



2ND REPORT OF THE

JOINT SELECT COMMITTEE ON

SOCIAL SERVICES

AND

PUBLIC ADMINISTRATION

ON AN

**INQUIRY INTO THE EFFECTIVENESS
OF THE STATE'S INTERVENTIONS DIRECTED AT
SOCIALY DISPLACED PERSONS IN TRINIDAD AND TOBAGO**

*SECOND SESSION (2016/2017) 11TH PARLIAMENT
OF THE REPUBLIC OF TRINIDAD AND TOBAGO*

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Second Report

Of the

Joint Select Committee on Social Services and Public Administration

on

THE EFFECTIVENESS OF THE STATE'S INTERVENTIONS DIRECTED AT SOCIALY DISPLACED PERSONS IN TRINIDAD AND TOBAGO

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The Joint Select Committee on Social Services and Public Administration

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THE COMMITTEE



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Mr. Esmond Forde, MP

MEMBER



Mrs. Glenda Jennings-Smith, MP

MEMBER



Brig. Gen. (Ret.) Ancil Antoine, MP

MEMBER



Mrs. Christine Newallo-Hosein, MP

MEMBER



Ms. Nadine Stewart

MEMBER



Mr. Rohan Sinanan

MEMBER



Ms. Khadijah Ameen

MEMBER

Committee Mandate and Establishment

- 1.1. Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.
- 1.2. Motions related to this purpose were passed in the House of Representatives and Senate on November 13th, and 17th, 2015, respectively, and thereby established, *inter alia*, the **Joint Select Committee on Social Services and Public Administration**.

Powers of the Committee

- 1.3. Standing Orders 101 (7) of the Senate and 111 of the House of Representatives delineate the core powers of the Committee which include *inter alia*:
 - to send for persons, papers and records;
 - to sit notwithstanding any adjournment of the Senate;
 - to adjourn from place to place;
 - to report from time to time;
 - to appoint specialist advisers either to supply information which is not otherwise readily available, or to elucidate matters of complexity within the Committee's or Sub-Committee's order of reference;
 - to communicate with any Committee of Parliament on matters of common interest; and
 - to meet concurrently with any other Committee for the purpose of deliberating, taking evidence or considering draft reports.

Membership

1.4. The Committee comprises the following members:

- | | |
|--|----------|
| 1. Dr. Dhanayshar Mahabir | Chairman |
| 2. Mr. Esmond Forde, MP ¹ | Member |
| 3. Mrs. Glenda Jennings-Smith, MP ² | Member |
| 4. Brig. Gen. (Ret.) Ancil Antoine, MP | Member |
| 5. Mrs. Christine Newallo-Hosein, MP | Member |
| 6. Ms. Nadine Stewart | Member |
| 7. Mr. Rohan Sinanan ³ | Member |
| 8. Ms. Khadijah Ameen | Member |

Secretariat Support

1.5. The following officers were assigned to assist the Committee:

- Mr. Julien Ogilvie - Secretary
- Ms. Kimberly Mitchell - Assistant Secretary
- Ms. Katharina Gokool - Graduate Research Assistant
- Ms. Ashaki Alexis - Parliamentary Intern

¹ Mr. Esmond Forde replaced Mr. Terrence Deyalsingh w.e.f. 01.04.2016

² Mrs. Glenda Jennings-Smith replaced Ms. Shamfa Cudjoe w.e.f. 13.05.2016

³ Mr. Rohan Sinanan replaced Mr. Hafiz Ali w.e.f. 21.06.16

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ABBREVIATIONS

CSDP	CENTRE FOR SOCIALLY DISPLACED PERSONS
IAU	INTER-AGENCY UNIT
MOH	MINISTRY OF HEALTH
MOHUD	MINISTRY OF HOUSING AND URBAN DEVELOPMENT
MOSDFS	MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES
NGO	NON-GOVERNMENTAL ORGANISATION
OTC	OVER THE COUNTER
PEC	PIPARO EMPOWERMENT CENTRE
PSCC	PORT OF SPAIN CITY CORPORATION
PSIP	PUBLIC SECTOR INVESTMENT PROGRAMME
RHA	REGIONAL HEALTH AUTHORITY
SDU	SOCIALLY DISPLACED UNIT
TLM	TRANSFORMED LIFE MINISTRIES
TTPS	TRINIDAD AND TOBAGO POLICE SERVICE

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EXECUTIVE SUMMARY

The Committee resolved to inquire into the effectiveness of the State's interventions directed at socially displaced persons in Trinidad and Tobago at its second meeting held on January 20, 2016.

As such, the Committee agreed that the inquiry will be informed by the following objectives:

- a. To determine the prevalence of cases of social displacement in Trinidad and Tobago;**
- b. To understand the line Ministry's plans and strategies for addressing this social issue;**
- c. To examine the systems and procedures in place for the effective management and monitoring of the various state sponsored centers/institutions involved in housing and or rehabilitating the socially displaced;**
- d. To evaluate the procedure used to assess socially displaced persons and monitor their condition after social and medical interventions are executed;**
- e. To determine the effectiveness of the multi-sectoral efforts and rehabilitation services targeted towards the socially displaced;**
- f. To determine the status of the review of the Socially Displaced Persons Act, 2000.**

The Committee acquired both oral and written evidence based on the objectives listed above from a public hearing held with representatives of the Ministry of Social Development and Family Services (MoSDFS), the Ministry of Health (MoH), the Port of Spain City Corporation (PSCC) and the Trinidad and Tobago Police Service (TTPS) on May 18th, 2016. In addition, the Committee obtained evidence from representatives from the following stakeholders:

- Transformed Life Ministry;
- Living Water Community;
- The Society of St. Vincent de Paul;
- The Piparo Empowerment Centre; and
- Vision on Mission.

Some of the significant issues addressed during this inquiry were:

- a. the inadequacy of the line Ministry's data collection system;
- b. the inadequacy of the MoSDFS' record keeping on socially displaced persons;
- c. the absence of institutionalised surveys;
- d. the need for more social workers to assist the socially displaced;

- e. the need for greater collaboration amongst stakeholders to establish a more structured and holistic system of treating with the socially displaced;
- f. the extended delay in the proclamation of the Socially Displaced Persons Act, 2000;
- g. the need for the socially displaced to be properly categorized;
- h. the need for Non-Governmental Organisations (NGOs) to synergize activities and procedures with a view to reducing the cost of treating persons and minimizing duplication.

From observations made during this inquiry, the Committee has proffered recommendations which we believe will appropriately address the issues highlighted. A summary of these recommendations follow this Executive Summary.

We anticipate that the Parliament, the MoSDFS, the MoH and other stakeholders would give due consideration to the findings and recommendations contained in this Report with a view to enhancing the effectiveness of the State's interventions directed at the socially displaced in Trinidad and Tobago. The Committee looks forward to reviewing the Minister's response to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

RECOMMENDATIONS FOR IMPLEMENTATION IN THE SHORT-TERM

(To be implemented within 3 to 6 months of the presentation of the report)

- I. That the Ministry allocate necessary resources for the purpose of conducting a comprehensive survey of the socially displaced in Trinidad and Tobago. This survey must aim to:
 - Determine the number of socially displaced persons who reside in and out of support/rehabilitative institutions; and
 - Divide this group into categories such as type of mental and physical illness, age, and gender among others.
- II. That the Ministry set a benchmark for the time-frame that such surveys should be repeated in the future.
- III. That mentally ill persons be distinguished from the substance abusers and other socially displaced persons in order to determine those who should be institutionalized and those who should be under medical care.
- IV. That the Ministry collaborate with governmental and non-governmental stakeholders with a view to determining the necessary amendments to be made to the Socially Displaced Persons Act, 2000. The Ministry must also have a documented plan for the implementation and enforcement of the legislation.
- V. That the MoSDFS merge the services of the SDU with that of the IAU to allow for a more efficient use of scarce resources.
- VI. That necessary action be taken to appoint a Socially Displaced Board or some means whereby the Ministry can interface with representatives of NGOs and other Ministries with a view to formulating sound and relevant policy measures.
- VII. The immediate re-establishment of the Inter-ministerial Committee and that this Committee meet at least once per month.
- VIII. That the Ministry conduct a comparative study of good practices adhered to in other jurisdictions as it relates to the provision of essential services to the socially displaced with a view to determining whether this country could benefit from the systems and strategies adhered to in these countries.
- IX. That the MoSDFS assume the responsibility for convening quarterly meetings with all stakeholders via the re-establishment of the Socially Displaced Board so that synergies can be maximized and duplication of efforts can be reduced.
- X. That the MoSDFS require all NGOs who are in receipt of Government funding to properly account for the use of same, by producing financial reports and statements and Minutes of Board meetings (where applicable).

- XI. In terms of assistance for audits, that NGOs use moral suasion to obtain the assistance of auditing firms to provide auditing services at a reduced cost so that the accounts of the NGOs are transparent. Greater transparency and accountability by these organizations may act as an incentive for the public to contribute to their endeavors.
- XII. That rehabilitation programmes should facilitate the participation of former clients who were successfully rehabilitated. These persons may act as “life coaches” or mentors to those enrolled in programmes.
- XIII. That the Ministry in undertaking amendments to the Socially Displaced Persons Act, take into consideration the costs and benefits of introducing provisions that allow for the involuntary removal, transfer or confinement of the socially displaced. Should the policy position be in favor of a coercive approach, the modified legislation must include the necessary special majority formula and consultation with the necessary stakeholders.

RECOMMENDATIONS FOR IMPLEMENTATION IN THE LONG-TERM

[To be implemented within 12 months to 2 years of the presentation of the report)

- I. The implementation of a continuum of care which will contribute to more sustainable and meaningful results following social interventions.
- II. Funds should be allocated to engage the services of fifteen (15) Social Workers to provide support services to the socially displaced until the ideal complement of thirty-three (33) Social Workers can be employed.
- III. A Reduction in the attrition rate (drop-out rate) experienced by these rehabilitation programmes, as such the Ministry ensuring that any proposed modifications to the current Act include provisions which allow for the safe and timely removal of street dwellers without consent.
- IV. That the families of socially displaced persons be identified and provided with counselling and guidance on how to interact with their relative/s who may be residing on the streets.
- V. The establishment of a Public Private Partnership to provide employment for socially displaced persons who are fit-for-work as is being considered in the City of Cebu, Philippines. To complement this recommendation, a skills assessment and skills pool component should be included in any future survey of the socially displaced. In the interim, a skills assessment of persons residing in institutions/facilities which house the socially displaced and are managed/financed by the State should be undertaken as a priority.
- VI. The establishment of a Public Private Partnership to supplement and aid NGOs in the supply and delivery of social services to socially displaced persons. The feasibility of implementing a programme such as the Flexible Housing Subsidy Pool (FHSP) in Los Angeles, which aims

“to secure decent, safe and affordable housing for patients who are homeless and have complex physical and behavioral health conditions” should be considered.

- VII. The reconstituted Socially Displaced Board of the MoSDFS to include as a priority on its agenda the examination of the special circumstances affecting socially displaced women and make recommendations for appropriate interventions to assist women.
- VIII. That the MoH undertake a long overdue review of the Mental Health Act Chapter 28:02 so that the legislation would be more applicable to current realities. In this regard, an omnibus Bill which also seeks to make consequential amendments to the Summary Offences Act Chapter 11:02 and the Summary Courts Act Chapter 4:20.
- IX. That the line Ministry establish a comprehensive database that captures a broad spectrum of critical information on the socially displaced including those that are not enrolled in rehabilitative institutions/programmes.
- X. That the line Ministry ensure that officers are assigned to manage this database and conduct ongoing research on the socially displaced both in Trinidad and in Tobago.

INTRODUCTION

Background

- 2.1. The Socially Displaced Persons Act, 2000⁴ defines a “socially displaced person” as *“any idle person habitually found in a public place whether or not he is begging and who by reason of illness or otherwise is unable to maintain himself, or has no means of subsistence or place of residence, is unable to give a satisfactory account of himself and causes or is likely to cause annoyance or damage to persons frequenting that public place, or otherwise to create a nuisance.”*
- 2.2. The Act also provides for the establishment of a Social Displacement Unit (SDU) which is responsible for coordinating activities associated with the assessment, rehabilitation and reintegration of the socially displaced citizens of Trinidad and Tobago⁵. In addition, Section 45 (c) of the Summary Offences Act Chapter 11:02 provides that a person commits an offence where he is found loitering in (among other places) any street or public place and does not give a “good account of himself”. Notwithstanding these provisions, the issue of social displacement continues to persist particularly on the streets of the major cities of Port of Spain and San Fernando.
- 2.3. As a consequence, the Committee agreed that this issue required some attention and decided to undertake an inquiry to *inter alia* determine the effectiveness of the State’s involvement in and to identify opportunities for improvement in the current approach that is being adopted to treat with this issue.

Objectives of the Inquiry

- 2.4. The Committee agreed that the following will comprise the objectives of the inquiry:
1. **To determine the prevalence of cases of social displacement in Trinidad and Tobago;**
 2. **To understand the line Ministry’s plans and strategies for addressing this social issue particularly as it relates to:**
 - a. **reducing the number of socially displaced persons; and**
 - b. **the expansion and development of rehabilitation centres;**

⁴ <http://www.ttparliament.org/legislations/a2000-59.pdf>

⁵ Pg. 60 -Presentation by Dr. The Honourable Glenn Ramadharsingh 2012-2013 Budget Debate Ministry of the People and Social Development
<http://www2.mpsd.gov.tt/sites/mpsd.drupalgardens.com/files/Budget%20Speech%20for%20fiscal%202013-Dr%20Ramadharsingh.pdf>

3. To examine the systems and procedures in place for the effective management and monitoring of the various state sponsored centers/institutions involved in housing and or rehabilitating the socially displaced;
4. To evaluate the procedure used to assess socially displaced persons and monitor their condition after social and medical interventions are executed;
5. To determine the effectiveness of the multi-sectoral efforts and rehabilitation services targeted towards the socially displaced particularly as it pertains to:
 - a. the number of socially displaced persons who have participated in the various rehabilitation programmes in the past ten (10) years;
 - b. the number of socially displaced persons who have been successfully reintegrated into society in the past ten (10) years; and
 - c. the number of persons who have returned to the streets subsequent to being rehabilitated; and
6. To determine the status of the review of the Socially Displaced Persons Act, 2000.

Conduct of the Inquiry

- 2.5. The Committee held two (2) public hearings with various stakeholders. The Committee's first hearing on this issue was held on May 18, 2016, and involved representatives of the Ministry of Social Development and Family Services (MoSDFS), the Ministry of Health (MoH), the Trinidad and Tobago Police Services (TTPS) and the Port of Spain City Corporation (PSCC) attached at **Appendix II**. Prior to the public hearing, notice was issued regarding the general objectives of the inquiry. In response, written submissions were received from the MoSDFS, and MoH. These responses provided a frame of reference for the questions posed during the hearing.
- 2.6. A second hearing was held on June 15th, 2016 at which time the Committee met with representatives of various NGO stakeholders (attached at **Appendix II**) who interface with the socially displaced. The organisations represented include:
 - Transformed Life Ministry;
 - Living Water Community;
 - The Society of St. Vincent de Paul;
 - The Piparo Empowerment Centre; and
 - Vision on Mission.

2.7. The **Minutes of the Meeting** during which the public hearing was held are attached as **Appendix III** and the **Verbatim Notes** as **Appendix IV**.

3. KEY ISSUES, FINDINGS AND RECOMMENDATIONS

Inquiry Objective 1-THE PREVALENCE OF CASES OF SOCIAL DISPLACEMENT IN TRINIDAD AND TOBAGO

Data on socially displaced in Trinidad

3. 1.1 In 2004, the Social Policy and Research Division of the MOSDFS undertook a Survey on Socially Displaced Persons. The survey findings revealed that the number of socially displaced persons on the streets and residing in various centres was nine hundred and five (905) of which sixty-six (66) were children. However, officers of the Social Displacement Unit (SDU) conducted a random street survey of the socially displaced population in January, 2015 which revealed a total of five hundred and thirty-nine (539) persons which included persons in centres and facilities⁶. The “street count” basically entailed officials of the Ministry driving in certain areas and doing a head count of the persons they perceived to be street dwellers. This method does not involve any interaction with street dwellers and simply involve a head count of persons visibly living on the streets.

3. 1.2 Another “head count” was conducted by the Ministry over a two (2) day period: May 16th to 18th, 2016. The result of this count suggested that there were three hundred and forty-nine (349) socially displaced persons on the streets of Trinidad. However, no children were identified on this occasion. Data collected from the street count in some major areas revealed the following:

TABLE 1

Number of social displaced persons identified during street count held on May 16th to 18th, 2016

Area	No. of males	No. of females
Port of Spain	152	5
San Juan	14	-
Tunapuna	10	-
Arima	23	-
Marabella	15	-

⁶ Information obtained from the pre-hearing submission submitted by the Ministry of Social Development and Family Services dated April 29, 2016.

Princes town	2	-
San Fernando	61	-
Sangre Grande/Valencia	11	-
Chaguanas	8	-

Source: Social Displacement Unit, Ministry of Social Development and Family Services

3.1.3 Interestingly, the Mayor of Port of Spain indicated that a survey conducted by the Port of Spain City Corporation in 2010/2011 recorded that there were over three hundred (300) to four hundred (400) socially displaced persons residing in the capital city alone. Accordingly, the data supplied by the MoSDFS does not correspond with the City Corporation's findings and as such should be reconciled.

3.1.4 The MoSDFS submitted that it does not have a database that captures information on the socially displaced. However, Social Workers who interact with the socially displaced maintain records of their clients. The MoSDFS also indicated that surveys and headcounts are not institutionalised policy and there is therefore a need to formalize these procedures to ensure continuity.

Data from the Ministry of Health

3.1.5 Information submitted by the Ministry of Health (MoH) in May 2016 indicated that there are two hundred and twelve (212) persons at the hospitals or extended care facilities who were either abandoned or referred by the Courts and the MoSDFS. Seventy-eight (78) of these persons are located at the St. Ann's Psychiatric Hospital and fifty-nine (59) are at various hospitals. The Ministry indicated that these patients, who are eligible for discharge but have no place of abode, were occupying hospital beds which ought to be assigned to the sick, hence compromising health care delivery to genuinely sick citizens.

3.1.6 The Committee received information on the number of persons residing at the various centres, which are directly supported by the State, as well as the capacity of each centre. Details are outlined in Table 2.

TABLE 2

Number of persons at care centres which are state-controlled or supported

Name of Centre	Capacity	Occupancy
CSDP Port-of-Spain	160	115
Court Shamrock	50	42
Hernandez Place	17	17
New Horizon	80	27
Piparo Empowerment Centre (PEC)	60	41

3.1.7 The Committee was informed that some of the Non-Governmental Organisations (NGOs) who are involved in treating with the socially displaced are:

- i. Vision on Mission;
- ii. St. Vincent De Paul, which provides free shelters and prisoner reintegration;
- iii. Centre of Hope (Brazil) with responsibility for Hernandez Place which caters to socially displaced elderly persons;
- iv. Rebirth House, which treats with substance abuse and provides rehabilitation programmes;
- v. Living Water Community; and
- vi. Credo Foundation for children.

Predominant causes of social displacement

3.1.8 Representatives of the CSDP provided the following statistics regarding the different categories of the socially displaced residing at the Centre.

TABLE 3
Age range and Categories of persons residing at the CSDP

	Homelessⁱ	Mentally Ill	Drug Addicts	Alcoholic
Women				
20 – 29 yrs	0	0	0	0
30 – 39	0	1	0	0
40 – 49	2	2	0	0
50 – 59	0	5	0	0
60 – 65	0	2	0	0
65 – over	3	1	0	0
Sub-Total	5	11ⁱⁱ	0	0
Men				
20 – 29 yr	3	0	0	0
30 – 39	8	7	0	0
40 – 49	5	6	3	1
50 – 59	20	7	8	0
60 – 65	11	5	4	2
65 - over	8	3	1	0
Sub-Total	55	28	16	3

3.1.9 Other witnesses advised the Committee that a person may become homeless as a result of family peer pressure associated with religious beliefs as well as physical abuse, stress, the weight of responsibilities, ill health (such as HIV/AIDS), job loss and an inability to pay rent. Evidence from the MoSDFS reinforced the above as the main causes and also suggested others reasons such as, a lack of affordable housing options and limited appropriate rehabilitation programmes and long-term care facilities. There are also a number of co-relating factors that contribute to street dwelling including a breakdown in the social support systems. However, the Ministry submitted that the leading causes of persistent/long-term street-dwelling in Trinidad and Tobago are chronic mental illness and chronic addiction or, co-occurring disorders (a combination of both).

3.1.10 During a three (3) year span (2012/2013 to 2016), the Inter-Agency Unit's Street Dweller Rehabilitation Reintegration Programme assisted, screened and/or assessed exactly 208 street dwellers throughout the country, including Tobago. Ninety percent (90%) of this sample or 184 persons tested positive for drug use or admitted to persistent use and/or addiction of one or more substances (whether alcohol, illicit or over-the counter drugs) often dating back to childhood. Of the remaining

3.1.11 10%, twelve (12) were diagnosed as chronically mentally-ill without substance dependency, needing convalescent care.

3.1.12 The President of the *Society of St. Vincent De Paul* indicated that there are some socially displaced persons with a proper bank account who work but reside at the CSDP merely because they lack housing.

The percentage of socially displaced persons who can be rehabilitated

3.1.13 The Committee sought to acquire the perspective of NGOs on the percentage of socially displaced persons who were likely to be successfully rehabilitated. In response, the Living Water Community submitted the following position on this matter:

- a. in order to determine the percentage of socially displaced persons who can be rehabilitated it is necessary to determine the factors causing social displacement such as mental illness, dual disorders, social issues, old age, or other medical ailments;
- b. it is difficult to have an across the board percentage;
- c. each category has to be analyzed to determine the type of rehabilitation required; and
- d. generally, all persons are rehabilitative but a one-on-one approach to treatment is required.

