Support (SWPBIS) Framework in schools (underway)
- Sector-Wide Implementation of Standardized Psychosocial Support Services for Children (hence this Handbook)
- National Policy on the Re-Integration of School-Aged Mothers in the Formal School System (underway)
- National Guidance and Counselling Policy (completed; implementation ongoing
- Safe Schools Policy slated for completion 2020-21

FUNCTION OF THE EARLY DETECTION SUPPORT AND INTERVENTION (EDSI) SYSTEM

The Early Detection Support and Intervention System is established to articulate legislation, policy and standards into professional practice and service delivery, and for the coordination of Units within the Ministry of Education and Youth that have portfolios which include programmes and activities for student support, with the aim to safeguard the well-being of at-risk students. Within this context, an at-risk student may be seen as one who is more likely than others to fail academically, to engage in dysfunctional or maladaptive behaviours or

to harm him/herself or others.

This coordination role will extend into inter-ministerial collaboration that enables and supports multi-sector panels collaborating at the regional level. Additionally, Interdisciplinary Teams will deliver services to children in schools, homes, clinics, places of safety and other state care facilities, as well as through pre-approved service providers. Further, inter-ministerial collaboration will facilitate the combination of technical competence and other resources and enable harmonization in programmes or services. The Coordination is to be extended to include other Ministries, Departments and Agencies (MDAs) as well as non-state entities through Memoranda of Understanding (MOUs).

Key Elements of the EDSI System

Early Detection refers to all activities that are aimed at improving the capacity of school personnel to prevent or identify the onset of factors that place students at risk. Such factors include but are not limited to learning disabilities, developmental issues, social and emotional issues, behavioural problems and sexual and reproductive health issues.

Support and Intervention will occur through the establishment of collaborative operations or agreements with key partners, thereby facilitating a coordinated approach across all relevant sectors. The coordinated approach allows for a timely response to schools' requests for access to social services for student care and protection, and for institutional support. Key Partners include Agencies, Divisions and Units of the Ministry of Education and Departments and Agencies of other Ministries, as well as non-state agencies, and international development partners.

A comprehensive framework for implementing management systems, projects and programmes is envisaged. This will aim to significantly improve student behaviour and overall school climate, as well as guide faculty and staff to actively teach positive behaviour through modelling expected behaviours, and rewarding positive behaviours such as academic achievement, mutual respect and engaging in safe behaviour.

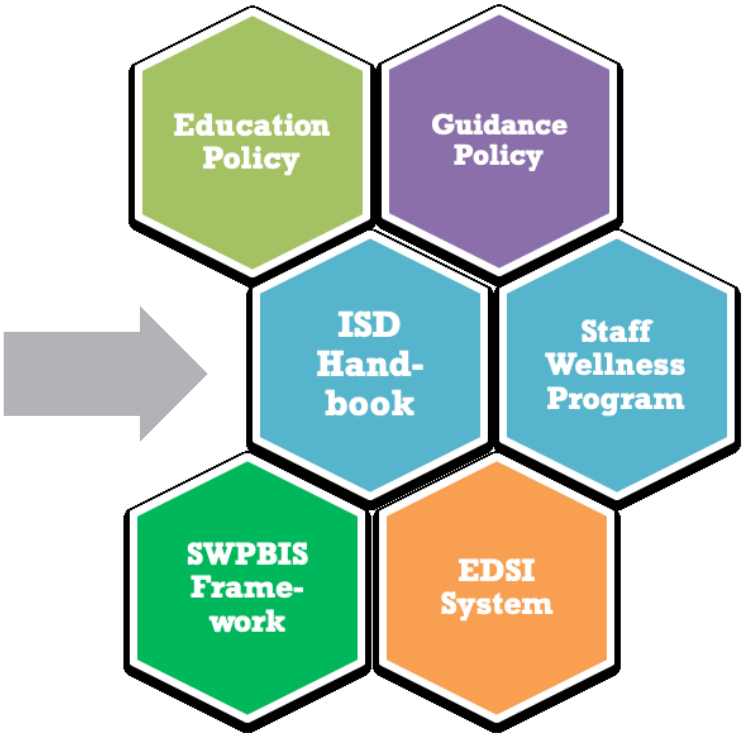
The operational framework that is to be used to implement the EDSI at the school level is the School-Wide Positive Behaviour Intervention and Support (SWPBIS). This defines a system of planning school based universal and targeted interventions based on (a) the needs arising in a school environment and (b) the common vision and values that staff and students wish to build together. Under the SWPBIS framework, schools become more effective at dealing proactively with psychosocial issues and reserve external referrals for non-responsive or emergency cases. Other parameters and key features of the SWPBIS framework are discussed below.

Context for the Integrated Service Delivery Handbook

With these factors in mind, the Integrated Service Delivery Handbook may be said to both benefit from and incorporate key features of the policy level and programmatic innovations that have been introduced by the MOEY and supported by its key partners.

Parameters and key features of the SWPBIS framework

MOEY, through its Guidance and Counselling Unit, has been moving towards a more systematic and standardized approach to the provision of support services to children. The ISD Handbook reflects and integrates the key features of both the policies governing student support and the programmes through which such support is implemented. The Handbook provides a common guide for operationalising these systems, empowering schools with tips, tools and reference materials.



Key features of ISD handbook:

The Handbook aims to facilitate child-centred and data-driven approaches to addressing children's psychosocial and other problems, with a focus on inter-agency collaboration to maximise impact and scaling initiatives according to a school's needs and resources.

- **CHILD CENTRED** - empowers children as drivers of change, and relies heavily on meaningful partnerships with the family and community.
- **PREVENTATIVE** – Focuses on early detection
- **COLLABORATIVE** – involves streamlined referral and case management procedures among service providers
- **EVIDENCE-BASED** – requires collection and review of school-specific information
- **ADAPTABLE** – configured to meet the needs of the school and community
- **SCALABLE** – can be tailored to any school or institution, based on available resources
- **STANDARDISED** – brings uniformity to the forms and procedures used in different schools or regions

SECTION 1

ABOUT THE ISD HANDBOOK: KEY QUESTIONS ANSWERED

Why an Integrated Service Delivery model?

An Integrated Service Delivery (ISD) Model is designed to provide a client with access to a wide range of state services through appropriate inter-agency collaboration, referral and information sharing systems. Using an ISD model allows institutions to provide children with seamless access to a comprehensive network of appropriate interventions, including any available educational, medical, psychological, social and spiritual health services. Through interagency procedures and protocols, a school can address a wide range of needs and issues affecting children and families without shifting its core focus beyond its educational mandate. The ISD model streamlines collaboration and coordination among key state entities through standardised assessment and referral systems and structures that promote cross-fertilisation of expertise and innovations, interactive case management procedures and information sharing.

The ISD framework will enable schools to deliver an integrated network of support services to children, particularly those who are affected by psychosocial risks and other challenges. The system is child centred, as it empowers children as drivers of change, and relies heavily on meaningful partnerships with the family and community.

Why should institutions implement the ISD Model?

School systems are often burdened by the psychosocial risks and other challenges that hinder children's effective participation and functionality in schools and negatively affects their overall wellbeing. Child care or protection professionals in schools and other agencies will typically have a heavy workload and limited resources with which to engage in problem-solving. The Integrated Service Delivery model has the potential to provide a win-win situation to schools and their collaborating partners, as it enhances existing partnerships and provides a coordinated mechanism that enables social support services to reach the children who need it most. The ISD framework carries the following advantages:

- It directs problems to the agency or service that is best suited to give the most effective response in the most efficient way, and avoids overburdening some services while under-utilising others;
- It enables pooling of available resources to accomplish common goals, thereby getting greater value for money;
- It acknowledges and respects the value of the community and individual families;
- It builds on strengths that can increase the supports, skills, resources available;
- It facilitates problem solving in practical ways that no one agency can adequately address alone (i.e. a multisectorial approach);
- It facilitates timely response and therefore reduces the long waiting lists that most agencies are struggling with;
- It facilitates collaboration, avoiding any one person or agency becoming overwhelmed;
- It encourages accountability and promotes access to child friendly services that support the 'Best Interest of the Child' principle;
- It increases the likelihood of responding to maladaptive behaviours before they escalate;
- It engages and empowers children to take responsibility for their own actions.

Is there a cost to schools implementing the ISD Model?

The ISD Model is designed to make existing services more efficient, more targeted and more collaborative. It may be implemented at no cost and can be a means of helping schools to utilize the resources assigned to student support in a more effective way. It emphasizes the complementary role of families, communities and agencies, and acknowledges that not all problems will be solved within the school setting. If schools desire to increase the resources directed towards student support, the ISD Handbook provides a framework for understanding the areas of greatest need.

Who will benefit from the ISD Model?

The ISD Handbook is designed to respond to any and every child, as it outlines a methodology for dealing with both routine and exceptional issues affecting the biological, psychological, socio-cultural and spiritual needs of the child. Teachers, Guidance Counsellors, Deans of Discipline, School Resource Officers and Principals will benefit from a clear and coordinated mechanism for dealing with these issues and needs as they emerge. Agencies and other stakeholders will benefit from shared information and case management methods as well as from the reduced costs that arise from early detection and effective referrals.

The ISD Handbook includes a Staff Health and Wellness Programme that utilises a 'care for the caregivers' approach to ensuring a healthy and happy school environment.

Who will be responsible for implementing the ISD Model?

While the ISD Model requires a community approach in order to be effective, there are key roles required to ensure its implementation.

- Principals will need to provide leadership level support for the ISD Model and ensure appropriate levels of communication to all school stakeholders.
- Guidance Counsellors will be the primary day-to-day drivers of implementing the ISD Model and will help to ensure that other parties understand their roles and responsibilities. In schools that do not have a Guidance Counsellor, Principals will need to assign a Case Manager for the ISD Model.
- Teachers, Deans of Discipline and School Resource Officers will need to understand the scope and intention behind the ISD Model and adopt new referral practices.
- Students, Parents and Guardians will need to be informed of the ISD Model and how they can (a) access help through self-referral, as well as (b) take responsibility for any actions that impact the child's school participation or well-being.

How will we ensure that stakeholder partners and agencies participate?

The inter-agency procedures and protocols in the ISD Handbook are discussed and agreed at the national and regional levels by the key Ministries, Departments and Agencies (MDAs) that are responsible for securing the health and rights of children and an MOU has been developed to guide this partnership process. The Ministry of Education, through the Guidance and Counselling Unit, will coordinate continued partnerships between MDAs and troubleshoot any issues at the regional and national levels.

At the community level, the Guidance Counsellor – with the support of school leadership, administrators and board members – is responsible for implementing activities that build a sense of collaboration and mutual support among community stakeholders.

SECTION 2

THE ISD OPERATIONAL FRAMEWORK: GOAL, VALUES, STRUCTURE & MODELS

GOAL:

'To expand access to child-friendly support services and foster wholesome child development'

2.1 : Goal of the ISD Handbook

The goal of the ISD Handbook is: 'To expand access to child-friendly support services and foster wholesome child development'

School personnel are to be provided with options for managing emotional, behavioural and social challenges among students, including those that impact educational performance. The implementation of this system is expected to minimize maladaptive behaviours, facilitate the strengthening of parental, family and community participation in interventions for students' holistic development, as well as secure or strengthen multi-sector collaborations and stakeholder partnerships for continual support and sustainability at all levels of the system.

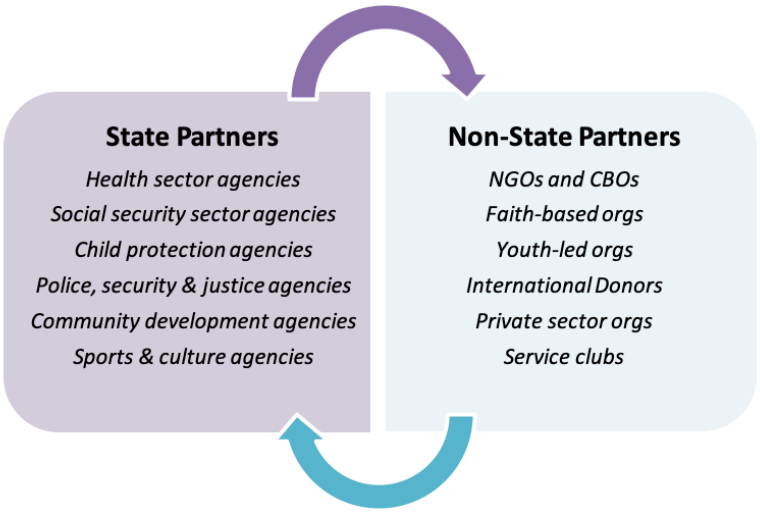
2.2 Underlying Values & Principles

Best Interest Principle	In making any decision that impacts a child, the best interests of the child will be the primary consideration.
Right to Education	Every child has a right to receive an education. The right to an education extends to all children, including those who do not live in a family setting.
Collaboration	All stakeholders should work together in the best interests of children and should seek ways to improve coordination and reduce duplicated or isolated responses.
Child Participation	The views of a child are important in determining what is in their best interests. Children should be consulted, included and empowered to take responsibility for their actions.

2.3 Operational Structure

It is widely recognized and accepted that the successful implementation of an ISD model is dependent on the collaboration of relevant state and non-state organizations. The diagram (at right) gives an indication of the types of organisations and agencies that will ordinarily have a role to play in the ISD network.

The ISD Handbook is therefore implemented as a networked response to issues impacting children. The number and type of agencies involved in each school or regional network will depend on the agencies or organisations that are most active in each parish.



The ISD Handbook is not solely applicable to schools but is recommended for implementation in state care facilities, such as the Child Protection and Family Services Agency (formerly CDA), child and adolescent mental health service agencies and Juvenile Correctional Centres

Three-Level Structure

The ISD Handbook employs a three-level structure that accommodates collaborative work: first at the Policy or National Level, secondly at the Operational or Regional Level and then at the Service Delivery or Institutional Level. The functions carried out at each level are outlined in the diagram below.

Level 1: Policy/ National

National ISD Committee

- Provides policy level approval to Integrated Service Delivery Handbook
- Approves and monitors MOU governing Interministerial collaboration
- Establishes and approves service standards

Level 2: Operational/ Regional

Regional Multi-Sector Panel

- Implements MOU and oversees referral systems
- Reviews region-specific performance and impact statistics
- Identifies and implements strategies for improving partnerships & data-sharing
- Provides guidelines for recruiting and engaging non-state partners

Level 3: Service/ Institutional

School Multi-Disciplinary (SWPBIS) Team

- Implements ISD Handbook
- Promotes the ISD Handbook among stakeholders
- Designs and implements school and community specific solutions
- Collects and shares aggregate data

The three levels are designed to interact dynamically. Information gathered at the institutional level should inform and guide plans at the regional level and policies at the national level. Policies should be used to shape and guide actions at the regional and institutional levels, to ensure consistency in service delivery standards across all parishes. Similarly, any innovations and successes in one institution should be documented for replication across the system.

2.4 Operational Models

The ISD Handbook recognises and adapts two specific intervention models that guide the scope and direction of its intervention strategies: a) The BPSS Health Model and b) the SWPBIS Behaviour Modification Model. The main features of each model and its application to the Handbook is described in graph at right.

