Evaluation of a Community Organization Serving Children and Adolescents in Jamaica

by

Leslie Yaffa

An Applied Dissertation Submitted to the Fischler School of Education and Human Services in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

Nova Southeastern University
2008
Approval Page

This applied dissertation was submitted by Leslie Yaffa under the direction of the persons listed below. It was submitted to the Fischler School of Education and Human Services and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Mia Holland, EdD
Committee Chair

__________________________  ______________________
Date

Thomas Kennedy, PhD
Committee Member

__________________________  ______________________
Date

Maryellen Maher, PhD
Executive Dean for Research and Evaluation

__________________________  ______________________
Date
Acknowledgments

I would like to thank all the children and adolescents who have contributed to my professional and personal life. You humbled me and helped to “keep me real.” To the Graduate Fellows: Benita, for keeping me out of trouble, Kim, for the utmost integrity, and Arna, for just being you—thank you for the friendships for life! Thank you, Dr. Mia Holland, my dissertation chair, for making this topic come to life. You have contributed to a long-time passion, and because of that, change will happen. An exceptional thank you goes to Dr. Delores Smiley, a collaborator and a mentor to many.

To my parents, Liliane and Frank Yaffa: You are the best friends any woman could have! Thanks to my sister and brother-in-law, Randi Yaffa-Sabino and Michael Sabino, for creating the best branch on my family tree, Ty Sabino! To Ray, Theresa, Khaddy, and Ray Jr. Henry, thanks for always thinking of me as family, in Jamaica or elsewhere. You are my family and a big reason why this dissertation is complete! To my adopted children, Natalie, Jackie, Sammy, and Corrine, you are proof that if you reach for something, you can get it. Much thanks to Jorge and Lydia Rivera, who kept me fed and safe while I wrote. To all my friends, particularly Flora S. Marcello and Sonam Dolma, who listened and encouraged: The “out of box” thinkers and scholars will rule the world!

To Mrs. A. Collier at the YWCA in Jamaica, thank you for entertaining my passion and long-term commitment to change for children and adolescents in Jamaica. Lastly, to Granny, Ms. Freda Riddell, who did not get to see this completed: Your love for your country was a stellar example of why Jamaica is so great. Thank you for schooling me never to take “no” if you want change. Every time I see a rainbow I know you are looking out for me, and I will continue to go to Jamaica to contribute till changes occur! ‘Nuff respect for your little island in the sea.
Abstract


This study was designed to evaluate a community organization serving children and adolescents in Jamaica. The short-term goal of this project was to offer recommendations to the community organization. The intermediate goal was to enhance services in order to improve child and adolescent outcomes. Three research questions formed the framework of the study:

1. How effective have child and adolescent services been in this community organization?

2. How do child and adolescent services in this community organization influence the community?

3. Are children and adolescents benefiting from services in this community organization?

The study used an improvement-based, summative evaluation designed to focus on program enhancement and expansion. The goal of this evaluation was to address the applicable research questions by using a quasi-experimental methodology, utilizing in part an interrupted time-series design. This design highlighted factors of present trends for child and adolescent services in this community organization and provided an analysis to impact and enhance those same services in the future.

Survey participants were 25 youth aged 16–18 associated with the community organization; 25 parents and guardians; and 25 educators, administrators, and community members. Recommendations included suggestions for increasing social programs, for increasing the impact of social programs on this inner-city community, and for exploring an approach to programming that benefits children and adolescents from this community.
# Table of Contents

Chapter 1: Introduction ........................................................................................................ 1
  Description of the Organizational Setting ................................................................. 1
  Nature of the Problem ................................................................................................. 3
  Background and Significance of the Problem .......................................................... 4
  The Purpose of the Project ......................................................................................... 5
  Research Questions .................................................................................................... 6
  Definition of Terms ..................................................................................................... 6

Chapter 2: Review of Related Literature ........................................................................ 8
  Introduction .................................................................................................................. 8
  Services ....................................................................................................................... 8
  Service Areas and Interventions ............................................................................... 12
  Programs and Social Environments ......................................................................... 14
  Overview of Jamaica and Services for Children and Adolescents ....................... 18
  Summary .................................................................................................................... 23

Chapter 3: Methodology .................................................................................................. 25
  Participants .................................................................................................................. 27
  Procedures ................................................................................................................... 27
  Instruments .................................................................................................................. 28
  Data Analysis ............................................................................................................... 29
  Timeline ....................................................................................................................... 30

Chapter 4: Results ............................................................................................................ 32
  Results for Research Question 1 .............................................................................. 32
  Results for Research Question 2 .............................................................................. 35
  Results for Research Question 3 .............................................................................. 37
  Summary of Survey Results ...................................................................................... 40

Chapter 5: Discussion ....................................................................................................... 42
  Overview of Applied Dissertation ............................................................................ 42
  Research Questions ..................................................................................................... 43
  Implications of Findings ............................................................................................. 45
  Limitations ................................................................................................................... 46
  Assumptions ................................................................................................................ 47
  Recommendations ....................................................................................................... 47
  Conclusion ..................................................................................................................... 50

References ....................................................................................................................... 52

Appendixes
  A  Children and Adolescents in Jamaica Evaluation Survey I—Youth ............... 56
  B  Children and Adolescents in Jamaica Evaluation Survey II—Adults .......... 59
Tables
1  Descriptive Statistics for Survey Items Related to Research Question 1: Effectiveness .................................................................33
2  Percentage of Respondents Agreeing or Strongly Agreeing to Survey Items Related to Research Question 1: Effectiveness ........................................33
3  Analysis of Variance Mean Comparisons of the Three Stakeholder Groups ......................................................................................35
4  Descriptive Statistics for Survey Items Related to Research Question 2: Community Influence .................................................................36
5  Percentage of Respondents Agreeing or Strongly Agreeing to Research Question 2: Community Influence .......................................................37
6  Descriptive Statistics for Survey Items Related to Research Question 3: Benefit .........................................................................................38
7  Percentage of Respondents Agreeing or Strongly Agreeing to Survey Items Related to Research Question 3: Benefit .................................................................39
8  Overall Means and Percentages of Respondents Agreeing to the Survey Items ..................................................................................41
Chapter 1: Introduction

Description of the Organizational Setting

The setting for this applied dissertation study was a community organization located in a well-known, southern part of a large, inner-city community in Jamaica. Children and adolescents living in the inner city of Jamaica face the harsh realities associated with the poverty and physical decline of the community (United National Children’s Fund [UNICEF] Jamaica, 2007). In 2003, Jamaica’s total population was approximately 2.65 million, of which 977,000, or 37%, were children and adolescents under the age of 18, half of whom lived in poverty (World Bank, 2003). Overall, despite declining growth rates, the level of all inner-city investment in social resources and services over the past three decades has not kept pace with the demands of supporting the basic needs of children and adolescents (World Bank, 2003). Consequently, children and adolescents have poor access to housing, education, employment opportunities, social services, and basic amenities (Aleph, 2002; Black, 2001; UNICEF Jamaica, 2006). This lack of essentials for children and adolescents weakens their opportunities to grow in secure foundations that generate emotional, social, and economic development (World Bank, 2004).

Living circumstances for children and adolescents have deteriorated to a deprived level (UNICEF Jamaica, 2006). Socioeconomic conditions in the community under study continue to contribute to high unemployment, intimidating levels of criminal activity, and disproportionate poverty (Black, 2001; United Nations, 2006). Conditions in this inner-city community are also complicated by political tribalism, subcultures, and turf wars, which in turn have led to physical destruction of the area and stigmatization and victimization of residents by the wider community.
The community organization under study has become a catalyst for changing outcomes for children and adolescents who otherwise would have been socialized into accepting that little or nothing could be done for them inside their communities (Newburn, Shiner, & Young, 2005). Furthermore, this community organization has created a sense of hope for children and adolescents (UNICEF Jamaica, 2007). Nonprofit agencies in Jamaica receive very little government funding and have limited resources to serve the communities that need them the most (UNICEF Jamaica, 2006). The nonprofit sector and nongovernmental organizations (NGOs) are evidently a vital movement in the community and in the lives of children and adolescents (Peer Assistance and Leadership, 2004).

This community organization was established in 1855 in Great Britain in reaction to the need to access safe housing, skill development, Bible study, and formal support groups for women (Rice, 1947). Although the community organization was founded by Christian women, it serves people of all faiths and backgrounds. By 1894, the community organization that had started in Great Britain had spread to several countries, sharing a commitment to peace, justice, freedom, and dignity for all people (Rice). This organization is one of the first independent international women’s organizations in the world. Today, the community movement is credited for mobilizing women, children, and adolescents, particularly girls, to change in 22,775 local communities of 122 countries (Rice).

Programs for children and adolescents in this community organization have been active in Jamaica since 1923. Part of the community organization’s mission is to meet the social, physical, emotional, and spiritual development of children and adolescents, particularly young women, in the community and on the island. This community
organization is well respected in this inner city and offers a variety of child and adolescent programs, such as the school leavers’ institute, support groups, and summer camps. The program’s aim is to provide the following three services on limited resources for children and adolescents:

1. Improve the environment where children and adolescents live.
2. Provide programs that enhance the development of children and adolescents.
3. Promote participation in services that will develop the lives of children and adolescents.

Although theoretically children and adolescents are given priority in Jamaica’s national documents and policies, allocation of resources has not been proportionate to the expressed objectives and has dwindled slowly over generations (Black, 2001; UNICEF Jamaica, 2006). This lack of resources is in part due to the systemic and complex nature of governmental practices (UNICEF, 2004).