3.1.13 On the same note, a Vision on Mission representative indicated that from his experience working in the penal system, a large percentage of inmates can be successfully rehabilitated with the right kind of assessment tools and programmes to suit and treat the issues that contribute to criminality. He added that it takes approximately three (3) years with the appropriate care, support, surveillance and supervision. Further a targeted collaborative effort between the MoH, the Criminal Justice System and the Ministry of Housing and Urban Development (MoHUD), can reduce the number of socially displaced coming out of the penal system.

Findings and Recommendations

3.1.14 The Committee noted with concern that some twelve (12) years have elapsed since the line Ministry conducted a comprehensive survey to assess the population of the socially displaced in Trinidad and Tobago. Proper policy formulation must be informed by accurate data and therefore the Committee believes that such an undertaking should be completed before the Ministry can formulate a holistic policy framework to deal with the socially displaced. While unscientific/unstructured methods such as “street or head counts” provided a snap shot of the number of street dwellers at a

specific location and time, such an approach needs to be augmented with a more comprehensive approach to problem assessment.

3.1.15 Further, the inconsistencies in the statistical data provided by the Ministry in comparison with other stakeholders suggest that there are divergent opinions on the prevalence of social displacement in this country. Notwithstanding, the statistical data provided even with a reasonable margin of error, clearly suggests the existence of a large number of socially displaced persons throughout Trinidad. The evidence also suggested that the socially displaced who dwell on the streets prefer to dwell in urban centres for obvious reasons. The information provided by the Mayor of Port of Spain confirms what many would have suspected, that is, that the capital city may have the largest number of street dwellers on record.

3.1.16 In addition, the Committee took note that at present, Social Workers employed by the Ministry do capture some information on the clients they interact with. The Committee believes that this is a good practice, however an increase in the number of Social Workers assigned to the socially displaced is necessary.

3.1.17 Feedback received from NGOs, suggests that understanding the causes of social displacement is essential to categorizing and analysing socially displaced persons. Indeed, it is also important for resource distribution and for measuring the effectiveness of intervention strategies. It was observed that in some countries a more methodical approach is adopted for collecting data on the socially indigent through innovative data collection instruments and client information management systems. Stakeholders who interface with the socially displaced may also assist in collecting data on clients.

A. We recommend that the Ministry allocate necessary resources for the purpose of conducting a comprehensive survey of the socially displaced in Trinidad and Tobago.

This survey must aim to:

- **Determine the number of socially displaced persons who reside in and out of support/rehabilitative institutions; and**
- **Divide this group into categories such as type of mental and physical illness, age, and gender among others.**

- B. The Ministry should also set a benchmark for the time frame that such surveys should be repeated in the future.**
- C. The Committee recommends the line Ministry establish a comprehensive database that captures a broad spectrum of critical information on the socially displaced including those that are not enrolled in rehabilitative institutions/programmes. This is important since data record deficiencies prevent adequate measurements of value for money and accurate assessment of impact of programmes/interventions.**
- D. Further to the recommendation pertaining to the development and maintenance of a comprehensive database on the socially displaced, the Committee recommends that the Ministry ensure that officers are assigned to manage this database and conduct ongoing research on the socially displaced both in Trinidad and in Tobago.**
- E. We also recommend that mentally ill persons be distinguished from the substance abusers and other socially displaced persons in order to determine those who should be institutionalized and those who should be under medical care.**

Inquiry Objective 2

MINISTRY'S PLANS AND STRATEGIES

Previous plans and strategies

3.2.1 In 1996, the MoSDFS was formally tasked with the responsibility of addressing social displacement in Trinidad and Tobago. Since then, the following initiatives were implemented:

- a. a holistic plan was presented to the Cabinet in March, 1996;
- b. a task force was appointed by the Cabinet in July, 1996 to develop an action plan to operationalize the holistic plan;
- c. the action plan was presented to the Cabinet in 1997;
- d. the Social Displacement Unit (SDU) was established in 1999;
- e. the Social Displacement Act, 2000 was passed although not yet proclaimed;
- f. a Board was appointed to oversee the work of the SDU with its term ending in 2006;

- g. the National Strategy to address the socially displaced was approved by the Cabinet in 2008;
- h. Inter-Ministerial Committees were established in 2008 and 2013 respectively; and
- i. the Inter-Agency Unit (IAU) was established in 2012.

3.2.2 Notwithstanding, these efforts, the MoSDFS indicated that there has been limited success in treating with the socially displaced.

Continuum of care

3.2.3 The Executive Director of the SDU indicated that the socially displaced require a combination of services to deal with their various problems. However, gaining access to these services may be difficult as persons may be unaware that they exist or are not in a state of mind to even know that they are in need of assistance. As a consequence, socially displaced persons are left vulnerable and marginalized and as a result, may be unable to seek assistance. In this regard, several of the stakeholders who met with the Committee support the idea of a continuum of care which includes coordination and collaboration amongst the various agencies. The MoSDFS submitted further information on the continuum of care approach in a document entitled “*Street Dwellers Continuum of Care Service*” as at **Appendix V**.

3.2.4 Additionally, it was indicated that the MoSDFS constituted a Board to deal with social displacement in 2004 which was later disbanded. The MoSDFS indicated that it will be recommending the reconstitution of that Board in addition to an Inter-ministerial Committee to treat with the issue of social displacement.

Development plans

3.2.5 Under the Public Sector Investment Programme (PSIP) 2015, the MoSDFS was allocated TT\$9.9 million to assist NGOs, with the implementation of social programmes and projects aimed at providing rehabilitative services and accommodation to former social offenders, street dwellers, drug abusers and other socially displaced persons.

3.2.6 \$1.9 million was allocated to the Vision on Mission Development Programme for the completion of external works at the Anti-Crime, Ex-Prisoners, in Transit Rehabilitation, Reintegration and Delinquency Treatment Centre at Hamilton.

3.2.7 In fiscal 2012, works commenced on a facility located in Wallerfield (Siding at Wallerfield) and continued in 2013 with the completion of the main building and the commencement of external works. In fiscal 2014, \$1.5 million was utilized to undertake: repairs to the roof; retrofitting an existing building on the compound; complete external works and procure furniture and equipment for the Centre. The facility was projected to be completed in September 2014, and on completion will provide accommodation and rehabilitation for eighty (80) men for reintegration into society.

3.2.8 An allocation of \$1 million was provided for the removal, rehabilitation and reintegration of street dwellers under the Street Dwellers Rehabilitation and Reintegration Programme. The MoSDFS is in the process of restructuring this programme for greater efficiency and to make it more beneficial to the stakeholders. Towards this end, a revised allocation of \$0.5 million was utilized to advance this initiative. In addition, under this programme the CSDP and PEC will undergo refurbishment.

3.2.9 There are plans to find a location for an assessment centre in Port of Spain since previous plans for its location at Queen Street, Port of Spain were stalled.

Recipients of subventions

3.2.10 The MoSDFS provides subventions to:

- i. The CSDP,
- ii. Court Shamrock,
- iii. Hernandez Place located in Arima,
- iv. The New Horizons and the PEC in Piparo.

3.2.11 In addition, the MoSDFS also provides support to the Community Care Programme via the MoH, and Regional Health Authorities (RHAs).

Challenges confronted by the Ministry

3.2.12 Notwithstanding its plans and strategies, the MoSDFS indicated that it faces challenges such as:

- i. A lack of human resources to provide support services;
- ii. Insufficient assessment facilities and accommodation for the socially displaced; and
- iii. External staffing to deal with client issues as well as challenges in their operations in terms of mobilising agencies to deal with the socially displaced.

Social services

3.2.13 The Ministry's Social Welfare Division has a number of social programmes. For instance, grants are provided to persons who may have difficulty in paying their rent until they are able to manage on their own. In addition, there are programmes at the Ministry of Labour and Small Enterprise Development for persons who have lost their jobs. It was also indicated that the MoSDFS is working to provide psychosocial services via the National Family Services Division as well as the development of a social mitigation plan that would cushion the impact of the economic downturn. The MoSDFS also assured that none of their allocations to social programmes have been cut.

FINDINGS AND RECOMMENDATIONS

3.2.14 The Ministry's accomplishments with respect to dealing with social displacement may be considered fair to moderate. The partial operationalization of the Act manifested in the establishment of the SDU and the IAU demonstrates that the Ministry has made some progress over the past decade. However, it must be of concern to all stakeholders that the Act remains unenforceable. The Committee also noted that a Socially Displaced Board has been absent for a number of years. As such, the Ministry (and its Ministers) has not benefitted from the multiple perspectives that such a forum provides.

3.2.15 The Committee noted that during fiscal 2014 and 2015 approximately 19 million was allocated to development activities. This, in addition to recurrent expenditure incurred to fund the operations of the SDU and the IAU. Notwithstanding, data provided to the Committee suggests that there are approximately four hundred (400) street dwellers in Trinidad alone. As such, the Committee is questioning whether value for money is being realized in the operations of the Ministry in this regard.

- A. We recommend that the Ministry collaborate with governmental and non-governmental stakeholders with a view to determining the necessary amendments to be made to the Socially Displaced Persons Act, 2000. The Ministry must also have a documented plan for the implementation and enforcement of the legislation.**
- B. We recommend that necessary action be taken to appoint a socially displaced board or some means whereby the Ministry can interface with representatives of NGOs and other Ministries with a view to formulating sound and relevant policy measures.**

- C. We endorse the implementation of a continuum of care which we believe will contribute to more sustainable and meaningful results following social interventions.
- D. We recommend the immediate re-establishment of the Inter-ministerial Committee and we propose that this Committee meet at least once per month.

Inquiry Objective 3

SYSTEMS AND PROCEDURES FOR MANAGING AND MONITORING CENTRES

The social displacement unit and inter-agency unit

3.3.1 Notwithstanding the fact that the Act has not been formally implemented, the SDU is operational and according to the Act, the Unit is responsible for:

- a. co-ordinating and monitoring of the voluntary and involuntary removal of socially displaced persons from the streets and other public places;
- b. co-ordinating and monitoring of activities pertinent to the rehabilitation of socially displaced persons;
- c. identifying the factors that lead to social displacement and implementing educational and other programmes aimed at preventing an increase in the population of socially displaced persons;
- d. the establishment and monitoring of care standards for the socially displaced;
- e. the establishment of the Social Displacement Fund;
- f. advising and making recommendations to the Board on all other matters pertaining to the care of the socially displaced and such other matters as the Minister may refer to it.

3.3.2 Whereas the SDU is a creature of an Act, the IAU was established in 2012 via Cabinet Minute 2073 and is mandated to manage or execute the voluntary and involuntary removal of street dwellers, as well as the referral and transfer of such street dwellers for intervention and treatment.

3.3.3 The IAU's *Street Dweller Rehabilitation/Reintegration Programme* began as a pilot project in fiscal 2012/2013 and was then called the *Temporary Implementation Strategy* which was mandated and corroborated by the Inter-ministerial Committees of 2008 and 2013. The Street Dweller Rehabilitation/Reintegration programme involves four stages, the first stage involves engagement, the second stage, a brief intervention, screening and assessment, the third stage, rehabilitation and the final stage, reintegration.

3.3.4 Out of four hundred (400) persons who were identified for the programme, during the period December 2012 to 2016, two hundred and eight (208) persons voluntarily entered the programme and have been assessed and assisted. It was discovered that 90% of these individuals had dual diagnoses of some form of chronic addiction, and a form of mental disorder along the range of the spectrum of mental disorders. However, **forty-nine (49) of those persons have been successfully reintegrated into society**, some have been reunited with their families and some live independently. In addition, the IAU indicated that displaced persons who access the social services return to the streets and do not continue the rehabilitative process. The IAU indicated that in this regard, involuntary engagement should be taken into consideration. In terms of monitoring, officers of the IAU visit the PEC approximately three (3) times per month, and the CSDP twice per week. In essence, the SDU is involved in policy whereas the IAU is involved in the implementation.

Social Workers

3.3.5 The Committee was informed that the number of social workers attached to the SDU is insufficient. The MoSDFS indicated that given an estimated socially displaced population of one thousand five hundred (1,500), the ideal number of social workers required to effectively provide the necessary social services is thirty-three (33), which is a ratio of 1:45. Notwithstanding, given the economic and human resource realities, the MoSDFS indicated a ratio of one (1) social worker to one hundred (100) street dwellers or at least fifteen (15) social workers are required.

FINDINGS AND RECOMMENDATIONS

3.3.6 The Committee recognizes that although the SDU was established by an Act of Parliament and the IAU by the then Cabinet, it is inefficient and impractical to have two agencies within the same unit performing similar functions. It is also evident that there is need for more success in the area of rehabilitation given that only twenty-four percent (24%) of socially displaced persons who voluntarily entered the programme were successfully rehabilitated and reintegrated into society. A pool of resources between the two agencies can enhance and accelerate the rehabilitation of the remaining fifty-percent (50%) of persons who were identified for the Street Dweller Rehabilitation/Reintegration programme.

3.3.7 The role of Social Workers is critical to successfully assisting the socially displaced since they are often the first point of contact with the socially displaced. The Committee finds it unsatisfactory

that there are currently less than half the required complement of Social Workers assigned to provide social services to the socially displaced.

- A. We recommend that the MoSDFS merge the services of the SDU with that of the IAU to allow for a more efficient use of scarce resources.
- B. We endorse the Ministry's objective of attaining a reasonable ratio of social workers to clients and recommend that, funds be allocated to engage the services of fifteen (15) Social Workers to provide support services to the socially displaced until the ideal complement of thirty-three (33) Social Workers can be employed.
- C. The Ministry should conduct a comparative study of good practices adhered to in other jurisdictions as it relates to the provision of essential services to the socially displaced with a view to determining whether this country could benefit from the systems and strategies adhered to in these countries.

Inquiry Objective 4

PROCEDURE FOR ASSESSING AND MONITORING SOCIALLY DISPLACED PERSONS

Approach taken to treating with the socially displaced

3.4.1 The CSDP has the capacity to provide limited assessment and rehabilitation services and upon admittance to the Centre, persons are assessed for mental illness, addiction to substances, addiction to alcohol, homelessness and other factors contributing to their displacement.

3.4.2 The success of the CSDP's rehabilitation efforts is measured by the number of persons who have completed the programme and exited through referrals to resident rehab programmes outside the capital city; or enrolled in other support programmes including Alcoholics Anonymous/Narcotics Anonymous. The referral centres available to the socially displaced are listed in Table 4.

TABLE 4
Referral centres available for various categories of socially displaced persons

CATEGORY OF SOCIALLY DISPLACED PERSONS	REFERRAL CENTERS AVAILABLE
Narcotics abusers	<ul style="list-style-type: none"> ✓ Rebirth House (males only) ✓ Shafford Court, Chaguaramas ✓ Serenity Place (females only) ✓ PEC

Elderly persons	<ul style="list-style-type: none"> ✓ St. Theresa's Home, Laventille ✓ Hernandez Place, Arima ✓ Lee's Home, Belmont ✓ Tritscher Home, Santa Cruz ✓ Rigsby Pius Home, Arima ✓ St. Catherine's Home, Laventille.
Alcoholics	Alcoholics are enrolled in the PEC once they indicate their willingness to be rehabilitated. Narcotics Anonymous and Alcoholics Anonymous sessions are held at CSDP for interested residents. The sessions are led by Rebirth House.
Mentally ill persons	persons who are fit to enrol in the Centre's programme, participate in life-skills training, self-awareness training, literacy classes (spelling and reading) as well as spiritual programmes

3.4.3 With regards to elderly persons, it was indicated that some of them tend to reside and remain at the CSDP for longer periods because:

- they are not in receipt of old age pension due to their citizenship status for instance, non-regularised persons from other Caribbean countries;
- accessing housing is beyond their financial circumstances;
- they may be suffering from mental illness which prevents them from recalling critical information such as birthdates which impedes them from acquiring birth certificates and identification cards; and/or
- they may have medical challenges which require long-term geriatric care e.g. stroke victims who require assistance to use bathroom facilities, visually-impaired persons and others with spinal injury.

3.4.4 The manager of the Centre advised the Committee that for the period 2000 to June 27th, 2016, five thousand one hundred and twelve (5,112) persons accessed the programme, of which two thousand seven hundred and forty-four (2,744) benefitted. However, one thousand five hundred and fifty-one (1,551) persons failed to complete the programme excluding one hundred and seventy-six (176) who died, left without notice and who were accused of criminal offences/imprisoned. The number of persons who repeated the programme was six hundred and forty-one (641) persons.

3.4.5 The success of the CSDP is measured by two criteria:

- i. the number of referrals to different institutions who would provide more long-term rehab/ geriatric services; and

- ii. the number of persons, who, through rehabilitation has the ability to live independently.

3.4.6 Additionally, the CSDP Manager conducts regular follow-up with persons referred to other Rehab Centres. This information is captured through documentation of follow-up calls to persons who exited the programme.

Average cost of rehabilitating one socially displaced person

3.4.7 The representative of the Transformed Life Ministries indicated that the cost of rehabilitating one socially displaced person is approximately six thousand dollars (\$6000) per month. Treatment for the socially displaced also includes assessment, medical treatments, and dental treatments. However, a representative of the Vision on Mission indicated that the cost can be drastically reduced if there is State participation and collaboration for example, utilizing the services of the hospitals and other state agencies to offset some costs. A representative of the Society of St. Vincent De Paul indicated, unlike other NGOs, they utilize the health centres because they have no doctors or nurses. Additionally, the Society's representative took the opportunity to highlight that the organization is challenged by a lack of transport.

Lack of transition homes

3.4.8 The evidence pointed to a lack of transition homes for persons who have been successfully rehabilitated. For instance, a representative of the Living Water Community indicated that the organization's New Life Ministries comprises a Family Oriented Programme where clients are reintegrated into their homes and follow-up sessions are held. Families are also included in the programme. However, persons without families remain at the centre until alternative housing can be acquired because there is a lack of transition homes in this country.

3.4.9 Similarly, the representative of the PEC indicated that there is an aftercare phase of the programme which entails follow-ups to ensure that past residents sustain the progress they achieved during the course of their rehabilitation. As such, former clients are encouraged to attend meetings and an interest is taken in the environment in which they dwell following rehabilitation. The aim being that these persons are able to work and support themselves. In addition, there is a group of past residents who visit the centre and share their success stories with current enrollees. However the greatest challenge lies with obtaining housing subsequent to the programme. Notwithstanding, efforts are made to acquire employment for such persons.

Post-rehabilitation programmes

3.4.10 In terms of post-rehabilitation programmes available, Vision on Mission reported that the organisation manages a system that is supported by ex-inmates. Guides called ‘coaches’ are used to train and monitor persons so that they do not withdraw from the programme. Similarly, at the PEC, persons who are completing the programme are encouraged to keep in contact with persons who have already completed the programme and are maintaining a drug free life style. In addition, the Centre holds Narcotics Anonymous meetings on Saturdays where relevant literature is provided.

FINDINGS AND RECOMMENDATIONS

3.4.11 It is evident that the State, particularly through the operation of the CSDP, is the main provider of support services to the socially displaced. The State’s intervention is supplemented by the involvement of a number of NGOs who also assist at varying stages of the rehabilitative spectrum.

3.4.12 However, the extent to which the programmes provided by these centres allow for the effective assessment and monitoring of clients requires further scrutiny. The CSDP seems to only have the capacity to engage in basic interventions and therefore would usually refer clients with mental illness and substance abuse to other institutions that can provide a more advanced form of support. Notwithstanding, the Committee was concerned by the number of persons who failed to complete the programme. Evidence received from the Living Water Community and Vision on Mission underscored the need for more Half-way Houses and Transition Homes. These stakeholders suggested that such facilities were more conducive to the successful rehabilitation of clients.

3.4.13 Those involved in this humanitarian effort must have the necessary legal standing to do what is in the best interest of the socially displaced and also the general public. There have been several instances where street dwellers have confronted members of the public and inflicted physical and emotional injuries. As such, the implementation of legislation to allow for the involuntary removal and transfer of the socially displaced to appropriate care centres or facilities must be a priority for the Ministry. The necessary legal framework will also compliment the system of monitoring and overseeing their rehabilitation. As this cohort of persons are generally considered to be “care avoiders”, an appropriate legal framework to facilitate involuntary treatment and rehabilitation may well be justifiable under the circumstances.

A. There is an urgent need to reduce the attrition rate experienced by these rehabilitation programmes, as such we recommend that the Ministry ensure that any proposed

modifications to the current Act include provisions which allow for the safe and timely removal of street dwellers without consent.

- B. The families of socially displaced persons should be identified and provided with counselling and guidance on how to interact with their relative/s who may be residing on the streets.**

Inquiry Objective 5

MULTI-SECTORAL EFFORTS

Role of the TTPS in dealing with street dwellers

3.5.1 As it concerns dealing with the socially displaced, the TTPS is guided by the Summary Offences Act Chapter 11:02 which provides in Section 45 (c) that a person commits an offence where he is found loitering in (among other places) any street or public place and does not give a “good account of himself”.

3.5.2 The Committee heard the testimony of officials of the TTPS which gave an account of the difficulties encountered in attempting to apply the provisions of the law against street dwellers. It was submitted that during the period October 29th, 2015 to April 7th, 2016, twenty-nine (29) street dwellers were arrested in the city of San Fernando and an overcrowding situation was encountered at the St Ann’s Hospital. The Chief Medical Officer who was also present at the hearing confirmed the adverse impact such an influx of patients had on the hospital. The Committee was advised by the representatives of the TTPS that in that scenario the Magistrate reprimanded twenty-two (22) of the persons although they pleaded guilty. Information on the patient capacity of the St. Ann’s Psychiatric Hospital is provided at Appendix VII.

3.5.3 Further, the TTPS indicated that there are inadequate avenues to deal with the socially displaced and as such they are subject to a revolving door that allows them to return to the streets. The TTPS also highlighted the need to preserve the human dignity of socially displaced persons and suggested that they be provided with a bath, a meal and some clothing prior to appearing before a magistrate. However, the issue remains that subsequent to being reprimanded for a month, these persons return to the street because they are homeless.

Efforts of the Port of Spain City Corporation

3.5.4 The Committee was informed that the PSCC is limited in its power to remove persons off the streets. This was evidenced by an attempt made in collaboration with the Living Water Community,

Amalgamated Security Services, and the Mental Health Unit of the MoH to remove such persons off the street in November 2010. When the matter was heard at the Magistrates' Court the Corporation was advised that the removal of street dwellers was not one of its core functions. As such, the PSCC has been pleading with the MoSDFS to lend support for the removal of socially displaced persons from the streets of the capital city.