The BPSS Health Model

The Bio-Psycho-Socio-Spiritual Model is so named because it outlines a holistic, comprehensive, client-centred approach to a child's physical, psychological, socio-cultural and spiritual health and wellbeing. The diagram below outlines its key components.

The aim of the ISD Handbook is to identify, address and refer the Bio-Psycho-Socio-Spiritual Health related issues faced by children, utilising an integrated approach to service delivery.

Biological Health

Looks at the basic needs - food, health care - within the context of the physical environment, as well as any medication, diagnosis or treatment history.

Psychological Health

Looks at the child's history, personality style, intelligence, mental abilities, self-concept and identity and any past or ongoing psychological treatment.

Socio-Cultural Health

Looks at the child within the context of their friends, family, community, social, political and economic environment, other relationships and any issues that have existed generationally that might contribute to the child's current situation.

Spiritual Health

Looks at the child's sense of self, sense of meaning and purpose, value base and religious life.

The World Health Organization has declared that spirituality is an important dimension of quality of life (WHOQOL Group, 1995). Quality of life consists of multiple facets. How one is faring spiritually affects one's physical, psychological and interpersonal states and vice-versa. All contribute to one's overall quality of life. Thus, it is particularly useful to try to measure spiritual well-being or its opposite, spiritual distress.

Base Assumptions of the BPSS Health Model

The Bio-Psycho-Social-Spiritual Health Model takes a positive perspective and approach regarding basic assumptions of human health. The main value propositions that undergird the use of the BPSS Health Model in this System of Care are as follows:

- We desire to keep our children in good health. We have a natural desire and ability to seek out healthy behaviours on behalf of our children.
- Our motivation for changing health behaviours is our desire for happiness. The primary reason for change is to enhance one's sense of purpose and life enjoyment.
- The main role of duty-bearers and health care professionals is to act as allies – to help facilitate people's reconnec-tion with their own internal wisdom about their bodies and lives – and not only to act as experts [who recommend behaviours and medication, prescribing changes in both to treat symptoms of disease in a bid to improve health].
- The optimal change process for healing is to create consciousness, i.e. to assist people in understanding and healing the life issues that underly illness and behavioural struggles, rather than to control behaviours [e.g. through medication or intervention techniques used to supress and eliminate targeted actions].
- Religious beliefs and practices have been associated with positive health outcomes such as lower suicide rates; reduced anxiety, substance abuse and depression; a greater sense of well-being; and increased social support, in addition to other benefits. (Koenig 2004:1195)

The BPSS Health model, by virtue of its holistic positive approach works in tandem with the School-Wide Positive Behaviour Intervention and Support (SWPBIS) Framework. The model fits into our existing structures and enables us to:

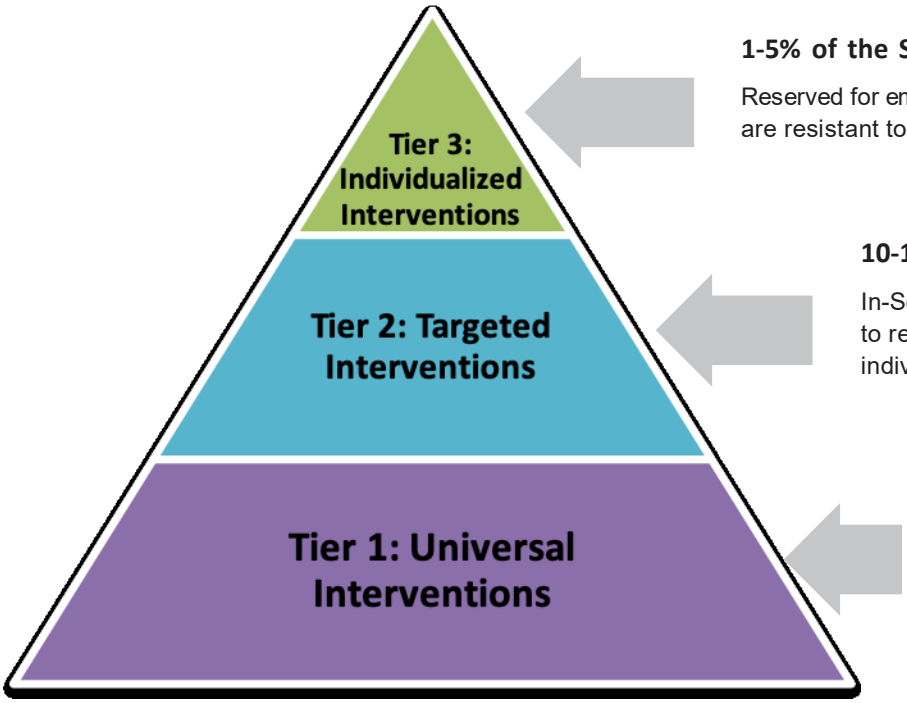
- classify health issues within the relevant tiers;
- guide intake activities (screening, case assignment (school based or referral) and follow-up;
- streamline our approach to intervention and programme planning;
- guide data collection, analysis and monitoring activities;
- establish a framework for identification and selection of stakleholder agencies and service providers.

The SWPBIS Model

The School Wide Positive Behaviour Intervention and Supports is a title given to a model of programming designed for use by the entire school community. The SWPBIS focuses on changing behaviour through proactive, child-centred school-wide activities, promoting processes that build social, emotional and behavioural competences among all children. The student community is engaged in defining and promoting positive behaviour and to holding each other accountable to school values that they themselves have helped to establish. Teachers are empowered to support and reinforce positive behaviour in classroom management processes, and there is a holistic and integrated structure for managing discipline in schools using this model.

The SWPBIS posits that the majority of behavioural, social and even academic issues that occur in a school can be addressed by promoting school-wide values, standards and competences. In this way, the majority of strategies are universal interventions aimed at prevention through changing culture on a wide scale. These are referred to as Tier 1 Strategies. Tier 2 Strategies target 10-15% of the school population, who may require targeted in-school interventions to address specific risks, curtail issues before they escalate or reduce certain cases of problem behaviours through individual or small group activities. Tier 3 strategies target 1-5% of the school population, who will need to be referred to wider services within the community, such as emergency services, psychiatric of psychosocial interventions or medical treatment. The diagram below outlines the three-tiered model used in SWPBIS categorisation and referral systems.

Tiered Structure of the School-Wide Positive Behaviour Interventions and Supports System



1-5% of the Student Population:

Reserved for emergencies or behaviour issues that are resistant to interventions at Tiers 1 and 2.

10-15% of the Student Population:

In-School programmes that are designed to reduce problem cases through individual or small-group interventions

80-89% of the Student Population:

Programmes targeting all students as well as staff and other stakeholders; Designed to prevent unwanted behaviours by promoting opposite values and engaging all parties in a culture change process.

For More Information See:

- *MOEY SWPBIS Manual*
- *UNICEF Jamaica SWPBIS Articles and Case Studies available https://blogs.unicef.org/jamaica/swpbis-jamaican-children/*

SECTION 3 GETTING READY: SETTING THE STAGE FOR SUCCESS

3.1 Gathering the Team

The effective implementation of the ISD Handbook is a team-oriented process. Once your school has decided to implement the Handbook, a team must be convened to lead the implementation process and build institutional momentum. Each school must have in place a few key roles, as outlined in the matrix below:

ROLE	RESPONSIBILITIES	PROFILE
1. Team Leader/ Case Manager	• Convenes and chairs team meetings • Prepares plans and guidelines for the team's operations • Ensures that referral protocols are agreed by all stakeholder agencies • Maintains lines of communication between Team and school administration • Implements or maintains supervision of case management processes emerging from the Handbook	Guidance Counsellor or Senior Teacher respected by staff and student body. Person selected should be validated by Regional Multi-Sector Panel
2. Team Secretariat	• Plans and manages meetings of the Team • Prepares and maintains Meeting Records (minutes and/or Action Sheets) • Prepares correspondence between the Team and its stakeholder groups • Supports the planning of communications or community engagement events • Provides other administrative support to the Team, as needed.	Trusted Guidance Counsellor, School Support Professional or Administrator. In less resourced schools, a trusted volunteer from the community/ PTA can fulfil this role.
3. Multi-Disciplinary Team	• A subset of or same functions and composition as SWPBIS team. See Section 5 below.	A subset of SWPBIS Team. Schools that have not yet implemented the SWPBIS model may form an interim team comprising all key personnel with a role to play in student health and welfare (Nurses, Guidance Counsellors, Deans of Discipline, specially assigned teachers, etc.)
4. PTA/Community Liaison	• Assists in communications with PTA • Assists in obtaining community and parent body support for school-based interventions • Assists in providing relevant information on community dynamics, that may inform the scope of school or community based interventions • Should not sit in on or be party to confidential case management discussions of the multi-disciplinary team	Trusted member of the community; may be a member of a PTA Committee or School Board.

Activity 3.1 (1)
FORMING THE TEAM

Do you have all members of the Multi-Disciplinary Team on board? Any school having a SWPBIS Team should use this group to fulfil these functions, or create a sub-committee within the wider group to oversee implementation of the ISD Model. Write letters to key persons inviting their participation and enclose a brief description of the roles and responsibilities of the Team, using the information in Section 5. Each team member should have soft copy of this Integrated Service Delivery Handbook, which you can include as an attachment if communicating by email. Ensure that you have the full agreement of each participant and/or their superiors before they are formally included on the team.

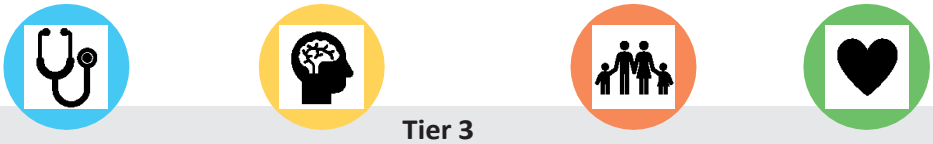
Activity 3.2 (1)
DATA ANALYSIS

The assessment process should involve reviewing and analysing data on the scope and breadth of issues that ordinarily arise in your institution. The matrix on the right will provide a guide to collecting data and will help you to decide which areas will benefit from increased internal resources and/or increased external partnerships. It utilises both the SWPBIS Tier Structure and the BPSS Categorisations to understand the dynamics within your school.

3.2 Assessing the Environment

One of the early tasks of the Multi-Disciplinary Team is to assess the nature of the environment, the types of issues that are likely to arise with both students and staff, that strength of the internal systems available to address these issues and the partnerships that currently exist to refer critical issues externally.

TOOLKIT 3.2 (A): DATA ANALYSIS TEMPLATE



Tier 3

Biological Health	Psychological Health	Socio-Cultural Health	Spiritual Health
• How many children are hospitalised with injuries?	• How many cases are referred to Child Guidance Clinics annually?	• How many children in criminal gangs?	• How many suicide attempts referred?
• How many fights/ altercations result in injury?	• How many children are referred to private psychologists annually?	• How many children have been brought before the courts for care and protection issues?	
• How many sexually abused children/ victims of sexual violence were referred/eported?	• How many children are receiving long term treatment for psychological issues?	• How many children have been charged with a crime or are otherwise in conflict with the law? And for what types of offences?	
• How many mandatory reports to OCR?		• How many cases of drug abuse were referred/ reported?	
• How many adolescent pregnancies?			

Tier 2

• What are the main health problems referred to the school nurse?	• How many children have received individual counselling?	• How many children participate in conflict resolution/Alternative Dispute Resolution (ADR)/ restorative processes?	• How many grief counselling sessions conducted?
• What physical health issues are disruptive to school activities?	• How many group counselling sessions conducted?	• How many children referred to DOD?	
• How many children seek out ASRH counselling?	• How many school-based programmes targeting psychosocial development?	• How many cases processed by SRO?	

Tier 1

• What are the main physical health (including sexual and reproductive health) issues arising in HFLE classes or guidance sessions?	• What are the main psychological issues arising in HFLE classes or guidance sessions?	• How many children involved in uniformed groups?	student exposed to civics/citizenship classes?
		• How many hours (on average) is each	

- How many hours (on average) is each student exposed to teaching values/ codes of conduct/ expected behaviours?

Activity 3.2 (2) SITUATIONAL ANALYSIS

Now that you understand what your school typically faces in a given year, the Team can move towards analysing the internal and external environment and the opportunities for strengthening both. A SWOT Analysis is a useful and simple tool for accomplishing this. It helps you to identify your Internal Strengths and Weaknesses as well as your External Threats and Opportunities. The tool below will help you to brainstorm and complete a SWOT Analysis during your Team meeting. As with the data analysis activity, the aim is to identify any items for action to strengthen your school environment before or during implementing the ISD Handbook. A SWOT Analysis can be done annually as a way of tracking changes and identifying new and emerging issues.

TOOLKIT 3.2 (B): SWOT ANALYSIS TEMPLATE

INTERNAL	**STRENGTHS** [List all features of your school environment and community that support OR indicate positive BPSS health]	**WEAKNESSES** [List the most significant INTERNAL risks to BPSS Health AND identify all gaps and loopholes in programmes and responses within your school]
EXTERNAL	**OPPORTUNITIES** [List all features, programmes or resources within your external environment (i.e. community or parish) that may support positive BPSS health; List current partnerships or existing successful interventions]	**THREATS** [List the most significant risks within the community that can impact BPSS Health AND identify possible gaps or loopholes in programmes available in your community or parish]

DENHAM TOWN PRIMARY SCHOOL'S MATRIX

	CLASSROOM	DEVOTION	PLAYGROUND	CANTEEN	BATHROOM
COMMUNICATION	Speak softly by using your inside voice. Use clean words. Listen while others speak.	Follow instruction by listening attentively. Listen while others are speaking.	Share and take turns using courtesy words Example: Please, may I, excuse me, and thank you.	Use courtesy words such as Please may I, excuse me and thank you.	If the lid is up, put it down. If the pipe is on, turn it off. REMIND OTHERS TO DO THE SAME.
RESPECT	Avoid name calling. Follow classroom rules. Keep floor clean.	Keep quiet, pray with meaning.	Play with care. Be kind when playing.	Use titles when addressing canteen staff eg. Aunty, Uncle, Mr. Mrs.	Keep bathroom walls and floor clean.
RESPONSIBILITY	Keep the environment clean. Pack book neatly in correct places. BE PREPARED FOR CLASS	Participate willingly. Be a team player. Walk in line after devotion	Play safe games. Include others, share.	Form lines quickly and quietly.	Use flush, pull up, wash your hand and leave the bathroom.
UNITY	Stay in seats, raise hand to be acknowledged.	Participate sing and listen, keenly to each other. PRAY TOGETHER.	Share equipment and take turns. Treat each other fairly.	Wait your turn in a line.	Remember others use the bathroom too, leave it tidy.

3.3 Customising and Adapting Protocols

Before the school year begins, the Multi-Disciplinary Team must ensure that all screening, referral and case management templates developed at the national or regional levels are adapted for institutional use. This will involve inserting local institutions (and contact information) in place of generic agencies. During the process, the Team can identify opportunities to build rapport with those entities and key personnel that are most likely to receive referrals during the course of the school year.