Nature of the Problem

The problem this study addressed is the lack of accountability pertaining to existing services and resources provided to children and adolescents in this inner-city community organization in Jamaica. The conditions noted above have the potential to disturb the process of positive child and adolescent development (Lerner, Alberts, Jelicic, & Smith, 2006). Children and adolescents from this area appear not to be the problem but are the byproducts of their micro and macro environments, which have produced negative consequences for services (World Bank, 2003).

The Jamaican government has formulated a vision for services initiated by various government groups to be in place by 2015. According to the National Youth Policy (National Center for Youth Development, 2003), this vision includes the
following:

A prosperous and dynamic Jamaica which upholds the fulfillment of human rights, dignity for all persons, and builds continual social progress based on shared values and principles of partnership. Minds are transformed and extraordinary results are produced in the most caring and secure countries in the Americas, where individuals fulfill their potential, are in control of their destiny, take responsibility for their lives and work always for the larger good. (p. 2)

In accordance with this vision, service program development and child and adolescent advancement can be achieved collaboratively through partnerships that take into consideration welfare and environmental needs and that create communities in which children and adolescents in Jamaica can thrive (National Center for Youth Development).

**Background and Significance of the Problem**

Theoretically, children and adolescents are given high priority in Jamaica’s national polices and plans, but resource allocation has not been proportionate or adequate (United Nations, 2006). A 2005 budget analysis estimated the allotment for children and adolescent services was only 10.68% in 2004–2005 and slightly higher at 10.87% in 2003–2004 (UNICEF Jamaica, 2006). This form of social exclusion should be reversed if children and adolescents are to survive, develop, participate, be protected in their communities, and be part of Jamaican society (UNICEF Jamaica, 2006).

Community leaders, organizations, and advocates have exhibited a strong drive to organize, mobilize, effectively lead, and participate in the renewal and redevelopment of services for children and adolescents. It is the desire of the community to hold the Jamaican government accountable for adhering to policies and plans that have been set forth in national documents (UNICEF Jamaica, 2007). This mobilization on the part of the nonprofit sector appears to be the one positive force in this community (UNICEF Jamaica, 2004). Community leaders, organizations, and advocates have been a part of the
community for decades, while business and commerce have been moving out of the inner cities, further contributing to the decline in residential life (World Bank, 2004).

A review of the circumstances and the significant feedback from adolescents, parents and guardians, and community leaders recognized the existing child and adolescent services in this community organization and acknowledged the demand for basic programs (World Bank, 2004). Community leaders have explained that having access to cost-effective, community-based initiatives will provide the basis for the standards, work ethics, patriotism, and discipline for which Jamaicans of past generations have been recognized (Thomas, 2005; World Bank, 2004). Moreover, this evaluation has provided an understanding of the emotional, social, and economic needs for children and adolescents in this community (Thomas; UNICEF Jamaica, 2005). The aforementioned service concerns made an evaluation a reasonable proposition for this inner-city community organization (Stufflebeam, 2002).

The Purpose of the Project

The purpose of the study was to evaluate services that are provided to children and adolescents from one community organization in Jamaica. The short-term goal of this project was to offer recommendations to the community organization. The intermediate goal was enhancing services in order to improve child and adolescent outcomes (or impact of the organization on the community). Thompson (2006) indicated that it is vital to comprehend the trends that influence children and adolescents in order to improve overall services. In North America services for children and adolescents have skyrocketed because of concerns about at-risk behaviors (Buckley & Zimmermann, 2003). To prevent further occurrences of increased poverty, alcohol and drug abuse, violence, suicide, unemployment, and family dysfunction, strategies must be addressed in
a preventive way.

The process of this evaluation presented data and outcomes that support the need for cohesive child and adolescent services (Villarruel, Perkins, Borben, & Keith, 2003). The impact and benefits of those services guided this study and provided the assessment of services needed for this inner-city community organization in Jamaica (Stufflebeam, 2002). This community-based organization is a relevant and historical part of the neighborhood, and staff understand the comprehensive needs of the child and adolescent population. The evaluative approach correlated well because of its systemic framework and was selected because it related with the different aspects of the organization’s child and adolescent services development process. The data from this evaluation have provided the basis for follow-up studies and will be used to develop long-term outcomes for this population (Stufflebeam).

Research Questions

The following three research questions formed the framework of the applied dissertation research study:

1. How effective has child and adolescent services been in this community organization?

2. How do child and adolescent services in this community organization influence the community?

3. Are children and adolescents benefiting from services in this community organization?

Definition of Terms

The researcher has defined the following terms in her own words for the purposes of this applied dissertation.
Culturally specific or ethnically specific refers to services that are designed to work with or for a target population.

Inner city is a densely populated part of a larger city and a term often applied to the poorer parts of the city. Inner city is often used as a euphemism with the connotation of being an area, perhaps a ghetto, where people are less educated and not as economically secure.

Multisectoral refers to collaboration between community components that strengthens a community’s capacity to address important issues by weaving together the skills, resources, networks, and knowledge of the government, business, voluntary sectors, and low-income community leaders.

Social programming is a resource and initiative supported by appropriate financial and governmental institutions that benefits the growth and development of children and adolescents.
Chapter 2: Review of Related Literature

Introduction

The review of relevant literature is divided into four sections. The first section focuses on the concept of services for children and adolescents. The aim of this section of the review was to stimulate an awareness of the issues regarding children and adolescents and to encourage an understanding of services related to them. The second section is a review of service areas and related interventions. The next section reviews literature regarding services and social environments. The last section summarizes services in Jamaica for children and adolescents and the practical implications for delivery of those services.

Services

A review of the relevant literature indicated that overall services for children and adolescents have become scarce, and investment choices must be made to maximize returns for better services (Karcher & Lindwall, 2003). Services that provide health-related programming yield excellent results for children and adolescents (UNICEF Jamaica, 2005). Much of the literature (e.g., UNICEF, 2005) has explained that healthy children and adolescents reduce many of the pertinent risk factors (substance abuse, HIV/AIDS, etc.). Children and adolescents need access to health care to have healthy environments. The interconnectedness between health and related factors remains obvious for most children and adolescent services. The government in Jamaica has recognized this interconnectedness, though health programs and services overall seem to be poorly funded and weak (UNICEF Jamaica, 2005). However, UNICEF Jamaica (2007) reported that Jamaica has begun offering its youngest citizens free health care. Jamaica’s prime minister has established a program in which Jamaicans aged 18 and
under will be treated free of charge at the island’s public hospitals and clinics (UNICEF Jamaica, 2007). The free program will cost between $5.2 million and $7.4 million annually (UNICEF Jamaica, 2007).

Yet, looking beyond health needs, there is a need for expansion of services that collaborate with the community sector, such as schools, governmental organizations, NGOs, and community organizations (United Nations, 2006). Encouraging collaboration in communities strengthens the understanding of the multiple issues, increases involvement, gives voice to the voiceless, and allows for multiple perspectives to be heard on a variety of issues (World Bank, 2003). With the capacity to collaborate about issues, a multisectoral response will develop coordination for better service delivery (Leadbeater et al., 2006). Increasing multisectoral responses will benefit and expand coverage to children and adolescents and their communities (Leadbeater et al.). This form of service delivery will enhance the power of programs and move towards a model of service that is seamless. Simply, the world wants all children and adolescents to live full and healthy lives, with their rights secured and protected (UNICEF, 2007). In an ideal world with committed services and resources, all infants would start life healthy; all young children would be nurtured in caring environments; all children, including the poorest and most underprivileged, would complete a basic education of good quality; and all adolescents would have the prospect to develop fully and participate in their societies (UNICEF, 2007).

The United Nations has developed and committed to a resolution entitled A World Fit for Children (as cited in United Nations, 2004), in which the multisectoral goal appears to be clear. Services must reflect the rights of children and adolescents, their developmental needs, sensitivity to cultural differences, and effective practices in
organizing services. The resolution discusses supportive and seamless initiatives, which are the key to bringing together services for children and adolescents and the basics that need to be sought: nutritious food, clothing, and shelter (UNICEF, 2007). The United Nations (2004, 2006) anticipated that services in many countries will establish action plans based on the A World Fit for Children resolution to ensure that the targets and benchmarks of basic needs are being achieved. Governments are encouraged to account for key issues and priorities for children and adolescents in their own countries as well as relevant cultural, religious, and social traditions (Canino & Spurlock, 2004).

White and Wyn (2004) supported the idea that needs far outweigh most countries’ resources for services allotted to children and adolescents. Service initiatives for children and adolescents often become convoluted by political, social, and economic agendas and misplace the basic understanding of need. Despite these challenges, communities must move towards accountability and engagement if services are going to address the deficit (Wandersman et al., 2006). Engaging children and adolescents as partners whose input is important in the strengthening of services in communities and countries is vital. Often, children and adolescents have been placed in the background of their own villages (Voisin, 2007). Older children and adolescents often run their households, caring for their younger siblings or ailing family members, and many work long days in factories and in fields. Children and adolescents are in effect the villages in many countries and communities (UNICEF, 2007). Organizations should include children in the process of gaining experience through services and let them hone their skills and knowledge, so they can have meaningful influence on decisions that impact their lives (Schubert, 2007).

Jamaica relies on a collectivism that takes into consideration the needs, objectives, and values of the group, as opposed to those of the individual (UNICEF
Partly because of a lack of resources, members of the community are interdependent, and children and adolescents participate in that collectivism, which sets forth the village approach to service delivery (UNICEF, 2005). Organizations such as UNICEF Jamaica (2004) recognize and value the collectivism by assembling services that include all groups in the population.