3.5.5 The Mayor lamented that it is difficult to keep the city clean and safe since some street dwellers are mentally ill and attack members of the public and litter the surroundings.

Role of the Ministry of Health

3.5.6 The MoH is responsible for the clinical care of the socially displaced. The MoH described its role in relation to the different levels or categories of care in which patients fall such as, levels one (1) to three (3) which denotes that the patient can live in a home with minimal assistance, while level four (4) patients are those who require nursing or medical care on site and are cared for at extended care centres. However, it was admitted by the MoH that medical facilities might have been inappropriately used to house persons who were abandoned following episodes of acute illness.

Mental Health Wards

3.5.7 The Ministry reported that Mental Health Wards have been established within all the RHAs because it was recognised that mental care could not be solely provided at the St. Ann's Psychiatric Hospital. Further, it was indicated that within the Public Health System, facilities which house socially displaced persons fall within the general management and oversight of the respective RHAs. There are seven (7) public health facilities that have mental health wards. These facilities are identified in Table 5 below.

TABLE 5

Health Facilities with Mental Health Wards

Public Health Facility	Ward Name	Number of Beds	Date of commenced operation	Comments
St. Ann's Hospital (formerly St. Ann's Lunatic Asylum and St. Ann's Mental Hospital)	27 Wards	840	September 1902	St. Ann's Lunatic Asylum commenced operation in 1902. In 1935 the name was changed to St. Ann's Mental Hospital and in 1961 the name was changed to St. Ann's Hospital. The most recent ward LFE was commissioned in January 2009.
San Fernando General Hospital	Ward 1	27	1966	
Scarborough General Hospital	In-Patient Unit	12	1995	Six beds are allocated to males and six to females
Eric Williams Medical Sciences Complex	In-patient Unit	16	August 17 th 2015	12 of 16 beds are currently operational due to infrastructural problems
Arima Rehabilitation Centre	N/A	19	1979	Expected to have a bed capacity of 55 once refurbishment works are completed
Couva Extended Care Centre	N/A	50	July 1 st 1982	Accommodation for chronic elderly psychiatric patients
Point Fortin Extended Care Centre	N/A	50	October 4 th 1984	

Long-stay facilities

3.5.8 The MoH advised the Committee that in 2010, Cabinet agreed to the redirection of patients to other long-stay facilities within communities. The MoH further indicated that there has been limited success and it is a work in progress. In this regard, the MoH continues to be in discussion with the MoSDFS and continues to support the treatment and care of long-stay patients through the Community Care Programme. However, it was indicated that there is an outstanding \$6.2Mn owed by the MoSDFS to the RHAs for payments made to long-stay facilities covering the period 2007 to present. Meanwhile, the RHAs continue to directly engage private homes and pay for these services. It was recommended that the process be clearly defined from medical assessment to rehabilitation in order to ensure resources are adequately utilised for the patient's wellbeing.

FINDINGS AND RECOMMENDATIONS

3.5.9 The Committee appreciated the practical perspective provided by the TTPS and the PSCC. The evidence obtained from the TTPS demonstrated the challenges facing the provision of a relatively outdated piece of legislation. This further reiterated the need for the implementation of the Socially Displaced Persons Act (with amendments if necessary). Indeed, incarceration in remand facilities that are not organised to meet the needs of the mentally ill or substance abuser is counter-productive. Although the St. Ann's Psychiatric Hospital is an option, it appears that the MoH has concluded that the facility has been operating beyond its capacity and some level of devolution to other RHAs was necessary.

3.5.10 The Committee also acknowledged the critical role that the MoH performs in relation to the provision of specialised health care services to the socially displaced cohort. A sound partnership between the MoSDFS and the MoH is essential to the rehabilitation of this group of persons as interventions must be multi-dimensional in nature. As such, kinks such as payment anomalies involving RHAs and private care institutions to which clients are referred must be addressed. In this regard, we concur that there is need for the process for dealing with the socially displaced to be clearly defined.

3.5.11 The important role played by NGOs in the planning and implementation of social interventions directed at the socially displaced and other vulnerable groups was clearly evident during this inquiry. Perhaps one of the most tangible contributions made by these organisation is the channeling of assistance towards the social displaced to address their specific needs. As NGOs are based at the local or community level, they are well positioned to clearly identify the needs of the vulnerable in our society.

A. Furthermore, we recommend the establishment of a Public Private Partnership to supplement and aid NGOs in the supply and delivery of social services to socially displaced persons. The feasibility of implementing a programme such as the Flexible Housing Subsidy Pool (FHSP) in Los Angeles, which aims “to secure decent, safe and

affordable housing for patients who are homeless and have complex physical and behavioural health conditions”⁷ should be considered.

- B. We also recommend that a Public Private Partnership be established to provide employment for socially displaced persons who are fit for work as is being considered in the City of Cebu, Philippines.⁸ To complement this recommendation, a skills assessment and skills pool component should be included in any future survey of the socially displaced. In the interim, a skills assessment of persons residing in institutions/facilities which house the social displaced and are managed/financed by the State should be undertaken as a priority.**

Non-Governmental Organisations

3.5.12 There are a number of NGOs involved in different stages of the rehabilitation of the socially displaced. For instance, some NGOs assist with the pre-screening of clients and aim to satisfy basic needs such as food, clothing and shelter. Other NGOs have the capacity to provide more advanced rehabilitative services such as counselling and therapeutic programmes. However, a representative of the Living Water Community indicated that although there is a range of NGOs who engage in yeomen service, and who are equipped to deal with most of the social problems, there remains the issue of acquiring the resources to institute professionally trained staff to handle socially displaced cases. It was also indicated that ideally, these organisations should not be preoccupied with fund raising initiatives but rather should be focused on rehabilitation. In this regard, there was a call for more state sponsorship for NGOs.

The Living Water Community

3.5.13 The Living Water Community operates primarily in the city of Port of Spain and its surrounding areas. The organisation has been in existence for over thirty (30) years. The organisation submitted that it has observed that the needs of socially displaced persons have been changing rapidly, more so in the last ten (10) years. An increasing number of persons are suffering from dual abnormalities, such as a mental illness compounded by drug or alcohol addiction. As such, the

⁷ Public-Private Partnership creates \$18 Million Fund to provide Housing for High-Need Homeless patients in Los Angeles. <https://www.hiltonfoundation.org/news/69-public-private-partnership-creates-18-million-fund-to-provide-housing-for-high-need-homeless-patients-in-los-angeles-county>

⁸ The Freeman. Jobs eyed for street dwellers. <http://www.philstar.com/cebu-news/2016/03/10/1561476/jobs-eyed-street-dwellers>

organisation assist clients with various forms of psychological problems. It was emphasised that there is a need to consider activities that have been successful in other countries and to collaborate with other NGOs/Agencies to deal with the issue.

3.5.14 A past client of the organisation, who was successfully rehabilitated indicated that her experience on the streets was difficult and involved drug use. She added that it was a lifestyle that was necessary to survive on the streets. She stated that she did not believe that there were places that she could seek assistance. She further indicated that from her experience, she had no one to confide during that difficult period of her life and therefore recommended that persons who are on drugs need confidantes with whom they can disclose their issues and problems. She added that prolonged emotional trauma and drug use is attributed to the lack of a support system. She further submitted that a person “crying out for help”, behaves in an apathetic manner and that the socially displaced want help but are mistrustful of people who claim to be willing to help and do not follow through on their promises.

Living Water Community Project

3.5.15 The Living Water Community has recommended the implementation of a project similar to one that exists in Miami, Florida for the consideration of past administrations. It was indicated that seventy-five percent (75%) of the cost of running the project in Miami is paid by the business community. Therefore the “Miami model” is a good example of a successfully implemented public-private partnership aimed at eradicating street dwelling. It was indicated that such a model in Trinidad can be successful in treating with the socially displaced because it is a holistic approach which encompasses assessment, shelter and rehabilitation.

3.5.16 The MoSDFS admitted that consideration was given to implementing this model in Trinidad and Tobago. However, there were some challenges with implementing it and as such, the MoSDFS indicated that it will meet with key stakeholders and examine all models and approaches that have been proposed with a view to implementing the model.

Piparo Empowerment Centre

3.5.17 The PEC began functioning in 2001. The PEC specifically deals with substance abusers and accordingly, its programmes are geared towards substance abuse treatment. A series of skills have also been included in the programme. Since its inception, the PEC has treated over 1,400 persons ranging from walk-ins to referrals from the IAU, other centres, Magistrate, Judiciary and Drug Treatment

Court, Government Ministries and the Defense Force. When measured against the internationally accepted benchmark of thirty per cent (30%), the PEC has met and has, in most instances, exceeded the international standard for rehabilitation programmes. Further, in addition to the treatment, clients are afforded the opportunity to better their economic situations.

3.5.18 A past client of the PEC who was successfully rehabilitated described his experience at the centre as transformative and restorative in terms of his confidence and respect for others. In addition, he indicated that the rehabilitation services offered were impressive and that the programme entails a series of activities involving a spiritual session, recreational period, and courses. In addition, there is intensive input from staff who ensure that clients are made cognizant of the real and potential dangers of drugs and drug abuse. The PEC also utilizes peers to assist recovering addicts.

3.5.19 The witness indicated that his rehabilitation took over nine (9) months to complete. He indicated that he was introduced to marijuana at the age of twelve (12) by a peer. On this note, a representative of the Living Water Community indicated that for the past thirty (30) years based on experience, the majority of people began substance abuse between the ages of nine (9) to eleven (11). In addition, it was indicated that currently, there is a wide use of narcotic substances including in schools. Furthermore, it was indicated that if people's character and self-esteem can be built then there will be no need for them to use drugs to address their problems.

Vision on Mission

3.5.20 The Vision on Mission focuses on the reintegration of ex-prisoners. In addition, the organization accommodates deportees for six (6) months to two (2) years by means of in-transit facilities. The organization uses a tracer model which involves three (3) years of rehabilitation and the provision of employment opportunities through various agencies. The organization has worked with over eleven thousand (11,000) persons and has a success rate of eighty-two per cent (82%). In the past several years, the organization has been applying its reintegration model for persons who are ex-prisoners who have become socially displaced.

Society of St. Vincent De Paul

3.5.21 The Society of St. Vincent De Paul was approached in 1991 by the then Government of Trinidad and Tobago to assist in the operations of the CSDP. It was indicated that discussions have begun on how to improve the situation at the CSDP. The Society indicated that in terms of the

delivery of services at the CSDP, certain responsibilities recorded in the original contract agreement have not been adhered to and as such, in moving forward, a review of the original contract is recommended as well as the establishment of a new contract outlining a proper assessment of the programme to address some of the challenges and to provide resolution to problems.

Transformed Life Ministries

3.5.22 The Transformed Life Ministry (TLM) has assisted nine thousand nine hundred and seventy (9,970) socially displaced persons over its twenty-five (25) years of existence. It was indicated that the organization has been engaging the line Ministry in relation to the relocation of some displaced persons under its care to the New Horizon Center, Piparo. Officials of the TLM indicated that in order to treat with the issue of social displacement, additional personnel are needed such as Health Officers, as well as new legislation.

Challenges with synergies

3.5.23 A representative of the Vision on Mission indicated that there is little synergy among NGOs in terms of sharing responsibilities, and that NGOs are very territorial in terms of the domains in which they operate. Therefore there is need to establish greater synergies to curtail and reduce duplication of services.

Accountability for public funding

3.5.24 The Committee questioned the various NGOs on the standards and mechanisms they adhere to with respect to accounting for the use of “tax payers” money. In reply, the Living Water Community indicated that either a private or public audit is conducted on its financials, and further indicated that financial and other reports are submitted to the MoSDFS annually. The organization also collaborates with the MoH and therefore submits quarterly reports to that Ministry on the expenditure of funds received from the Ministry. The Vision on Mission contended that apart from submitting internally audited accounts to the MoSDFS, NGOs are obligated to provide external audited statements which can prove burdensome at times in terms of the cost associated with preparing statements, and the timelines within which they are requested. It was also indicated that funds are sometimes withheld if there is not a proper explanation for delays in the submission of these statements.

FINDINGS AND RECOMMENDATIONS

3.5.25 In this regard, the Committee concluded that although there is some level of networking among NGOs involved in treating with the socially displaced, there is need for a more structured system to facilitate inter-agency collaboration. This view appears to be supported by a number of stakeholders, as they saw it as essential to promoting efficiency in the use of scarce resources.

3.5.26 Also of note was the institutional and resource challenges confronting the NGOs. The Committee also found that there were some inconsistencies in the extent to which NGOs accounted for the use of public money. Although we acknowledge that there would be costs involved in acquiring the services of an external auditor to prepare audited financial statements on an annual basis, the annual reporting of financial transactions is a basic requirement for all bodies who are in receipt of public funds. Therefore, the committee submits that this standard must never be compromised. Ministerial oversight of NGOs supported by the Government should be enforced and sustained through appropriate reporting mechanisms.

- A. We recommend that the MoSDFS assume the responsibility for convening quarterly meetings with all stakeholders via the re-establishment of the Socially Displaced Board so that synergies can be maximized and duplication of efforts can be reduced.**
- B. We recommend that the MOSDFS require all NGOs who are receipt of Government funding to properly account for the use of same, by producing financial reports and statements and Minutes of Board meetings (where applicable).**
- C. In terms of assistance for audits, it is suggested that NGOs use moral suasion to obtain the assistance of auditing firms to provide auditing services at a reduced cost so that the accounts of the NGOs are transparent. Greater transparency and accountability by these organizations may act as an incentive for the public to contribute to their endeavors.**
- D. We recommend that the rehabilitation programme should facilitate the participation of former clients who were successfully rehabilitated. These persons may act as “life coaches” or mentors to those enrolled in programmes.**

Socially displaced women

3.5.27 Evidence received from a female client of the Living Water Community also highlighted the need for more attention to be paid to socially displaced women. Although the New Life Ministry has

a rehabilitation programme for battered women, there is a need for additional support systems for women.

3.5.28 On the same note, a representative of Vision on Mission indicated that at present, the organization is championing one of the largest women's facilities in the region at Claxton Bay, which is sponsored by a local commercial bank. The facility is designed to accommodate sixty-five (65) women and was scheduled to be opened in August, 2016. However, the facility will operate primarily for the benefit of female ex-prisoners, deportees and delinquent girls such as those coming out of foster homes over the age of eighteen (18).

Recommendation

We recommend that the reconstituted Socially Displaced Board of the MoSDFS include as a priority on its agenda, the examination of the special circumstances affecting socially displaced women and make recommendations for appropriate interventions to assist them.

Inquiry Objective 6 REVIEW OF LEGISLATION

3.6.1 With respect to the adequacy of the existing legislative framework, the testimony of officials provided valuable insight into the actual challenges encountered by law enforcement agents in attempting to involuntarily remove persons suspected to be street dwellers. The TTPS suggested that Section 75 of the Summary Offences Act be amended to be less ambiguous, as the Section puts the onus on the Police to determine whether or not a person can give a proper account of himself/herself.

3.6.2 The line Ministry also submitted that the existing laws do need to be modified and advised that the proposed revisions to the Socially Displaced Persons Act recommends that a person before the Court who is deemed to have substance abuse issues, should be sent to a centre via Court Order.

3.6.3 Likewise, both the Deputy Director, IAU, and the Chief Medical Officer (Ag.) agreed that the Mental Health Act Chapter 28:02 needs to be revised and an Inter-Ministerial Committee be re-established. Specifically, the Deputy Director, IAU highlighted the need to provide for the clean-up of the socially displaced person superficially to be included in the Act.

Establishing restrictions

3.6.4 The Committee was informed by PS MoSDFS that although a large sum of funding is directed to providing services for the socially displaced, there is no authority to mandate that socially displaced

persons complete the rehabilitation process. Although, the involuntary confinement of these persons may be a necessary requirement for effectively executing rehabilitative interventions, the approach may potentially undermine certain human rights. However, an external submission made by Mr. Anthony Salloum stated that *“If our aim is to eliminate homelessness all together then, we will have to ensure that we are in a legally sound position in order to remove a street dweller ‘involuntarily.’”* He further explained that in order to do so *“street dwellers must be offered the choice of a viable alternative to living on the street or face arrest.”* The committee agrees with this position.

3.6.5 The PS, MoSDFS informed the Committee that persons can walk-out of the institution at any time. The PS, MoH also indicated that with the exception of Ward No. 1, patients on all other wards can walk in and out of the St. Ann’s Psychiatric Hospital. As such, there is need to consider and legislate measures for involuntary confinement.

FINDINGS AND RECOMMENDATIONS

3.6.6 The implementation of a relevant and adequate legislative framework that supports and empowers governmental and non-governmental players involved in assisting the socially displaced is integral to this country realizing meaningful progress on this matter. The Committee noted with some degree of disappointment that after fifteen (15) years, the Act has not been fully implemented. The submissions of the TIPS and the Mayor of Port of Spain in this regard were instructive. The Committee concurs that hauling the socially displaced before the courts is not enough. The custodial facilities must be available to provide the required rehabilitative interventions to those in need of it.

3.6.7 Empowering the State to engage in the involuntary confinement of persons for the purpose of administering essential treatment is an important requirement for giving the authorities sufficient flexibility when executing interventions. As such, any proposed legislative modifications must take this reality into account.

- A. We recommend that the Ministry in undertaking amendments to the Socially Displaced Persons Act, take into consideration the costs and benefits of introducing provisions that allow for the involuntary removal, transfer or confinement of the socially displaced. Should the policy position be in favor of a coercive approach, the modified legislation must include the necessary special majority formula and consultation with the necessary stakeholders.**

B. The MoH must also undertake a long overdue review of the Mental Health Act Chapter 28:02 so that the legislation would be more applicable to current realities. In this regard, an omnibus Bill which also seeks to make consequential amendments to the Summary Offences Act Chapter 11:02 and the Summary Courts Act Chapter 4:20 should be considered.

Your Committee respectfully submits this Report for the consideration of the Parliament.

Dr. Dhanayshar Mahabir
Chairman

Mr. Esmond Forde, MP
Vice-Chairman

Mrs. Glenda Jennings-Smith, MP
Member

Brig. Gen. (Ret.) Ancil Antoine, MP
Member

Mrs. Christine Newallo-Hosein, MP
Member

Ms. Nadine Stewart
Member

Mr. Rohan Sinanan
Member

Ms. Khadijah Ameen
Member

January 24, 2017

APPENDICES



APPENDIX I

Witnesses present at the first hearing held on May 18, 2016

The following witnesses were present at the first hearing held on May 18, 2016:

Name of Official	Portfolio
MINISTRY OF SOCIAL DEVELOPEMENT AND FAMILY SERVICES	
Mrs. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Haimdath Ramoutar	Deputy Permanent Secretary
Ms. Loraine Reyes-Borel	Executive Director, Social Displacement Unit
Ms. Sarah Rambaran	Deputy Director, Inter-Agency Unit
Dr. Barry Ishmael	Legal Officer II
MINISTRY OF HEALTH	
Ms. Donna Ferraz	Permanent Secretary
Dr. Clive Tilluckdharry	Chief Medical Officer (Ag.)
Dr. Rohit Doon	Advisor, Health Promotion, Communication and Public Health
Mr. Lawrence Jaisingh	Director, Health Policy, Research and Planning
TRINIDAD AND TOBAGO POLICE SERVICE	
Mr. Deodat Dulalchan	Deputy Commissioner of Police, Operations (Ag.)
Mr. Sterling Hackshaw	Assistant Commissioner of Police, Operations (Ag.)
PORT OF SPAIN CITY CORPORATION	
Councillor Keron Valentine	Mayor of Port of Spain
Mrs. Annette Stapleton-Seaforth	Chief Executive Officer
Miss. Lystra Parke	Deputy Chief Executive Officer
Ms. Erica Prieto	Acting Superintendent, City Police

APPENDIX II

Witnesses present at the second hearing held on June 15th, 2016

The following witnesses were present at the second hearing held on June 15th, 2016:

Name of Official	Portfolio
LIVING WATER COMMUNITY	
Ms. Rhonda Maingot	Foundress, Director
Ms. Hulsie Bhaggan	Administrator
Ms. Caroline James	Rehabilitated Client
THE PIPARO EMPOWERMENT CENTRE	
Ms. Jessie Joseph	Director
Mr. Vincent Paul	Peer Counsellor Supervisor
Mr. Dexter Cole	Rehabilitated Client and Chef, Piparo Empowerment Centre
VISION ON MISSION	
Mr. Wayne Chance	Executive President
Mr. Gordon Husbands	Monitoring and Evaluation Director
THE SOCIETY OF ST. VINCENT DE PAUL	
Mr. Roger Watson	Manager, Centre for socially displaced persons
Ms. Angelique Taylor	National President
TRANSFORMED LIFE MINISTRY	
Pastor Glen Awong	Founder, President
Mrs. Florence Awong	Vice President
Ms. Kathryn Lee	Administrative Officer

APPENDIX III

MINUTES OF PROCEEDINGS

MINUTES OF THE SEVENTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS MEETING ROOM (EAST), LEVEL 6, AND THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY MAY 18, 2016

PRESENT

Members

Dr. Dhanayshar Mahabir
Brig. Gen. (Ret.) Ancil Antoine, MP
Mrs. Glenda Jennings-Smith, MP
Mrs. Christine Newallo-Hosein, MP
Mr. Hafeez Ali
Ms. Khadijah Ameen

Chairman
Member
Member
Member
Member
Member

Secretariat

Mr. Julien Ogilvie
Ms. Kimberly Mitchell
Ms. Katharina Gokool

Secretary
Assistant Secretary
Graduate Research Assistant

ABSENT

Mr. Esmond Forde, MP
Ms. Nadine Stewart

Member (Excused)
Member (Excused)

OFFICIALS OF THE MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Mrs. Jacinta Bailey-Sobers
Mr. Haimdath Ramoutar
Ms. Loraine Reyes-Borel

Ms. Sarah Rambaran

Dr. Barry Ishmael

Permanent Secretary
Deputy Permanent Secretary
Executive Director, Social
Displacement Unit (SDU)
Deputy Director, Inter-Agency Unit
(IAU)
Legal Officer II

OFFICIALS OF THE MINISTRY OF HEALTH

Ms. Donna Ferraz	Permanent Secretary
Dr. Clive Tilluckdharry	Chief Medical Officer (Ag.)
Dr. Rohit Doon	Advisor, Health Promotion, Communication and Public Health
Mr. Lawrence Jaisingh	Director, Health Policy, Research and Planning

OFFICIALS OF THE TRINIDAD AND TOBAGO POLICE SERVICE

Mr. Deodath Dulalchan	Deputy Commissioner of Police, Operations (Ag.)
Mr. Sterling Hackshaw	Assistant Commissioner of Police, Operations, (Ag.)