3.4 Maximising Buy-In

There are key groups within any school community whose buy-in and support are necessary to the successful implementation of the ISD Handbook. Early and continuous efforts should be made to sensitise these groups, seek their input and feedback and ensure they understand the value of the Handbook and their role in it.

TIP:

For key agencies that are likely to receive multiple referrals due to the nature of their work, the Team Leader or Guidance Counsellor should aim to have a contact list with names, numbers, email addresses etc. of liaison personnel within the regional or parish office of that institution. This should be the case with the JCF, CFPSA, Child Guidance Clinics and other key entities that have a parish or community presence. Members of the school board or Multi-Disciplinary Team may be able to help broker these relationships and build on-the-ground working partnerships even before the ISD Handbook is fully implemented.

The matrix below identifies some key members of the school community and ideas for gaining their buy-in before and during implementation of the Handbook.

	BEFORE IMPLEMENTATION	DURING IMPLEMENTATION
STUDENTS	1. Host **Student Rap Session** to discuss issues that impact them. See Activity 3.4(1) below.	1. Plan **Student Centred Programmes** or projects that respond to priorities raised by children in the Student Rap Session. Identify one or two ideas per term that will be implemented. This will validate the value of their participation and input in the ISD processes. 2. **Student Suggestion Box** can be placed at or near the guidance office for receiving information, ideas and even complaints, anonymously.
PARENTS	1. **Parents' Sensitisation Meeting** can be integrated into PTA meetings, Parents' Nights or any other well-attended parent's events. Invite representatives from other agencies to help address concerns. 2. **'FAQs on the School System of Care'** can be used to relay information, allay parents' fears, highlight parents' roles and responsibilities and provide contact information for referrals etc. Where parents rely on printed circulars, school packages, bulletin boards, school websites, emails or group text messages for information, use these means to circulate the FAQs.	1. **ISD Information Desk/Booth** can be set up on orientation days or other events likely to be well-attended by parents. Use this means to promote FAQs, to display the ISD Roadmaps and other key information, as well as to introduce parents to the key personnel who will be responsible for implementing the Handbook and their contact information.
TEACHERS & STAFF	1. **Staff Sensitisation Meeting** is a means of engaging core personnel. Depending on your organisational structure, this may include school Nurses, Deans of Discipline, SROs, Chaplain and leaders and managers within the school staff. Circulate copies of the ISD Handbook and present outcomes of the Data and Situational Analysis activities, as well as the feedback received from the Students Rap Session.	1. **ISD Report Card** is a good mechanism for updating the school board and staff on the progress of the implementation process. Circulate or present updates at staff meetings, on bulletin boards, staff email groups and other fora.
COMMUNITY GROUPS	1. **Community Notices or Meetings** are a useful mechanism to publicise those aspects of the ISD process that may require community participation. Specific CBOs that can provide direct support should be engaged directly in targeted meetings.	1. **Community Updates** on the ISD process can be integrated into any meeting or information session in which community members or NGO groups are participating. Focus should be placed on child-centred activities or groups whose work can support the implementation of the Handbook.

Activity 3.4 (1)
STUDENTS' RAP SESSION

Students must have a clear sense of ownership of the ISD Handbook. They must understand their roles and responsibilities, they must know how to self-refer or lodge a complaint and they must be informed of the ways in which the system is trying to help them. By hosting small rap sessions – each targeting a different age group or other cohort, the children will be able to discuss these issues and ask relevant questions. Limit each rap session to approximately 35-40 students and use focus questions to guide the discussion. Some examples are given below.

Sample Focus Questions (select 2-4 that best suit your environment and age group):

1. What are the key things that promote positive behaviour in this school?
2. What are the key things that promote negative behaviour in this school?
3. How can children make a difference in building the school's reputation in the community?
4. What are the key things that affect children's well-being in this school/community?
5. What values would you like this school to be known for?
6. What can we do to improve students' behaviour in this school?
7. How can our school give better support to students?
8. What recommendations would you give for improving students' behaviour?

Get a note taker to make notes of your session. At the end of the process, use the notes to identify:

a) The key priorities of the student population.

b) Student Centred Programme - One or two ideas, suggestions or recommendations from students that can be implemented in each term of the school year.

KEY CONSIDERATION

This Handbook outlines the procedures for implementing the System of Care in schools and child care facilities. The approach used throughout this Handbook seeks to guide school implementation and may be used as a proxy to explain and illustrate implementation in schools and other child care institutions inclusive of children's homes, places of safety and correctional centres. In schools without Guidance Counsellors the principal is encouraged to identify a member of the academic staff to undertake the responsibilities of a Case Manager3 to whom referrals are to be made.

3. A case manager serves as a liaison between a client and service providers and identifies what services and resources are necessary to promote a return to the highest level of well being. He or She assists in the planning, coordination, monitoring, and evaluation of services with emphasis on quality of care, continuity of services, and cost-effectiveness.

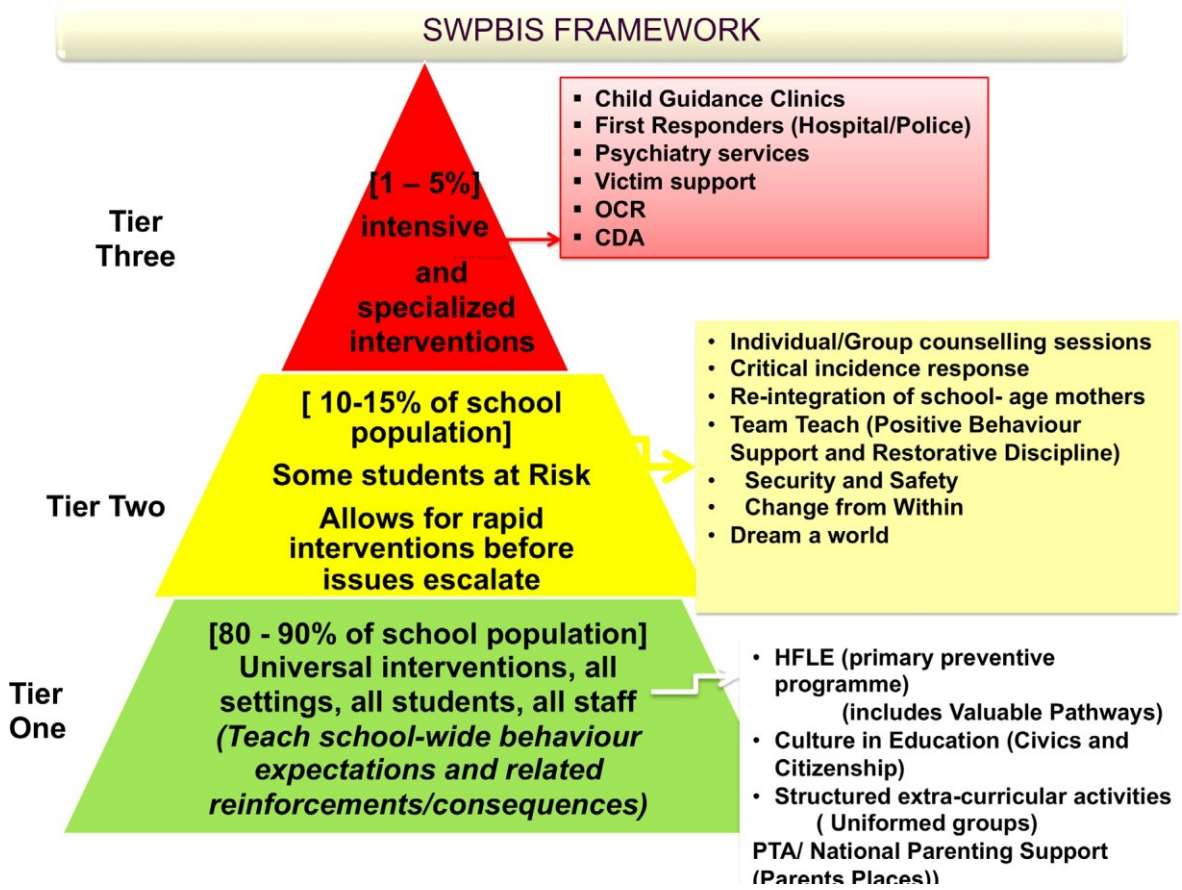
SECTION 4

IMPLEMENTATION GUIDE: TOOLS, TEMPLATES AND PROCESS GUIDES

4.1 Student Support Interventions, Programmes and Services

This section of the Handbook outlines the procedures for ensuring that students' issues are detected early and appropriate intervention and support are provided. That is, they are appropriately identified, screened, and referred for requisite school based or external intervention. The issues and commensurate interventions are classified in three (3) tiers, as indicated in the pyramid below. The higher the tier, the more intensive the issue, and the stronger the requirement to find solutions outside of the school environment.

Tiered System and Related Interventions



Tier 1	Tier 2	Tier 3
UNIVERSAL INTERVENTIONS	**TARGETED INTERVENTIONS**	**INDIVIDUALISED INTERVENTIONS**
Proactive strategies to prevent the development of new cases of problem behaviorsby targeting culture and behaviour change among all students and staff, across all settings school-wide.	Reducing the number of existing cases of problem behaviours by establishing efficient and rapid responses to problem behaviours that are resistant to universal interventions.	Reducing the intensity and or complexity of existing cases of problem behaviour that are resistant to interventions at Tier 1 and Tier 2. Referring emergencies and high-risk cases for multi-agency intervention.

TIP:

Each extra-curricular programme, club and uniformed group within the school should engage in a process of understanding, promoting and implementing the school's newly defined values, attitudes and culture in their own practices and procedures. Host a competition among groups within your schools to facilitate their ideas and innovations in promoting behaviour change.

Universal Programmes (Tier 1 Strategies and Programmes)

The success of the ISD Handbook depends on the design and implementation of school-wide programmes that support the identification, promotion and adoption of social, emotional and behavioural skills and competences that will prevent many of the issues and challenges that arise in schools. This aspect of the Handbook should be values based and should incorporate the participation of children in defining, promoting and reinforcing preferred values and attitudes. These school values, once espoused, can be taught in curriculum-based programmes, but must be reinforced and reflected at every level of the school's operations. This includes the service ethos and professionalism of teachers and staff, the management of classroom discipline, spiritual and emotional well-being, and the standards promoted in the family and community, as supported by parenting training and other proactive methods. All school settings, practices and attitudes must by infiltrated by the new school culture that is being created.

Examples of Tier 1 Strategies and Programmes

- Guidance/HFLE Curricula on Values and Attitudes
- School-Wide Relevant Curricula
- Valuable Pathways
- Behaviour Codes/Codes of Conduct for Students and Staff
- Structured Disciplinary Systems
- Culture in Education (Civics and Citizenship)
- Form Time
- Structured Extra-Curricular Activities
- Parenting Training and Support Programmes/Parents Places

TIP:

The Data and Situational Analysis processes conducted at the start of the school year will give an indication of the scope and type of school-based support systems that are needed in each school. Use this evidence basis for advocating for or initiating processes towards increasing streamlining the programmes and interventions available within your school.

School-Based Support Services (Tier 2 Strategies and Programmes)

The Guidance and Counselling Programme and the SWPBIS Framework emphasize prevention. However, there will always be a percentage of students who require targeted interventions for various issues such as special education, mental health, nutrition, sexual reproductive health and addictions. It is necessary for all school personnel to be equipped to detect early and promptly refer cases to the Guidance Counsellor or designated teacher who will screen each case. An issue that cannot be resolved by utilising classroom disciplinary and skill-building practices should be referred to the Guidance Counsellor, who will initiate a response within the school environment, using available programmes and resources.

Examples of Tier 2 Strategies and Programmes

- Individual/Group Counselling
- Restorative Programmes and Healing Circles
- Critical Incident Reporting and Response
- Reintegration Programmes for School Aged Mothers
- Team Teach/Positive behaviour Support and Restorative Discipline
- School Safety and Security/SRO-Led Programmes
- Change from Within
- Dream a World
- Gang Prevention Programmes
- Child Resiliency Programme

External Services (Tier 3 Strategies and Programmes)

The Guidance Counsellor will screen cases by analysing all available information (Teacher's Referral Report, Student's Report, Parent's Report, other information requested as needed (see Appendix for Forms). This initial action step will enable the Counsellor to define the problem, determine its severity and decide whether School Support or External Services are required. Students will be referred for External Services in High-Risk or Emergency cases, or if students have not responded favourably to Tier 2 interventions, or if the issues to be addressed require clinical or other specialized interventions.

Examples of Tier 3 Strategies and Programmes

- Child Guidance Clinics
- Hospitals and Health Centres
- Reporting to CFPSA/OCR or Police
- Referrals to Psychiatrists or Psychologists
- Referrals to Drug Treatment Programmes
- Community-Based Interventions for At-Risk Youth

Emergencies

Emergency cases are to be referred to the nearest health facility or police station for immediate attention. After a referral is completed, first responder agencies have been engaged and any immediate follow-up activity is initiated, the ordinary case management processes can be implemented and case information may be sent to the Regional Review Panel.

TIP:

Any organisation or service that receives multiple or regular referrals from your school should be considered a partner. You can build partnership by inviting them to participate in or share information with your Multi-Disciplinary Team, or meet with them from time to time to ensure that the referral and case management processes of both organisations are adequately integrated and streamlined.

4.2 Implementing the ISD Handbook - A Step by Step Process Guide

The implementation of the ISD Handbook can be described as a 6-Step Process beginning with the emergence of a psychosocial or behavioural issue and ending with case management and information sharing processes. The 6 steps are outlined in the diagram below. Each step is then defined in detail in the rest of this section.

It begins with early detection from members of the school community, continues with case management activities coordinated by the Guidance Counsellor and culminates with reporting and sharing information at the regional and national levels.