Due to the onset of violence in the inner cities in Jamaica, programs facilitated by UNICEF Jamaica (2006), such as the Dispute Resolution Foundation, have recruited 92 young people to act as peace facilitators. The primary aim for this foundation is to equip young people with the knowledge, skills, and experience to mediate conflicts and promote peace among their peers, thereby promoting proactive, prompt, and positive ways to dealing with conflict at the community level (UNICEF Jamaica, 2006). Many organizations working in developing countries espouse the power of partnership and realize the value of children and adolescents as partners when they develop services. The United Nations (2004) stated, “A world fit for children is one in which all children, including adolescents, have ample opportunity to develop their individual capacities in a safe and supportive environment” (p. 92).

Progress by many service providers has been made in recent years towards encouraging and institutionalizing the participation of older children and adolescents beyond the occasional meeting or media event (Lerner et al., 2006). UNICEF (2007) is one organization that integrates children, adolescents, and services and wants to build partnerships. Participation means meaningful relationships with children and adolescents even at high-profile events like the United Nations Youth Leadership Summit (UNICEF, 2007).
Service Areas and Interventions

Overall, the literature focused on four main service areas for children and adolescents: (a) promotion of healthy lives; (b) free quality education; (c) protection against abuse, exploitation, and violence; and (d) the battle against HIV/AIDS. The concerns for children and adolescents remain overwhelming for all countries, and the need for services is staggering (Best, 2007). Yet, progress has been made in the last couple of decades to provide children and adolescents with the necessities to become healthy members of society. In every region of the world, countries are moving forward with a diverse range of programs focusing on issues related to their population (Chen, Greenberger, Farruggia, Bush, & Dong, 2003).

In order for children and adolescents to get more involved, programs and services should incorporate their feedback and input in order for young people help themselves. Participatory action research has been described by UNICEF (2005) as a way to strengthen communities and to invite a population who wants or needs changes made in their surroundings. Services need to be guided by child and adolescent voices, whether in Jamaica or elsewhere. Children and adolescents provide valuable information about the conditions at school, home, and in their communities (UNICEF, 2005). Children and adolescents remain a vital role in researching, monitoring, and evaluating services and program development. Espousing the idea of participatory action research will aid program developers in the understanding of services; in that process, children and adolescents will gain confidence and a sense of self as well as feel like contributors to the wider world (Nayak, 2003).

Service interventions for children and adolescents should rely on the collaborative effort of not only governments, but also communities, not-for-profit agencies,
departments of education, and health and human services (Hendricks, 2006). Social programming interventions begin by outlining the needs, understanding the overall norms or phenomena, and gaining an awareness of the social programming deficits in the target environments and communities (Scales, 2003; Sharry, 2004). In theory, service interventions are easily understood, as they have been occurring through generations in almost every capacity in which skills need to be developed. Programming is implemented through institutions, agencies, and communities, but because of the impact of resource deficits in many countries, many service gaps remain (Hendricks).

In Jamaica, service interventions for children and adolescents are a complex set of social policies; coverage of social services for children and adolescents spans everything from building schools and clinics to the more complex issues of how to improve the quality and efficiency of social services (United Nations, 2004). Jamaica’s policymakers realize that without economic growth, a country will find it difficult to provide a sustainable basis to support social services (United Nations, 2004). Therefore, conditions that threaten economic stability are likely to have a negative impact on a country’s ability to fund social services. With this in mind and using Jamaica as an example, most countries’ greatest challenges are the sustainability of social services, because of economic stability (UNICEF, 2005). Social services initiatives in most countries are a priority in theory, but not in practice. However, guaranteeing services for children and adolescents in any country requires a legal and moral responsibility. To advocate for social investment in children and adolescents means accountability that visualizes future social and economic development and a prosperous country (UNICEF, 2005).

Services for children and adolescents span the globe. To improve the lives of children and adolescents, it is necessary to determine their circumstances, their needs,
and the services they require to meet those needs (Seginer & Lilach, 2004). It is simple: People who develop and provide services to assist children and adolescents should gather accurate and culturally specific information that provides appropriate support and committed services (Leadbeater et al., 2006). The world should be made aware that the welfare of more than 140 million children and adolescents is at stake (World Bank, 2003).

*Programs and Social Environments*

The foundation for any child and adolescent service should be programs that make progress in environments where children and adolescents are the most vulnerable (Nayak, 2003). Programs have the ability to move forward, make change, and eliminate the need for services. Organizations can draw together and create opportunities for the eradication of many of the issues children and adolescents experience (Thompson, 2006). The purpose of any program should be developed around the philosophy of leadership, human rights, health, security, dignity, freedom, justice, and peace (Peer Assistance and Leadership, 2004). Yet, environments are not always structured for such a commitment.

UNICEF has been a great example of a provider of services that are programmed to meet the needs of children and adolescents in different countries and settings. UNICEF has made a concerted effort to advocate for programs that serve communities with dignity and respect. Programs emphasize developing community-level services to promote the health and well-being of children and adolescents. Through the mobilization of government, private corporations, and volunteers, UNICEF sustains itself and has become a respected leader in communities around the world. The heart of UNICEF’s work is in the field, with staff in over 150 countries and territories (UNICEF, 2007). More than 120 country offices carry out UNICEF’s mission through a unique program of
cooperation developed with host governments. The model of organizational programming that UNICEF advocates is in theory a best-practice ideal. Yet, UNICEF alone should not be expected to cure the tribulations of all the world’s children and adolescents.

Traditionally, child and adolescent programs in North America have filtered through institutions in the social service system, which customarily have borne the responsibility of taking care of concerns regarding children and adolescents (DuBois & Karcher, 2005). Social service programming in North America has been associated with social serving agencies; further, depending on the environment, communities have the support of private funds, which develop and take responsibility for children and adolescent programs and services (DuBois & Karcher). The environmental structure in North America is quite different than that in other countries, as North America appears to have plenty of resources to serve the needs of children and adolescents (Scales, 2003). Yet, the common thread of never having enough services appears to be the connection between North America and the rest of the world (United Nations, 2006).

Children and adolescents in the Caribbean have negative outcomes as a result of failures on the part of policies and programs that do not address and support their needs (World Bank, 2003). The target of Jamaica and the Caribbean as a whole is the social development and social welfare of children and adolescents, having set up many departments and resources. However, limited empirical data and accountability have accompanied the social development and resources that have been established (UNICEF Jamaica, 2006). Many programs and services in Jamaica focus on leisure activities and overlook an understanding of the needs and challenges of children and adolescents (UNICEF Jamaica, 2006).

Jamaica’s policymakers have identified three factors that underlie the obstacles to
positive development for children and adolescents (National Center for Youth Development, 2003): (a) the child or adolescent’s individual personality or temperament; (b) familial issues such as mental illness or substance abuse; and (c) the social environment, since living in the inner city where crime and violence are a way of life will have an impact on behaviors. All three factors determine many of the adult outcomes (UNICEF Jamaica, 2006). One factor is likely to influence other factors as well. For example, children who are abused at home are predisposed to mental health problems, crime, and violence. In the case of many Jamaican children and adolescents, there is also an inequity in services that contributes to the above factors, including lack of educational opportunities and youth unemployment (UNICEF Jamaica, 2005). Many children face extreme difficulties in completing the developmental passage from childhood to adolescence because of the three identified factors (National Center for Youth Development).

Investing in children precedes investing in adolescents (World Health Organization, 2005). In the coming decade, the focus should be on strengthening policy, resources, and environments, which could produce enormous benefits for young people, no matter where they are in the world (United Nations, 2004). Children and adolescents have demonstrated repeatedly that they should be partners in working towards these social, global development goals and objectives (World Health Organization, 2004). Too many young people continue to live in dire circumstances (Nayak, 2003). Thus, it is time to make program resource investments in children.

Polices and programs often are shaped by negative stereotypes of young people, with disproportionate attention given to criminal behavior, drug abuse, and violence (Jones & Perkins, 2006). This type of polarization focuses on declining behaviors and
ignores the real systemic issues that concern the majority of children and adolescents, who do not engage in such high-risk behaviors (Kowaleski-Jensen & Dunifon, 2006). Such polarization diverts attention away from the need for resource investments in education, health care, and poverty reduction (International Labour Organization, 2004). As the global media have become more widely accessible, a subculture is emerging to bind the world’s young people together (United Nations, 2004). Technological global advances have redefined the most fundamental aspects of most societies (Best, 2007). Most notably, the openness and availability of new technologies have expanded the possibilities for young people to share their views and experiences and to contribute to their own culture and program resource development (United Nations, 2004). The result is a knowledgeable young generation of children and adolescents who understand the universal issues and want the ability to contribute to their own socialization (Best).

Jamaica, like many other developing countries, has been impacted positively and negatively by globalization (United Nations, 2004). The rapid development of telecommunications and computer technology has increased the quantity and speed of information shared between children and adolescents in Jamaica and across the globe (United Nations, 2004). The Internet has made children and adolescents in Jamaica acutely aware of others, and they have gained information that otherwise would not be accessible to them (UNICEF, 2007). Hence, a growing number of very knowledgeable young people understand the issues and are asking questions. Questions mean accountability; slowly, Jamaican children and adolescents are realizing how social development influences their views on justice and equality, and they are curious about the actions of governments and outside organizations (UNICEF Jamaica, 2007). Technology has empowered Jamaica’s young people to start asking questions, which is a step forward
for this generation and will give rise to responsibility for issues pertaining to children and adolescents (United Nations, 2004).

This literature review identified issues pertaining to the programming and social environments of children and adolescents. These three issues transcend all parts of the world and reflect aspects of global uniformity (International Labour Organization, 2004):

1. Some children and adolescents are trapped in poverty and some are not.

2. Some benefit from new social and human service resources and technologies and some lack access to them (United Nations, 2004).