OFFICIALS OF THE PORT OF SPAIN CITY CORPORATION

His Worship Councillor Keron Valentine	Mayor of Port of Spain
Mrs. Annette Stapleton-Seaforth	Chief Executive Officer
Ms. Lystra Parke	Deputy Chief Executive Officer
Ms. Erica Prieto	Acting Superintendent, City Police

CALL TO ORDER AND ANNOUNCEMENTS

1.1 The Chairman called the meeting to order at 9:36 a.m. and welcomed those present.

1.2 Members were advised that at a sitting of the House of Representatives held on Friday May 13, 2016, Mrs. Glenda Jennings-Smith, was appointed to serve on the Joint Select Committee on Social Services and Public Administration in lieu of Ms. Shamfa Cudjoe.

CONFIRMATION OF MINUTES OF THE FIFTH MEETING HELD ON APRIL 20, 2016

2.1 The Chairman asked Members to examine page by page, the Minutes of the Meeting held on April 20, 2016.

2.2 The word 'Official' in the main heading on page 11 was changed to 'Officials'.

2.3 The Chairman sought and received the permission of the Committee to review and make stylistic changes to the Minutes.

2.4 There being no further corrections or omissions, the Minutes were confirmed on a motion moved by Ms. Ameen and seconded by Mrs. Newallo-Hosein.

CONFIRMATION OF MINUTES OF THE SIXTH MEETING HELD ON APRIL 29, 2016

3.1 The Chairman asked Members to examine page by page, the Minutes of the Meeting held on April 29, 2016.

3.2 The Chairman recommended the following stylistic amendments be made on Page 5 of the Minutes:

a. **Item ii. (a)** “...whenever a problem arises parents are contacted, and together with the student and the school administrator, **the issues are quickly resolved**”; and

b. **Item ii. (d)** “The Presbyterian School Board **held** a conference...”

3.3 There being no further corrections or omissions, the Minutes were confirmed on a motion moved by Mr. Ali and seconded by Mrs. Newallo-Hosein.

MATTERS ARISING FROM THE MINUTES OF THE SIXTH MEETING HELD ON APRIL 29, 2016

4.1 Mrs. Newallo-Hosein drew Members’ attention to Item V. (b) on page 13 and indicated that the Ministry of Education failed to highlight its pilot programme *iCan*, which targeted underperforming children in sixteen (16) areas.

4.2 Mrs. Newallo-Hosein stated that the programme had a high success rate and suggested that the continuation of the programme be included in the recommendations of the Committee’s Report.

4.3 The Secretariat was asked to write to the Ministry of Education to:

- i. request a status update on the *iCAN* Programme;
- ii. enquire whether the Ministry has as a matter of policy, an ideal class size and teacher to student ratio; and
- iii. whether there were any schools that did not adhere to the ratio.

4.4 The Chairman suggested that the Ministry should be mandated to provide a response within one (1) week.

PRE-HEARING DISCUSSIONS

5.1 Mrs. Newallo-Hosein raised a concern regarding the number of persons who appear before the Committee. She suggested that the numbers were relatively high and as a consequence limited the amount of time Members had to pose questions to the witnesses.

5.2 The Chairman noted the Member’s concern and indicated that questions would be posed to the four (4) lead spokespersons from each of the organisations who would then direct the question/s to the relevant member/s of their teams.

3.3 The Chairman referred Members to section 45 of the Summary Offences Act and a discussion ensued.

5.4 The Chairman enquired and confirmed that Members were in receipt of all documents relevant to the meeting.

OTHER BUSINESS

6.1 With respect to the inquiry on the matter of socially displacement, it was agreed that the following witnesses will be invited to attend the Committee's next public hearing:

- i. Living Water Community;
- ii. Society of St. Vincent de Paul;
- iii. Vision on Mission;
- iv. Piparo Empowerment Centre; and
- v. Two (2) rehabilitated persons, preferably one (1) male and one (1) female.

6.2 The Chairman requested a status update from the Secretary on the Committee's Report on school violence and was advised that a draft Report would be ready within the next fourteen (14) days.

6.3 The Chairman drew Members' attention to a comment made by Mrs. Nakhid-Chatoor (Psychologist) during the public hearing which suggested that the rate of domestic violence amongst members of the military was above the national average.

6.4 The Chairman informed Members that he conducted independent research and asked the Secretariat to corroborate the research. He indicated that the data he found did not support the assertion made by Mrs. Nakhid-Chatoor.

6.5 The Secretariat was asked to write to Mrs. Nakhid-Chatoor to request any data she would be willing to provide that would support her statement.

Date and Agenda of Next Meeting

6.6 The Chairman reminded members that the next meeting of the Committee is scheduled for Wednesday June 15, 2016 at 9:30 a.m.

6.7 There being no further business for discussion in camera, the Chairman suspended the meeting at 10:15 a.m.

PUBLIC HEARING WITH OFFICIALS OF THE MINISTRY OF SOCIAL DEVELOPMENT (MoSDFS) AND FAMILY SERVICES, THE MINISTRY OF HEALTH (MoH), THE TRINIDAD AND TOBAGO POLICE SERVICE (TTPS), AND THE PORT OF SPAIN CITY CORPORATION

7.1 The meeting resumed in public at 10:23 a.m. in the J. Hamilton Maurice Room.

7.2 The Chairman welcomed the officials and introductions were exchanged.

7.3 Detailed below are the issues/concerns raised and the responses which were proffered during the hearing with the officials of the Ministry of Social Development and Family

Services (MoSDFS), the Ministry of Health (MoH), the Trinidad and Tobago Police Service (TTPS) and the Port of Spain City Corporation:

i. Opening Statement by the Permanent Secretary, Ministry of Social Development and Family Services (MoSDFS)

- a. The Ministry of Social Development and Family Services has the responsibility for addressing social displacement in Trinidad and Tobago.
- b. A survey conducted in 2004 revealed that there was a total of 905 street dwellers on the streets and in various centres. In January 2015, a “street count” of the population revealed that there were 539 such persons on the streets and in centres in Trinidad. A two (2) day street count from May 16 to 18, 2016 revealed that there were 349 persons on the streets, not inclusive of those in centres.
- c. The Permanent Secretary informed the Committee that the issue of social displacement is a complex one which requires a comprehensive range of strategies for successful intervention.
- d. She indicated that a number of strategies were pursued since 1996 when the Ministry was formally tasked with the responsibility of addressing social displacement in Trinidad and Tobago. It was further indicated that an action plan to address social displacement was developed and presented to Cabinet in 1997.
- e. In 1999, the Social Displacement Unit (SDU) was established and the Social Displacement Act was passed in 2000 but was never proclaimed. In 2008, a national strategy to address the socially displaced was approved by the Cabinet and inter-ministerial committees were appointed in 2008 and 2013. A new inter-agency unit (IAU) was established in 2012.

ii. Opening Statement by the Permanent Secretary, Ministry of Health (MoH)

- a. The Permanent Secretary indicated that the Ministry of Health recognises its role and responsibility as part of the state’s system of care for the socially displaced. She indicated that her Ministry is concerned with the clinical care of such persons. She further indicated that medical facilities might have been inappropriately used to house persons who were abandoned following episodes of acute illness.
- b. To date, there are 212 cases at hospitals or extended care facilities. 78 of such cases reside at the St. Ann’s Hospital.
- c. The Permanent Secretary indicated that her Ministry has continued discussions with the MoSDFS concerning a Cabinet decision that the MoH would transfer some of the patients to different types of long-stay facilities. It was indicated that there are 59 clients at the hospitals who need to be transferred.

iii. Opening Statement by the Mayor of City of Port of Spain

The Mayor indicated that the state of homelessness in the capital city is near epidemic. He informed the Committee that the Corporation engaged in four (4) exercises to remove homeless persons from the streets of the capital city and it was found that there are four (4) categories of homeless persons:

- I. drug addicts (highest number of socially displaced persons);
- II. mentally ill persons;
- III. deportees; and
- IV. persons who are just socially displaced.

iv. Opening Statement by the Deputy Commissioner of Police, Operations (Ag.)

- a. The Deputy Commissioner of Police, Operations (Ag.) indicated that as per Section 75 of the Summary Offences Act, the police has a role to play as it concerns the socially displaced.
- b. He indicated that the police encounters difficulties in arresting such persons and highlighted this by informing the Committee that during the period October 29, 2015 to April 07, 2016, 29 homeless persons were arrested in San Fernando. However, St. Ann's Psychiatric Hospital refused to accommodate them due to overcrowding and the police were stuck with the homeless persons. Out of the 29 persons arrested, 22 pled guilty but were only reprimanded.
- c. To date, there are 212 cases at hospitals or extended care facilities. 78 of such cases reside at the St. Ann's Hospital.
- d. The Permanent Secretary indicated that her Ministry has continued discussions with the MoSDFS concerning a Cabinet decision that the MoH would transfer some of the patients to different types of long-stay facilities. It was indicated that there are 59 clients at the hospitals who need to be transferred.

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The Mayor indicated that the state of homelessness in the capital city is near epidemic. He informed the Committee that the Corporation engaged in four (4) exercises to remove homeless persons from the streets of the capital city and it was found that there are four (4) categories of homeless persons:

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- VI. mentally ill persons;
- VII. deportees; and
- VIII. persons who are just socially displaced.

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- X. mentally ill persons;
- XI. deportees; and
- XII. persons who are just socially displaced.

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- g. The Deputy Commissioner of Police, Operations (Ag.) indicated that as per Section 75 of the Summary Offences Act, the police has a role to play as it concerns the socially displaced.
- h. He indicated that the police encounters difficulties in arresting such persons and highlighted this by informing the Committee that during the period October 29, 2015 to April 07, 2016, 29 homeless persons were arrested in San Fernando. However, St. Ann's Psychiatric Hospital refused to accommodate them due to overcrowding and the police were stuck with the homeless persons. Out of the 29 persons arrested, 22 pled guilty but were only reprimanded.

ix. Challenges impeding the MoSDFS' ability to effectively deal with the socially displaced

- a. The Permanent Secretary MoSDFS indicated that the Ministry encounters challenges with the following:
 - Inadequate resources assigned to units within the Ministry;
 - Inadequate facilities to conduct assessments of the socially displaced persons;
 - external staffing to deal with client issues; and
 - Operations of the various agencies to deal with the socially displaced persons.
- b. The Executive Director of the SDU informed the Committee that due to the different categories of socially displaced persons, it is difficult to treat with them, as those persons may have a range of problems and challenges, and would therefore require multiple health and social interventions.
- c. She further clarified that the mix of services needed are available in different institutions and agencies which have their own systems of operation. These departments may have their own internal challenges and may not be able to respond efficiently to demands of the socially displaced.
- d. It was further stated that the system has to become more structured and all agencies must work together to engage the clients. The Executive Director, SDU further indicated that a continuum of care with coordination and collaboration among the relevant agencies is needed.
- e. The Committee was informed that coordination and collaboration among the different agencies is sporadic. However, the Permanent Secretary, MoSDFS indicated that they will be recommending the reconstitution of a Board to oversee the work of the SDU and the creation of an inter-ministerial committee.

x. Socially displaced persons as 'vulnerable and disenfranchised'

The Executive Director, SDU clarified that socially displaced persons are vulnerable and disenfranchised as it concerns their capacity to engage services such as obtaining a birth certificate. She indicated that many of the socially displaced do not remember the names of their parents which is needed in order to obtain a birth certificate. She stated that the SDU has had social workers but not the complement needed to attend to the needs of the socially displaced.

xi. The role of the Inter-Agency Unit (IAU) in assisting the socially displaced

- a. The Deputy Director, IAU, indicated that when clients come in, they provide assistance in obtaining birth certificates and ID cards. However, it was indicated that as soon as the socially displaced persons acquire the relevant documentation and qualify for the TT Smart Card.

- b. The Unit maintains a database that captures information from the time a person enters a programme such as the date of entry, as well as other information gathered during the assessment and intake interviews. Everything is tracked and recorded such as assisting with ID cards, birth papers, grants, clothing, and contact tracing to identify family members.
- c. The database is colour coded so that at a glance, officers can determine the amount of progress each client made in terms of rehabilitation.
- d. The Unit also transports clients to and from hospital and clinic appointments.
- e. Once transport is available, IAU officers would visit the centres for monitoring purposes. At the Piparo Empowerment Centre, visits are made as often as 3 times a month, however this would be based on the advice of the centre's manager and
- f. the facilitators since visits maybe restricted for the first 3 months of a rehabilitation programme.
- g. Visits to the CSDP may take place twice a week or weekly.

viii. Procedure for conducting "street counts"

- a. The MoSDFS reported that it conducted two (2) days of counting during the period May 16th to 18, 2016 to ascertain the number of street dwellers in certain regions of Trinidad.
- b. The Committee was informed that the count in the central/south region was conducted on Monday May 16, 2016. In the East-West corridor, the exercise commenced on Tuesday May 17, 2016 and continued into the early morning on Wednesday May 18, 2016.
- c. The Executive Director, SDU, indicated that the street count is a "snap shot" survey, which is simply a head count of persons. The process does not involve interacting or communicating with the street dwellers.
- d. Officers of the Ministry would traverse the streets, after 10:00 p.m. and may continue into the early hours of the following day. The Committee was advised that conducting the count at night resulted in a more reliable tally since during the day there are persons on the streets who are not street dwellers. The street dwellers are also very mobile during the day.
- e. The Committee was informed that whenever MoSDFS staff intend to undertake a street count, Municipal Corporations and the police are informed. These stakeholders may also assist with information about the location of socially displaced persons.
- f. The preliminary findings of these exercises were as follows:
 - Port of Spain and environs had 152 males and 5 female street dwellers;

- San Juan, 14 males;
- Tunapuna, 10 males;
- Arima, 23 males;
- Marabella, 15 males;
- Princes Town, 2;
- Chaguanas, 8;
- San Fernando, 61; and
- Sangre Grande/Valencia, 11.

xii. Activities undertaken by the Port of Spain City Corporation concerning the socially displaced

- a. The Mayor expressed his concern with the numbers provided by the MoSDFS since the Corporation would have engaged in exercises to determine the
- b. population of street dwellers in 2010/2011, which indicated that there were in excess of 300 close to 400 homeless persons on the streets of Port of Spain.
- c. The Committee was informed that the Corporation was presently involved in a Court matter initiated by a member of the public in response to the removal of homeless persons from Tamarind Square.
- d. The Corporation partnered with the Living Water Community, Amalgamated Security Services, and the Mental Health Unit of the MoH, to apprehend the socially displaced persons, under the supervision of the City Police. Volunteers were divided into teams and the persons were apprehended on the basis of loitering.
- e. The displaced persons were taken to the facilities of the Living Water Community where they accessed showers and hot meals and were taken to the Court the following day.
- f. The Mayor indicated that the Corporation has been the subject of numerous legal proceedings concerning mentally ill persons who would have attacked burgesses and visitors in the city. He also stated that it is difficult to keep the city clean because street dwellers continuously litter the surroundings.
- g. The Mayor further indicated that from the database, the largest population of homeless persons were the drug addicts followed by the mentally ill.

xiii. Relationship between the MoSDFS and NGOs and the facilities available to socially displaced persons

- a. The Permanent Secretary, MoSDFS indicated that there are a number of NGOs that are involved in the area of social displacement. Some are involved when the assessments are undertaken, some provide deportee services and others deal with socially displaced children. She indicated that the Ministry provides

subventions to 10 NGOs which are directly and indirectly involved in social displacement, substance abuse and mental health problems.

- b. Under the Public Sector Investment Programme (PSIP), the MoSDFS was allocated TT\$9.9 million to assist NGOs. The Permanent Secretary MoSDFS indicated that the money is used for developmental work such as refurbishment of the Centre for Socially Displaced Persons (CSPD) or the
- c. Piparo Empowerment Centre (PEC). In addition, the Ministry will be trying to acquire a suitable location for the establishment of a new assessment centre in Port of Spain.
- d. The Ministry also provides subventions to the CSPD which has a capacity of 160 persons and presently houses 115 persons. Court Shamrock has a capacity of 50 and currently has an occupancy of 42. Hernandez Place located in Arima targets older persons who are socially displaced, has a capacity of 17. New Horizons, Piparo has a capacity of 80 with a current occupancy of 27 and the Piparo Centre has a capacity of 60 with an occupancy of 41.
- e. CSPD and Court Shamrock are shelters where assessments are also undertaken. All categories of the socially displaced can be found at these shelters.
- f. At New Horizons, there is a programme to encourage independent living through the development of life skills such as budgeting, and the exposure to training opportunities.
- g. It was indicated by the Executive Director, SDU that halfway houses are needed for those persons who are chronically mentally ill and who may be age 50 and above since it is not realistic to expect these persons to be able to get a job.
- h. The Ministry provides support through the Community Care Programme, which entails the placement of persons from hospitals by the MoH, who have no place to go, into facilities (paid for by the MoSDFS).
- i. Some of the NGOs that provide facilities/services are as follows:
 - Vision on Mission which provides deportee reintegration services;
 - Society of St. Vincent de Paul which provides free shelters and Prisoner reintegration;
 - Centre of Hope which manages the Hernandez place;
 - Rebirth House which deals with substance abuse rehabilitation;
 - Living Water Community; and
 - Credo House which deals with children.

- j. It was indicated that the majority of socially displaced persons are still on the streets since many of them choose not to reside in these facilities.

xiv. The ability of socially displaced persons to freely leave facilities

Socially displaced persons are free to leave the homes and facilities at their discretion. There is no authority to keep them there since it is a human rights issue.

xv. Data Collection and the engagement of research resources such as the University of the West Indies

- a. The Permanent Secretary, MoSDFS, indicated that data collection is critical and that the Ministry has a research division and a social investigations division. She stated that the street count is not as in-depth as a survey.
- b. The Ministry also has a research council which has networked with the University of the West Indies to do a survey on social displacement.
- c. The Ministry does not have a database that accounts for all socially displaced persons. However, social workers who interact with the socially displaced would maintain records of their clients.
- d. The Committee was informed that one of the weaknesses is a lack of regular data collection exercises such as surveys. The Permanent Secretary stated that there is need to institutionalise surveys so that they can track and understand trends regarding the issue of social displacement. She further indicated that this is on the research agenda and that the Ministry will be collaborating with the university to work on this.

xvi. Challenges faced by the police in apprehending socially displaced persons

- a. The Deputy Commissioner of Police, Operations (Ag.) read an *Express Newspaper* article entitled “Homeless return home after Monday night round-up” published on November 17, 2010 to highlight the challenges faced by police officers in dealing with the social displaced. He indicated that the Summary Offences Act requires that the authorities be dissatisfied with the account given by a person on the street before they can be charged for loitering.
- b. The Deputy Commissioner of Police, Operations (Ag.) also highlighted the issue of the malodorous smell of the socially displaced persons which provides a challenge when they appear in the Magistrates’ Courts. He suggested a certain amount of compassion is required when dealing with the homeless. He submitted that at the end of the day, despite appearances before the courts, these persons eventually return to the streets.

xvii. Revision of the laws that deal with street dwellers and loiterers

- a. The Permanent Secretary, MoSDFS, indicated that the existing laws do need to be modified and indicated that the proposed revisions to the Socially Displaced Persons Act recommends that someone before the Court who is deemed to have substance abuse issues, can be sent to a centre via Court Order.
- b. The Deputy Director, IAU, and the Chief Medical Officer (Ag.) both agreed that that the Mental Health Act needs to be revised.
- c. The Deputy Director, IAU, further indicated that during the period December 2012 to present, the IAU came into contact with 208 persons of which 90 per cent had dual diagnoses of some form of chronic addiction and mental disorder.

xviii. Responsibility of the IAU and the SDU

- a. The IAU was established in 2012 and is mandated to arrange the voluntary and involuntary removal of street dwellers from the streets, as well as the referral and transfer of such persons for intervention and treatment as determined by the unit.
- b. The SDU in accordance with the Socially Displaced Persons Act is responsible for the assessment, relocation care and rehabilitation of the socially displaced persons as well as providing advice and recommendations on all matters related to the socially displaced. The SDU handles policy and the IAU deals with implementation.
- c. The Deputy Director, IAU indicated that the unit has a Street Dweller Rehabilitation/Reintegration Programme which started in 2012/2013 with a pilot project called the Temporary Implementation Strategy.
- d. The Programme has 4 stages, which includes brief intervention, screening and assessment, rehabilitation and reintegration into society. The Deputy Director, IAU, stated that of the 208 persons the unit has been in contact with, 49 were successfully reintegrated into society, some independently and some with their families.

xix. The MoH and the mentally ill

- a. The Permanent Secretary, MoH, indicated that with the exception of Ward No. 1, patients can walk in and out of St. Ann's Hospital. She indicated that mental care cannot be singularly provided at the St. Ann's Hospital so the Ministry through the RHAs established mental health wards at the various RHA Facilities.

- b. She stated that upon discharge, patients are not collected by relatives and therefore remain at the hospitals. There are currently 59 such persons that fall into this category in health facilities across the country.

She divulged that health facilities may receive patients through referrals from the courts or through collaboration with the MoSDFS. She further stated that there have been a number of persons who would have been decanted to privately run homes and NGOs over the years. As a result, contractual agreements are established between the RHAs and these Homes. In 2010, Cabinet took the decision to transfer the responsibility for contractual obligations for socially displaced persons when they moved, on to the MoSDFS.