In Emergency Cases some steps may be truncated or handled in a less formal manner at first. However, all cases should give rise to case management and follow-up processes by the Guidance Counsellor and should feature in reports and data shared at the regional and national levels

1	2	3	4	5	6
EARLY DETECTION	**SCREENING & REFERRAL**	**TREATMENT PLAN**	**CASE MANAGEMENT**	**REGIONAL OVERSIGHT**	**NATIONAL REPORTING**
Staff & students identify issues and refer to GC/ Case Manager	GC/CM assesses and screens each case to determine level of intervention	GC or external facility plans appropriate interventions	GC/CM implements or monitors interventions	Multi-Sector Panel reviews referrals within a region at a Case Conference	Cross-sectoral ISD Policy Committee reviews national data

1 STEP 1: EARLY DETECTION

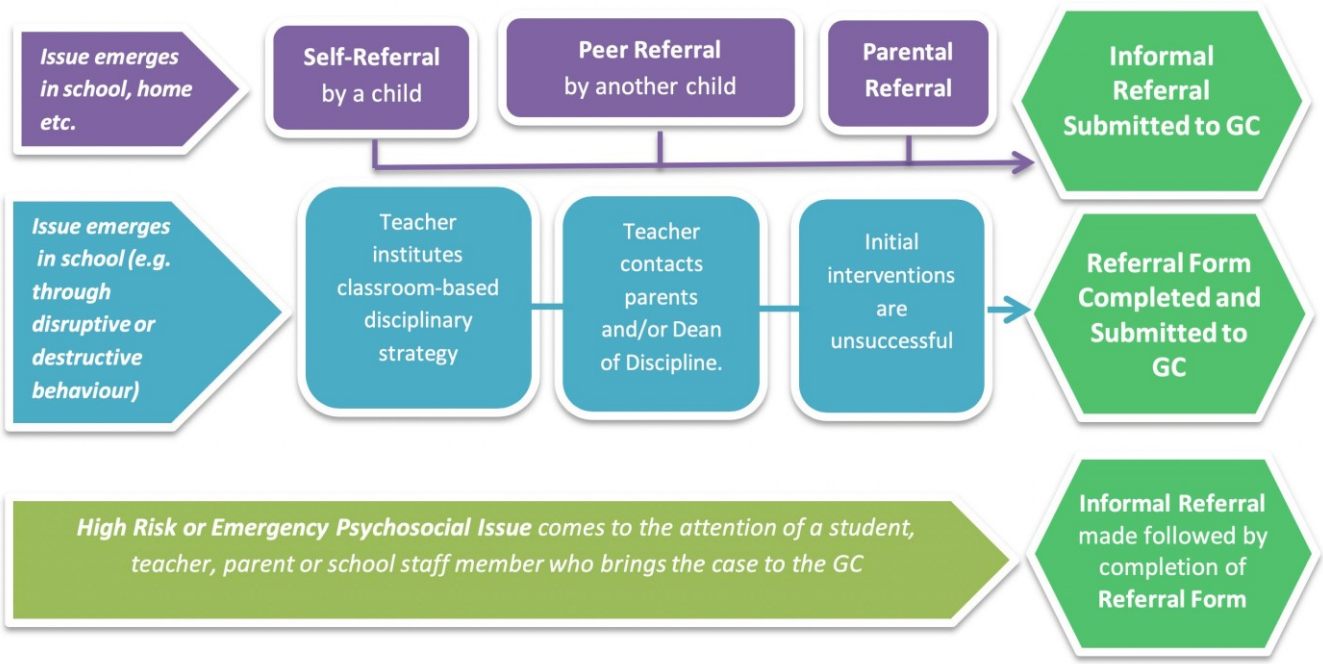
The ISD model envisages the early detection and referral of psychosocial and behavioural issue(s) to a Guidance Counsellor. Referrals can come from students (including self-referral), form teachers, HFLE teachers, subject teachers, Deans of Discipline, the nurse, or other member of the school community, or from parents or guardians. A comprehensive detection and referral system will accommodate anonymous referrals, thereby avoiding socio-cultural barriers to reporting (e.g. anti-informer sentiments). This is particularly important for peer referrals.

Prior to the implementation of the ISD Handbook, a school may struggle with a culture of indiscipline or violence or other issues that result in widespread maladaptive behaviours. In a well-designed school ISD framework, there will be several Primary level interventions designed to improve values, attitudes and behaviours within the classroom. A school may embark on campaigns to promote positive values, reduce gang activity, reduce acts of violence, improve integrity, honesty and mutual respect etc. These initiatives, when they succeed, are likely to result in a reduced number of children being identified as having maladaptive behaviours in the classroom. It is therefore important, both before and during the implementation process, to hone the detection and referral skills of the school's staff and stakeholders to isolate those behaviours that may mask deeper psychosocial risks and issues.

When the presenting issues emerge in the classroom, the teacher will employ SWPBIS standardized corrective measures and observe the student's response. Parents are to be involved as early as possible. The teacher shall document measures taken and the related outcomes. If the initial intervention did not result in the desired outcome, or if the issue is not one that can be addressed through a classroom-based intervention, the teacher will complete the Teacher Referral Form and submit it to the Guidance Counsellor who will review the form and provide necessary intervention.

Outside of the classroom context, informal and even anonymous referrals can be made by children, parents and even other members of the community, based on issues emerging in the home, community or in the wider school setting. When these informal referrals are made, the Guidance Counsellor will fill in an Intake Form (See Appendix), which will be used to record the information received and note any issues or additional facts that arise prior to the screening process (see Step 2).

Process Summary: Early Detection



Step 1 Tools and Templates:	• Internal Referral Form	• Intake Form

2 STEP 2: SCREENING & REFERRAL

The screening process is used to identify and select students whose issues require targeted intervention. A conversation or interview with the student is an essential step in the process of gathering the information needed to determine whether the student should be referred for a special intervention or emergency response or whether the Guidance Counsellor or School Nurse may appropriately and adequately respond to the specific need(s) of the student. The Guidance Counsellor will use a BPSS Screening Checklist and Intake Form (see Appendix) during the process.

The Guidance Counsellor will gather all information that is needed to analyse the case, (to include data from Internal Referral Form and Intake Form). Based on findings from the screening process, the Guidance Counsellor may decide on

a) School Support at Tier 2 or Tier 3 or both;

b) External Services, referring the student to the relevant government service or private service provider, through the school's Multi-Disciplinary or SWPBIS Team.

In the case of external referrals, the forms issued by the respective government department will need to be filled out and submitted by the Guidance Counsellor. The Appendix to this handbook includes the most commonly used forms. Among the referral protocols with which Guidance Counsellors will need to be competent, Mandatory Referring under the Child Care and Protection Act (CCPA) will be necessary every time a referral or screening reveals information indicating that a child is or may be in need of care and protection, as defined by the CCPA.

The Guidance Counsellor will complete the Student Record Form, which documents the key issues identified from the screening process, using the Bio-Psycho-Social-Spiritual Model. If the Guidance Counsellor believes that external referral is necessary, the completed Student Record Form is reviewed with the appropriate Referral Form(s) for external services by the school's Multi-Disciplinary ISD Team. This Team approves referrals for External Services, using the Referral Protocol and any guidelines established by the Regional Multi-Sector Panel.

TIPS:

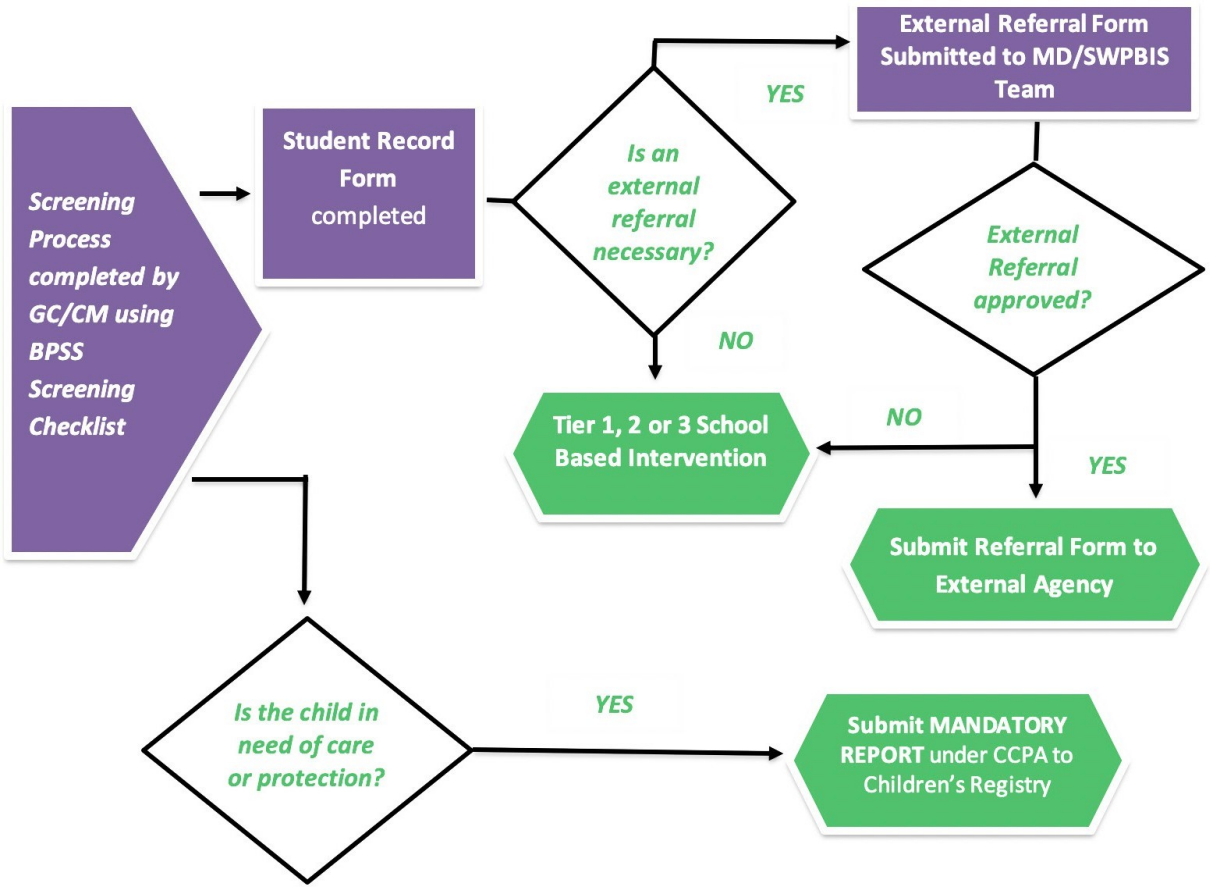
Any organisation or Mandatory Reporting under the CCPA

Section 6 of the Child Care and Protection Act (CCPA) identifies lays out a mandatory duty to report information that leads to the suspicion that a child has been, or is likely to be abandoned, neglected, ill-treated or in need of care and protection. The duty is stricter for professionals (including teachers, guidance counsellors, principals and other school personnel) that are among the named 'prescribed persons' in the Act. Reports are made to the Children's Registry or by calling 1-888-PROTECT.

Issue of Parental Consent

If it is deemed necessary for a child to be referred for External Services (Tiers 2 and 3 intervention), the parents are to be informed and their signed consent sought. If parental consent cannot be obtained, the case should be referred to the Child Protection and Family Services (CPFSA) (formerly CDA) and closely followed up to ensure the student is receiving care/support.

Step 2: Process Summary: Screening & Referral



Step 2 Tools and Templates

- Bio-Psycho-Social-Spiritual Screening Checklist
- Home Visit Form
- Student Record Form
- Parental Consent Form
- Case Notes/Progress Notes

3 STEP 3: TREATMENT PLAN

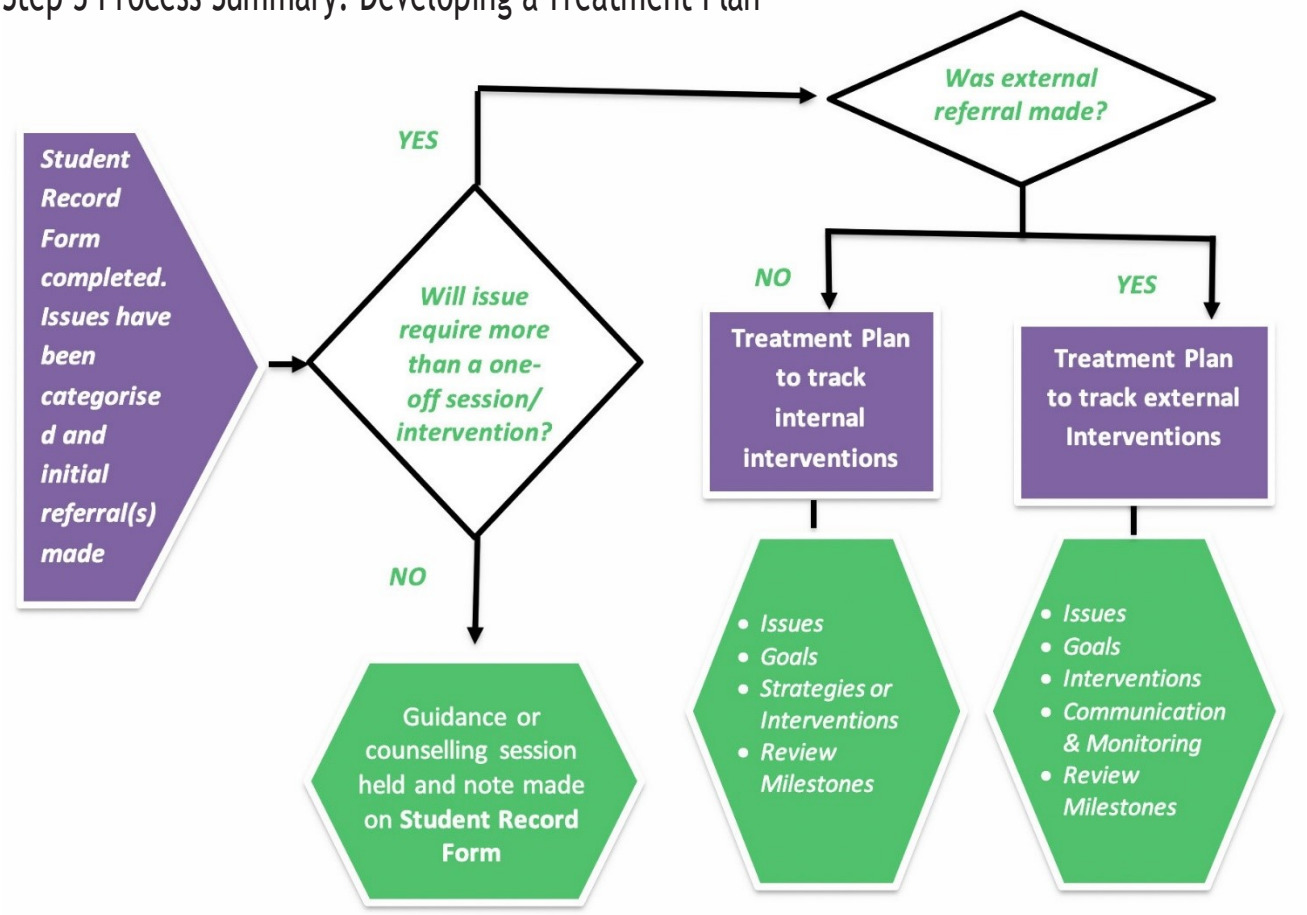
Whether a child is referred to a school-based support service or external intervention, a Treatment Plan is the next major milestone following a screening and/or referral. External agencies may opt to implement their own screening, assessment or investigative processes, based on the nature of the circumstances. Nonetheless, the Guidance Counsellor should maintain communication and retain ownership of a case referred externally until an appropriate plan for interventions has been developed.

A Treatment Plan, whether prepared by an internal (Guidance Counsellor) or external (e.g. health facility or service provider) caregiver should meet certain basic criteria. The Plan should specify:

- the issue being treated,
- the intervention goals,
- treatment strategies,
- the number of sessions, and
- the period over which the intervention will extend.

As the intervention progresses, the Guidance Counsellor/service provider, together with the client, may modify the Intervention/ Treatment Plan and therefore, the scope and timeframe of any intervention. By involving the client, there is joint goal setting and common agreement; this increases the probability of success. During the development of the plan, set clear milestones to identify when the treatment will be reviewed to determine the success or sustainability of any intervention. Where an external referral is made, the Treatment Plan should identify a Communication and Monitoring Process to follow-up with interventions implemented by other agencies.