3. Some children and adolescents pursue their ideas in an unwavering environment of structure and security, and some are unfortunate enough to become trapped in constant conflict, both in their homes and countries (United Nations, 2004).

These disparities and inequalities between children and adolescents of the world need to be eradicated (UNICEF, 2007). Most importantly, making the world’s policies, programs, and social environments accountable for children and adolescents would be a step towards true progress.

*Overview of Jamaica and Services for Children and Adolescents*

As of 2005, Jamaica’s population was approximately 2.7 million people, 43% of whom lived in the metropolitan area around the capital city, Kingston (United Nations, 2006). Though very small geographically, Jamaica is a dominant force globally in the areas of music, sports, the arts, and academics (UNICEF Jamaica, 2007). The official motto of Jamaica is “Out of Many People, One People.” Jamaica is a predominantly Black nation of West African descent, with minorities of South Asian Indians, Chinese, Europeans, Syrians, Lebanese, and numerous other mixtures (United Nations, 2006). The United Nations (2006) has estimated that more Jamaicans live outside Jamaica than on
the island. A large number of Jamaicans emigrated to Britain, the United States, Canada, and elsewhere because of the economic and political situation on the island during the 1980s (United Nations, 2006). Most of those who emigrated were skilled workers, technicians, doctors, and managers, creating a huge brain drain on the human resources for the island (United Nations, 2006).

The prominent religion on the island is Christianity, in its various denominations; some indigenous practices are still in existence. However, other religions are observed and practiced in Jamaica by smaller numbers of people, such as Islam, Judaism, Rastafarianism, and Hinduism (World Bank, 2004). Popular culture has influenced the island and has impacted the close ties of Jamaican people. Children and adolescents have embraced popular culture, and some fear that Jamaica’s natural resources and lifestyle will dissipate with that influence (Thomas, 2005).

Overall, Jamaica’s children and adolescents are still governed by a collectivism that has been entrenched culturally and rooted in Jamaican history (Aleph, 2002; Thomas, 2005). The island population has had to rely on resources that mostly include immediate and extended family to ensure the welfare of the younger generation (UNICEF Jamaica, 2006). Thus, it would be negligent for practitioners not to consider and understand the collectivist ideology when evaluating the services provided to children and adolescents in Jamaica (UNICEF, 2005). Like many countries outside the Westernized philosophy, communities guide generations through wisdom, experience, and history. Community collectivism in Jamaica and the Caribbean has attempted to establish an identity for children and adolescents and to counteract some of the media influence (United Nations, 2004).

The Caribbean is no different than other regions in terms of what program
developers want to see for children and adolescents in areas of their achievement. There are minimal differences in the way that nonprofit agencies plan effective practices and program development in North America, the Caribbean, and other regions of the world (UNICEF Jamaica, 2006). Children and adolescents need protective environments so they become active participants as adults, and if that environment is not provided in any facet of their lives, they tend to flounder (United Nations, 2004).

Jamaica has a wide range of developmental concerns requiring social service interventions for children and adolescents. As a result, service needs on the island are many and varied. Traditionally, programs and services on the island include tutoring from preschool through community college, helping children and young adults with basic literacy and coping skills, health care clinics, health education, drug abuse programs that address medical issues, microbusiness, and women’s projects that contribute to community and economic development (UNICEF, 2007).

Typically, the government is primarily responsible for services and programs administered to children and adolescents. The various ministries have a targeted amount that is given to services, which has not been managed efficiently (National Center for Youth Development, 2003). In order to better direct and lessen waste of resources because of overlap and duplication in services, coordination among government bodies is needed (National Center for Youth Development). Individual organizations often seek private institutions for further funding. The Ministry of Education, Youth, and Culture tries to provide consistent funding, and programs such as the National Youth Service operate under the auspices of the ministry. Yet, priorities and mandates are not always service initiatives for this population (National Center for Youth Development).

The Jamaican government has published the final draft of the National Youth
Policy pointing out that educational and life skills development will elevate young people to move towards their full potential (National Center for Youth Development, 2003). This policy documents goals that young Jamaicans will progress and contribute to their community and country through the acquisition of knowledge, skills, and competencies (UNICEF Jamaica, 2006). The policy is part of a larger national vision of the government for the country from 2003–2015. It is one of the few pieces of literature that states what is desired and includes many community agencies as contributors (National Center for Youth Development). Pessimism remains when governments create policies but do not have the resources to back up recommendations. As a result, redundant documents explain the problems of children and adolescents, with few resources allocated for interventions (UNICEF, 2006).

Child and adolescent programming staff in Jamaica strive to work with the limited resources to create different levels of outcomes and interventions, which accommodate multiple levels in programming (World Bank, 2003). The various levels of services provided to children and adolescents are similar to an umbrella, with a spectrum and varying degrees of complexities (Canino & Spurlock, 2004). Commonly cited themes and issues are living environments, education and training, employment and entrepreneurship, health, participation and empowerment, and care and protection (World Bank, 2003, 2004).

Countries such as Jamaica often lack the manpower or resources to become sophisticated in child and adolescent service delivery (National Center for Youth Development, 2003; Thomas, 2005). Although social service practitioners in Jamaica want successful outcomes, it is difficult to use some of the principles set forth in North American literature. Whereas North American mainstream service outcomes can be used
for basic application of service delivery, the emerging information and literature from NGOs should be examined because of the direct contact with countries, community organizations, and service providers (Wandersman et al., 2006). Programs and interventions should be modified to meet the ethnically specific service needs and identify how they differ for children and adolescents in different countries (UNICEF, 2005).

NGOs working in communities can strengthen implementing capacities, improve practices, and extend an accountability process. UNICEF Jamaica (2005) has developed a strategic planning procedure that will take initiatives and services for children and adolescents and bring them into alignment with international obligations, such as outcome resolutions like *A World Fit for Children* (United Nations, 2004). This kind of alliance building and networking can be facilitated only by NGOs and organizations whose leaders understand the complexities of the country. UNICEF Jamaica has provided projects, operational research, and evaluations as evidence of NGOs’ capacity to integrate social investment and supportive services.

Over the years, Jamaica and different NGOs have developed a comprehensive understanding of responses needed to tackle the root causes of child and adolescent exclusion (UNICEF Jamaica, 2005). Services need to be consolidated, expanded, and reviewed to take into account new dimensions of social service integration (UNICEF Jamaica, 2005). Further, encouraging research and interventions from both island and foreign resources will promote better programming and planning for the benefit of children and adolescents in the future (United Nations, 2004).

Ultimately, long-term outcomes need to be the mission of service delivery for children and adolescents in Jamaica. First, to achieve long-term outcomes and goals,
officials initially must identify the issues affecting children and adolescents and understand they are not limited to one sector; thus, the response cannot be devised successfully by any one ministry or agency (National Center for Youth Development, 2003). Additionally, the identifiable information regarding the issues affecting this population should be distributed to the government, private sector, NGOs, and community-based initiatives (National Center for Youth Development). Next, a network of awareness should be established both in the traditional sense and through electronic networks. Lastly, children and adolescents should be involved in the exchange to ensure that themes, outcomes, and information are accurate in relation to what is going on in their communities (UNICEF, 2005). Jamaica has the basic framework that is needed to achieve generational change and movement in child and adolescent services (National Center for Youth Development). Clearly, work needs to be done by many sectors in Jamaica to accomplish long-term goals and objectives that are measurable.

Summary

This literature review illustrated that child and adolescent services have great potential on many levels. By virtue of their membership in a community, neighborhood, school district, and cultural group, children and adolescents are shaped by the world around them (McCluskey, Noller, Lamoureux, & McCluskey, 2004). Programs that are well developed usually have sustainable research that affords them further funding for continued progress (Nayak, 2003). Yet, to impose lessons from progressive nations on less affluent countries with inadequate resources can be counterproductive (National Center for Youth Development, 2003). The reality of resource constraints for countries implies selectivity of child and adolescent services for those environments. Yet, a clear message is developing in the literature: Children and adolescents are not the problem, but

As a whole, it is difficult to know the impact and effectiveness of child and adolescent services. Even though countries are acknowledging and implementing programs on different levels, when neither systems nor proper data analysis are monitored, the quantity of effectiveness is called into question (UNICEF, 2007). The multitude of programs in place to address issues related to children and adolescents is endless. Yet, worldwide little exists in the way of evaluative practices for initiatives related to children and adolescents (Jones & Perkins, 2006).

Despite progress on many accounts, children and adolescents worldwide still suffer the worst from economic and social disparities; problems are felt most deeply by children and adolescents living in extremely poor urban and rural communities (United Nations, 2006). Organizations all over the world need to continue to improve living circumstances of children and adolescents by fostering self-sustaining programs such as literacy, skills training, community development, and proper health care (UNICEF, 2007). The recognition that services are an investment in the building of human and social capital is the best hope for children and adolescents and a necessity for economic growth and social peace (UNICEF, 2007). This applied dissertation research study emphasized the necessity for effective child and adolescent services that focus on outcomes (UNICEF Jamaica, 2004). The study specifically emphasized the need in Jamaica for critical feedback to improve existing services for children and adolescents. This was achieved through an evaluative process that demonstrated the need for community organizations to receive appropriate funding and programs in order to change outcomes for future generations (World Bank, 2004).
Chapter 3: Methodology

This study took place in a community organization located in a well-known, southern part of a large, inner-city community in Jamaica. The community organization is a member of a larger association that exists for the promotion and well-being of children and adolescents. The organization seeks fullness of life through physical, mental, social and spiritual development and through service to others and the nation. The purpose of the study was to evaluate services that are provided to children and adolescents from one community organization in Jamaica. The short-term goal of this project was to offer recommendations to the community organization. The intermediate goal was enhancing services in order to improve child and adolescent outcomes (or impact of the organization on the community).