- c. The SDU is informed when persons are referred to rehabilitation centres via the RHAs.
- d. The Permanent Secretary recommended that there is need for greater and continuous collaboration amongst agencies. The MoH needs to be able to assess persons according to categories of care where levels 1 to 3 would concern clients who can live in a home with minimal assistance and receive care through the health system and level 4 would involve clients who may need nursing and medical care on site. Level four clients would be the responsibility of the MoH and would be cared for at the Ministry's Extended Care Centres.

xx. Age Range of persons living on the streets

The MoPDFS advised that information concerning the age range of socially displaced persons would be easier to collate from surveying care centres or facilities compared to the streets. The Ministry further submitted that at the CSPD and Court Shamrock, substance abusers would be the younger population from age 35. The mentally ill would be between the ages of 35 to 60.

xxi. Provisions for persons who have the potential to become homeless

- a. The Permanent Secretary, MoSDFS indicated that the Ministry has a number of social programmes such as the grants available under the Social Welfare Division. These grants provide aid to persons who may have difficulties in paying rent for a period of time until they are able to manage on their own.
- b. There are programmes at the Ministry of Labour for persons who have lost jobs. The MoSDFS is also working to provide psychosocial services through the National Family Services Division as well as the development of a social mitigation plan that would cushion the impact of the economic downturn.
- c. The Permanent Secretary, MoSDFS assured the Committee that none of their allocations that deal with social programmes have been cut. Instead what may be happening is that there is an ongoing programme to ensure that persons

still qualify for the Food Card. It was divulged that 13,000 of the 46,000 persons on the food card did not go in to the Ministry to verify that they are eligible.

xxii. Socially Displaced Persons' access to "food cards"

- a. It was indicated that socially displaced persons can apply for food cards but need the relevant documentation to do so. The Executive Director, SDU indicated that the food card programme would only be relevant when;
- b. socially displaced persons are reintegrated at the point of reintegration. At this point, these persons are mostly likely able to access one because they would receive a referral from the Ministry.
- c. She further indicated that having a food card while being homeless is not useful since there will be no access to cooking facilities or utensils etc.

xxiii. The Chapman Facility, Florida

The Permanent Secretary, MoSDFS indicated that the Ministry is aware of the work of the Facility and divulged that they were supposed to emulate the Facility's model and then evaluate its suitability. However, due to challenges, the Ministry was unable to implement same.

xxiv. Causes of homelessness

Witnesses indicated that a person may become homeless as a result of family peer pressure associated with religious beliefs as well as physical abuse, stress, the weight of responsibilities, ill health, loss of job, and an inability to pay rent.

xxv. Prevalence of street children in Trinidad and Tobago

- a. The Permanent Secretary, MoSDFS indicated that a 2004 survey found that there were 66 children living on the street, however, in the recent tally of street dwellers, the Ministry did not observe any street children. She did however, indicate that there may be the occasional child accompanied by an adult who may be begging, but this too seems to be on the decline.
- b. Mothers who enroll into halfway homes are able to do so. However, an exception is made if the child accompanying her is a male around the age of 16 to 17.

xxvi. Recommendations/Solutions proffered during the public hearing:

- a. The Chairman recommended that the following:
 - i. that the MoSDFS utilise Social Workers to assist the socially displaced in acquiring forms of identification and other social services;

- ii. that instead of sending persons into an overcrowded prison system, they should instead be sent to a half-way house for a month where they will receive the necessary services from the different agencies;
 - iii. that data on socially displaced persons should be disaggregated in order to identify what percentage of the socially displaced are substance abusers versus the other categories;
 - iv. that there be quarterly meetings with the relevant stakeholders in dealing with the issue of social displacement;
 - v. that every socially displaced person should be properly documented so that he/she can access the various resources offered by the State;
 - vi. that mentally ill persons be distinguished from substance abusers and the other categories in order to determine those who should be institutionalised and those who should be under medical care; and
 - vii. that the families of socially displaced persons be identified and provided with counselling and guidance on how to interact with their relative/s who may be living on the streets.
- b. The Deputy Director, IAU recommended that the MoSDFS and the MoH work with specialist medical officers to review the Mental Health Act. She also recommended that the Summary Offences Act and the Summary Courts Act be reviewed as well.

Requested Information

7.4 Further to the discussions, the MoSDFS was requested to provide the Committee with information concerning:

- a. data on the socially displaced in Tobago; and
- b. the ideal ratio of social workers to socially displaced persons.

ADJOURNMENT

8.1 The meeting was adjourned at 12:34 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

June 07, 2016

APPENDIX IV

NOTES OF EVIDENCE

VERBATIM NOTES OF THE SEVENTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS ROOM (EAST), LEVEL 6, (IN CAMERA) AND J. HAMILTON MAURICE ROOM (MEZZANINE FLOOR) (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTER, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, MAY 18, 2016 AT 9.36 A.M.

PRESENT

Dr. Dhanayshar Mahabir	Chairman
Brig. Gen. Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Mrs. Glenda Jennings-Smith	Member
Mr. Hafeez Ali	Member
Miss Khadijah Ameen	Member
Mr. Julien Ogilvie	Secretary
Miss Kimberly Mitchell	Assistant Secretary
Miss Katharina Gokool	Graduate Research Assistant

ABSENT

Miss Nadine Stewart	Member [<i>Excused</i>]
Mr. Esmond Forde	Member

10.23 a.m.: *Meeting resumed in the J. Hamilton Meeting Room.*

OFFICIALS OF THE MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Mrs. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Haimdath Ramoutar	Deputy Permanent Secretary
Ms. Loraine Reyes-Borel	Executive Director, Social Displacement Unit
Ms. Sarah Rambaran	Deputy Director, Inter-Agency Unit
Dr. Barry Ishmael	Legal Officer II

OFFICIALS OF THE MINISTRY OF HEALTH

Ms. Donna Ferraz	Permanent Secretary
Dr. Clive Tilluckdharry	Chief Medical Officer (Ag.)
Dr. Rohit Doon	Advisor, Health Promotion, Communication and Public Health

Mr. Lawrence Jaisingh

Director, Health Policy, Research and Planning

**OFFICIALS OF THE TRINIDAD AND TOBAGO
POLICE SERVICE**

Mr. Deodat Dulalchan

Deputy Commissioner of Police, Operations (Ag.)

Mr. Sterling Hackshaw

Assistant Commissioner of Police, Operations (Ag.)

OFFICIALS OF THE PORT OF SPAIN CITY CORPORATION

Councillor Keron Valentine

Mayor of Port of Spain

Mrs. Annette Stapleton-Seaforth

Chief Executive Officer

Miss Lystra Parke

Deputy Chief Executive Officer

Ms. Erica Prieto

Acting Superintendent, City Police

Mr. Chairman: Good morning to our invited witnesses, good morning to all of our viewers on the Parliament Channel who are viewing in faithfully whenever there is a public enquiry. Welcome to this, our Seventh Meeting of the Joint Select Committee on Social Services and Public Administration. We are starting a little bit later this morning because we do have to have meetings in camera before we come in public as we need to determine how exactly the enquiry will proceed.

This is the Committee's first public hearing pursuant to its enquiry on the effectiveness of the state's intervention directed at socially displaced persons, and by socially displaced persons we mean individuals who really are having to find accommodation on the streets and elsewhere because they do not have their own accommodation and they are basically homeless. This particular live proceeding is being broadcast live on Parliament Channel 11, Parliament radio 105.5 FM and the Parliament's YouTube channel, *ParlView*.

I would invite members of the listening and viewing audience to send their comments to us via email at parl101@tpparliament.org or on our Facebook page at [facebook.com tpparliament](https://www.facebook.com/tpparliament) or on twitter@tpparliament. And we invite members of the population of Trinidad and Tobago who think that they may be able to help us solve this problem in particular, to send to us solutions that we may add as part of our proposals to solve the problem that we are addressing. I would like at the outset to welcome, as our witnesses this morning, officials of the Ministry of Social Development and Family Services, officials of the Ministry of Health, the Port of Spain City Corporation and the Trinidad and Tobago Police Service.

First, I would like to invite Members of the Joint Select Committee to introduce themselves and then I will invite the lead members of the four organizations, the lead spokesperson from the Ministry of Social Development and Family Services, the Ministry of Health, the Port of Spain City Corporation and the TTPS to also introduce themselves. So may I start on my left.

[Introductions made by the members of the Committee]

[Introductions made by Officials of the various entities]

Mr. Chairman: Thank you all. There are some very familiar faces that I see and I know that there would be a lot of assistance to the Committee from the people who were students of mine at the University of the West Indies, some of them as far as 30 years ago. *[Laughter]* Before we proceed, just for guidance to our witnesses, the Chair will intervene as little as possible, really the members of the Committee will be posing their questions. First, the questions will be

posed and the four team leaders from the four departments invited will then decide to answer or direct the question to a member from their agency as they see fit.

There are a number of objectives in our enquiry proposal, but if we could summarize, what we want to do is this. The Committee would like to obtain an understanding of the problems of the socially displaced. Why do some persons in our society, despite all the assistance given to them by various arms of the state, the opportunities for training, find themselves in a situation where they are socially displaced? And second, having found themselves there, what could we do at the level of the state, at the level of the NGOs, what are the solutions to rehabilitate these persons? So that over time, there would be fewer and fewer people who find themselves in this particular state.

Now that the introductions are made and the objectives of the enquiry are identified, can I ask Sen. Hafeez—oh sorry, my apologies, the opening statements from the Permanent Secretary, Ministry of Social Development and Family Services.

Mrs. Bailey-Sobers: Thank you, Chair. I will begin by saying as the Ministry with the key responsibility for addressing the challenge of social displacement in Trinidad and Tobago and for ensuring the Government's achievement of its social development objectives, we are happy to have this opportunity to dialogue and to share with the Committee and the public at large and our stakeholders here this morning to enable a better understanding, as you said, of the situation and the requirements for addressing it. Persons living on the nation's streets is a common, unfortunate occurrence in Trinidad and Tobago and has proven to be quite a challenge to address.

In 2004, when the then Ministry of Social Development undertook a survey to determine the number of street dwellers and the characteristics of the population, it was determined that there were 905 such persons on the streets and in various centres. That was in 2004. Compare this statistic to the outcome of a street count of the population in January 2015 last year which registered a total of 539 such persons, including persons in centres and such facilities and quite timely, we just completed a two-day count which went into this morning and the outcome of that preliminary was 349 persons on the streets but not including persons who are in the various centres.

Mr. Chairman: Okay, just for clarification, in Trinidad and Tobago or just in Port of Spain?

Mrs. Bailey-Sobers: In Trinidad, sorry.

Mr. Chairman: And not in Tobago?

Mrs. Bailey-Sobers: For this two-day, Trinidad.

Mr. Chairman: Yes, thank you.

Mrs. Bailey-Sobers: Now the phenomenon of street dweller is indeed a social problem, we know that and like so many social issues, it is complex and by extension, it requires a comprehensive range of strategies for successful intervention. Over the years, a number of strategies have been pursued beginning in 1996 when the then Ministry of Social Development was formally tasked with the responsibility of addressing social displacement in Trinidad and Tobago.

In March of that same year, the committee to formulate an action plan for treating with the problem of social displacement presented to the then Cabinet, the holistic plan for addressing social displacement in Trinidad and Tobago. Then, in July of that same year, 1996, a Cabinet-appointed task force was given the assignment to develop an action plan to operationalize the holistic plan. The task force developed the action plan and presented it to Cabinet in 1997.

Then we had the establishment of the Social Displacement Unit—which still exists in our Ministry—in 1999 and the Social Displacement Act being passed in 2000 but never proclaimed and a board to oversee the work of the unit appointed with its term ending in 2006. In 2008, a national strategy to address the socially displaced was approved by the then Cabinet and then we had inter-ministerial committees being appointed in 2008, 2013. A new interagency unit established in 2012. All these efforts to address the situation of social displacement with limited success, it would seem, to date.

Mr. Chairman: Thank you very much. Mrs. Bailey, I will ask if you could summarize the rest of the statement and during the course of the proceedings, you advise the Joint Select Committee on some of the issues you would like to raise that would guide us in own deliberations on the matter. Thank you very much.

Mrs. Bailey-Sobers: Thank you, Chair.

Mr. Chairman: May I ask Ms. Donna Ferraz to make a brief opening statement as well? Permanent Secretary, Ministry of Health.

Ms. Ferraz: Thank you very much, Chair. The Ministry of Health recognizes its role and responsibility as part of the whole of Government system for the care of the socially displaced. Our role, in particular, has been the clinical care of such persons. They may not have come from the streets but traditionally, the medical facilities might have been inappropriately used by discharged but abandoned social cases following episodes of acute illness.

I can bring us fast-forward to date and say that across the country, across Trinidad, we have currently 212 such cases at either hospitals or to extended care facilities. Of note, 78 of such cases reside at the St Ann's hospital. The Ministry has continued to be in discussions with the Ministry of Social Development and Family Services, because in 2010 there had been Cabinet agreement that we would be decanting some of these patients to different kinds of long-stay facilities within communities.

As my colleague, PS, has indicated, there has been limited success and it is a work in progress. We have had some stops and starts but we really do need to continue because at the end of the day, the number of such clients at hospitals is 59 and what that translates to, is 59 less beds for persons who need medical care. So we do recognize our role, we commit to working with all the partners but it is work that needs to be done. Thank you very much.

Mr. Chairman: Thank you very much, Ms. Ferraz. May I ask Councillor Keron Valentine, Mayor of the Port of Spain City Corporation, to address us briefly?

Mr. Valentine: Thank you, Chair. Firstly, I want to record our appreciation on behalf of the Port of Spain Corporation for having us here this morning. And I will start by saying any serious society must take care of its most vulnerable and I say this in the context of socially displaced persons. The situation with the state of homelessness in the capital city is near epidemic. The Port of Spain Corporation had engaged in about four exercises in attempting to remove homeless persons from the streets of the capital city and we found out that there were four categories of homeless persons. There are drug addicts which is the highest number of socially displaced persons, there are the mentally ill persons, there are the deportee population and there are those persons who are just socially displaced. I will elaborate further into the discussions.

Mr. Chairman: Thank you very much, Mayor and now finally, Mr. Deodat Dulalchan, Deputy Commissioner of Police, Operations, briefly address us on the issue.

Mr. Dulalchan: Chair, I want to indicate that the Summary Offences Act, section 75, the police has a role to play but I think in further discussions, we would realize how difficult it is for the police, as a single entity, to just arrest people by sharing some of our experiences. I just want to indicate that between October 29, 2015 and April 07, 2016, 29 persons, street dwellers or homeless persons, would have been arrested in San Fernando, and we had issues with the people at St. Ann's refusing to take them because of overcrowding and so on and we were plagued with them. We had to reconvene with the Magistrate. They had to find some solution. But at the end of it all, I think what is noteworthy here is that 22 of these persons, although they would have pleaded guilty, they were reprimanded.

10.40a.m.

Mr. Dulalchan: So, I think the question here is: what happens after that, to prevent that revolving door of people just going through the system and getting back on the street? And I have every reason to believe that this enquiry will certainly assist to ensure that there is some stop to prevent this revolving door of persons just being arrested and going back into the streets.

Mr. Chairman: Thank you very much, Deputy Commissioner of Police. Now having had brief opening statements I would ask members of the Committee to pose their questions, and the first online is Sen. Hafeez Ali.

Mr. Ali: Thank you, very much, Mr. Chair. As the Assistant Commissioner indicated earlier, this Act has been here since 1921. So we have a problem almost 100 years now and we still cannot get it right. That is to start with. My question is outside in the public, most laymen see this as a simple solution. Why it is the Ministries cannot identify the individual, whether it is the social development Ministry, the Ministry of Health and the police service, and deal with the individuals? Not in a harsh manner. And it has to be such a systematic manner because I am in the Barataria area, so usually when there is a programme that is going on in Port of Spain, we have mass migration into Barataria, and so on. They will keep moving down, all the way to Arima and Sangre Grande, as you all carry out your exercises.

My first question is: What are the challenges that are in the system that are preventing the Ministries from acting, I do not want to use the word seriously, because I believe you all are trying, but to get the individuals rehabilitated back to society? What are those challenges that you spoke about earlier, Permanent Secretary?

Mr. Chairman: Is that to the Permanent Secretary Social Services?

Mr. Ali: Yes.

Mrs. Bailey-Sobers: Thank you, Chairman. Well, in my statement I did say that the challenges are many. We have challenges in terms of the resources of the units that we have in the Ministry. We have challenges in terms of facilities, where they will do the assessment for the persons on the street. We have challenges, in terms of, as we heard, the accommodation. We have challenges in terms of the staffing external to deal with the issues that present with the clients. So the challenges are many. And we also have challenges in terms of, you know, the operations of the various agencies that must be involved to treat with that particular street dweller.

I believe the person who would be able to go into it a little more would be our Executive Director of the Social Displacement Unit because they actually treat with the clients on the streets, and also they are responsible for working with the agencies to ensure that the issue is addressed. So I would ask Mrs. Reyes-Borel to go a little further into those challenges that we spoke about.

Mrs. Reyes-Borel: Thank you, PS. As indicated earlier by the Hon. Mayor, there are categories of persons on the streets, and while it would be great if they were all singular categories, that would be relatively easy to deal with. But in most cases we have persons with a mix of those problems and challenges, which means that they require a mix of services and the mix of services is available in various departments and agencies, which have their own systems within which they operate, which is not always operating at the same. Given challenges of resources, et cetera, they may not be in the same place at the same time as the client needs it.

In addition, these clients are particularly vulnerable and disenfranchised. So their capacity to engage many of the services that we have is really quite reduced. So the fact is the system has to become very tight and work together so that the system can engage the client and keep them engaged. So what we speak of, usually is that we need to have a continuum of care for our clients and also in that continuum of care, there is coordination and collaboration from the various agencies that must happen.

Mr. Chairman: Thank you very much. Any further questions, Senator?

Mr. Ali: So you are simply saying it has no coordination at the moment?

Mrs. Reyes-Borel: No, I am saying that the coordination and collaboration is sporadic. There are times when we would be able to have—there are things happening quite quickly with two particular agencies, maybe the Ministry of Health and our Ministry, maybe with the corporation. But for all the players to be on the same place on any given time, that is something that we have not had. Sustained activity, we have not had that.

Mr. Chairman: Thank you very much. Just a point of clarification before I move to another colleague. You said that these citizens, because they are citizens of Trinidad and Tobago, are vulnerable and disenfranchised. When an individual is identified, does that person have an ID card, a birth certificate? Does that person qualify for a food card? The services of the State seem not to be available to him or her. What happens? How is that person vulnerable? Disenfranchised, to me, means that he is not qualified to obtain some of the benefits of the State. What exactly is the status of this individual to give him the title of being disenfranchised?

Mrs. Reyes-Borel: It is his capacity to engage the services. And it has everything from—to get a birth certificate you need to know the name of your parents. You need to have their date of birth. Many of our clients cannot remember that. They also do not have someone that they can identify to say that this person can do this for us. So they have that first hurdle to get a birth certificate. And even that process then, okay fine, the process could be long and onerous for them to do all what they need to do to get that so they just disengage, because they are not having success. Success is difficult.

So even in a simple thing as to get a birth certificate that for John Public you go down to South Quay and you get your birth certificate within half an hour, our clients cannot do that.

Mr. Chairman: Just as a solution, because our Committee is a solutions-oriented Committee and I promised that I will not intervene but a solution is now jumping at me, and that is, could we have social workers in the State work with the socially-displaced and in an attempt to rehabilitate, assist these individuals to obtain the ID card, the food card and whatever other things that they are entitled to? Do you think there is a role for social workers to work with each of the 300 or 400 of them that you have identified, to simply have them fully documented?

Mrs. Reyes-Borel: Certainly, and the unit has had social workers. We do not have the complement of social workers that we need to have. So to be able to, again, resources. That presents a challenge. But that has been done

and is done for clients by social workers.

Mr. Chairman: Thank you very much. So we will ask, as a point to ponder from members and the witnesses, how many social workers do you think you would need to ensure that every individual who is socially displaced is fully documented? Because I tell you, being an undocumented individual without an ID card in Trinidad and Tobago is going to make it impossibly difficult for you to get anything done. So could you put your heads together and find out how many social workers, perhaps, you would need?

Miss Ameen: A ratio.

Mr. Chairman: A ratio of social workers to the socially displaced. Thank you so much. MP Christine Newallo-Hosein has to come in at this point.

Mrs. Newallo-Hosein: Thank you, Chair. I just would like to hear from the IA Unit on this matter please.

Ms. Rambaran: Thank you, Chair and thank you member. The Inter-Agency Unit has been doing just that. When a client, we call them clients, comes in to us, that is the first thing that we assist with; getting their birth certificate in the first instance and then their National ID in the second instance. We have been able to get the birth certificate successfully. We have had problems with the ID but we have been getting them.

Chair, what we need to note is that, that is not the solution to the problem. What we find is that after we get the ID and the birth certificate and then they qualify for, for example, the TT smart card, the food card or whatever grants, they are back out on the streets because then they are happy. They are like “oh I got a grant.” They do not want to stay in the programme, become rehabilitated or get the help from the Ministry. Because for them they got what they wanted. So in order for us to address the issue of them being on the streets, we need to look at the rehabilitative care that comes after that first point of entry.

What the IAU has been doing, though—*[Interruption]*

Mrs. Newallo-Hosein: Just a second. I want to ask a question. You are saying that the unit assists in getting ID cards and birth certificates, and so forth. Why is there a disconnect between the both units inside of the Ministry? Why is it that the displacement unit is saying that there is a problem and IAU is saying that it is not a problem. It is in the same Ministry, are you not?

Permanent Secretary, you indicated that there were 349 persons on the streets as of this morning. I find that number to be relatively small, compared to what it is I have heard. Is that in all of Trinidad? Is that San Fernando, Arima, San Juan, all over?

Mrs. Bailey-Sobers: Mrs. Reyes-Borel, could you clarify, as you were actually on the team?

Mrs. Newallo-Hosein: And Mrs. Reyes-Borel, if you can indicate what is the methodology that was employed to determine this number, and what happens after you analyze it?

Mrs. Reyes-Borel: The methodology, I will start with. The street count is a point-in-time survey. It is a headcount. So, what happens is officers go out at nights. It is usually between the hours of 10 going into the early morning. The rationale for going out at that hour is that we do have persons on the streets who are not street dwellers during the course of the day.

