

A scarce resource

Donna Koolmees reflects on her contribution to developing occupational therapy practice in Jamaica

In February 2007, I embarked on a new challenge working as a paediatric occupational therapist for the Commonwealth Secretariat in Kingston, Jamaica. I initially started work at the Mico University College CARE Centre (Child Assessment in Research and Education). The national centre is responsible for assessment of children who are identified as not managing in school.

With a dynamic team of clinicians, including special educators, school psychology, social work, nursing and speech therapy, children are assessed to identify their level of ability to enable the team to make recommendations on strategies for learning and the most appropriate school placement. OTs had been included in the team since its inception in the 1980s, however the centre had a history of not being able to recruit a therapist. The centre last had an OT five years ago.

OTs in the Caribbean islands are scarce. There is no existing training programme in the Caribbean region, so individuals train overseas. OTs may decide not to return to the region. If they do, government positions are limited, with meagre salaries, so it is common for therapists to work in private practice. This often means many people do not access the services since they do not have the resources to pay for it privately.

Adding the dimension of OT to the CARE centre assessment led to increased identification of children with motor co-ordination disorders, sensory integration issues and cerebral palsy, often missed by the team. Children were able to attend therapy classes while attending remedial intervention with special educators.

Focus at the centre was mainly to provide intervention for children with learning difficulties rather than intellectual disability. However, a large number of children were identified as having intellectual disability and were referred to the schools of special education. This created a challenge, as schools could not meet the demand, with waiting lists between two to five years, dependent on the school location.

The Jamaican education system continues to operate a special education

policy segregating students with special needs. Inclusive education policy has not been adopted. Throughout the island there are five main school sites with 22 satellite learning centres operated through a partnership with the Ministry of Education and the Jamaican Association on Intellectual Disabilities (JAID).

After two years at the CARE centre I moved to work with JAID, with the ambitious task of training teachers in the schools of special education throughout the island. This was a significant development, being the first ever OT to work with the schools. It was a busy year with a demanding workshop schedule and regular school visits to work within the classrooms to build the capacity of teachers.

Teachers had a high level of need, so the training programme covered a broad area of topics including inclusive physical education, teaching the alphabet, sensory processing and behaviour, remediation of fine motor and handwriting difficulties, and cerebral palsy.

Students with physical disability were excluded from participation in class and left to observe the lesson, as the teacher had no idea how to include them and adapt activities. Contributing to this was inaccessible school buildings, lack of equipment and attitudinal barriers.

Teachers often felt that students with physical disability had no potential. One success story included a young boy showing his ability to type – hence demonstrate his cognitive abilities – by providing an alternative keyboard and mouse in combination with a communication aid. Teachers had no knowledge of these devices

and thought the boy was ‘severely retarded’ since he could not talk. He was actually very bright and within a term was acknowledged by the teacher as being the highest achiever in the class.

Work was not without its challenges. Many students have no access to therapy or medical intervention. Finding appropriate wheelchairs was very difficult, with students often positioned poorly, or using a chair of the wrong size or damaged from wear and tear with parts missing, but managing, as it was ‘all they could get’. Small things meant a lot, with one boy proudly wearing his new gloves rather than suffering sores on his hand from using his wheelchair.

While challenging, it was a very rewarding year and I was very sad to leave Jamaica in March 2010. However I leave feeling I have made a contribution to the development of the profession and establishing a role for OT in the special schools.

The Ministry of Education and a local funding agency acknowledged the need by providing financial support for JAID to recruit an OT. Unfortunately this still has not been fulfilled by the lack of available therapists. Students with disabilities have increased participation in school life whether during physical education, in the computer lab, independence in personal care or being more involved in day-to-day classroom activities and quality learning experiences.

It is important to acknowledge the OT associations for advocating the need of OT and a training programme in the region. I experienced an immense team spirit within the Occupational Therapy Association of Jamaica (OTAJ) and the Association of Caribbean Occupational Therapists (ACOT) and worked closely with OTAJ to produce a code of ethics, standards of practice, standards of supervision and strategic plan for the next five years.

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