This study was an improvement-based, summative evaluation designed to focus on program enhancement and expansion (Fitzpatrick, Sanders, & Worthen, 2004); the study examined a community organization that services children and adolescents in Jamaica. The research questions generated for this applied dissertation were both qualitative and quantitative and use a quasi-experimental methodology, utilizing in part an interrupted time-series design. The following three research questions formed the framework of the applied dissertation research study:

1. How effective has child and adolescent services been in this community organization?

2. How do child and adolescent services in this community organization influence the community?

3. Are children and adolescents benefiting from services in this community organization?
The design in part examined the causal relationship in which the outcomes of interest were observed over time. Specifically, the approach assessed the present trends for child and adolescent services in this community organization and provided analyses that would lead to enhancement of those same services in the future.

In conjunction with the summative evaluation, an evaluation checklist generated from Stufflebeam’s (2002) context, input, process, and product model was used as a process framework to support the research study. First, the impact evaluation checklist was placed into the present structure of the community organization to identify the concerns of this service organization. Then, input from the community and participants described the resources presently available and how those services impact the children and adolescents being served by this community organization. Lastly, the process of administering surveys and data collection to validate the community’s concerns aided in making further recommendations to contribute to program improvements and future services.

To guide this evaluation the researcher followed a services-development logic model. This model involved five steps:

1. First, the model helped in understanding the unmet service needs for children and adolescents and facilitated recommendations for current resources that are provided to children and adolescents in this community organization.

2. The model allowed planning of meetings with staff and community members at the community organization. These meetings assisted the researcher to understand the organizational resources and funding.

3. The output of data achieved through surveys was based on the consideration of the staffing resources, number of volunteers, and community alliances at the time of
4. The short-term outcome was simple: Make recommendations from the study for service needs for children and adolescents.

5. Lastly, the long-term outcome would be to provide sustainable, enhanced services for children and adolescents in this community organization.

Participants

The population targeted in this study was 25 adolescents (16–18 years of age) who were involved in programming at the community organization; 25 parents, guardians, and advocates; and 25 administrators, teachers, and community members. The total number of participants was 75. All participants, regardless of age, were selected on the basis that they were of Jamaican descent, were living in the country, and had association with the community organization.

Procedures

The researcher used a five-step procedure, as outlined in Stufflebeam’s (2002) impact evaluation checklist. Five summative strategies of inquiry were followed.

1. First, the researcher met with the executive director (ED) to understand the services provided to children and adolescents, the needs of the community, and the programs presently being provided for children and adolescents in this community organization.

2. Based on the meeting with the ED, an initial assessment was conceived to understand the extent to which children and adolescents are being served by the intended programs.

3. The researcher established a relationship with members of the community living and working in Jamaica or abroad who have some direct or indirect connection to
the island and its culture. The purpose of those relationships was to ensure proper sociocultural perspectives and to understand further how this child- and adolescent-serving agency impacts the needs of the children and adolescents in this community. The researcher interacted with the community through face-to-face meetings in Jamaica, telephone conversations, and e-mail.

4. Through personal experiences, themes, literature, research questions, and the survey, the researcher determined the impact on the children and adolescents being served in this community organization. This procedure was guided by the research questions.

5. A copy of the evaluative outcomes was discussed with the ED, participants, and community members. Future follow-up workshops will be coordinated with community members, where feedback and recommendations can be discussed and future commitments can be made.

*Instruments*

The instrument that was used is a set of two similar surveys that were administered to the 75 participants: (a) Children and Adolescents in Jamaica Evaluation Survey I, for youth aged 16–18 (see Appendix A), and (b) Children and Adolescents in Jamaica Evaluation Survey II, which was administered to adults, including parents, guardians, educators, administrators, and community members (see Appendix B). The survey is an instrument constructed specifically for this study, designed by this researcher for this group of participants. Each survey simply sought to evaluate services for children and adolescents in this community organization.

The survey process was administered over a 3-day period at the community organization. The participants had 30 minutes (or longer if needed) to complete the
survey. The participants were given a brief workshop about the consent forms, and any special needs were addressed by this researcher at that time. The researcher orally explained both the consent form and the survey if there appeared to be a literacy issue. After consent was obtained, the survey instrument was administered in a paper-and-pencil format. All three groups involved in the study adhered to the same methods and procedures when taking the survey.

Each survey was numbered (1–75) without any identification of the participant in the survey, and each was evaluated impartially. The survey responses required a 5-point scale, with the middle of the scale representing a feeling of neutrality. The last three items on the survey were open-ended questions requiring statements from the participants, which were classified and interpreted in themes based on the descriptive variables. All surveys were measured by the same standards, and the language for the adolescent survey was age and culturally appropriate. There were no risks in being involved in participating, and there were no direct benefits for agreeing to participant in this study. Participation was completely voluntary, and no payment was provided.

Data Analysis

The qualitative analysis compared and interpreted meaningful patterns or themes. The quantitative data were used in a narrative descriptive analysis and concentrated on how the perceptions of the various groups surveyed in relation to child and adolescent services for this community organization. The narrative descriptive analysis provided a more in-depth analysis for exploratory purposes, focusing the researcher and illustrating but not by itself validating the study. The researcher accomplished further validation by examining key informant data, literature reviews, and nonparticipant observations (Gall, Gall, & Borg, 2003). Through this open approach, themes were examined as part of the
grounded theory method (Fitzpatrick et al., 2004). The open approach also provided a forum for theories to be developed and grounded, and an implicit theory emerged (Fitzpatrick et al.).

The quantitative analysis was divided into separate stages of instrument development, data collection, data processing, and data analysis. The survey instrument provided an analysis that supported the study and affirmed the purpose of evaluating a community organization that serves children and adolescents in Jamaica (Stufflebeam, 2002). The collection and processing used a database set up through Statistical Package for the Social Sciences (SPSS), and a cross-sectional comparative analysis provided a deeper understanding for this evaluation (Stufflebeam). The analyzing and processing of the material provided an effective study to document for policymakers in Jamaica that it is time for increased investment in services and social programs for children and adolescents (Thomas, 2005).

**Timeline**

The study was implemented using the following six steps:

1. A meeting with ED was requested in the timeframe of March 2006 to May 2006 in Jamaica. At that time, discussions took place regarding the evaluation and the involvement of the community organization and participants.

2. Concurrently, this researcher established a relationship with community members to gain further perspective and understanding of child and adolescent services. This and the relationship with the ED were ongoing throughout the duration of this study.

3. The literature was reviewed through an ongoing process (September 2005 through 2007) and focused on services and interventions provided to children and adolescents in Jamaica and worldwide.
4. A workshop for participants was provided just before the survey was disseminated; all three groups were directed over a 3-day period in Jamaica in July through August 2007.

5. The data were analyzed and correlated by the researcher at the end of the response period.

6. Conclusions were developed based on the data and recommendations and will be discussed with the ED of the community organization. A separate meeting will be set up to discuss the findings with the participants and the community. Both will occur in Jamaica in the future.
Chapter 4: Results

The quantitative results are presented separately for the three research questions. The survey items (see Appendixes A and B) are associated with the different aspects of the three research questions, such that Research Question 1 is measured by four survey items (Items 2, 3, 6, and 8), Research Question 2 is measured by two survey items (Items 1 and 5), and Research Question 3 is measured by four survey items (Items 4, 7, 9, and 10). The mean response to each survey item was computed separately for the three stakeholder groups: (a) parents and guardians (hereafter referred to simply as guardians); (b) educators, administrators, and community members (hereafter referred to as educators); and (c) youth. Analyses of variance (ANOVA) were conducted using SPSS software to determine whether the groups differed in their ratings.

Results for Research Question 1

The first research question, how effective child and adolescent services have been in this community organization, was addressed by four survey items (Items 2, 3, 6, and 8). The means and standard deviations for the three stakeholder groups (guardians, educators, and youth) are shown in Table 1. The survey items were measured on a 5-point scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree), and these scale points can be used as approximate guides for interpreting the averages in Table 1. For example, Survey Item 2 asked respondents to rate the importance of the community programs. The mean for the parents and educators was exactly 4.00, which corresponds with agreement. As shown in Table 1, the responses to Items 2, 3, and 6 were positive, with the average responses close to or exceeding a 4.00 (i.e., agree). However, all three stakeholder groups reported a lower rating for Item 8 (“Opportunities for children and adolescents come from services in this organization”),
with the means falling somewhere between disagreement and a neutral response.

Table 1

*Descriptive Statistics for Survey Items Related to Research Question 1: Effectiveness*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Guardian</th>
<th>Educator</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
</tr>
<tr>
<td>2. Programs are important to you.</td>
<td>4.04</td>
<td>1.10</td>
<td>4.00</td>
</tr>
<tr>
<td>3. Programs assist the children.</td>
<td>3.60</td>
<td>1.38</td>
<td>3.60</td>
</tr>
<tr>
<td>6. Programs could impact younger generation.</td>
<td>3.88</td>
<td>1.54</td>
<td>4.36</td>
</tr>
<tr>
<td>8. Opportunities for children come from the services.</td>
<td>2.80</td>
<td>0.96</td>
<td>2.76</td>
</tr>
</tbody>
</table>

*Note.* Responses were measured on a 5-point scale, with 1 = *strongly disagree* and 5 = *strongly agree.*

To interpret the survey responses, the percentage of participants who responded agree or strongly agree to each item was computed and is reported in Table 2. These responses closely align with those in Table 1, but break down the information in a more succinct format.