Also, during the course of the day the clients are very mobile. So double counting is a greater risk in the daytime. So, the rationale is at nights they would have bed down by that time and it is going to be easier to have a better idea as to the number. So that is essentially the methodology. No person is—we do not interact with persons. You do not wake

anybody up. You are doing a headcount.

The areas that we would have counted. We would have done the central/south region on Monday night and then we would have done essentially the East-West Corridor on Tuesday night going into this morning. I would just give you some major areas: Port of Spain and environs, there were 152 males, five females; San Juan, 14 males; Tunapuna, 10 males; Arima, 23 males; Marabella, 15 males; Princes Town, 2; San Fernando, 61; Sangre Grande/Valencia, 11. So there are other areas that we would have counted, but essentially those are some of our major areas. Chaguanas was 8.

Mrs. Newallo-Hosein: Thank you. I do not think that a headcount at nights really counts for how you do it. I mean, I am a little bit opposed to the methodology that you have employed. Perhaps Your Worship, you can indicate what you have done in the City of Port of Spain.

Mr. Valentine: Thank you MP. I am a little alarmed and concerned of the sentiment expressed because back in 2010/2011, when the Port of Spain Corporation engaged in exercises, we would have recorded in excess of 300, close to 400 homeless persons. We can tell exactly where those persons reside on the streets.

And also, may I add that the Port of Spain Corporation is presently before the courts by a member of the public. We did some renovations at Tamarind Square and we fenced it off and we are currently before the courts. A member of the public is suing us for removing those persons from Tamarind Square. Our records would have indicated close to 400 persons and that was back in 2010 and early 2011. So I think that figure is badly off. I think we have that just in the capital city alone. It is close to 400 persons.

Mrs. Newallo-Hosein: Thanks, Your Worship. Permanent Secretary of the Ministry of Social Development, what relationship do you have with the NGOs? Why are the NGOs not playing a more pivotal role in this whole socially displaced process?

Mrs. Bailey-Sobers: Member, I am very aware that we have a number of NGOs who are involved at the different levels of the continuum. We have those that are involved with when we do the assessment that the street dwellers are accommodated and that is at CSDP.

We have those who provide services, with respect to deportee services. We have those that deal with children who are socially displaced. So we have a number of NGOs, actually. I think we have 10 NGOs that we provide subventions to that are directly involved in social displacement and providing services, and then we have those that are indirectly involved, because they are providing for persons who have substance abuse problems and mental health problems.

Mrs. Newallo-Hosein: Do these persons, do these NGOs, assist in going to the streets and actually taking persons off the streets?

Mrs. Bailey-Sobers: I am not aware that they are involved in the count. It is generally the staff of the Ministry.

Mrs. Newallo-Hosein: Can anyone from the Ministry indicate if that is so or not? Mrs. Reyes-Borel of IAU?

Mrs. Reyes-Borel: We have used NGO support for the street counts in the past, if we do need to have the NGO support and also we, for example, last night we would have been accompanied on our count by the Port of Spain City Corporation police. So it is not done in complete isolation of the unit staff. What we do at least is advise each

corporation or state police that we are in the area and we ask their advice, in terms of where we may find persons.

Mr. Chairman: You have a follow-up question, Sen. Ali?

Mr. Ali: Permanent Secretary, the Public Sector Investment Programme, I see you all were allocated \$9.9 million to assist the non-governmental organizations. How many people really are being helped in these different organizations?

Mrs. Bailey-Sobers: Well, under the PSIP that would really be the developmental aspect of the work. So this is where we will do infrastructure and we will refurbish the CSPD or Piparo Empowerment Centre. We would also be looking at finding an assessment centre location in Port of Spain to set up a new assessment centre. Initially, we had identified Queen Street but we are not moving forward with that and we are still in the process of looking for an assessment centre. So that is the PSIP element.

On the other side, the recurrent side. We do provide a subvention, as I said, to CSDP and they have a capacity of 160 persons there. We also assist Court Shamrock with a capacity of 50. Their occupancy is currently 42. At CSDP it is around 115. We also have Hernandez Place, which is in Arima, with a capacity of 17. This is for older persons who are socially displaced and they are usually filled. New Horizons and Piparo, they are both in Piparo, with a capacity of 80 for New Horizons, 27 persons actually residing there presently, and at Piparo, a capacity of 60 and an occupancy of 41.

Of course, we also provide support through the Community Care Programme, which you probably would hear more about later on, where the Ministry of Health has actually placed persons from the hospitals who have nowhere to go, in facilities and we also pay for those services. So we have actually provided quite an amount of funding for the socially displaced.

Mr. Ali: Now, these individuals, we are talking about the socially displaced here, when they go into these homes, is it a voluntary thing that they could walk out anytime?

Mrs. Bailey-Sobers: Yes, they are free to leave. They are not required to—

Mr. Ali: Then we are defeating the purpose before we start. Because if they could walk out and go back into the drug life and go back on the streets and sleep then we are just spinning top in mid.

Mrs. Bailey-Sobers: There is no authority for us to keep them in these facilities.

Mr. Ali: And what suggestions have you put forth where you try to get that type of authority to the Government who is—I do not know. Have you all put any suggestions forward that you need that type of authority?

Mrs. Bailey-Sobers: Well, it is still a human rights issue, Member.

Mr. Chairman: Thank you very much. Sen. Khadijah and then afterwards Brig. Gen. Ancil Antoine.

Miss Ameen: Chairman, through you, I am a bit concerned about the issues that are showing themselves here with regard to the gathering of data and information. I wanted to ask earlier, in terms of how you conduct your count and another member, your answer did come out there.

What I want to ask you is if you have considered engaging, for instance, the University of the West Indies or other professionals, when I say academic research, as a research resource to, perhaps, re-examine the method you use to gather data? And further, to go into, not only having a total count, but in terms of maintaining a database on each person identified so that you could better track their progress. So those are about three questions. So have you engaged any research resource to support the Ministry in examining your method of data gathering?

Secondly, do you collect and keep information on each displaced person, maintain a database with those persons and track their progress? And I wanted to also ask for the Port of Spain City Corporation, because it is our capital city and you do have a high population of socially displaced persons, whether you too would have looked at doing your own data collection? Because I believe that having the proper data is the first step in solving your problem and if there are challenges in that, you may be doing a lot of good work, with good intentions, but missing the spot.

Mrs. Bailey-Sobers: Thanks member, and I agree that data collection is critical if we are to really make a dent in the problem. I need to say that as a Ministry we have always placed focus on research. We have a research division, social investigations division. Actually in 2004, it was the Social Policy and Research Division that did the survey, which was really a robust survey, that identified the numbers that were on the streets. Just to also say that I believe the street count is not as in-depth as the survey but we do have an investigations division.

We also have a research council which operates under the Ministry of social development and we have networked with the university. Actually, quite recent I got a request from the university to do a survey on social displacement and I believe one of the persons who would be involved in that survey was probably observing the count, I believe. So we do have the university, one of their students actually doing a survey and working with the unit to do a survey soon.

Just to say also, in terms of the database we do not keep a database on all the persons, the socially-displaced persons, but I do know that the unit, when they are interacting with street dwellers through the process that the social workers would use, that they will keep information on each street dweller in order to monitor them. So I know that happens.

I think the other question had to do with tracking, but I think I spoke to the tracking, that the social workers will do the tracking.

Miss Ameen: Is there a fixed interval, say for instance, that you do a survey every two years, every five years?

Mrs. Bailey-Sobers: I think this is probably one of the weaknesses and we have identified that what we need to do is actually institutionalize the surveys so that we would be able to track and understand the trends in the problem. So I think that is one of the ways in going forward, we have identified that we need to address.

Miss Ameen: Is there anything that prevents you even now from mandating your research unit to do something like that?

Mrs. Bailey-Sobers: No, there is no reason we cannot and we have indicated it to them and it is actually on the research agenda, but as I said since we have had this request from the university, we have decided to actually collaborate with them to do it.

Mr. Valentine: The Port of Spain Corporation, we collected our data by way of our exercises that we would have conducted. We partnered with the Living Water Community. We wrote to the Amalgamated, I think. We had the Amalgamated prison van come out; the Port of Spain Corporation. We also partnered with the Mental Health Unit of the Ministry of Health. We divided ourselves in teams, based on volunteers from the City, and we apprehended the homeless persons under the supervision of our City Police Officers and we took them up on the basis of loitering. We took them to the Living Water Community. We gave them a shower. We gave them hot meals and they were brought

before the court the other day.

We wrote to the Chief Magistrate and the Chief Magistrate accommodated us by way of a Sunday, a special sitting on a Sunday morning, at the Magistrates' Court. Our challenge there was that we had human rights attorneys who ended up in the court on that Sunday morning and since then we were told that we had to back off and one of the reasons being, that is not one of the core functions of the Port of Spain Corporation. So since then we have just been trying to highlight our plight to the Ministry with responsibility for social services.

Mr. Chairman: Just the prerogative of the Chair, could I follow-up on that because let me read from the Summary Offences Act, Chap. 11:02, the same one past 1921, amended subsequently, 45(c), because I am amazed you are getting challenges. It is very clear to me what your powers are. It says under clause 45:

“A person committing any of the offences mentioned below in this section may be deemed an idle and disorderly person, and shall be liable to a fine of two hundred dollars, or to imprisonment for one month—”

Under (c):

“any person found sleeping or loitering in or under any building, including any open outhouse, verandah, gallery, passage or gateway, or in any vehicle or vessel, without leave of the owner, occupier or person in charge thereof, or on or under any wharf, quay, jetty, bridge, footway, or in any street or other public place, and not giving a good account of himself;”

It appears to me that the law is very clear, that the police officer can charge this person for being an idle and disorderly person, take him before the Magistrate, of course, properly sanitized, for which—I do not know if the wanderers now have \$200 but if they cannot pay the \$200, then they are liable to a month imprisonment. So that, is this the law that was being challenged?

Mr. Valentine: Well, I am not sure Chair, but I know that we were just written to and we had to back off and that is why I continuously state that the system has failed us, with respect to, we do not seem to have the will to treat with this.

Mr. Chairman: Again, the Chair has his prerogative and I would not take up the members' time. But to raise—and it involves the City Corp, it involves the police, Mr. Dulalchan, it involves the Ministry of Health. Is there a solution here where, as Sen. Hafeez Ali indicated, that they go into a home and they leave the next day because the homeless persons are wanderers. That is what they do. Is it that since you have the authority under the law to have them confined for a month, that there is some way that the State, together with the NGOs, could be involved by having a half-way house where someone brought before the court would not be sent to the overcrowded prison system, but he is sent to this place for a month if he cannot pay the \$200 and once he is in this place where the Ministry of Health will attend to him or her, the police will check in, the social workers, this person then becomes accustomed to living in one place for 30 days? Do you think that this half-way house concept for the socially displaced can go some way in rehabilitating them and making your lives a little bit easier? From the police, from the Ministry of Health and from the City Corp and then, of course back to the Committee.

11.10 a.m.

Mr. Dulalchan: Chair, if you permit me. I walked with an article, published on November 17, 2010. It is an *Express* article. It would just probably take me about two/two and a half minutes to read, so that we can get an

appreciation. It is termed:

“Homeless return home after Monday night round-up:

A number of ‘homeless’ people who were taken off the streets of the capital city on Monday night were allowed to return ‘home’ after Senior Magistrate Lucina Cardenas-Ragoonanan said she did not believe they were socially-displaced based on their explanation.

As a result, even though she commended officers of the Port of Spain City Corporation for attempting to rid the streets of homeless people, she also advised that they be extra careful when doing so as some of those people were able to properly account for themselves.

Ninety-one ‘homeless’ people were arrested after the commencement of an exercise by the Corporation entitled ‘Utter-riser’ on Monday night.

On Tuesday approximately 30 of them were taken to court charged with loitering. The rest were taken to court in two Port of Spain Corporation trucks and appeared before Cardenas-Ragoonanan yesterday. Approximately ten of them were allowed to leave after the magistrate said she believed they were telling the truth. Some were placed on their own bond in the sum of \$500 and warned to return to court at later dates with the family which they claimed to have, while others were allowed to freely leave.

Brian Curtis told the magistrate he lived in Diego Martin but worked as a maintenance worker at a car park at Charlotte Street, Port of Spain. He said he was standing along the Brian Lara Promenade watching a ‘movie’ on the big screen installed on Express House when he was taken away by the officers. ‘I was watching a movie and was about to go home. I was startled when they take me away,’ he said.

Another man said he was standing close to his home at Pembroke Street where he lived with his cousin when he was arrested. ‘They tell me I looking like a vagrant and take me away but I am not no vagrant. I am a hard-working law-abiding citizen. They kept us in custody at the (Central) market, and that was not an easy thing that we went through,’ he said.

In addressing the officers involved in the exercise, Cardenas-Ragoonanan said: ‘I commend you for your attempts in getting homeless people off the streets because that is not an easy task, and I understand that you are going to be back here again on Friday (with more of the homeless).

‘But let me advise you that when you are doing your work you need to look at the people on the side and have an eye for who is who. Some of them are legitimately there. Some of them are genuinely there and could account for themselves,’ she told the officers.”

Now, when you really look at the Act carefully, I think what is important there is whether or not you are satisfied with the account given by the person on the street.

Mr. Chairman: Just a follow-up, someone who says he is going back to his home in Diego Martin, should he not supply to the courts some evidence that he has a home, somewhere like—a bill, or some documentation to say, Mr X lives at this address? Is it that somehow there is a failure in enforcing the law and not asking further questions of these persons?

Mr. Dulalchan: Well, Sir, in this case the magistrate—my information was that he had to come back with his family and so on.

could have seen police officers, the court staff and so on, actually hiding behind kerchiefs. They brought pressure into the cells and not too pleasant aroma started to invade the precincts of the court, through the air-conditioned unit and so on. It was there that these people had to be taken to the central market, given a bath. My information was that they were groomed. They had to get clothing from St. Vincent de Paul, and then they had to—the magistrate had to reconvene court on the Sunday to deal with the issue. But at the end of the day, most of them would have ended up back—and the same thing I said initially—on the street.

Now, the thing is, let us be factual here. Yes, the law tells you this, come on, where is the heart? Where is the heart? Here it is you are going to actually effect an arrest on a man who is telling you, “Look, I am homeless”. You are interviewing him with a kerchief. Whether he is homeless or not, he has dignity. You are interviewing him with a kerchief. You could barely make out his complexion. His clothes are, in fact, tattered. He has no money. He does not know where a next meal is coming from. That in itself invoked the compassion of a police officer.

There are instances when—because I enquired from officers before I came here, and they said there were instances when officers were moved to tears in communicating with another human being. There were times without them asking, officers dipped their hands in their pocket to provide them with money for a meal. So whilst we understand, yes, there is a role for the police, the whole question is, how can the other agencies supplement that role, so that that revolving cannot take place?

Mr. Chairman: And just to re-emphasize the point. This thing has to be treated very, very, very holistically, and with a certain amount of thinking through the problem. The solution I am proposing again is this, a police officer arrests someone he knows, he has good cause. This person is a homeless person. Is there a role for one of these halfway houses that this person can be taken to, if he is brought before—properly sanitized—to the magistrate, that the magistrate will then commit him to one of these homes, and then all conscience in the society will be cleared? Do you think that that is a recommendation that will solve the problem in some way?

Mr. Dulalchan: Certainly. Certainly.

Mr. Chairman: Okay. Thank you very much. Then we have Brig. Gen. Ancil Antoine, subsequently Mrs. Glenda Jennings-Smith will come in.

Brig. Gen. Antoine: Good morning, and this brings me to my question. In 2008, the national strategy for the socially displaced was approved. The strategy was to address the problem of persons living on the nation’s streets. My question, how many accommodations are available for socially displaced persons in Trinidad and then in Port of Spain? I want the Mayor to say that. How many are provided by Government? How many are provided by the private or religious sector? What resources are provided by the Government to assist both public and private? And what percentage of socially displaced persons can be accommodated in our present facilities?—because there is a strategy that was approved eight years ago. I have no doubt that funding was provided for this strategy as well. So what have you been doing over the last eight years?

Mrs. Bailey-Sobers: Thank you, member. I indicated some time aback as I answered another member’s question, in terms of the facilities that are owned by Government, that is CSDP. Well, CSDP is actually managed on behalf of Government, yes? So that is right across from us to the east, with a capacity of 160 persons and occupied by 115 currently.

We also have Court Shamrock in San Fernando, with a capacity of 50, with 42 as the occupancy. Hernandez Place in Arima for older persons, 17, and it is filled. New Horizon and Piparo, both in Piparo. New Horizon with a capacity of 80 and an occupancy of 27, and Piparo a capacity of 60, with an occupancy of 41.

We also have the NGOs which provide facilities. We do have—and I have listed them somewhere here. We do have Vision on Mission that provides deportee reintegration. We have the St. Vincent de Paul Society, with free shelters, and also prisoner reintegration. In Brazil, we have Centre of Hope, managing our Hernandez Place facility. We have Rebirth House, which treats with the substance abuse rehab; persons with those issues. We have Living Water Community. We have the Credo Foundation dealing with the children. So those are some of the other NGOs that support the Ministry in its work with treating with the target group.

Brig. Gen. Antoine: What percentage of our socially displaced persons can be accommodated in these facilities?

Mrs. Bailey-Sobers: My understanding is the majority of the persons who are socially displayed are still on the street, I believe—many of them not opting to go to these facilities.

Miss Ameen: Mr. Chairman, through you, it was mentioned that the laws that treat with street dwellers or loiterers may be quite dated. Based on your experience or those of the technocrats—I know you may have come from another Ministry as a Permanent Secretary. Do you think it is time to review those laws, to give the authorities a little more flexibility, rather than treating with these displaced persons either as criminals, or as volunteers or for them to come voluntarily into the centre?

—for example, that time of imprisonment, where if they do not pay the fine, they can be imprisoned for one month, it should be one month of rehabilitative care that is mandatory, as opposed to if they walk into a shelter, they can leave at any time. Do you think that it is time to have some collaboration with the police and the authorities in the various units, the technocrats to make some recommendations?

Mrs. Bailey-Sobers: Yes, I fully agree. Just to say that we did have the Socially Displaced Persons Act passed in 2000, but it was never proclaimed. We have agreed that there is need for review of the legislation. Just to say also that I recall, with the issue of substance abuse, that provision was made to allow somebody who comes before the court and is deemed to have an issues of substance abuse, that they could actually be sent to a centre, and they would really have to stay there, because it is a court order that would be granted, and probably that is a system that we could look at. But I believe the legal officer in the Ministry, Dr. Ishmael, and Ms Reyes-Borel could throw some more light on this in terms of the review of the legislation.

Mr. Chairman: But before we move on, there is a follow-up that—and we need to bring in the Ministry of Health in here. The Ministry of Health is involved in a significant way, and I would like to know whether the Ministry of Health is of the view that there is any need for legislative changes as advocated by member Ameen?

Ms. Rambaran: Thank you Chair. It is not something that we had considered, but I would like to ask to maybe ask Dr. Tilluckdharry, under the Mental Health Act and the placement of persons at the St. Ann's Hospital, because sometimes we persons who have to go there by order of the court. So that it might actually be looking at various pieces of legislation to try to come up with what would be the optimal solution for this problem.

I think as we have recognized just by virtue of the composition of the team here, that it is multi-sectoral. It is across Ministries, so it probably—yes, I would think that we do have to look at various pieces of legislation, because

we do recognize that right now, none of them seems to be working in the interest, I would say, of the socially displaced persons, to help get them rehabilitated.

Mr. Chairman: Dr. Tilluckdharry, do you have any position on the changes of the laws, mental health laws?

Dr. Tilluckdharry: Thank you, Chair. Yes, I think that the Mental Health Act needs to be revised, and I draw reference to the case that happened in October last year. Then, one night, a busload of 24 homeless persons from San Fernando were brought straight up to the St. Ann's Hospital. At the hospital, they scrambled to get beds for these 24, well, from the court—who were sent through the court; that was mentioned before. Eventually, these persons were taken to Arouca where they were evaluated, and subsequently admitted; some were admitted.

But yes, I mean, each homeless person on the street, they may have a mental health issue, and they need to be evaluated, and proper medical care given. But we are dealing with a bigger problem, the socially displaced persons, and not all may fall into that category. So, yes, I think that in terms of addressing the whole Act, and certainly I agree with you, Chair, that it has to be with inter-ministerial involvement, like a committee to overlook these legislations that are available to address these bigger issues.

Mr. Chairman: Before I move on to MP Jennings-Smith, just clarification on this point, because you see, if it is that—I am hearing the problems of the police and hearing the problems of the Port of Spain City Corporation, that the people are brought before the courts and they are released the next day, but if it could be proved that at least a subset of that population is mentally ill, do you have the powers under the existing laws to insist that these individuals who are deemed to be mentally ill can now be confined for the period that you will determine as a medical doctor is the appropriate period?

Dr. Tilluckdharry: Yes, Chair, that exists.

Mr. Chairman: And is it that you are then recommending that all of these socially displaced persons be subject to some kind of mental evaluation to determine their mental status?

Dr. Tilluckdharry: Well, any medical evaluation will involve a mental status aspect. So that is part and parcel of any proper evaluation medically.

Mr. Chairman: Okay, and to the Ministry of Health, to the Ministry of Social Development and Family Services now, when you are numbering the people on the streets, do you have a system where they are mentally evaluated, the 300-plus? Are they subject to a mental test? We need to know.

Ms. Reyes-Borel: The head count is a head count. It is not an assessment, and it is not an engagement. Engagements of clients would happen at the assessment centres, so that is when you would have the medical—the psychiatric and those kinds of interventions done with the clients.

Mr. Chairman: But then again a solution, we need to know to get the facts to make the decisions. We are speculating, but are you seeing a need to evaluate the persons to determine how many—what percentage of them appear to have mental challenges? What percentage are substance abusers? And what percentage simply seem to be hard luck and unemployed? Do you think there is a need to disaggregate and to identify the hard data in that way, so that we can make appropriate decisions for the subgroups?