Step 3 Process Summary: Developing a Treatment Plan



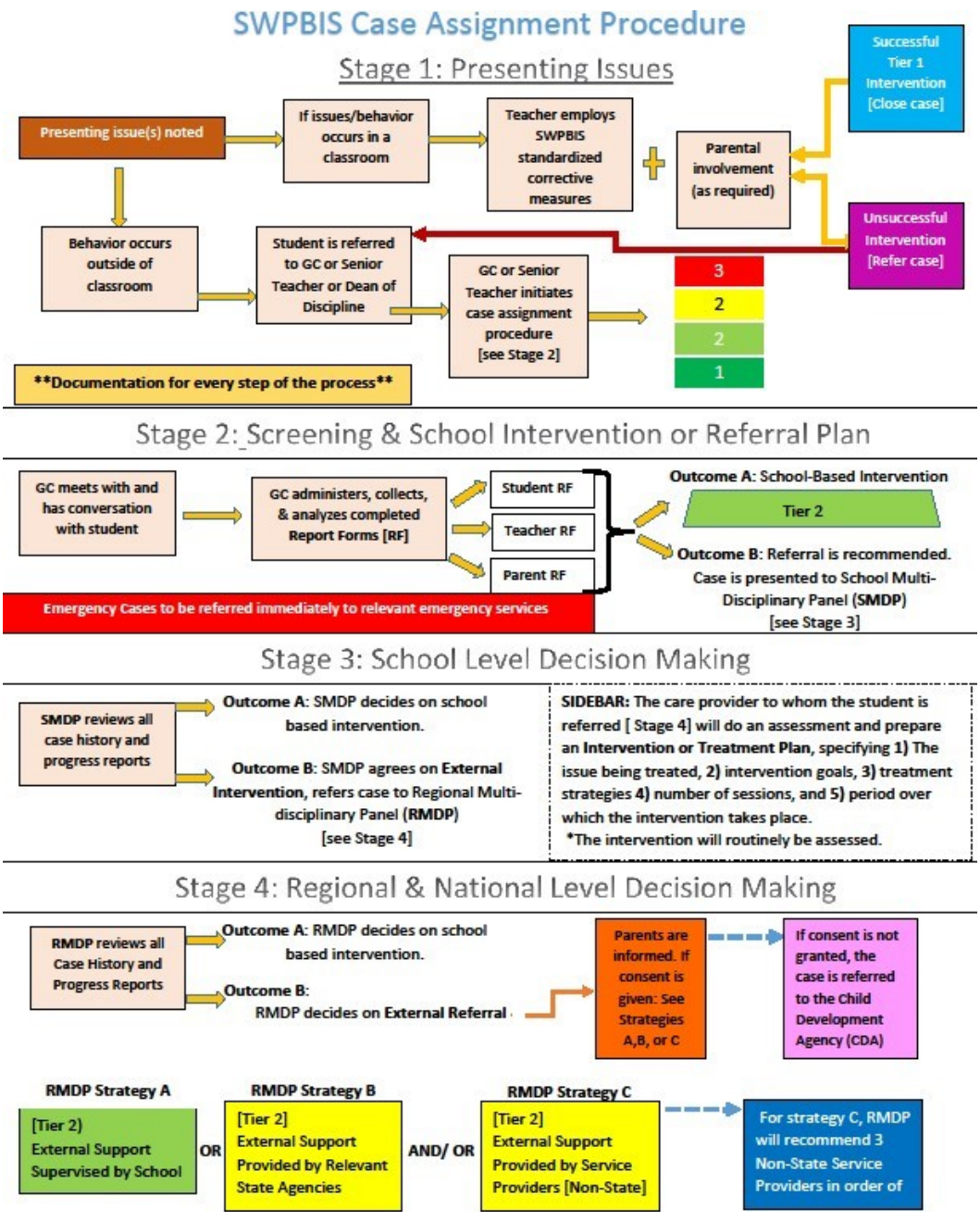
Step 3 Tools and Templates	• Treatment Plan • External Referral & Reporting Forms

4 STEP 4: CASE MANAGEMENT

The GC will implement or monitor the Treatment Plan and must engage in a Case Assessment process that moves the issue forward, modifies treatment goals or interventions, terminates the intervention or refers cases that are non-responsive or escalating. As part of the Case Assessment, GCs are required to prepare Progress Notes that outline whether the aims of treatment are on the way to being achieved, and whether there has been any change in symptoms or circumstances. If the Case Assessment results in a termination of the intervention, a Close-Out Report will instead be prepared. If instead the circumstances of the case warrant same, the case may be referred to a different tier of internal interventions, or to an external support service provider.

Progress Notes will be prepared by the Guidance Counsellor and reviewed by the School Multi-Disciplinary Team monthly. This Team will review the case history and progress reports and hear the recommendations of the technical staff.

HOW WILL WE DELIVER PSYCHOSOCIAL SUPPORT SERVICES TO STUDENTS?



Step 4 Tools and Templates • Case Notes/Progress Notes • Close-Out Report

5 STEP 5: REGIONAL OVERSIGHT

For cases that are critical, non-responsive or deemed by worsening circumstances to warrant external referral, the Progress Notes and related Referral Form and other file information should be submitted to the Regional Multi-Sector Panel. The Panel will convene Case Conferences every six weeks, to review selected cases that are referred to Child Guidance Clinics and other external psychological service providers. Cases will be reviewed using the reports received at the intervals and end of the intervention, for a decision to be made regarding next steps for each student referred. The decision will depend on the student's progress since the commencement of the intervention as well as a review of any change in circumstances.

If the Panel concludes that additional school interventions will have little or no impact on the student, then a decision is made to:

i. Refer the student to relevant government or NGO support services agency or health facility; OR

ii. Engage an MOEY contracted Private Service Provider.

All referrals to the Regional Multi-Sector Panel are to be accompanied with school certified copies of case records and reports compiled on a File for the Student.

Activity 4.1
MOCK SCENARIOS FOR GROUP DISCUSSION

Use the information given above to complete a process map of how the ISD system will be implemented in your school. You can use scenarios from your own experiences or the high, medium and low-risk scenarios set out in Process Mapping Guide formats in the pages that follow. This exercise should ideally be done as a brainstorming exercise with all members of the School Multi-Disciplinary Team. Use this process to highlight any areas in which you need additional information or preparatory activities in order to be ready for the full roll-out of the ISD Framework in your school.

PROCESS MAPPING GUIDE 1: LOW RISK

Scenario 1: Sandra started the year as a capable and committed Grade 8 student, but in the last month she has caused her form teacher to become concerned. Sandra is coming to school late and looking tired and untidy. She has not been completing her homework and her grades have dipped. This morning she missed her first class and was found crying in the bathroom. Sandra was referred to the Guidance Counsellor.

1 STEP 1: EARLY DETECTION
Screening Interview

In her interview with Sandra, the Guidance Counsellor discovers that Sandra's mother has been overseas working for the last few months. Sandra now spends her evenings and weekends cooking and cleaning and sometimes must wake up at night to feed her baby brother. Her personal hygiene practices have fallen off, resulting in teasing and bullying from other girls. Sandra has no time for school work and is afraid she will have failed all her exams by the time her mother returns in 2 months.

2 STEP 2: SCREENING & REFERRAL
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

3 STEP 3: TREATMENT PLAN
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

4 STEP 4: CASE MANAGEMENT
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

5 STEP 5: REGIONAL OVERSIGHT
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

PROCESS MAPPING GUIDE 2: MODERATE RISK

Scenario 2: Sandra started the year as a capable and committed Grade 8 student, but in the last month she has caused her home room teacher to become concerned. Sandra is coming to school late and looking tired and untidy. She has not been completing her homework and her grades have dipped. This morning she missed her first class and was found crying in the bathroom. Sandra was referred to the Guidance Counsellor.

1 STEP 1: EARLY DETECTION
Screening Interview

In her interview with Sandra, the Guidance Counsellor discovers that Sandra's mother lost her job, and their family have been living with her parents in a remote district for the last few months. They have no light or running water. Sandra's mother has no money to give to her for lunch, bus fare or school supplies, and she must walk five miles to and from school every day. Sandra's mother is insisting that she has to drop out of school to help her grandmother to sell in the market.

2 STEP 2: SCREENING & REFERRAL
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

3 STEP 3: TREATMENT PLAN
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

4 STEP 4: CASE MANAGEMENT
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

5 STEP 5: REGIONAL OVERSIGHT
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

PROCESS MAPPING GUIDE 3: HIGH RISK

Scenario 3: Sandra started the year as a capable and committed Grade 8 student, but in the last month she has caused her home room teacher to become concerned. Sandra is coming to school late and looking tired and untidy. She has not been completing her homework and her grades have dipped. This morning she missed her first class and was found crying in the bathroom. Sandra was referred to the Guidance Counsellor.

1 STEP 1: EARLY DETECTION
Screening Interview

In her interview with Sandra, the Guidance Counsellor discovers that Sandra's mother has been overseas working for the last few months. Sandra's stepfather says now that her mom is away Sandra is the woman of the house. He has been sneaking into Sandra's bedroom to try to molest her at night. Sandra is afraid she will have failed all her exams by the time her mother returns in 2 years.

2 STEP 2: SCREENING & REFERRAL
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

3 STEP 3: TREATMENT PLAN
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

4 STEP 4: CASE MANAGEMENT
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

5 STEP 5: REGIONAL OVERSIGHT
- What decisions should be made?
- What activities should be implemented?
- What forms should be used?

4.3 Responding to Emergencies: Critical Incident Management Plan

In emergencies, which goes outside of the regular SWPBIS three tiers, to tier 4, school personnel are to be guided by the Critical Incident Management Plan (CIMP) developed by the Ministry of Education and Youth. The responsible school personnel is to urgently refer cases to the relevant state agencies. Where there are challenges in making the necessary referrals, contact may also be made with the Ministry's Regional Office:

a. Abuse and Sexual Offences:

- Referral to the Office of the Children's Registry, Child Protection and Family Services (for emergency response),
- Centre for the Investigation of Sexual Offences Against Children Agency (CISOCA),
- Accident and Emergency Department of the nearest hospital or nearest Type III to Type V Health Center.

b. Suicide & Self Injurious Behaviour:

- Immediate referral to Accident and Emergency Department of the nearest Hospital.

c. Out-of-Control/Excessively Aggressive Behaviour:

- Accident and Emergency Department of the nearest Hospital or nearest Type III to Type V Health Center. Assistance with restraint may become necessary and require assistance from trained personnel such as the police.

d. Students who are victims of crime are to be referred to the Victim Support Unit (VSU), Ministry of Justice.

e. Students who commit offences that put them in conflict with the law are to be reported to the nearest police station.

SCREENING AND REFERRAL

Parents, teachers, other members of staff and students who observe that a student is presenting behavioural or psychosocial issues and is in need of attention, should refer him/her to the Grade Supervisor, Senior Teacher and/or Guidance Counsellor (GC) or Principal. If the school is without a GC, the Principal shall identify a senior member of the academic staff to undertake the responsibilities of a Case Manager4(CM) to whom referrals are to be made.

As indicated in the table below, the GC/CM will screen each case to conclude whether to engage School Support or to refer the student for External Services.

REFERRAL CHART

SWPBIS CODE	PRESENTING ISSUES	INTERVENTIONS
Tier 1	Inattentiveness, frequent breach of classroom/ school behaviour expectations, etc.	**SCHOOL SUPPORT:** Teacher applies SWPBIS standardized corrective measures, supported by Guidance Counsellor and Dean of Discipline.
Tier 2	Developmental adjustment issues/Debilitating behaviour with disciplinary issues, school rule violations/ non-responsive to Tier 1 measures.	**SCHOOL SUPPORT:** Guidance Counsellor /Case Manager: Screens case and proceeds with individualized targeted group interventions. OR refers student for External Services.
Tier 3	Non responsive to Tier 2 School Support OR screening indicates clinical counselling is required (eg. severe maladaptive behaviour and psychosocial challenges; suspected addiction). Intervention should be considered if presenting issue is chronic/frequent, dangerous, highly disruptive, impeding learning, resulting in social or educational exclusion.	**EXTERNAL SERVICES:** Ministry of Health and Wellness Child Guidance Clinic (CGC) or other State Agencies or MOEY endorsed Service Provider.
Tier 4	Emergencies: Possession of offensive weapon(s); wounding, sexual offences, psychotic episode (hallucination, suicidal ideation, harming self or others, extreme bizarre behaviour)	**EMERGENCY SERVICES:** Police / Hospital /Office of the Children's Registry

4. A person who assists in the planning, coordination, monitoring, and evaluation of…services …with emphasis on quality of care, continuity of services, and cost-effectiveness. A case manager serves as a liaison between a client and service providers and identifies what services and resources are necessary to promote a return to the highest level of well-being.

SECTION 5 ISD SYSTEMS & STRUCTURES: MANAGING THE PROCESS

5.1 The School-Based Multi-Disciplinary Team

The School-Based Multi-Disciplinary Team is a specially constituted interdisciplinary panel which monitors progress with psychosocial interventions, reviews and approves requests for closing a case or making referral for External Services. In schools that have implemented the SWPBIS Model, this will be the same as or a sub-committee of the SWPBIS Team. In schools that do not have a SWPBIS Team, the Panel may be a sub-committee of the Guidance and Counselling Advisory Committee, where such already exists in the school, or it may be separately established.

The School Multi-Disciplinary Team will consist of the following designated persons, two of whom will be named as official signatories for formal records or communications:

Constitution Of The School Multi-Disciplinary Team

Chairperson	School Leadership Representative (e.g. Principal, Vice Principal or Senior Guidance Counsellor)
Case Manager	Guidance Counsellor or Senior Teacher
School-Community Liaison	Representative of School Board of Management or other respected Community Leader
PTA Liaison (may be an alternative to the above)	Representative of PTA or other respected parent having specialist skills
School Health Team Representative	School Nurse or other representative (as required)
Regional Representatives *(as required)*	Regional SEO/RGCEO
Other Student Support or Health Team Members	• MOHW Mental Health Practitioner • Community or School-based Social Worker • School Chaplain
Ad Hoc Members *(included in specific case discussions, as and when appropriate)*	• Student's Therapist or other mental health professional • Referring teacher or Staff member
Team Secretariat/ Recording Secretary	Appointed from Principal's Officer or assigned from Committee to take notes of meetings and maintain records

NB: Other key personnel may be co-opted, as required.

5.2 The Regional Multi-Sector Panel

The Multi-Disciplinary Team reports directly to the Regional Multi-Sector Panel. This is chaired by the Regional Senior Education Officer, Guidance and Counselling, and will meet to assess critical cases for which schools are requesting External Services. The Panel will determine whether the student is to be:

i. returned to the school for continued care with technical support and monitoring by the nearest health facility/state agency;

ii. referred for External Services

iii. assigned to a MOEY contracted Service Provider

A clinical assessment may also be requested by the Panel if this is needed by the practitioners to draw conclusions and make recommendations.

The Senior Education Officer will produce a report with supporting documents, outlining the matters examined, conclusions drawn and decisions taken, at the Regional Level. The information from this case conference also provides an opportunity for good practices to be identified, documented and adopted.