Table 2

*Percentage of Respondents Agreeing or Strongly Agreeing to Survey Items Related to Research Question 1: Effectiveness*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Guardian</th>
<th>Educator</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Programs are important to you.</td>
<td>80</td>
<td>72</td>
<td>96</td>
</tr>
<tr>
<td>3. Programs assist the children.</td>
<td>64</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>6. Programs could impact younger generation.</td>
<td>80</td>
<td>88</td>
<td>96</td>
</tr>
<tr>
<td>8. Opportunities for children come from the services.</td>
<td>20</td>
<td>28</td>
<td>40</td>
</tr>
</tbody>
</table>

As seen in Table 2, the vast majority (e.g., greater than 80%) of respondents in the three groups were in agreement with Items 2 and 6 (programs are important and could...
impact the younger generation). Responses showed strong agreement to Item 3 as well (programs assist children). Consistent with the means in Table 1, there was a relatively low rate of agreement to Item 8, regarding opportunities for children, with less than 30% of parents and educators agreeing with the item.

It was also of interest to determine whether the three stakeholder groups differed in their average responses (e.g., whether one group agreed or disagreed more strongly). To accomplish this, a series of ANOVA were conducted using SPSS software. The purpose of the ANOVA was to determine whether the mean differences shown in Table 1 represented reliable differences among the three stakeholder groups or whether the mean differences could have occurred due to random chance. The ANOVA produces a probability value, and a low probability would indicate that the means were unlikely to have occurred due to chance (i.e., there were reliable differences in the groups). A high probability value, on the other hand, would indicate that the mean differences could have occurred simply due to random chance. By convention, a probability value of 5% or lower was used as a criterion to determine whether reliable differences existed.

The ANOVA probability values are presented in the upper portion of Table 3. The probability values (i.e., significance levels) for the four analyses were greater than .05, which means that the differences in the averages found in Table 1 likely occurred due to chance. For example, consider Item 2. The guardian, educator, and youth means were 4.04, 4.00, and 4.26, respectively. The nonsignificant ANOVA results suggested that these means were only different due to random chance (i.e., sampling error), so the three groups were effectively identical in their ratings. The same interpretation is true for the remaining three survey items; thus, the three stakeholder groups appeared to have similar opinions on the survey items. It should be noted that the wording of the items that were
administered to the youth was slightly different than the wording of the items on the adult survey. Despite the slight wording differences, the content of the items was identical.

Table 3

*Analysis of Variance Mean Comparisons of the Three Stakeholder Groups*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>$F(2,72)$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Programs are important to you.</td>
<td>0.80</td>
<td>.45</td>
</tr>
<tr>
<td>3. Programs assist the children.</td>
<td>0.13</td>
<td>.88</td>
</tr>
<tr>
<td>6. Programs could impact younger generation.</td>
<td>1.71</td>
<td>.19</td>
</tr>
<tr>
<td>8. Opportunities for children come from the services.</td>
<td>0.01</td>
<td>.99</td>
</tr>
<tr>
<td>Research Question 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Know someone who uses services for children.</td>
<td>0.88</td>
<td>.42</td>
</tr>
<tr>
<td>5. Would like to see more programs.</td>
<td>0.31</td>
<td>.73</td>
</tr>
<tr>
<td>Research Question 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The programs benefited the intended group.</td>
<td>0.22</td>
<td>.80</td>
</tr>
<tr>
<td>7. There are enough programs in the community.</td>
<td>3.79</td>
<td>.03</td>
</tr>
<tr>
<td>9. Services make a positive impact on the intended group.</td>
<td>1.90</td>
<td>.16</td>
</tr>
<tr>
<td>10. Programs impact the way children see the future.</td>
<td>0.25</td>
<td>.78</td>
</tr>
</tbody>
</table>

*Results for Research Question 2*

The second research question, how child and adolescent services in this community organization influenced the community, was addressed by two survey items (Items 1 and 5). The means and standard deviations for the three stakeholder groups (guardians, educators, and youth) are shown in Table 4. As before, the survey items were measured on a 5-point scale ($1 = strongly disagree$, $2 = disagree$, $3 = neither agree nor disagree$, $4 = agree$, $5 = strongly agree$).
disagree, 4 = agree, and 5 = strongly agree). As seen in Table 4, the responses to Item 5 (more programs in this community organization) were favorable, with the average response falling between agree and strongly agree (i.e., the means exceeded a value of 4.00). The averages for Item 1 (knowing someone who uses the services), though not quite as favorable, were still close to an agree response.

Table 4

*Descriptive Statistics for Survey Items Related to Research Question 2: Community Influence*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Guardian</th>
<th></th>
<th>Educator</th>
<th></th>
<th>Youth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Know someone who uses services for children</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>3.56</td>
<td>1.16</td>
<td>3.84</td>
<td>0.94</td>
<td>3.92</td>
<td>0.91</td>
</tr>
<tr>
<td>2. Would like to see more programs</td>
<td>4.24</td>
<td>1.16</td>
<td>4.20</td>
<td>1.32</td>
<td>4.44</td>
<td>0.92</td>
</tr>
</tbody>
</table>

*Note.* Responses were measured on a 5-point scale, with 1 = strongly disagree and 5 = strongly agree.

As before, the survey items are also reported in a more succinct format, where the percentage of respondents who agreed and strongly agreed is given for each item in Table 5. There was strong agreement that more programs should be offered (Item 5), with over 80% of the respondents in the three groups agreeing.

The ANOVA described earlier were also used to determine whether the three stakeholder groups had different mean ratings on Items 1 and 5. As before, a large (i.e., greater than .05) probability would indicate that the mean differences were likely due to chance. The probability values (i.e., significance levels) for the two ANOVA are given in the middle section of Table 3, and both were nonsignificant (i.e., the probability value was greater than .05), meaning that the groups were effectively the same in their average ratings. When examining the means from Table 4, the results make sense. The mean
ratings for Item 5 were 4.24, 4.20, and 4.44 for guardians, educators, and youth, respectively. These averages are quite similar, and the ANOVA indicated that the slight differences that did occur between the groups were likely due to random sampling error.

**Table 5**

*Percentage of Respondents Agreeing or Strongly Agreeing to Research Question 2: Community Influence*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Guardian</th>
<th>Educator</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Know someone who uses services for children</td>
<td>52</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>5. Would like to see more programs</td>
<td>84</td>
<td>84</td>
<td>92</td>
</tr>
</tbody>
</table>

**Results for Research Question 3**

The third research question, whether the children and adolescents were benefiting from services in this community organization, was addressed by four survey items (Items 4, 7, 9, and 10). The means and standard deviations for the three stakeholder groups (guardians, educators, and youth) are shown in Table 6. The survey items were measured on a 5-point scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, and 5 = *strongly agree*).

As seen in Table 6, the responses to Item 10, regarding programs’ impact on how children see the future, were highly favorable, such that the averages for all three stakeholder groups exceeded a value of 4.00 (i.e., agreement). The responses to Item 9, regarding the positive impact of programs, were also positive, with the average for two of the stakeholder groups exceeding agreement. The responses to Item 4, regarding the programs’ benefiting the intended group, were somewhat lower than those of Item 9, which is interesting, because the two items were worded similarly. The content of Item 9 addressed positive impact, whereas Item 4 asked about benefits to the intended group.
Respondents appeared to differentiate between these two concepts and reported that the positive impact was slightly higher than the perceived benefits. Finally, the average responses to Item 7, regarding enough programs, were substantially lower, with the means approximating disagreement (i.e., a value of 2.00). This low rating suggested a uniform belief that more programs are needed.

Table 6

*Descriptive Statistics for Survey Items Related to Research Question 3: Benefit*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Guardian</th>
<th></th>
<th>Educator</th>
<th></th>
<th>Youth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The programs benefited the intended group.</td>
<td>3.40 1.47</td>
<td>3.20 1.22</td>
<td>3.44 1.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. There are enough programs in the community.</td>
<td>1.88 0.93</td>
<td>2.44 1.19</td>
<td>1.72 0.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Services make a positive impact on the intended group.</td>
<td>3.72 1.31</td>
<td>4.12 0.67</td>
<td>4.24 0.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Programs impact the way children see the future.</td>
<td>4.28 0.94</td>
<td>4.40 0.91</td>
<td>4.24 0.60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Responses were measured on a 5-point scale, with 1 = *strongly disagree* and 5 = *strongly agree.*

Table 7 presents the survey responses in a more succinct fashion and gives the percentage of respondents who agreed or strongly agreed with each item. The percentages in Table 7 accent the mean ratings in Table 6. Specifically, the respondents were in very high agreement with Item 10, with approximately 90% agreement across the three groups. The distinction between Items 9 and 4 (which were similar, but asked about positive impact vs. benefits to the intended group) is also highlighted, such that the percentage of respondents in agreement was considerably higher for Item 9. The responses to Item 7 are also in stark contrast to the rest of the survey items, as a very low
proportion of respondents agreed with the sentiment that the number of programs is adequate—only 8% of the parents and 4% of the youth agreed with the statement. Again, this seems to underscore the need for additional programs.

Table 7

**Percentage of Respondents Agreeing or Strongly Agreeing to Survey Items Related to Research Question 3: Benefit**

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Guardian</th>
<th>Educator</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The programs benefited the intended group.</td>
<td>52</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>7. There are enough programs in the community.</td>
<td>8</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>9. Services make a positive impact on the intended group.</td>
<td>68</td>
<td>84</td>
<td>92</td>
</tr>
</tbody>
</table>

Consistent with the procedure used above, ANOVA were used to assess whether or not the means for the three stakeholder groups in Table 6 were reliably different. The probability values (i.e., significance levels) for the four ANOVA are given in the bottom portion of Table 3. The probabilities for Items 4, 9, and 10 were greater than the .05 criterion, which means that the three groups effectively had the same ratings (i.e., the mean differences were simply due to random sampling error).