Mrs. Bailey-Sobers: Chair, I fully agree. We need to do it, actually the survey that was done in 2004 broke it down into those categories, and probably Ms. Rambaran also, they would have done some work and they identified

those persons who had mental health issues. Ms. Rambaran?

Mr. Chairman: And the question I am asking is this, given the—let us say 400 persons out there, could you say with some measure of confidence that X per cent would be mentally challenged, X per cent would be substance abusers, X per cent would be hard-luck cases, could we say that at this point in time?

Ms. Rambaran: Thank you, Chair. Thank you, PS. Over the course of the last three years, spanning December 2012 to present day, the Inter-Agency Unit would have come into contact with 208 persons to date that would have entered the programme voluntarily. We would have engaged them, told them about the programme, what we can do to help, and to some extent, they would have agreed to be helped. For example, as I told you earlier about the identification card or the birth certificate or whatever grants we offer, for those who want us to get in touch with their families—

Mr. Chairman: The question I am asking is this, of the 400 persons, let us say, could we at this point say, 25 per cent of them have mental challenges, which mean that they ought to be under doctor care and review for an extended period of time? Can we say that? Do we have the data?

Ms. Rambaran: Yes, Chair. In terms of the 208 persons, 90 per cent of them had dual diagnoses of both some form of chronic addiction, as well as a form of mental disorder, along the range of spectrum of mental disorders. So what that points to is that we need care to accommodate their dual diagnoses or their multiple diagnoses, as the case is.

Mr. Chairman: Mrs. Jennings-Smith has been very, very patient for the longest while, and I do need to bring her in.

Mrs. Jennings-Smith: True.

Mr. Chairman: And we will ask the Mayor to come in as well. We are at a very interesting point.

Mrs. Jennings-Smith: You would have asked most of the questions that I was concerned about. What really impacted upon me is the Mayor's approach. I was quite intrigued with your approach, when you said you categorized the persons when you found them.

Secondly, when police officers are engaged to pick up persons on the street, they must be satisfied that those persons are indeed to be taken before a court. What I am not seeing here is really collaboration between the different units, but I see there is a unit there, the IAU Unit. So it is not about reinventing the wheel. What I gathered here at this morning's sitting is that we had to attend this session this morning, and we went and did a head count. I am not getting the impression that there was continuity in terms of—from 2010 to now—that something had happened, and there was continuous tracking. Tracking, and the word "tracking", was used quite often this morning; tracking of persons.

We targeted persons. We brought them before a system, but what about tracking each and every one of them from then to now, because we talk about—I heard a word mentioned this morning, "Last night we work into this morning getting the numbers". That quite clearly suggests to me that it was done only for this purpose, for today, and I am not seeing a strategy across all the units here, all the Ministries or, as we had indicated before, any standard operating procedure that would guide all the Ministries into this whole-of-government approach, which this Government is now engaged in; a whole-of-government approach.

We have been talking that for the past eight months and today, we come this morning, I am thinking we

should have had something much more coordinated to put before this Committee. I am suggesting that the unit that is engaging this, the IAU Unit. I think you are already the lead agency for doing this. A lot goes to you because this morning, when you answered, you said the birth certificate is not the problem, and there were other issues being the problem, but this is also one of the problems.

If we have a lead agency to do this type of job, the Social Displacement Unit, and we have an IAC Unit, which is tasked to collaborate, then you collaborate with all the agencies. The thing about it is everybody is passing the buck. Which one is taking it on? Which is the lead agency? And which one is really taking that responsibility to collaborate? Because I know for a fact, many times in my past profession, that police were called upon to do this exercise, last night: “We want you all to be on the streets to pick up people”. Then we will have a crowd of people; and Mr. Dulalchan was quite right, that year, when these people were brought before the court, socially displaced people, what about the families? What engagement are we having with the families?—because we put them into mental institutions and they could walk out.

So when we are developing something to find answers, it is not about reinventing the wheel. Let us start with what is happening now, and collaboration. That is why I am saying again, the Government of the day, we are talking whole-of-government approach, and we must think whole-of- government approach.

So, I really want to ask IAU Unit, you spoke clearly earlier, when you indicated that there were other problems. I want to know, what are the problems that are stopping you from engaging all the other agencies in collaboration and for tracking? Because I can also ask you, what is the success of these centres that we place these persons in? So we have socially displaced persons, some are mentally challenged, some are drug addicts, some are deportees, are we checking, are we tracking those persons to see what is the success rate of those persons that we are placing at these centres?

Mr. Chairman: Yes, a response now—that is a challenge that was posed to the Committee for there to be more collaboration, a response from committee leaders, and we do have the—I know the Mayor will like to come in. Mayor, I would like to get a response to MP Jennings-Smith’s question and then definitely the Mayor will come in second.

Mrs. Bailey-Sobers: Thank you, Chair. I know the question was actually pointed to the Inter-Agency, but just to say, member, it so happened that the count coincided with this hearing. The count was planned before and it just happened to coincide. So, we also did one in January 2015. So although we have not institutionalized it, we have been doing it, you know, periodically.

The collaboration has been taking place, okay—

Mr. Chairman: Okay, very good.

Mrs. Bailey-Sobers:—but it is happening—I am coming to the collaboration—but it is happening in an ad hoc way. It is not official. It is unofficial, and we proposed to move towards ensuring that it is institutionalized and not only that, but that it is ongoing. So we propose to recommend that we start the board up again. We had a board way back in 2004. We will be recommending that that is reconstituted, and also we may be looking at an interministerial committee. So we have recommendations.

Mr. Chairman: PS, may I recommend the following, because clearly, what MP Jennings-Smith has indicated is that there seems to be a disparate amount of individuals not coming together. Could I recommend to you,

as PS in the Ministry, to have a quarterly meeting with the police, with the City Corp, with the NGOs to find out once every three months, what can we do as a collective group with a vested interest in reducing this problem?—and to help each other out so that we could minimize the problem? Do you think quarterly meetings amongst the agencies here will assist in solving the problem for the society?

Mrs. Bailey-Sobers: There is no hindrance to that, Chair, no hindrance.

Mr. Chairman: So as another solution, quarterly meetings. Thank you very much, and before I move on to MP Newallo-Hosein, the Mayor wanted to say something as well.

Councillor Valentine: Yes, Chair. Thank you. I want to be very clear, this issue is not the core function of the Port of Spain Corporation, but we are continuously under pressure from our burgesses, constituents, even the transient population.

Since 2010, the Port of Spain Council has been making recommendations to have proper legislative framework put in place to treat with this issue and to include properly mandatory rehabilitation. Our records and our data base, based on our rounding-up of the homeless persons, would have shown that of the largest population of homeless persons in the capital city are the drug addicts, and second are the mentally ill persons. We have received numerous, tons of legal action, against the city from mentally ill persons who would have attacked our burgesses and people who use the city on a daily basis; violent attacks. When these persons are apprehended, they are shown to be mentally unstable.

So, again, I am really lobbying on behalf of the city for the state agencies to get their acts together, because everything that happens, there is a spin-off effect. You will hear the cry that the city is dirty. It is unsightly, but that is as a result of the homeless persons. We wash down the city centre every single day, but by the time the working population and the school children come out to the city, it is back in a state of decay, because we have the homeless persons, they are trashing the bins. They are defecating on the sidewalks, urinating. The East Dry River is another eyesore. So one thing leads on to a next, and we are really calling on the state agencies to get their acts together. The system has continuously failed us.

Mr. Chairman: And, Mr. Mayor, not only the state agencies, could I propose another solution, since we are solutions oriented? You mentioned two types of individuals who are living in the streets in the city under—four types; two major types. The first is the mentally-challenged individuals. Is it that there are people who are walking and living in the streets of Spain, who ought not be on the streets of Port of Spain, but who ought to be in a medical treatment facility?

Councillor Valentine: Yes, that is correct.

Mr. Chairman: Right. Okay, that is one of the solutions. We want to get people who have these mental issues in medical care, and that is where the Ministry of Health, of course, will have to come in.

Councillor Valentine: Well, Chair, if you permit? When we did our exercises, we would have had mental-health officers with us, and they would have evaluated. And surprisingly to us, a lot of the mentally unstable folks that they would have interviewed, they could have recognized them by names, because they would not have gone for their medication, et cetera. So we had made recommendation for—maybe to have an on-going programme of mental health officers throughout the city to treat with, you know, such instances.

Mr. Chairman: Right. And second, so we do have to focus on mental issues, but second, we have substance

abusers, those who are taking—

Councillor Valentine: Drug addicts.

Mr. Chairman:—various types of narcotics. Is it that there is then a role for agencies to ensure that they are in rehabilitation, they are in rehab? If they are not in rehab, and they are on the streets, then they are in violation then, of the rules of the rehab. And, therefore, they can then come under the direction of the police.

11.40 p.m.

Councillor Valentine: Well that is the thing. Many of the drug addicts who we would have apprehended on the exercises would have been in possession of smoking apparatus and even drugs in their possession. So I think that is where the police and the court system come into play.

Mr. Chairman: Thank you very much. MP Newallo-Hosein, who has been silent for quite a while.

Mrs. Newallo-Hosein: Thank you, Chair. I just want to find out, what is the core responsibility of the Social Displacement Unit and what is your core responsibility of the IAU? Also, I am very much aware of the temporary implementation strategy that was done in 2013 and as MP Jennings-Smith said, it makes no sense reinventing the wheel. If there is something that has functioned in the past, can we not find out what may have been the gaps, the weaknesses and developing the strengths. If we can find out what the core responsibilities are, because I want to find out why there is a disconnect between the two units, please.

Mrs. Bailey-Sobers: I will ask Ms. Reyes-Borel and Ms. Rambaran to respond, but member, I am not aware that there is a disconnect, at least not since I have been in the Ministry which is three months now, because we have been working as a team and having discussions in terms of the issue on how we want to move forward. Yes?

Mrs. Reyes-Borel: The Social Displacement Unit, in accordance with the Socially Displaced Persons Act is responsible:

“...for...assessment, relocation, care and rehabilitation of the socially displaced persons.”

It is in close—

- “(a) co-ordinating and monitoring...the voluntary and involuntary removal of...persons from the streets and other public places;
- (b) co-ordinating and monitoring of activities pertinent to the rehabilitation of socially displaced persons;
- (c) identifying the factors that lead to social displacement and implementing educational”—programmes—“and other programmes aimed at preventing”—the—“increase...;”
- (d) the establishment and monitoring or care standards for the socially displaced;
- (f) advising and making recommendations to the Board”—which will be the Social Displacement Board and—“all other matters”—pertinent—“to the care of the socially displaced...”

That is the role of the Social Displacement Unit.

Mrs. Bailey-Sobers: Thank you. Ms. Rambaran, quickly, the Inter-Agency.

Ms. Rambaran: Thank you, Chair. Thank you, PS. The Inter-Agency, established since 2012 via Cabinet Minute 2073, was established with the mandate or the responsibility for voluntary and involuntary removal of street dwellers from off the streets, the “move along” activity, as well as the referral and transfer of such street dwellers for intervention and treatment as determined by the unit. The unit has been doing that in the form of the Street Dweller

Rehabilitation/Reintegration Programme which started off with the pilot project since 2012/2013 which was then called the Temporary Implementation Strategy, as mandated, as corroborated, by the Interministerial Committee of 2013 as well as the Interministerial Steering Committee of 2008.

It is a four-stage programme.

The first stage is engagement, which I would have spoken about earlier. The second stage is brief intervention, screening and assessment; the third stage, rehabilitation; and the final stage is reintegration back into society when they have reached the stage where they can be productive members of society again.

To date, out of the 208 persons that we have assessed and assisted, 49 of those have been successfully reintegrated into society, some of them with their families, some of them independently.

Mrs. Newallo-Hosein: Thank you. So, in fact, the SDU would be policy and the IAU would be implementation.

Mrs. Bailey-Sobers: That is right. That was the intention.

Mrs. Newallo-Hosein: But the board that you suggest, PS, do you think that would add to the bureaucracy?

Mrs. Bailey-Sobers: I do not think it would add to the bureaucracy. It will just be a mechanism to pull all the key stakeholders together and it will have some authority.

Mr. Ali: I have a couple of questions. The first thing I want to ask is this, to the IAU and the displacement unit: Why is it if the City Corporation has a problem with the displaced person and they call the Ministry of Social Development and Family Services through the IAU or the displaced unit simply to call the police, contact the Ministry of Health and deal with the situation? It is as simple as that in my view, you know. That is the collaboration there. Why is that not being done?

Mrs. Jennings-Smith: Chair, I just want to ask one last question. I am looking at the figures now and you said you took up—at least 400 persons were picked up, 208 accepted the programme and 49 persons were successful. What do you think about that success rate?—and we have all these agencies engaged. Out of roughly 400 persons, 49 persons were successful.

Mr. Chairman: It is open now to all our witnesses. Please respond to Sen. Hafeez Ali and Mrs. Jennings-Smith, MP. Yes, Ms. Donna Ferraz.

Ms. Ferraz: Thank you, Chair. And I just wanted to put us back a little bit when we were asking or talking about the percentage of socially displaced persons who might be afflicted by some mental illness or disease. And I just wanted to share information with the Committee that, of the 212 persons who are currently within the facilities of the Ministry of Health, are 78 persons—what would work out to be about 39 per cent or so are at St. Ann's, having been diagnosed with the need for some kind of mental care.

It is recognized that, except for a couple of Ward 1 which I know would be the forensic ward, patients do walk in and out of St. Ann's. Some of them would have been there for quite a number of years. It is also recognized at this time that mental care cannot be singularly provided at the St. Ann's Hospital. So, in fact, mental illness is an illness; it is not something that we hide.

So, the Ministry through the RHAs has started to establish mental health wards at the various RHAs and, in fact, I think one opened very recently at the North West Regional Health Authority, at Mount Hope Hospital. Our role, as I said, is either going to be for us, that patients would have come in for some care and on discharge they are

not picked back up by relatives and they happen to remain. And again as I said, across the hospital system there are 59 such patients.

Other than that, we may either get patients through the courts or through the collaboration with the Ministry of Social Development and Family Services and, in fact, we have a number of persons who had been decanted over the years to privately run homes, NGOs and so. So that we continue to have a role within the whole system for taking care of socially displaced persons.

As I indicated, what has not been happening, and you have recognized it and PS has indicated the way forward through greater and more continuous collaboration, that has not taken place as it should have; and therefore, the thing is our role we have to be able to assess, to treat where we can, whether it is a mental or a clinical issue and then according to, not category of person, for us it was categories of care that was needed. Levels one to four, where one to three would be somebody who could live in a home with minimal assistance and continue to get care through our primary health system. But for the level four where they needed nursing or medical care on site, the Ministry would have responsibility for those persons and those would be cared for at our Extended Care Centres.

So we have, our role is mainly about physical and mental care. Our collaboration is clear, we do have a role but it is how we come into it and what happens after we give the care. After we give the care and the person is able to move on, this is where we should be handing them back over or working with the Ministry of Social Development and Family Services for the continuum of care to them. So I just wanted to share that, please.

Mr. Chairman: Out of curiosity again, there seems to be a process where someone is living on the streets, he is socially displaced, he has a number of problems and then there is a process through which that individual can go and he is rehabilitated. From your experience in the Ministry of Health, how long would that on average take someone who has a problem with narcotics abuse, someone who is a narcotics abuser—he is on the streets—how long do you think on average it will take to get that person to live in his own home and become a member of society with respect again?

Ms. Ferraz: I would like to hand that over to Dr. Tilluckdharry. That is beyond my expertise. Thank you.

Dr. Tilluckdharry: Thank you, PS and Chair. Limited experience, but certainly someone, a drug addict, within a couple of years can be rehabilitated.

Mr. Chairman: Very well. Thank you very much. So the answer for me that was important was that the person is re-habitable and that I think is an important point, because if the majority of these persons can be reformed that seems to be a solution that we will have to go, different targeted programmes, of course, but it is heartening to hear that they are not confined to the streets forever, to the end of their lives. They can, in fact, with the targeted assistance, in a few years, if they have the will, with the assistance of society they can become regular normal members of society once again. Thank you very much.

MP Newallo-Hosein—and before I go on to MP, I want to take a stock from the old lecturing days to see what we have achieved so far.

Thus far in the hearings, if I may recap, we have agreed that every socially displaced person should be properly documented, so that that person will be able to access the various resources offered to him or her by the State. Second, the police and the City Corp together, I would imagine with other participants, have indicated that if there is

a properly run halfway house, either from the State or NGOs, to which an individual who is on the streets and taken before the courts can then be sent to spend his month, and he gets accustomed to living in a home under structure and guidance that may go somewhere towards his rehabilitation.

Third, we have identified the need, perhaps, for quarterly meetings between the police, the City Corp, the Ministry of Health, the Ministry of Social Development and Family Services to simply find out where we are with respect to the programmes in place. And fourth, we need to categorize the individuals who are mentally challenged, determine who should be institutionalized, who should be under medical care. I do not know if there is a need for these individuals to be so identified as well, in their ID card; I do not know but that is a different matter. But mentally challenged and substance abusers on the streets to my mind ought to be identified so that if they are in fact taken by the police before the courts the courts will immediately know that this person has a problem and will be able to direct accordingly to the agencies which can help.

Thus far there seems to be consensus there. Is there disagreement with the solutions offered so far from any member of the Committee, from the witness? Any participant disagrees with what we have come up with so far as solutions? Very well. Thank you.

Mrs. Jennings-Smith: Chair, I want to ask a last question. I just want to ask the persons responsible if they can give us an idea, because a lot of reference was made this morning to persons at a particular home, some were at Piparo, some were at the Vision on Mission. Could I have an understanding about as to who are those persons—well, not the who—the numbers of the persons at the various homes at this present time? Could I be given that information today? Could I be told that, okay, we had certain persons with drug addictions, so they are at this home. We had some persons who are mentally challenged and they are at this home receiving attention. Could I be given that today?

Mrs. Bailey-Sobers: We do have some information, member, which we shared. I will share it again. Vision on Mission, we do not have that information but we do have it for the CSDP. Currently, 115 persons at the CSDP; Court Shamrock in San Fernando, 42; Hernandez Place in Arima, 17; New Horizons in Piparo, 27 and at the Piparo Empowerment Centre, 41 persons. A total of 242 in the facilities which we have jurisdiction over.

Mrs. Jennings-Smith: And how do you categorize those persons? Are they persons facing drug addiction, are they socially displaced?

Mrs. Bailey-Sobers: They are all socially displaced, but I do know that Piparo Empowerment Centre is particularly for rehabilitation of persons with drug abuse issues.

And there may be persons in CSDP with those issues but it is really general for CSDP.

11.55 a.m.

Mr. Chairman: Thank you very much. Do you have any follow-up because Sen. Hafeez Ali has to pose—

Mrs. Jennings-Smith: No, it is the very said question, Chair. You see, if we have them in various places, we should have them properly categorized and then you know, I will feel confident that listen, there is some collaboration taking place with those persons because we talk about care. We talk about care of these socially displaced persons, we talk about care about persons who are in drug addiction situations, we talk about care with mentally challenged persons, so when we have them at the various places, we should know what they are in there for, what kind of treatment they are getting and what is their present status from then to now.

Mrs. Bailey-Sobers: Chair, if I may ask Ms. Borel to just clarify on that.

Mr. Chairman: Yes.

Mrs. Reyes-Borel: Thank you, PS. At the CSDP and Court Shamrock, those two facilities essentially represent the first interaction or where we would want to do assessments with persons. They are essentially shelters but it is where you do the assessments. So there, there will be all categories of clients. You would find the mentally ill, you would find substance abusers, you would find what we refer to as the strictly homeless which includes deportees; you would also find some elderly persons. At Hernandez place, that is a specific facility for street dwellers who are elderly so the 17 persons there are living there. The only way they—is on death. And at New Horizons, that is a programme of preparation for independent living so the focus on that programme is on persons developing their own skills for living independently—budgeting, obtaining training opportunities and that kind of thing. And well, of course, as explained by PS early, the Piparo Empowerment Centre would be the substance abuse rehabilitation facility. So that would be the breakdown in terms of persons in these facilities that we have here.

As I pointed out earlier, continuum of care is what is needed and that requires different types of facilities in a long—a continuum. So it is everything from when you engage them, which is at the assessment, to what your problem is, if it is substance abuse, you do that. And while, yes, every one of our clients can come into a better life experience, sometimes the expectation of rehabilitation, when you look on the streets, we have chronic mentality ill homeless persons who, in terms of rehabilitation, they are not “gonna go get ah job” and live happily ever after anywhere. They are age 50, 55 going into 60, they need care facilities. A place they can live and have quality of life. So it is really—halfway houses are among what we need but we need a range of services.

Mr. Chairman: Okay. So just before Sen. Hafeez and you will get your chance, I am just interested in the age range then of persons living on the streets. What is the range? From as young as to as old as. Do you have a range?

Mrs. Reyes-Borel: Where you can get a range would be at the assessment centre because on the street, it is going to be difficult, you will be guessing. So from the CSDP Port of Spain and Court Shamrock, you find that you have, among the substance abusers, those are the younger population, between 35 so—with the mentally ill, again, it is a population between the ages 35 going into 60 plus. So we do have that kind of information coming out of the assessment centres which is where it will be reliable.

Mr. Chairman: Thank you very much. And now finally, Sen. Hafeez Ali again.

Mr. Ali: Thanks, Chair. This is to the Permanent Secretary of the Ministry of Health. In your submission with reference to the community care programme, I would like to find out or would you confirm whether the socially displaced unit is notified when persons are referred to a rehabilitation centre via the RHA?

Ms. Ferraz: As far as I am aware, they would be because there would have been initially the agreement where the Ministry of Social Development would have then had to take up the cost for the socially displaced person to remain at the new facility. So that it is my expectation, without having it in front of me, that that would have had to happen. Other than that, you could not be able to bill the Ministry of Social Development.

Mr. Ali: So are you saying that the Ministry does not engage with private homes and pay those private homes?

Ms. Ferraz: Through the—the RHAs would do it. That was the approach taken.

Mr. Ali: While the Ministry of Social Development has places in their homes to deal with it?