Constitution Of The Regional Multi-Sector Panel

MOEY Representatives	Other Representatives
SEO Guidance and Counselling - Regional Office (Chairperson)	Clinical Social Worker/Psychologist – MOHW/CDA
ACEO, Guidance and Counselling (randomly)	GOJ Mental Health Practitioner (MOHW, CGC)
Principal of the school that the student attends (as needed)	Spiritual Health Representative (School Chaplain or other leader from the faith-based community)
Guidance Counsellor of the school student attends (as needed)	Health Promotion Education Officer(s)
Other Student Support profession of the school student attends (as needed)	Student's Therapist (as needed)
Senior Education Officer, Caenwood (monthly case conference)	Independent Clinical Social Worker, Psychologist
	Representatives from CPFSA and OCA (as required)

NB: Other key personnel are to be co-opted as required

5.3 The National ISD Committee

All members of the National ISD Committee are bound by professional ethics and a code

of conduct which all members and stakeholders in the delivery of psychosocial support services are expected to sign and uphold.

The decision of the Panel is communicated in writing to the parents, principal and case manager. The Case Manager conducts an assessment and develops a Intervention/Treatment Plan for the student referred for psychosocial services. The Case Manager will work in partnership with the parents and school, towards improving the wellbeing of the student. The Case Manager ensures that the decisions and recommendations of the National ISD Committee/Regional Multi-Sector Panel are carried out. Parents may also be required to participate in therapy and review progress being made with their child.

The National ISD Committee will be chaired by the Assistant Chief Education Officer, Guidance & Counselling Unit and co-chaired by the Director, Child & Adolescent Mental Health Services, Ministry of Health and Wellness. The National ISD Committee will include members listed in chart (at right).

Members of the National ISD Committee

Chair	Assistant Chief Education Officer (ACEO), Guidance and Counselling Unit (GCU) - Chair
Co-chair	Director, Child & Adolescent Mental Health Services, Ministry of Health and Wellness
Education Sector Representatives	• Senior Education Officer- GCU Central • Representative - Security and Safety in Schools Programme • Representative - Special Education Unit, MOEY • Director, Child & Adolescent Mental Health, Mental Health & Substance Abuse Unit, Ministry of Health and Wellness • Special Education Project Coordinator, Education System Transformation Programme
Health Sector Representatives	• Consultant Child and Adolescent Psychiatrist, Child and Adolescent Mental Health Services, Kingston & St Andrew Health Department. • Independent Clinical Social Worker and/or Psychologist, working in or associated with the public school system • Adolescent Health Coordinator, Family Health Unit, Ministry of Health and Wellness
Other MDAs	• Representative - Child Protection and Family Services Agency (CPFSA) • Representative - Office of the Children Advocate (OCA) • Executive Director, National Parenting Support Commission • Representative - Centre for the Investigation of Sexual Offences and Child Abuse • Executive Director, Women's Centre of Jamaica Foundation
Non-Government Representatives	• Representative - National Secondary Student Council (NSSC) • Education Specialist, UNICEF Jamaica • Representative - Jamaica Teachers Association (JTA) • President, Jamaica Association of Guidance Counsellors in Education • Jamaica Council of Churches • Representative – Paediatric Association of Jamaica

5.4 Managing Your School-Based Multi-Disciplinary Team

In accordance with the BPSS Health Model, members of the Multi-Disciplinary Team must comprise members of the different disciplines so that the school is able to apply the required holistic, comprehensive, client-centred approach to the child's physical, psychological, social and spiritual health and wellbeing.

General Membership therefore should comprise practitioners for the various disciplines, as indicated in the model. In addition to the roles/composition outlined above, there should be a Medical Doctor and Spiritual Leader (School Chaplain) available to the team. Schools that have a Dean of Discipline can consider their inclusion, as well as the leader of other support services or interventions not specifically named in the broad guidelines.

For Tier 2 and Tier 3 interventions there should be a Case Management Panel comprising personnel whose portfolio is primarily psychosocial support. That is:

- Guidance Counsellor(s)/Case Manager
- Nurse
- Dean of Discipline (as required)
- Special Education Teacher (as required)

The Guidance Counsellor/Case Manager heads the Panel. (S)he Report on outcomes and recommendations from the panel to the Principal, for his/her final decision and action. Screening and referrals can be done by the Guidance Counsellor/Case Manager, in tandem with a School Nurse and/or Dean of Discipline.

CASE MANAGEMENT

In schools that do not have a Guidance Counsellor, the Principal will designate a Senior Teacher to serve as Case Manager. The Case Manager will coordinate the various individuals or agencies that are supporting each case/student referred, to respond to students' needs (special education, medical, mental health, parental/family services, after school care and supervision, other needs).

Case Review Meetings are to be held twice per month at the regional level. However, a case review meeting may be convened earlier, under special circumstances. It is also recommended that case monitoring meetings be convened at 6 to 8 week intervals and as deemed necessary under special circumstances. The aim of the case monitoring meetings is to track the students' progress in order to determine whether to continue, modify the intervention or whether to refer or close.

ROLE OF PARENTS

Parent/primary caregiver involvement and co-operation with developing and administering the Intervention/Treatment Plan is essential and their signed agreement is a requirement.

As such, parents may be invited to participate in Case Review meetings or discussions periodically. They may also be included in the assessment of the student and in the intervention process through to termination. Parents may discuss their questions or concerns with a school-based professional with whom they are comfortable or they may be referred to the Guidance Counsellor/Case Manager or Regional Guidance and Counselling Education Officer as necessary.

Where a parent objects to a student accessing MOEY provided psychosocial support services, he/she must provide evidence that the child is engaged with another reputable service provider. Where this is not done, the case shall be referred to the Child Protection and Family Services Agency for investigation and possible reference to the Family/Children's Court, in keeping with the relevant sections of the Child Care and Protection Act.

APPEALS PROCESS

A parent/legal guardian who disagrees with the decisions of the MOEY Regional Multi-Sector Panel can make an appeal. Appeals should be sent through the Regional Director to:

The Deputy Chief Education Officer
Curriculum & Support Services
Ministry of Education
Caenwood Centre
37 Arnold Road
Kingston 5

ACCESS TO PUBLIC SERVICES

The MOEY will facilitate access to psychosocial support services in the public and private sectors. Memoranda of Understanding will be established with government Ministries, Departments and Agencies to integrate and improve service access. Other Service Providers such as non-governmental organisations or private practitioners will be contracted to provide needs based psycho-social services.

IDEAL COUNSELLING/ THERAPEUTIC ENVIRONMENT

The main focus of counselling is to create a 'therapeutic relationship' between counsellor and client. The client should be able to explore difficult issues, talk, and share their intimate thoughts and feelings. The client must also feel safe and supported. Therefore the counselling must take place in a private, safe and confidential environment.

Below are recommendations for the ideal counselling/therapeutic environment (in-school and out-of-school). The MOEY is aware that many schools will have to work towards achieving this standard.

Physical Space

O This should be spacious enough so that clients do not feel that there is intrusion on their personal space in the waiting area, counselling room or other relevant areas.

O The room should be in an area where there is not much traffic, as this will cause noise and distraction, or the client being overheard. As much as possible the room should be secluded or sound proof.

O Security & Safety Factors should also be taken into consideration. Every effort should be made to protect the client and significant others from harm and danger.

O Lighting - The space should be well-lit and ventilated. There must be enough light for the observation of non-verbal communication such as facial expressions and gestures. Natural lighting should be used as much as possible. Where necessary, lamps should be used, instead of harsh light.

O Colours - Preferred colours are blue, yellow, and violet, however relaxing, peaceful and comfortable colours should be used. (Schools may liaise with their Art & Craft Department for assistance)

Aesthetics (Furniture & Fittings etc.)

O Clients should feel safe and free to move around.

O Furniture - The counselling area should encourage communication. No centre table should be present; chairs should be movable, cushions may be used for sitting or hugging.

O Wall paintings where they are not distracting may also be used.

O Where rugs are used they should be kept clean and the fluffy types should be avoided to prevent allergic reactions.

O Plants and gardens are encouraged to boost aesthetics and enhance the therapeutic process.

O Odour - There should be no odour. The use of artificial fragrance may be offensive to some clients.

O Apparatus and decorative items that may be potential missiles or weapons should be avoided or stored out of reach (vases, letter openers, desk scissors, etc.)

Counselling/Therapy Aides/Materials (where applicable)

O Variety of toys, modelling dough, stones, finger puppets, bean bags, punching bags, manipulatives, sand tray, crayons and pencils (non-lead) and drawing paper should be available.

O Play Room - Younger children like to play and therefore play technique should be used with them whenever possible. They may be observed directly or with the use of a one way mirror or the newer Information Communication Technology (ICT) Devices.

O Appropriate therapy aides/materials should be used with older children.

RESPONSIBILITY

WHO	ROLE	WHAT TO DO	WHEN
TEACHER Note: student may self-refer or other key informant may report	Detect/observe issue affecting student (behaviour/performance/appearance	Act as guided by the Case Assignment Chart	At point of observing presenting issue(s)
	Document observations and concerns	Maintain Teacher's Intervention Log	At the start of response to presenting issues. disruptive behaviour
	Ensure parents are adequately informed and included in the intervention process, matters with their child.	Involve parent or legal guardian, as required.	Twice per month
	Monitor students' response to interventions	Progress Report	Intermittently, over a 6-8 week period
	Discuss progress or non-progress with Grade Supervisor or Senior Teacher	Refer to Guidance Counsellor Immediately Refer medical/sexual reproductive health issues to Nurse or Guidance Counsellor/Case Manager	If the student is not showing signs of improvement.
GRADE SUPERVISOR (or Resource Teachers)	Discuss the presenting issues with the reporting teacher	Act as guided by the Case Assignment Chart	At point of receiving report on the presenting issue(s)
	Propose intervention strategies and methods	Review Teacher's Intervention Log and discuss with the teacher. Determine whether to continue classroom intervention or refer to Guidance Counsellor.	Following review of case and discussion with the teacher.
	Instruct Teacher to refer student to Guidance Counsellor	Take decision, based on conclusions drawn from review and discussion with the teacher.	Following review of case and discussion with the teacher.
	Approve referral to Guidance Counsellors	Review and sign completed Teacher Referral Form.	At point of decision.
DEAN OF DISCIPLINE	Administer discipline in accordance with established regulations, policies and SWPBIS standardized corrective measures.	Refer all psychosocial matters to Guidance Counsellor or Principal; and all health matters to the School Nurse.	Immediately.

RESPONSIBILITY

WHO	ROLE	WHAT TO DO	WHEN
GUIDANCE COUNSELLOR	Review Internal Referral Form and Teacher's Intervention Log.	Activate screening process	Within 5-7 days of receipt5
	Assign the Case	Undertake the case or make appropriate referral	Within 3-7 days of of completing the screening exercise receipt [6]
	Monitor student's progress	This is based on the Intervention/ Treatment Plan/Service providers progress report	Weekly for School Support services Bi-monthly for External support services
	Prepare Reports to School Multi-Disciplinary Health Team Submit request for approval	Use the template to produce Student Profile Complete Student Report Card Complete Referral Form	5 days after end of the intervention period or 2 weeks ahead of the meeting of the Case Review Panel in case where request is to be made for External Services
	Convene meeting of the School Case Review Panel	Prepare agenda, meeting room, invite attendees	Monthly meeting
	Compile documentation for Regional Case Panel	Copy all forms associated with case and prepare a file for the MOEY Regional Case Panel	When student is being referred for external support services
	Refer to MOEYI Regional Case Panel	Obtain principal's approval Initiate contact with MOEY Regional Authority Submit documentation under confidential cover	When student is being referred for external support services
	Liaise with Regional Multi-Sector Panel to monitor student's progress	Bi-monthly checks with external service provider and student via telephone and email	Monthly progress report
CASE MANAGER (e.g. Senior Guidance Counsellor/ Designated Senior Teacher, School Nurse	Review all information relevant to the case to make informed decisions	Prepare and administer Intervention/ Treatment Plan Complete Intervention Reports	
	Implement appropriate intervention strategies	Liaise with parent or legal guardian	
	Monitor students response to interventions	Intervention Report	
	Discuss progress with Guidance Counsellor	Make appropriate referrals	

5. Review of documents is dependent on the intensity of the (issues) and potential risk involved. Either of which may necessitate immediate attention.

6. Assigning the case is dependent on the intensity of the issue(s) and potential risk involved. Either of which may necessitate immediate attention.

RESPONSIBILITY

WHO	ROLE	WHAT TO DO	WHEN
SCHOOL MULTI-DISCIPLINARY TEAM	Collaborate in refining and strengthening the school component for supporting students identified with psychosocial needs, through scheduled meetings and other actions	The signing of the Statement of Cooperation by both students and parents	
	Approve the provision of adequate support to meet students' psychosocial needs		
	Refer instances of non-compliance to the Principal for action by the School Board		
	Review student's issues and progress in school interventions to determine if external support through the MOEY Regional is needed		
	Facilitate the administrative process for the referral of students including liaising with parents or legal guardians, completion of required documentation of Panel decisions		
	Monitor the implementation of agreed actions, the students' progress, and facilitate re-integration into school community, where possible		
PRINCIPAL	Chief accountable officer, with ultimate responsibility for student welfare including the delivery of Psychosocial Support Services		
	Chairperson for the School Multi-Disciplinary Team		
	Makes recommendations for further internal or external action regarding students in need of psycho-social services		
	Ensures that sufficient time and effort is given to facilitate improvement or resolution of the student's issues		
	Provides reports from the School Multi-Disciplinary Team to the School Board, on decisions/recommendations made, regarding the student		

RESPONSIBILITY

WHO	ROLE	WHAT TO DO	WHEN
PARENT AND/ OR LEGAL GUARDIAN	Complete and sign Agreement for: - Intervention/treatment of child/ward referral for external services		
	Where the parent or legal guardian objects, the Multi-Disciplinary Health Teams must be provided with evidence that another reputable care professional/ institution is helping the child		
	Participate in parenting/ family counselling sessions, as required		
	Participate in the intervention process, as advised		
STUDENT	Keep appointments and participate in intervention/treatment sessions		
	Complete tasks that are assigned to be done between sessions		
	Report issues/concerns or make appeal, regarding any discomfort or dissatisfaction with the intervention/treatment, if these are not being resolved with the service provider	Report the issue/concern to one of the following school adults that you trust: Principal; Guidance Counsellor; School Nurse; parent/guardian; Senior Education Officer of the Regional Guidance and Counselling Unit	
	Members of the school and affiliated external community are encouraged to be aware of and support programme implementation	• Report cases where student's safety and security is threatened • Give students and school personnel positive advice and encouragement • Volunteer services, etc.	

MONITORING AND EVALUATION FRAMEWORK

Proposed Results Framework

GOALS

- Expand access to student-friendly psychosocial services (clinical and non-clinical) that enable pro-social behaviour and positive student development.
- Facilitate the strengthening of community, family and parental support for, and participation in behaviour modification interventions and processes.
- Minimize maladaptive behaviours that could result in disruption of students' education.