Interestingly, the ANOVA produced statistically significant differences among the groups on Item 7 ($p = .03$), which asked about the need for additional services. The presence of significant differences among the groups suggested that the mean ratings (1.88, 2.44, and 1.72 for guardians, educators, and youth, respectively) were greater than what would be expected due to random chance. In other words, there was a nonchance difference between the means that likely reflected a reliable difference in opinion among the stakeholder groups. At a purely descriptive level, the means from Table 6 suggested that educators had a higher rate of agreement with Item 7, and thus this group perceived
the need for services to be somewhat less than did guardians and youth.

To assess more formally, the groups were compared two at a time using a Tukey follow-up procedure (Gall et al., 2003). Whereas the ANOVA assesses global differences among all of the groups, the Tukey procedure is more focused and determines whether nonchance differences exist between two groups (Gall et al.). The Tukey procedure indicated that the mean ratings for youth and educators were significantly different \((p = .03)\), meaning that the ratings for the educators were reliably higher. The difference between the educators and parents was not significant but was close to the cutoff of .05 \((p = .11)\). Not surprisingly, the difference in the parent and youth ratings was not significantly different, as the averages for these two groups were similar \((M = 1.88\) and \(M = 1.72)\). These results underscored an important difference in the data. Although all three groups had mean ratings that were low (roughly corresponding with disagreement with the survey item), the educators reported less of a need for additional programs when compared to parents and particularly when compared to the youth.

**Summary of Survey Results**

The survey item responses were collapsed over the three groups, the means for which are given in Table 8. The means in Table 8 can be compared to the scale anchors that were used for each item (1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, and 5 = *strongly agree*) and can be used as a gauge of the overall rating for each survey item. As seen in the table, Items 7 and 8 (enough programs and opportunities for children) had the lowest average level of agreement \((M = 2.77\) and \(M = 2.01)\), respectively). Five of the survey items (Items 2, 6, 5, 9, and 10) had high mean ratings that exceeded agreement (i.e., a value of 4.00).

The second column of Table 8 gives the percentage of the 75 respondents who
agreed or strongly agreed with each item. These data allow for a more succinct comparison of the agreement levels across the 10 survey items. As seen in Table 8, the 10 survey items can be grouped into three categories: (a) items with high levels of agreement (Items 2, 6, 5, 9, and 10), (b) items with moderate levels of agreement (Items 3, 1, and 4), and (c) items with low levels of agreement (Items 8 and 7).

Table 8

*Overall Means and Percentages of Respondents Agreeing to the Survey Items*

<table>
<thead>
<tr>
<th>Survey item</th>
<th>$M$</th>
<th>% Respondents in agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Programs are important to you.</td>
<td>4.12</td>
<td>83</td>
</tr>
<tr>
<td>3. Programs assist the children.</td>
<td>3.65</td>
<td>67</td>
</tr>
<tr>
<td>6. Programs could impact younger generation.</td>
<td>4.23</td>
<td>88</td>
</tr>
<tr>
<td>8. Opportunities for children come from the services.</td>
<td>2.77</td>
<td>29</td>
</tr>
<tr>
<td>Research Question 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Know someone who uses services for children.</td>
<td>3.77</td>
<td>60</td>
</tr>
<tr>
<td>5. Would like to see more programs.</td>
<td>4.29</td>
<td>85</td>
</tr>
<tr>
<td>Research Question 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The programs benefited the intended group.</td>
<td>3.35</td>
<td>53</td>
</tr>
<tr>
<td>7. There are enough programs in the community.</td>
<td>2.01</td>
<td>12</td>
</tr>
<tr>
<td>9. Services make a positive impact on the intended group.</td>
<td>4.03</td>
<td>81</td>
</tr>
<tr>
<td>10. Programs impact the way children see the future.</td>
<td>4.31</td>
<td>88</td>
</tr>
</tbody>
</table>

*Note.* Responses were measured on a 5-point scale, with 1 = *strongly disagree* and 5 = *strongly agree.*
Chapter 5: Discussion

Overview of Applied Dissertation

This study was designed to evaluate a community organization that serves children and adolescents in Jamaica. The community organization involved in this study was open to examining the issues related to child and adolescent services because of the overall lack of resources: poor access to housing, education, employment opportunities, social services, and basic amenities (Aleph, 2002; Black, 2001; UNICEF Jamaica, 2006). Deficiency in resources leads to a greater lack of essentials for children and adolescents in Jamaica and weakens their opportunities to grow in secure foundations that generate emotional, social, and economic development (World Bank, 2004). As a result of substantiating the program deficits through this study, concerns and interests were identified, and efforts now can begin to form alternatives for serving children and adolescents in this inner-city community and Jamaica.

The purpose of this study was to evaluate services that are provided to children and adolescents from this community organization in Jamaica. The short-term goal of this study was to offer recommendations to the community organization. The intermediate goal was to enhance services in order to improve child and adolescent outcomes (impact) and to identify a framework for future development for this inner-city community. In order to improve overall services, it is vital to understand what influences children and adolescents, and support from private, public, and governmental services is critical for change to be effective. This study also should contribute to continued analysis, research, and data collection and to further awareness of the conditions related to this specific population.
**Research Questions**

The first research question asked the following: How effective have child and adolescent services been in this community organization? The literature and data revealed that many serving organizations share common challenges regarding effective programming and resource retention. Participants in all stakeholder groups agreed that programs are important, assist children, and can have an impact. However, participants disagreed that programs provide children with opportunities. Children and adolescents from this community organization appear not to be the problem but are essentially the byproduct of their micro and macro environments, which have produced reduced opportunities for them (World Bank, 2003). In an effort to change those consequences and the effectiveness of child and adolescent opportunities, the following services need to be emphasized: investing in social programming in a collaborative manner, understanding the correlation between social programming and resource deficits, identifying key trends suggested by the literature, ensuring community participation, and recognizing the culture and tradition of children and adolescents in Jamaica.

The second research question asked the following: How do child and adolescent services in this community organization influence the community? The formative relationship with the ED revealed a list of challenges existing at a community level that influence the ongoing needs of children and adolescents from this community. The relationship and the study’s survey opened up a critical dialogue about important aspects of community. Sixty percent of respondents know someone who used the services, and 85% agreed that more programs should be offered by this community organization.

Because of the state of social service resources in Jamaica, the system for understanding the multifaceted conditions for children and adolescents in relation to the
influence of social programming services may require an immediate reversal from the present influences. A significantly higher proportion of the country’s budget must be allocated to communities so children and adolescents can survive, be protected, develop, and participate in the communities in which they reside (UNICEF Jamaica, 2006). The system that governs the island has become detached from the communities served, which subsequently has created environments that are pessimistic about social stability, local and national governance, health, educational achievement, and community welfare. If child and adolescent services are to prosper in this community organization and the inner city, the government and NGO sectors must gain a clear understanding that the influence of communities plays an important, catalytic role in piloting new, community-based vehicles for delivering positive child and adolescent opportunities.

The third research question asked the following: Are children and adolescents benefiting from services in this community organization? The evidence from the participants in the survey suggested beneficial factors from the services in this community organization. However, benefiting from services could be related only to specific programming needs, such as summer camp, and not to the real, systemic concerns for children and adolescents on the island. These results from the survey confirmed an important difference in the data. Although all three groups had mean ratings that were low (corresponding with disagreement), the educators reported less need for additional programs when compared to parents and particularly to the youth.

As a result, this evidence led to research regarding what other factors needed to be addressed when delivering services to children and adolescents in Jamaica. The literature (e.g., Leadbeater et al., 2006; UNICEF, 2005, 2007; Wandersman et al., 2006) provided the following five specific components that could be used in the development of more
beneficial programs and services: (a) collaboration of private organizations (businesses),
public (government) organizations, and NGOs; (b) accountability pertaining to existing
services and resources; (c) increase community involvement; (d) response to issues in a
multisectoral environment; (e) a move towards a model of service that is seamless; and
(f) an aim to broaden coverage of child and adolescent services.

**Implications of Findings**

The proposed outcomes included two components. The first was the short-term
goal of offering recommendations to the community organization. This community
organization is well established, and staff have a clear understanding of how to take the
recommendations from this study and interweave them into the political, social,
economical agenda of this island. The recommendations will provide a framework for
enhanced services and future development. The common core goal of any child- and
adolescent-serving agency is to provide service that is relevant to the needs of the
population that is being served (DuBois & Karcher, 2005). The recommendations
included in this study for this community organization take into consideration the
multifaceted conditions for children and adolescents in relation to social programming.
All findings indicate that participants want to promote social inclusion for children and
adolescents so they can survive, be protected, develop, and participate in their
communities (UNICEF Jamaica, 2006).

The second outcome is the intermediate goal of enhancing services in order to
improve child and adolescent outcomes (impact). Through well-defined outcomes and
collaboration, social program interventions could have an impact on the present resources
in this community organization. This goal should be associated with contributions from
the community, improved program development, and investment into accessible and
creative alternatives, which will have a systematic significance and impact on the competencies of children and adolescents from this community. Overall, with all to be considered, the outcomes strategically should improve and enhance services for children and adolescents.

Limitations

This study had three limitations that need to be acknowledged and addressed. These three limitations could serve as a basis for further research and analysis.