Objectives	Output/Results	Indicators
Provide alternative support to reduce suspensions or expulsions from the school system	Service Providers retained to deliver psychosocial services School based professionals equipped and supported	Number of students accessing psychosocial care, compared to number referred care [percentage (%)] Adequacy and quality of services provided by external service providers Adequacy of services provided by school based professionals
Create opportunities for students to access specialized psychological assessment and therapy as required	Service Providers retained to deliver psychosocial services	Adequacy and quality of service provided by external service providers
Assist parents to identify and take advantage of opportunities to improve their ability to facilitate the wholesome development of their children.	Parents equipped with information regarding obligations and provisions for their child/ward to be assisted Schools operating parent support groups Parents provided with agencies/services available to assist with child/ward accessing psychosocial care	Number of primary care givers enabling access to services Percentage of parents actively engaged in parent support groups Percentage of parents giving affirmative reports on benefit of participation in Parent Support Groups
Improve knowledge, skills and competencies of students, teachers, parents, administrators and other specialized care professionals and enable them to function better within the school environment.	Stakeholders participate in training workshops and sensitization sessions	Number of training workshops; Number of parents/teachers/ Guidance Counsellors/Principals/ Deans trained or sensitized Nature and adequacy of interagency collaboration
Ensure integrated delivery of all school and community-based student support services	Harmonized and standardized systems established to improve service delivery. Inter-agency referral forms and communications systems available at all entry points	
Ensure fulfilment of right to education of all students	Referral forms for school-aged out-of-school students Reintegration plans for school-aged out-of-school students	Status and adequacy of harmonized and standardize systems to improve service access Use of standardised referral forms Number/percentage of referred students re-integrated into school

IMPLEMENTATION GUIDE FOR STAFF HEALTH & WELLNESS PROGRAMME

Consistent with the school-wide positive behaviour and support principle, the Staff Health and Wellness Programme is to be a provision for all employees within the school. The physical, mental, emotional, socio-cultural, spiritual and occupational well-being of all personnel are essential for a positive school climate, the attainment of desired teaching and learning outcomes and for fostering the wholesome personal development of students.

Schools that operate a staff health and wellness programme are highly likely to steadily become higher performing schools because staff would be operating in a work environment that encourages and supports health maintenance and promotes positive behaviours.

During October 2018, six (6) Regional Consultations were held in each of the MOEY regions to obtain stakeholder input, feedback and recommendations on inter alia health and wellness issues facing school personnel.

The BPSS (biological-psychosocial-spiritual) methodology of categorising health and wellness concerns and recommendations was used. Approximately 191 participants representing Guidance Counsellors, Principals and Vice Principals, PTA and School Board Representatives, Teachers, Deans of Discipline, School Nurses and stakeholders from the child protection, youth engagement, faith-based community, health and justice sectors from every MOEY region participated in these discussions.

In every region, participants espoused the importance of attending to staff health and wellness as an important precursor to effective management of student issues. Comments reflected both the scope of the stressors impacting teachers and staff, as well as the range and variety of strategies that have been utilized by schools to address this issue, albeit often in an ad hoc or unsustainable manner.

Participants eagerly supported the concept of paying strategic attention to staff health and wellness, and devising plans and partnerships to enhance same.

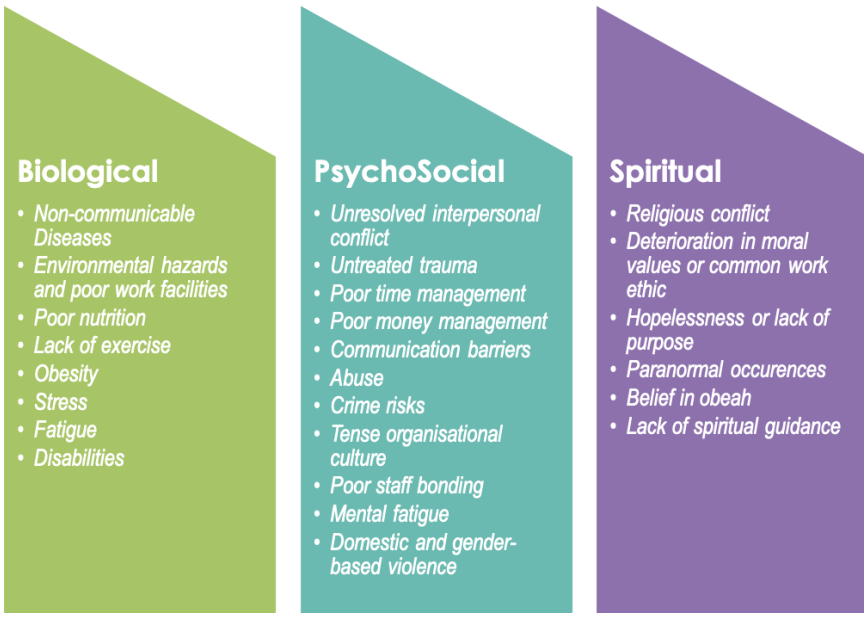
Participants together identified 97 health and wellness issues that arise most commonly among staff in schools. Psychosocial issues dominated the discussion, together accounting for 62 types of issues. Among the biological issues identified, the leaning was towards non-communicable and lifestyle related diseases, as well as the impact of obesity and poor nutrition on individual's health. Stress, depression, anxiety and trauma were all identified among the psychological issues, but across all categories, the social issues dominated the discussion.

Among these social issues, several groups identified economic challenges and financial concerns as having a major impact on staff health and wellness. Responses covered both supply (poor salary scale) and demand (provision of financial aid to children) issues peculiar to school-based employment. The diagram below outlines some of the main staff health and wellness issues identified by participants, based on their experiences in schools island-wide.

TIP:

Conduct a scan of your school environment. During you first staff meeting for the year, have staff members work in small groups to identify the Biological, Psychosocial and Spiritual Issues that affect staff health and wellness. Drill down to the top 2 or 3 issues. Use this shortlist to help identify key strategies and solutions that will make the greatest impact on staff health and wellness in your school environment .

Top Issues Impacting School Staff Health and Wellness, as Identified by Stakeholders



By mapping the key factors affecting persons in any individual school, staff members can engage in tailored, school-specific responses to their health and wellness concerns. Several of the examples given by stakeholders, such as poor time management or lack of staff bonding, can readily be addressed through targeted staff development sessions and team building activities.

GUIDANCE AND RECOMMENDATIONS FOR DESIGNING A STAFF HEALTH AND WELLNESS PROGRAMME

A school staff wellness programme, as an integral and equal component of a coordinated school health programme, can be critical to maintaining a healthy, optimistic environment where students and employees thrive. Although implementing a school employee wellness programme can be complex and demanding, empirical evidence suggests that the rewards far outweigh the challenges.

A holistic Staff Health and Wellness Programme should seek to address as many of the priority BPSS based concerns raised by the staff members in a given school. Staff members should have a regular opportunity – at least once per year – to identify the top issues impacting them and to identify priority strategies that can impact or change their priority issues.

Each Staff Health and Wellness Programme should be implemented using a three-pronged approach that focuses on:

1. Prevention
2. Treatment
3. Follow-up

The following are key actions that may be taken under each heading:

1. PREVENTION

Preventative actions should be seen through a holistic lens, with priority placed on strategies that can address all or most of the key biological, psychosocial and spiritual issues facing a given school environment. Give attention to those changes that can enhance physical and psychological health and well-being, reduce stress, strengthen team culture and improve coping mechanisms. Some of the ideas shared by the stakeholders that can have a holistic, preventative impact include:

- Promoting physical and psychological health and wellness through exercise programmes;
- Facilitate wholesome and healthy eating by making healthier options available in school canteens etc. and implementing special healthy eating promotional activities;
- Conduct awareness building activities around any of the major stress factors that can affect staff health and wellness (e.g. time management; anger management; budgeting and financial planning);
- Inviting other government agencies to conduct health and environmental checks of the school's facilities;
- Develop and implement team building and/or stress relief activities for teachers, using sports, art and craft, music and dancing and other initiatives for therapeutic play;
- Conduct health screenings regularly, in partnership with local health centres or hospitals;
- Install facility features that promote rest and relaxation (fountain/water feature; fish tank; garden; murals etc.);
- Implement staff socials, outings and other team building exercises;
- Train selected staff in first aid.

2. TREATMENT

Treatment strategies should be implemented in collaboration with the public health system and other providers of support services in the community. This will involve clarification of referral protocols and a repository of information on the various types of social support systems available in the wide community. Special Staff Health and Wellness events may be used to attract voluntary or low-cost treatment services and interventions. In selected cases assistance with costs may be available through special grants from the Ministry of Education and Youth, the Jamaica Teachers Association and other benevolent partners.

Among the ideas posited by stakeholders for fulfilling treatment needs are:

- Planned group interventions;
- Negotiating discounted rates on any support service needed by multiple staff members;
- Introducing restorative practices to identify and address inter-personal conflict;
- Instituting or implementing protective policies to address real or perceived abuses (e.g. sexual harassment policy);
- Arranging on site visits to provide direct intervention from and referral to requested support services (e.g. financial planning advice from local credit unions; health visits from local clinics);
- Provide referral forms and directory of services to the support services in the community, including support to victims of domestic violence, and have specially assigned providers on call to meet emergency staff needs;
- Collaborate with health sector for improved access to individual and group therapy and create an environment and staff culture that supports and destigmatises mental health interventions;
- Create an environment conducive to and supportive of spiritual well-being (e.g. voluntary group meditation or prayer sessions).

3. FOLLOW-UP

Following a period of interventions or treatment, follow-up activities may be needed to ensure that the staff becomes more resilient to the biological, psychosocial and spiritual issues identified. Some tips for maintenance and ongoing support may include:

- Scheduling follow-up health check visits to maintain goals for healthy lifestyle indicators (e.g. weight management, blood pressure and cholesterol indicators);
- Planning accountability and self-monitoring strategies (e.g. hiking club; home gardeners club, support groups) to encourage staff members to maintain positive gains. If feasible, use communications and technology tools (e.g. voluntary WhatsApp groups) to provide a positive and encouraging atmosphere of accountability to self-care practices or values;
- Scheduling promotional activities (e.g. mental health week) throughout the school year and at peak stress intervals in order to optimise their impact on school personnel.

TIPS FOR MOBILISING REQUIRED RESOURCES

Among the resources that all schools may need, irrespective of their particular health and wellness priorities are the following:

- Certified and experienced person to coordinate the programmes;
- Facility to conduct the programme (public-private partnership /JSIF to convert or construct facilities or care spaces);
- Equipment and supplies to carry out activities.

Some resources or expertise might already exist in the school or in the community (e.g. physical education department, gym, neighbouring community center).

Draw on the experience, competencies, skills, and expertise of staff, including:

- Guidance Counsellor
- School Nurse
- Physical Education Teacher/School Coach
- Home and Family Teacher
- Agricultural Science Teacher

These staff members may already understand their organization's culture and the needs of their colleagues and can help to identify the types of strategies that will work best in your environment.

The Multi-Sector Panel (Regional Office) and Multi-Disciplinary Team (school) may form or engage existing partnerships with neighbouring state, community organizations, churches health centers, hospitals, and established health organizations like the Red Cross, Cancer Society of Jamaica, YMCA and local businesses to better address priority staff needs.

POTENTIAL FUNDING OPTIONS FOR THE STAFF HEALTH AND WELLNESS PROGRAMME

A small registration or membership fee may be charged to help offset some of the costs of Health and Wellness clubs or activities. A small investment may also help stem programme drop-out.

Funding allocation by The Jamaica Teachers Association and Ministry of Education and Youth may be available for needs-based assistance with treatment costs for medical/ mental health services. This assistance is to be managed by the Regional Multi-Sector Panel, chaired by the Senior Education Officer, Guidance and Counselling.

Corporate sponsorship is another potential source for funding. Businesses normally have specific criteria for their funding opportunities, which may include proximity to their geographic location, target populations and issues addressed (e.g. health promotion, education, disease prevention, health services). The school may need to develop proposal writing skills to match their staff health and wellness needs and ideas to the wider goals of potential corporate sponsors.

Fundraisers, which can be as simple as operating a healthy eating snack counter, doing a benefit performance or implementing other ideas can both raise money and awareness of health and wellness needs.

It is expected that Staff Health and Wellness programmes will be implemented in a mutually supportive environment that facilitates exchange of ideas and sharing of resources at the regional and national levels, including through the use of social media.

APPENDIX

Stakeholder Perspective and Responses

Six (6) Regional Consultations were held in each of the MOEY regions to obtain stakeholder input, feedback and recommendations regarding the proposed Integrated Service Delivery Framework for Support Services for Children in Schools and Institutions (ISD Handbook) and its accompanying Staff Health and Wellness Plan. The Consultation sessions were well attended, with approximately 191 participants representing Guidance Counsellors, Principals and Vice Principals, PTA and School Board Representatives, Teachers, Deans of Discipline, School Nurses, students and stakeholders from the child protection, youth engagement, faith-based community, health and justice sectors. All parishes and a wide range of communities participated.

A. Methodology & Facilitation Design

The Consultation process was designed to elicit responses from mixed groups of stakeholders on a number of key issues, primarily:

a) The number, type and severity of psychosocial and related issues facing children in schools.

b) The processes and steps to be used in providing children with psychosocial support services, with distinctions made (where appropriate) between low, medium and high-risk cases, and with the requisite forms and templates described.

c) Stakeholder reflections and recommendations on the structure and systems that will implement the ISD Handbook, particularly the scope of responsibilities and participants to include in multi-disciplinary teams at the school and regional levels.

d) Stakeholder mapping of and recommendations on key staff health and wellness issues.

Additionally a broad presentation on the draft ISD Handbook was made and general comments, questions and recommendations received from stakeholders.

B. Summary of Outcomes

There was general stakeholder support for the aims, scope and design of the ISD Framework and Staff Health and Wellness Plan, both of which were received with positive responses from a wide range of stakeholders.

Stakeholders raised concerns and questions regarding the sustainability of the ISD Framework including questions related to staffing arrangements; the role of Guidance Counsellors; the handover, case management and information sharing framework between schools and the Child Guidance Clinic and the availability of CPFSA and CISOCA personnel island-wide on a 24-hour basis.

Most of the top issues identified by participants as impacting children in schools were psychosocial in nature. Participants were also more likely to identify psychological and social issues – everything from the impact of their parents' poverty to ADHD, Autism, developmental disorders to suicidal tendencies, depression or trauma and grief – as requiring referral to external agencies. The other set of issues likely to be referred were crimes or activities that fall within the definition of mandatory reporting under the Child Care and Protection Act.

Inputs from participants in large part validated the design of step by step processes to be taken in response to low, high and medium risk cases, as outlined in the ISD Handbook. The participants' feedback will be used to redefine a new set of forms to be used in processing each case from Screening and Intake to Investigative, Case Management, Evaluation, Referral and other processes.

There were specific inputs in the structure of multi-disciplinary teams at the institutional and parish level, with the most common recommendation being that parents and communities should be included in the process, either as members of the review teams or as resources for provision of support services to children. This is particularly important for schools that do not have Guidance Counsellors or other support service personnel, for which special policies and protocols may be needed.

A number of recommendations were made in relation to Staff Health and Wellness programmes and strategies, and participants shared ideas for sustaining these with inputs from the community, as well as from the support service professionals within the school or its partner agencies. The importance of partnering with the health sector was often underscored, as many of the issues identified as impacting staff surround stress and Non-Communicable Diseases.