1. The first limitation was the use of a single organization from where data were collected. Many of the children and adolescents making up the majority living in this inner-city community do not attend the community organization surveyed but are noted to be the most vulnerable and most in need of programs and services. Often communities, particularly children and adolescents, become disengaged with certain organizations in the community based on the idea that they would not be able to utilize and trust certain services. Also, families become distrustful of those same organizations because of the political or social problems in the community and will not allow the child or adolescent to go out to make use of the resources. Therefore, the limitation is that services to a specific group within an inner-city population is disproportionate because of the level of distrust. This often happens in field research; threats to internal validity emerge and questions are raised based upon perceived evidence that what was constructed by the researcher caused a particular outcome.

2. Unforeseen flaws in the data-collection instruments or the manner in which the respondents completed the surveys are a limitation. The study involved a sample of 75 participants (parents and guardians; educators, administrators, and community members; and youth), and although all groups responded, some accommodations had to be made in
data collection by going into the community to seek the data. This shift was due to changes within the community organization and the decreased participation in programming because of the summer months.

3. The limited number of participants being used may be too narrow for broad generalizations. Due to the restricted scope of children and adolescents being surveyed in a single organization, most issues brought forth only relate to these particular participants. The broad generalizations about children and adolescents reviewed in the literature could be limited by incorrect inferences made and by not recognizing the great complexity and nuances specific to this community.

Assumptions

The researcher identified the following specific assumptions. The literature reviewed would be pertinent to the evaluation of services in this community organization. It was also assumed that the procedures outlined for this study were valid and reliable and that the measures used to collect and analyze data were valid and reliable. The final assumption was that this study can be generalized to other inner-city communities in Jamaica because of identified children and adolescent issues regarding services.

Recommendations

As a result of the data collected in this study, the researcher proposes the following five recommendations for this community organization:

1. First, the study found that 7 of the 10 Likert-scale items on the survey included statistically significant predictors for the need or use of services by children and adolescents in this community organization. The link between further development of social programs and the impact of more resources was found to be the most powerful predictor; that correlation is a strong predictor as to whether programs benefit the
intended group (DuBois & Karcher, 2005). To reaffirm the above significance, it was concluded that the community members’ willingness to fill out the survey and express their needs through this instrument substantiates the community’s willingness to create alternative resources that impact and benefit children and adolescents. The lack of social programming appears to be inversely related to the impact on child and adolescent development in this inner-city community (UNICEF, 2006). This finding was not surprising, since previous studies (e.g., UNICEF, 2006) in North America and the Jamaican community at large have described that gaps in social programming and beneficial resources have led to generations of children and adolescents who are poor, vulnerable, and abused. Understanding service and program impacts and how they benefit the needs of children and adolescents in this inner-city community is imperative if services are to flourish and survive. Unfortunately, services to children and adolescents do not have a single solution for any community organization in Jamaica.

2. Although previous research (United Nations, 2004; UNICEF, 2007) has found that services for children and adolescents of any kind are supportive in various settings, much of that research appears to be related to many factors such as environment, resource availability, and participation from the community. It is evident from this study in this inner city that various factors will impact the success of services, yet the one with the most statistical significance was resource availability. This study found a significant link between resource availability and the future of beneficial social program development. The theory and development of having positive services do not appear to be a concern; however, the actual resource availability is brought into question. The needs will continue, and though certain services will alleviate some of those needs, the likelihood is that this community and professionals will question the resource availability and
sustainability. The survey results confirm that individuals will embrace the benefits of any program and service idea, but the resource availability for implementation is a concern. Based on this reasoning, it should be concluded that having services for children and adolescents is a solid idea if resources are made available (United Nations, 2004).

3. This survey brought forth themes that need to be addressed when contemplating services for children and adolescents in Jamaica. The research (World Bank, 2003) has suggested that services should strive to create different levels of program interventions, and those services should be adaptable to accommodate a multitude of levels in a presenting social service structure. The National Center for Youth Development (2003) in Jamaica has recommended that program themes promote safety, levels of structure, opportunities to belong, positive social impacts, and the opportunity to build skills to mobilize for better outcomes for children and adolescents on the island. The responses to the survey’s open-ended questions concurred with the above themes, and participants of the survey made it clear that children and adolescents need this support for successful growth. For that reason, proper program interventions should support the overall themes in this community.

4. It is important to embrace the collectivist attitude that Jamaican policymakers promote towards the social service sector. In promoting partnerships, social service programs can sustain a framework that is ethnically or culturally specific and that develops potential research that is not solely derived from North American literature (Aleph, 2002). The governmental policy literature is moderate; yet, the policy is not filtering down to improve and sustain a framework for children and adolescent services (Aleph). The most puzzling thing is that the policies exist in national documents to support children and adolescent development and growth, yet few resources are being
seen by social serving agencies. Like many bureaucratic governments, Jamaica has selectivity, which often means little prioritization of child and adolescent research. Simply, child and adolescent services need a structure that is well documented, shared, and understood by service providers both on and off the island.

5. Finally, this study concluded that in utilizing educational institutions, partnering existing social programs, improving and investing in present basic programs, and honing collectivist attitudes will provide partnerships for communities and most needed services for children and adolescents. This study was created to advance an ideological framework for the eventual enhancement and implementation of services that will benefit this inner-city community. Additionally, this study will be summarized and disseminated to the government and other inner-city community organizations. By sharing the results of the study, the topic will have some documented literature that will encourage others to start documenting service delivery provided to children and adolescents in Jamaica.

Conclusion

The purpose of this study was to conduct an evaluation of a community organization that serves children and adolescents in Jamaica and to make initial recommendations that will enhance existing services for community organization. The goal of the study was to identify those concerns related to serving children and adolescents and to determine those areas of needed focus. An analysis of specific impacts and benefits was indicated by responses to the survey items and open-ended questions that were correlated into themes. The study could be refined, removing certain variables and potentially introducing others, in order to make the research an even better predictor of the social program needs. Additional research is needed to aid in the progress of
specific programming and service needs.

This study identified and highlighted the current services for children and adolescents in this community organization and identified organizational obstacles. The results and conclusions of this study will be presented to the ED of the organization. Recommendations will also be presented for the development and implementation of future services and programming and for appreciating the ongoing needs of children and adolescents, who are an integral part of this inner-city community and its future. The researcher anticipates that the implementation of these recommendations will contribute to a long-term modification in social programming services for children and adolescents and will create accountability from island sources outside this community organization.
References


Appendix A

Children and Adolescents in Jamaica Evaluation Survey I—Youth
Survey I—Youth

Children and Adolescents in Jamaica Evaluation Survey

Youth (ages 16–18)

You have been asked to take this evaluation survey. This evaluation survey will be used to determine if children and youth in your community are being assisted through services provided by this community organization.

Please do not fill in your name, or anything that tells us who you are; even though this survey is kept confidential, we also would like to judge it fairly!

Please circle the response that best represents how much you agree or disagree with each statement. The scale has 5 points, with the middle of the scale representing a feeling of “neither agreeing or disagreeing.”

1 = Strongly disagree  2 = Disagree  3 = Neither agree nor disagree  4 = Agree  5 = Strongly agree

Use the last three sections at the end of this survey to make any comments.

Circle one answer for each question.

1. You attend the programs in this community organization.  
2. Programs that serve children and youth are important to you.  
3. Programs help the children and youth in this community.  
4. The children and youth programs benefited you.  
5. You would like to see more child and youth programs.  
6. Child and youth programs could impact the younger generation in this community.  
7. There are enough child and youth programs in this community.
8. Opportunities for children and youth come from services in this organization. 1 2 3 4 5

9. Child and youth programs make a positive impact on you. 1 2 3 4 5

10. Child and youth programs in this community organization changed the way you see your future. 1 2 3 4 5

What new services would impact the current child and youth program at this community organization?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Is there anything you would add to the programs that currently exist for children and youth in this community organization?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Other comments:
______________________________________________________________________
______________________________________________________________________

Thank you,
Leslie Yaffa
Appendix B

Children and Adolescents in Jamaica Evaluation Survey II—Adults
Survey II—Adults

Parents Guardians, Advocates and Educators, Administrators, and Community Members

Children and Adolescents in Jamaica Evaluation Survey

You have been asked to take this evaluation survey. This survey will be used to determine if children and youth in your community are being assisted through services provided by this community organization.

Please do not fill in your name or anything that will identify who you are; this survey is kept confidential, but it will also be judged impartially.

Please circle the response that best represents how much you agree or disagree with each statement. The scale has 5 points with the middle of the scale representing a feeling of neutrality.

Please make any comments with the last three statements at the end of this survey.

1 = Strongly disagree  2 = Disagree  3 = Neither agree nor disagree
4 = Agree  5 = Strongly agree

Circle one answer for each question.

1. You know someone who uses the services for children and adolescents in this community organization.  1  2  3  4  5

2. Programs that serve children and adolescents from this community organization are important to you.  1  2  3  4  5

3. Programs assist the children and adolescents in this community.  1  2  3  4  5

4. The children and adolescent programs benefited the intended group.  1  2  3  4  5

5. You would like to see more child and adolescent programs in this community organization.  1  2  3  4  5

6. You believe child and adolescent programs could impact the younger generation in this community.  1  2  3  4  5
7. You believe there are enough child and adolescent programs in this community.

8. Opportunities for children and adolescents come from services in this organization.

9. Child and adolescent programs/services make a positive impact on the intended group.

10. Programs for children and adolescents in this community organization impact the way they see the future.

What new services would impact the current child and adolescent program at this community organization?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Is there anything you would add to the programs that currently exist for children and adolescent in this community organization?

_____________________________________________________________________
_____________________________________________________________________

Other comments:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Thank you,
Leslie Yaffa