STAKEHOLDER PERSPECTIVES AND RESPONSES

C. Summary of Recommendations

The main recommendations that have emerged from this process are focused on:

- Ensuring that personnel are adequately trained in the use of the Handbook, as well as corollary skills such as Case Management;
- Conducting wide-scale public education and sensitization to gain buy-in;
- Developing revised forms and keeping same under review to ensure that any issues that arise during implementation are appropriately addressed;
- Reviewing the personnel needs required to sustain support services in all schools, including implementing an appropriate ratio of counsellors to students and bringing more social workers on board; and
- Institutionalizing a monitoring and evaluation process for this and related intervention and support systems in schools (SWPBIS, EDSI) to track effectiveness over time and share success stories broadly among all schools.

CHILDREN'S PERSPECTIVES

Consultative exercises were also held with children participating in MOEY's youth camps during the summer of 2018. Participating children ranged in age from 12 to 14 years old and hailed from both traditional and non-traditional high schools in rural and urban communities in the parishes of Kingston, St. Andrew, St. Catherine, Clarendon, Manchester, St. Elizabeth, St. Ann, Trelawny and St. Thomas. Two groups were convened, comprising 19 females and 18 males, respectively.

The discussions with children honed in on the main negative behaviours experienced or observed by them and explored the types of interventions that could be used to counteract or change each. Children were invited to choose from among a) classroom activities implemented by teachers, (b) special school interventions implemented by Guidance Counsellors, (c) community-based activities that focus on the homes.

The discussion focused instead on the pros and cons of various approaches, with both male and female groups underscoring two factors:

- The importance of starting in the home/involving the parents. The following statement was used by two different children in each of the groups:

  "Yuh haffi learn fi dance a yard before yuh dance abroad"

  Children further explored the futility of addressing negative behaviours in the school if these were being promoted or accepted in the homes. A common example was when parents used violence (verbal or physical violence against their own children, other children or teachers/staff) as a means of settling disputes on or near the school compound.

- At multiple points in both discussions children noted the importance of teachers exemplifying the behaviours expected of children. Verbal abuse (including use of indecent language) and physical abuse were the two examples given by both girls and boys. One student challenged the notion of teaching students to respect each other when teachers treated them in a manner they felt was disrespectful.

There were mixed responses regarding the effectiveness of Guidance Counsellors and it was agreed that this depended on the competence of the individual Guidance Counsellor. Some students could identify effective guidance programmes from which they had learned important life skills.

Some students showed an awareness of community-based/tertiary programmes that they felt had some effectiveness among their peers. Examples given were Child Guidance and CPFSA programmes.

A. Children's Recommendations for Improving Behaviour and Values in Schools

Students were asked to provide their top strategy for changing behaviour within their own schools. The responses given (in no particular order) included:

- Engaging the student body in a change process (communicating with students, involving students in solving problems etc.)
- Following up on students beyond the school environment (e.g. PATH programme)
- Consistency in punishment and reinforcement of rules
- Use of Psychologists, Behaviour Change Programmes and CPFSA Programmes
- Giving incentives or positive attention to students
- Having structured discussions with students
- Teaching anger management skills

- Having fewer students in each class
- Improving school security (e.g. effective fencing)
- Build respect and change teachers' attitudes

B. Implications for Revision of System of Care Implementation Guide

1. The design and implementation of school-based strategies should incorporate a 360-degree analysis of the school environment, engaging children in identifying and prioritizing both problems and potential solutions. Solutions identified by children should be integrated in school strategies, in order to validate and empower their participation in problem-solving.
2. It is critical that staff AND parents/community reflect on any adult behaviour that may contribute to, enable or encourage unwanted behaviours and values in children, and discuss how they can adjust their responses to build the school culture that they wish to see.
3. The connection between school and home is an important factor in engaging children in positive behaviour changes and strategies that build partnership between the school and parents should be explored.
4. Systems of Care should establish clear protocols for parents to address real and perceived breakdowns in student discipline/complaints against other students, teachers or parents and a system of redress for proven breaches in duties of care. Parents should face some consequence to bringing violence into schools, whether this is targeted towards teachers, other students or their own children.
5. Each school should have a clear idea of the negative behaviours they are seeking to prevent and the positive behaviours they are seeking to promote. A core of preventative and promotional strategies should be agreed with input from the student body and PTA, with each group of participants identifying their role and contribution towards building the right school culture.
6. A facility safety and security plan should be integrated in each school's strategy, with information from children used to target areas of greatest risk (bathrooms, underused buildings, secluded areas in or around school compounds etc.).

Record of Participants

Record of Participants by Region and Position or Organisation

POSITION/ORGANISATION	REG 1	REG 2	REG 3	REG 4	REG 5	REG 6	TOTAL
Guidance Counsellor/ Guidance Committee	13	8	11	11	7	5	**55**
Student		7		5			**12**
Principal/Vice Principal	6	2	3	5	4	4	**24**
PTA Representative		1	1		1		**3**
Dean of Discipline	1	2		5	5	2	**15**
Dean of Students	1			1			**2**
Social Worker	7	1	1	2	1	2	**14**
Registered Nurse		2	1	2	2	1	**8**
Parish Field Officer (NYS/Heart Trust)		1					**1**
Probation Officer		1				1	**2**
Volunteer		1					**1**
Women's Centre of Jamaica Foundation		1		1		1	**3**
Director Parenting Support & Behaviour Change	1						**1**
Regional Director - Victim Services Division, MOJ	1						**1**
Legal Assistant	1						**1**
Regional Manager, National Council on Drug Abuse	1			1	1		**3**
Drug Court Counsellor, NCDA	1						**1**
Drug Court Coordinator, NCDA	1						**1**
SAO, NCDA						1	**1**
Programme Director, Child Resiliency Programme VPA	1						**1**
Psychologist	1			2			**3**
JCF (Sgt, Inspector, DSP)	3						**3**
MOEYI (ACEO, SEO, GCEO, CREO)	3				1	1	**5**
Deputy Registrar, National Children's Registry	1						**1**
Administrator, Alpha Institute	1						**1**
CEO, Counselling Agency	1						**1**
Director, Administration, Family Life Ministries	1						**1**
Teacher/ HOD			1	1	1		**3**

Record of Participants (Cont.)

POSITION/ORGANISATION	REG 1	REG 2	REG 3	REG 4	REG 5	REG 6	TOTAL
Mental Health Officer				2			**2**
Case Manager				1			**1**
Parenting Coordinator, National Education Trust				1			**1**
School Board Chair				1	2		**3**
Children's Officer			1				**1**
Health Education Officer - Health Department			1				**1**
Special Needs Coordinator, MOEYI					1		**1**
Consultant, MOH					1		**1**
ECD Supervisor, Early Childhood Commission					1		**1**
Admin, Dispute Resolution Foundation						2	**2**
President, Ministers Fraternal						1	**1**
Other	2			5		1	**8**
TOTAL	**48**	**27**	**20**	**46**	**28**	**22**	**191**

Student Record Forms

MINISTRY OF EDUCATION & YOUTH
GUIDANCE & COUNSELLING UNIT

REFERRAL FORM

1. **IDENTIFICATION** **School Information**

Referred to: .....

Referred by: ..... Date of Referral: .....
(Name/Title)

Student's name: ..... Date of Birth:.....

Sex: ..... Name of School: .....

Grade: ..... Address of School: .....

Telephone: ..... I.D. No. *(if applicable)* .....

2. **Home Information**

Person(s) with whom student lives: .....

Relationships: .....

Home Address: ..... Tel#: .....

Work Address: ..... Tel#: .....

Name of Parent(s):

.....

Home Address: ..... Tel#: .....

Work Address: ..... Tel#: .....

3. **REASONS FOR REFERRAL:**

Tick those that apply

☐ Health related	☐ Job Placement	☐ Psychological Testing
☐ Mentorship	☐ Education Testing	☐ Physical Abuse
☐ Sexual Abuse	☐ Financial Assistance	☐ Training
☐ Juvenile Offenses	☐ Parental Neglect	☐ Other *(specify)*

.....
.....

4. **DESCRIPTION OF PRESENT PROBLEM(S):**

.....
.....
.....
.....
.....
.....

5. **STEPS PREVIOUSLY TAKEN: (Interventions)**

(1) .....
.....
(2) .....
.....
(3) .....
.....

6. **COMMENTS:**

.....
.....
.....
……..
……...

Signature: ..... Date: .....
(Referee)

Signature: …….. *Date:*…….....
(Parent/Guardian)

Affix school stamp

MINISTRY OF EDUCATION & YOUTH
GUIDANCE AND COUNSELLING UNIT

HOME VISIT FORM

1. IDENTIFICATION

1) Name of Student……. 4) Date of Birth……..
2) Name of Institution …….
3) Grade/Form ……

2. PURPOSE OF VISIT

☐ Regular ☐ Special
☐ Absenteeism ☐ Underachievement
☐ Discipline ☐ Financial
☐ Other ……

Comments …….

……

3. PERSON CONTACTED

☐ Mother ☐ Father
☐ Grandmother/Father ☐ Older Sibling
☐ Younger Sibling ☐ Other

4. Date of Visit ……. Time ……..

5. Visit Number ……

6. Comments …….....

……
……
……

MINISTRY OF EDUCATION&YOUTH
GUIDANCE & COUNSELLING UNIT

CLIENT INTAKE FORM

NONE OF THIS INFORMATION WILL BE SHARED WITH ANYONE WITHOUT YOUR CONSENT

School: .....

Name of client:..... **Grade** .....
Name of person (s) with whom students lives:

.....
.....
.....

Home address: .....
.....

Telephone number: .....

Form Teacher: .....

I. **PERSONAL DATA**

Sex ..... **Date of birth** ..... **Age**.....

Position in family .....

Place of birth ..... **Religion/Denomination** .....

Disability (if any) .....

Weight .....

Height .....

Health related problems .....
.....

Are you on any medication? .....

Personality Characteristics

The student appears to be:

Tick the traits, which you feel apply to the client:

Friendly cheerful, good-natured, [ ]

Jealous, quick-tempered, stubborn [ ]

Slow, submissive, sad, [ ]

Patient, tolerant, calm, capable, [ ]

Excitable, talkative, lovable, [ ]

Nervous, in poor health, 'loner', lonely [ ]

Any other information that would be helpful: .....
.....
.....
.....

II. **FAMILY DATA**

Father's name..... Occupation .....

Address .....

Mother's name..... Occupation .....

Address .....

Person with financial responsibility .....

Address .....

No. of brothers..... No. of sister .....

No. of family members attending this instruction .....

To whom do you relate at home .....

III. **HEALTH AND MEDICAL INFORMATION**

Have you been diagnosed with any medical condition? ☐ Yes ☐ No

If yes, what are these conditions.....

.....

Are you on any medication ☐ Yes ☐ No. If yes, what are these .....
.....

Name of medical doctor .....

IV. **EDUCATION DATA**

Previous schools	Dates attended

Area of specialization .....

Favorite subject(s) .....

Difficult subject(s) .....

What do you plan to do after leaving school .....

.....

V. **SPARE TIME ACTIVITIES**

What do you like to do in your spare time?

(a) Hobbies .....

(b) Sports

.....

(c) Group activities .....

(d) Clubs .....

VI. **FUTURE OCCUPATION**

What occupation would you like to pursue ?

1st choice .....

2nd choice .....

3rd choice .....

Reasons for choices made: .....

.....

.....

VII. **PURPOSE OF VISIT**

What problems/concerns would you like to discuss with the Counsellor:

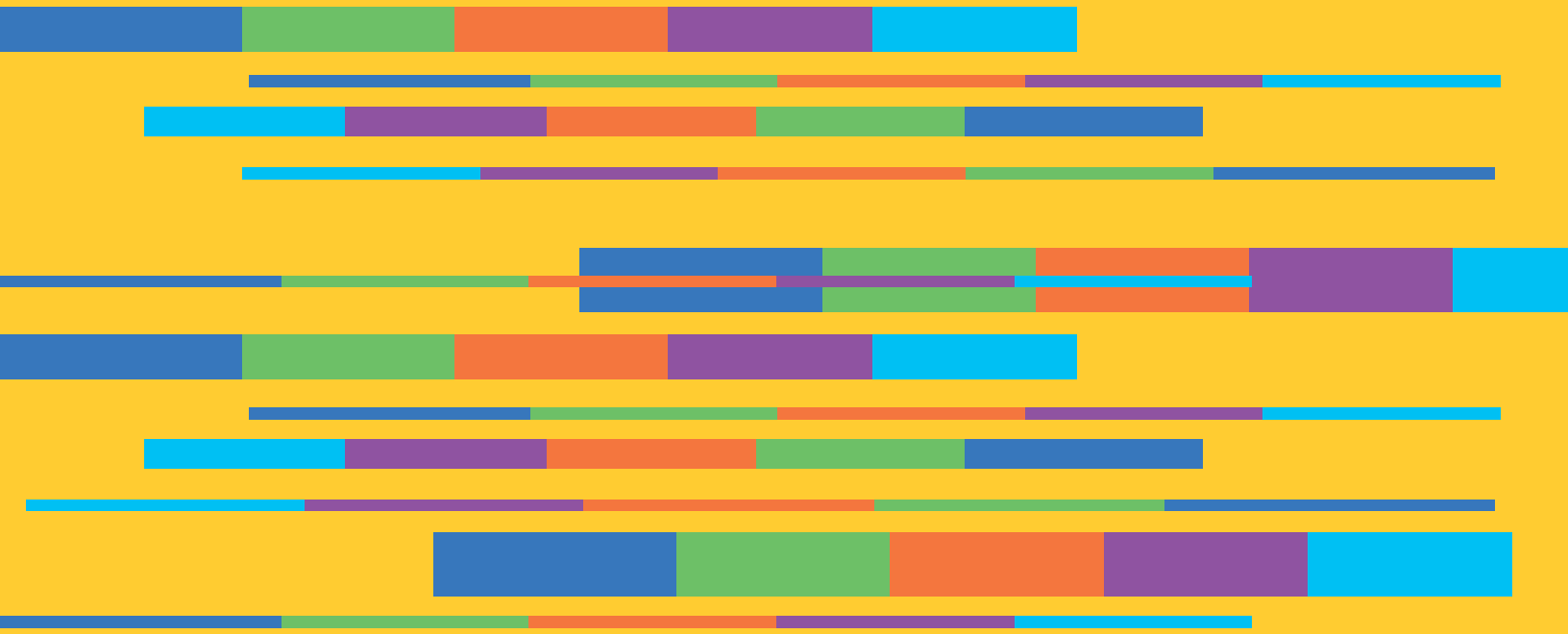
(Tick the one(s) that are appropriate).

(a) Educational plans	[ ]	(b) Personal Finance	[ ]
(c) Relationship with others	[ ]	(d) Job Prospects	[ ]
(e) Health	[ ]		

(f) Other (please specify) .....

Notes

Notes



‘To expand access to child-friendly support services
and foster wholesome child development’

SWPBIS

MINISTRY
OF
EDUCATION, YOUTH & INFORMATION
Every Child Can Learn, Every Child Must Learn

unicef
for every child