Ms. Ferraz: One of the issues that was brought up early by my colleague PS is that we do not have enough facilities. So that some of them would have been under the Ministry and then the Ministry of Health, when we had to decant persons, would have been looking as well for homes that were available and that were suitable. So that there were actually a number of agreements and contracts that were made between the various RHAs and the homes. But after the 2010—there was a 2010 Cabinet decision that sought to transfer the responsibility for the contractual obligations for the persons when they moved on to the Ministry of Social Development.

Mr. Ali: The last thing, well it is just a statement. I just would like to see come out of this whole session that it has greater institutional collaboration between all the Ministries, police service, all the boroughs, corporations, to try to work together to move the—or help and assist and rehabilitate these displaced persons. That is the end result we want. And putting a lot of bureaucracy into the system and thing is just creating more obstacles rather than dealing with the individual itself. Spending a lot of money on institutions—when I say institution, within the Ministry itself—and not on the individual itself to get them rehabilitated, I find, sometimes, it does not make much sense at all. So we have to put our resources where it is needed and that is in the end result in helping the individuals themselves. Thank you very much.

Mrs. Jennings-Smith: Chair, I want to ask a last question. I want to know, can you tell us in your institution who conducts the site visits and how are observations of these persons being monitored. How are they recorded or how are they documented? When these visits are made, how often the visits are made, and how are the observations documented?

Mrs. Bailey-Sobers: I am asking for a little clarity. Is it when the officers visit these centres where persons who are socially displaced are actually residing to monitor what is happening with them?

Mrs. Jennings-Smith: Where she indicated—

Mrs. Bailey-Sobers: Interagency Unit, yes, Ms. Rambaran.

Mrs. Jennings-Smith: She stated 100 and—

Mrs. Bailey-Sobers: I think we have it clear, member, we will respond. Ms. Rambaran, Ms. Reyes-Borel, could you respond?

Ms. Rambaran: Thank you, Chair, thank you, PS. Just to clarify, member, you were asking about CSDP in particular, the 115 there or you are asking about the total socially displaced population in all of our centres?

Mrs. Jennings-Smith: You indicated that there is a population that accepted the programme and you have placed them—that is the last question I asked, where are they placed and you indicated different places. Some at Piparo, New Horizons, CSDP. I want to ask you how they are monitored. When you visit them, how often do you visit them? What is the practice? And when you make your observation, how is it documented?

Ms. Rambaran: Thank you. We maintain an internal database where from the time a person—we engage them from the time they enter the programme, we record the date of entry, we record whatever details we get at the time of the assessment interview, the intake interview. Throughout the course while they are with us in our care, we would be responsible. We take an initiative to take them to and from their hospital and clinic appointments. Everything is tracked and recorded in that database. Everything that we do for them, including the ID, birth paper, grants, whatever, clothing; contact tracing, because we do contact tracing to try to identify their family, where they came from, make contact with next of kin or relatives or the community. Everything is done in such a manner that it

is recorded in that database.

So at a glance, you can see what is going on. We colour-coded the database as well so at a glance, you can see who stayed until the first stage only, who went on to rehab, who was successfully reintegrated, and then you can read details to see what is going on with them.

In terms of monitoring at the centre while they are in the programme at a centre, as often as we can get the transport organized, we go. For example, our clients who are at Piparo Empowerment Centre, sometimes we go down as often as three times a month. It would, however, depend on the advice of the centre manager, the facilitator, because for something like substance rehab, they do not advise that you visit for the first three months of entry into the programme for rehabilitative purposes. At CSDP, we go as often as twice a week, every week because we are always taking persons to CSDP and whenever I go, whenever the team goes, we check up on whoever else is there, that we would have taken there.

So we do it in the form of building rapport. From the time the person comes into the programme, each member of the team would have been introduced to the team and they build rapport. So that when they finish the programme, there is this sense of validity where they want to stay to go on to rehab. When they are finished and they are reintegrated with their families or into society, they want to be followed up. They want us to call and find out what is going on.

The most recent example of a good rapport that maintained was one where he finished rehab, he got reintegrated. He is working now with a sanitation company. He met a nice girl in the village that he is in, they got married and they have a baby together. I was the first person he called at Port of Spain General Hospital to come and see the baby. This is an example of how successful it can be when the programme is done right but that is voluntary.

One of the questions that was raised earlier by one of the members of the Committee was what are the issues and how we can solve them? Out of 208 persons we have engaged, only 49 were reintegrated successfully. What that tells you is that a lot less than half of them would have stayed on and that is approximately a quarter, I think. And what that tells you is that in solving this problem, we cannot just look at voluntary engagement as the solution. Involuntary has to be taken into consideration.

While there is legislative framework for it, there are a lot of flaws. For example, let me draw your attention to the Mental Health Act, Chap. 28:02 in section 15. While it provides for how the mental health officer might be able to take somebody who appears to be a street dweller, or appears to be mentally ill, off the street and admit them to St. Ann's for psychiatric care, it does not provide for a clean-up of the person superficially. Because what ends up happening, you know, a street dweller is very, in their raw form, they are malodorous, they are difficult to deal with, they are mentally unstable. And this is the same reason why, although when they are arrested, they stay for probably a maximum of six hours in a police cell because they smell really bad, speaking plainly, and it becomes very difficult to work with them.

Especially if you take into consideration, for example, Magistrates' Court is a very close-fitting small room. You cannot expect to have members of the public sitting in-between these persons. In 2014, I saw an article in the *Newsday* that spoke about mental health courts which, in effect, is a community court that would address persons with dual diagnosis, drug addictions as well as mental health issues. I do not know what became of this. This was something that was being proposed by the Judiciary.

Mr. Chairman: In the interest of time, I need to interject. Are you recommending then that you work with the specialist medical officers, Ministry of Health, who are specialist in mental health issues, to review the Mental Health Act as it is now to see how it may be tightened to allow both agencies an opportunity to really give the person, the homeless person a chance to be rehabilitated? Because what I am hearing you saying is that there are some challenges in getting the person into rehabilitation. Are you suggesting that you work with the Ministry of Health to tighten up the Mental Health Act?

Ms. Rambaran: Yes, Chair. That is definitely one of the suggestions and the second one is looking at Summary Offences Act, Summary Courts Act as well, those two. While it provides for an involuntary, again it does not cater to a superficial clean-up, so again, the same problem happens there. And as the Acting Commissioner would have said early, you know, it is a problem so we need to look at addressing that.

Mr. Chairman: Very well. Thank you very much. And we do have Sen. Ameen but with respect to—I heard a lot about the sanitization and the cleaning up, it is a shower. I think the NGOs could have a shower, that the police will simply take them St. Vincent de Paul or something, make sure they have a nice warm shower and you can clean them up before you take them to the Magistrates' Court.

12.10 p.m.

So that is something we will be looking at as a suggestion. You see, I think just before I go to Sen. Ameen, it is not all the problems that we have that can be solved by the State, you know. There are NGOs, there are agencies out there which we can work with to ensure that the person we want to help is actually helped in the most efficient way.

Miss Ameen: Chairman, today in our society there are a number of people who are faced with job loss, have potential to become homeless. They may not be mental health cases, they may not be drug addicts, but because of the frustration and so on, you may see people heading towards drugs. You may see them battling with depression or other mental health struggles. Are there any provisions for persons who have the potential to become homeless, in terms of half-way houses or support and, so on, to prevent homelessness?

Mrs. Bailey-Sobers: I would seek to answer that. Actually the continuum of care programme was one such where we will ensure that persons who do not have a place to go after they are hospitalized are actually put into facilities so that they do not end up on the streets. So that particular programme is one such that is sort of a mitigating programme that will allow them to have somewhere to stay so they would not go on the streets.

Also, the Hernandez Place Programme where we actually put in some of our older persons. Moving them into those facilities was another, and we do work with some of the agencies, for example, Vision on Mission on the deportees. We understand that if you are coming back and you are a deportee, you have no one here. That is also a factor that may cause you to be on the streets so we have that deportee programme with Vision on Mission. So we do understand that we have to take mitigating measures to ensure that persons do not go on the streets.

Miss Ameen: I am talking about thousands of people who you see on the news every night, more and more people are losing their jobs, losing their income, facing eviction, who may not be able to pay their rent or mortgage, who may not have a family to go to beg a lodging and who could be—I mean, it would affect them mentally, psychologically and so on, people who are willing to work, and so on, who are simply out of a job and facing the streets literally?

Mrs. Bailey-Sobers: Well, we do have our social programmes in the Ministry that treat with that. Under the Social Welfare Division we do have grants that provide for persons who are experiencing issues with paying their rent and they are provided with some funding for a period to allow them to get on their two feet.

We also have programmes that we are looking at with the Ministry of Labour, in terms of persons who have lost their jobs. We are looking at centres where they could come and actually get information and get support. We are working to provide psychosocial services through our National Family Services Division. So there is a collaborative effort with the Ministry of Labour, and we are also working as a Ministry on a social mitigation plan that would cushion the impact of the economic downturn.

Miss Ameen: I hear your answer but in reality many of those programmes are being cut. Many people are coming forward to say that their assistance is being discontinued. So I trust that may mean a realignment, perhaps, but the fact is that what has been said, in terms of the policy of the Ministry and advocated by the Minister, it is not happening in reality.

Mrs. Bailey-Sobers: Just to respond. At the Ministry we are not cutting any programmes. We have actually ensured that none of our votes that deal with our social programmes have been cut and just to indicate too that the persons who may be saying that their cards have been discontinued, we have a programme where we are actually enrolling people to ensure that they still qualify for the card and that is just 13,000 of the 46,000 persons who are on the food care, who have not come in, in spite of our attempts to identify them and communicate with them and we have given them a deadline, and those are the persons who may have their card put on hold. So it is not about cutting the programme or it is not about, you know, ensuring that that support is not available for the vulnerable.

Miss Ameen: Chairman, I know that is a whole other discussion but we do know of people who have submitted their biometric data, and so on, as required/requested and their cards have been cut. I know that is a totally different discussion, Mr. Chairman.

Mr. Chairman: Just a follow-up question again because I am learning about this issue, and the question is: the street dwellers have to eat. They have to shower. They have to do a number of things. They do not shower, from what we were told, often enough. But can you say definitively, Permanent Secretary, that all of them have access to a food card? How many of them, would you say, have access to a food card? Because I am concerned about their nutrition. That is a basic need.

Mrs. Bailey-Sobers: Chair, they can actually come and apply but if they do not have the documentation, then it prevents them and that is how your solution would really fit into the milieu of things.

Mr. Chairman: Right. But from your experience for those of you who are working on the field, what percentage of them do you think need the card and do not have it because of an absence of documentation or because they do not know how to apply for one? Any guess as to what percentage of them may be so affected?

Mrs. Reyes-Borel: The food card programme would be relevant when they are reintegrated at the point of reintegration. And at that point, because they are quite likely to get a referral from within the Ministry, they will be able to access the food card. Because having a food card while living on the streets really is not very useful. Where are you going to cook the food? What they do have is access to meals and also the hygiene services where they can have a bath and that kind of stuff.

In Port of Spain it is available on Duncan Street, free of charge. They can access a breakfast and lunch Monday to Friday. That is available.

Mr. Chairman: Thank you, but I think the food card can still help with Crix and sardines. You do not have to cook that and it will add some nutrition. But anyway, that is just tongue-in-cheek comment.

MP Newallo-Hosein, you wanted to come in for quite a while now.

Mrs. Newallo-Hosein: Thank you, Chairman. Permanent Secretary, I am a little bit concerned as to your answer in relation to member Ameen, simply because of the fact, having been in the Ministry, I am very well aware that when persons come in to apply for rental assistance there is the issue of landlords not wanting to come unto the programme simply because it takes very long to get their rent.

There is also the problem of the rental assistance. It is a certain amount that is not really what anybody could get outside and we do not have a database. There is no database. As a matter of fact, sometimes I myself got involved personally trying to locate places for a number of persons to be housed, and I do not know if much has changed since then.

But there is still an issue of the socially-displaced having anywhere to stay. I do agree with an increasing number of unemployed persons coming on to the system that there may be an increased number of homelessness. And to date, a number of persons who have been affected, have not been able to access a number of grants, and I am referring specifically to the Arima Discount Mart employees who were displaced with fire, and as well, MDCUM. They have not, to date, received anything.

To indicate that persons can come in and access the grants, when currently—and I am not making this statement out of turn, I have done my investigations—people cannot access, not even temporary food cards. It is not available. So I am asking the question: how is the Ministry going to cope with an increased level of persons on the streets, if there are not basic grants available to the current population that you serve?

But in addition to that, I want to ask some questions because I know it is going to be time to wrap up. Is there any survey done on street children, in terms of what number of street children are there on the roads at night, and so forth?

And also to concur with my colleague who has repeatedly said that we do not have to reinvent the wheel. There is a good model that has been recommended to the Ministry and that is the Chapman Facility that is based in Miami that really put forward a really comprehensive plan, how to cope with homelessness. They do not refer to them as homeless. They treat you as a client. And, therefore, from off the street into total and complete rehabilitation into the programme and it is mandatory and it involves all the ministries working together, collaborating together, including the business persons. And so, I would like to recommend, Chairman, that we do not have to reinvent the wheel. There are programmes out there that are working. We just have to look at them and customize them to suit our society.

Mr. Chairman: Thank you very much, member. A quick response. I do want to wrap up in about 10 minutes. There is a question I would like to pose as well. I have been very silent during most of the proceedings. A quick response to MP Newallo-Hosein's question, with respect to the types of alternatives she is recommending.

Mrs. Bailey-Sobers: Thank you, Chair. We are aware of the model starting from the last question and comment going back. We are aware of the model. I know it was proposed to the Ministry and I am aware that what was supposed to happen is that we would actually follow the model and then evaluate to see if it was working but I

am not sure that we were able to even implement the model because there were some challenges, much more to evaluate it.

So we agree that we do not have to reinvent the wheel and when we meet with our key stakeholders, we would be looking at all the models that have been proposed and all the approaches, because most of the strategies are still relevant and we understand that. It is just getting to the place of implementation.

Speaking to the issue of the grants, and so on, we recognize that we are in an economic downturn and at the Ministry we have come together. We are looking at all the services that we provide. We are looking at some of the gaps, some of the weaknesses, and we are working towards improving and also treating with any backlogs that we may have for some of the grants.

Mr. Chairman: Thank you very much. Before we can go on to that, it has to be a very short question because we are pressed for time and the Chairman has to ask his question. Go ahead.

Mrs. Jennings-Smith: I just want to reiterate my Government's approach, a whole of government approach. We need to track. We need to monitor. We need to collaborate to get this thing going. We need to have a set pattern of collection of data. It must be data-driven. Thank you.

Mr. Chairman: Thank you very much MP and I want to endorse MP's position because in a time of economic contraction, we do need to be very efficient and to ensure that those who really need the assistance get it and those who do not or those who are defrauding the system are excluded from the system to ensure equity.

I really want to make one point. We do not have data for Tobago and I would request of the Ministry if they could liaise with the THA to find out what is the extent of the problem in Tobago. Their needs may be different. Their issues may be different. If we can get that in writing, that would be appreciated by the committee.

The Chairman's question is this: I really would like to know the following, not every substance abuser ends up living on the street. Not every individual who is mentally finds himself getting accommodation at Woodford Square. I want to ask all members this simple question: what causes someone to become a homeless person in Trinidad and Tobago? Your insight into the causes. Because you see, one person who abuses narcotics or alcohol may have a home and yet another person could not. What is the root cause of homelessness in Trinidad and Tobago? Difficult question but you may have an insight into answering that question.

12.25 p.m.

Mr. Dulalchan: Chair, if I may? I just want to indicate that I had my officers do some research for me, and very interestingly, some students of law, would have interviewed 316 persons on the street. And just permit me, I know time is short. Just permit me—

Mr. Chairman: Take your time because it is, in my mind, the most important question.

Mr. Dulalchan:—to read one of the interviews. I could just pick any one at random, but I will probably read this one, so that we will probably have an idea of it:

Mr. Chairman: Most important part.

Mr. Dulalchan:

I am 23 years old and I have been homeless for a couple of months now. I was kicked out of my home when my parents discovered that I did not believe in God. They found my beliefs very unacceptable, and so there was no place for me under their roof, so long as I held my belief that God does not exist.

Since then, neither my parents nor my brother or sister ever tried to contact me. I would not contact them either. I have nothing to say to them. I live in the forest in Tacarigua now. I feel safe there, but it is really difficult to live there around this time of the year, when it is rainy.

I use my bike to get around. I even ride my bike most Sundays from Tacarigua to here, Harris Promenade in San Fernando. I make do.

It is also hard for me to get a job since I never finished my educational programme because of family problems. I am still trying though.

Even though I am on my own, I have no family, no place to call home, I rather be here on the streets, than have to face constant judgments each and every day. If I go back, they would never let me be. They would constantly be on my case and try to change my beliefs.

Mr. Chairman: In the interest of time, I will just want to pose a recommendation to you then. Is it that as we try to address the problem, we also include the families of these individuals if we can identify them, to provide some counselling and guidance, on how they may treat with their relative who is living on the street.

Mr. Dulalchan: Exactly so, and Sir, whilst I am on the microphone, I just want to indicate, and just to back-pedal to indicate that the Ministry, in fact, has retired police officers who, my information is they are, in fact, SRPs, and they fall under the auspices of the Ministry, and they were, in fact, specially trained to deal with socially unstable or displaced persons on the streets. So they also have that capacity for quite a while ago.

Mr. Chairman: Question from MP Antoine.

Brig. Gen. Antoine: Looking at the categories, you have given us, people with mental health, people—drug abuse, socially displaced, but I am not seeing anything on street children. Is that a category? And how prevalent is it in Trinidad and Tobago.

Mr. Chairman: Quick response, we do have a cut off time, but how prevalent is the problem of street children in Trinidad and Tobago?

Mrs. Bailey-Sobers: What we have found is that in the 2004 survey, while we had 66 children who were identified, in the recent count, we had not found children on the street; living on the street.

Mr. Chairman: Thank you very much. Is there any other witness who would like to offer the Committee a suggestion on what causes someone to be an inhabitant on the streets of Trinidad and Tobago? We have indicated family. He has been divorced from his family, any other reason that could generate that particular outcome?

Mrs. Bailey-Sobers: Chair, from the same survey, I am using it because generally it would not have changed in terms of some of these reasons. Some people said physical abuse, home; stress; fed up of responsibilities; unable to afford a home, and social housing becomes an issue, that is a major issue; ill health; could not pay the rent; loss of my job.

Mr. Chairman: Thank you very much. While—

Mrs. Jennings-Smith: Mr. Chairman, I want to question data collection, you know, because you said there are no street children, and this is alarming. I do not want question your integrity, but I want to still question data collection. I am really serious about this. I need to question the integrity of data, and data presented to us today.

Mrs. Bailey-Sobers: Chair, if I may? The issue of street children is also an issue of definition. A street child is a child who lives on the street as in Brazil, but we have children who would be on the streets with adult

sometimes, and begging and so on, and even that, I am not sure we see much of it any more.

Mr. Chairman: Thank you very much. Committee members are pleading with me for one last question. Okay, MP Newallo-Hosein.

Mr. Newallo-Hosein: Thank you so much, Chair. Just on the same issue of the street children. What happens to a mother who with her children, who would come in for help?—the halfway houses that are available there, accommodate the children or are they forced to be separated from their mother?

Mrs. Bailey-Sobers: As far as I am aware, yes, they take the children in with them. The only inhibition sometimes is the age of the child. Usually if the child is probably 16/17 and it is a male child, it becomes a little challenge.

Mr. Chairman: Thank you very much members of the Committee. Thank you very much witnesses. Thank you very much our audience on social media, television and on radio. We have come to the end, a minute past the time, but we have come to end of today's hearing. Normally I will ask for closing remarks. Is there anyone of the four group leaders who would like to leave us with a closing remark? Or if you can confine the closing remarks to a minute, we can deal with that, and then we will conclude. Any closing remarks?

Mrs. Bailey-Sobers: Chair, if I may? Just to say that the Ministry of Social Development and Family Services as the lead agency with respect to this issue, that we commit to moving forward; with respect to the collaboration, with respect to the data collection; with respect to all the recommendations that have been made, so that we would be able, not to rid the country of this situation, but certainly to significantly reduce it. So we make that commitment.

M. Chairman: Thank you very much, Madam Permanent Secretary. I would now like to thank all witnesses for appearing before us. This has been an extremely informative session. It is the first time, as far as I am aware, that a joint select committee of Parliament is addressing such a critical social issue.

Over the last few months we have had a number of hearings on school violence and bullying, and we are drawing all the stakeholders together to try as the PS indicated, not to eliminate the problem, but to minimize its occurrence.

We have today, identified at least five solutions which seem to be workable in the short period, and we will be in communication with you, once we have concluded our second hearing, where we deal with some of the other stakeholders, because the objective of the enquire is a simple one. Once we have understood the problem, then we can offer solutions which will hopefully minimize the incidence, and ensure that people in Trinidad and Tobago, no longer live on the streets, because housing is a basic need. Accommodation is a basic need. Health care is a basic need. Food is a basic need. Security is a basic need, and we are looking at the basic needs of all of our citizens, especially the most vulnerable, so that the various arms of the State can be focused on addressing these concerns.

I want to thank all of you for participating, all of our faithful viewers on Parliament Channel and on radio. I look forward to some of the solutions which may be offered by members of the public, who themselves may have been in a situation of homelessness, and who can then advise the Committee on how we can solve the problem, and also others in the community who have ideas on how we may address these critical issues.

I thank you all, good afternoon.

12.34 p.m.: *Committee adjourned.*

VERBATIM NOTES OF THE THIRD MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS ROOM (EAST), LEVEL 6, (IN CAMERA) AND J. HAMILTON MAURICE ROOM (MEZZANINE FLOOR) (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTER, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, JUNE 15, 2016 AT 1.26 P.M.

PRESENT

Dr. Dhanayshar Mahabir	Chairman
Mrs. Christine Newallo-Hosein	Member
Miss Nadine Stewart	Member
Miss Khadijah Ameen	Member
Mrs. Glenda Jennings-Smith	Member
Mr. Julien Ogilvie	Secretary
Miss Kimberly Mitchell	Assistant Secretary
Miss Katharina Gokool	Graduate Research Assistant

ABSENT

Mr. Esmond Forde	Member [<i>Excused</i>]
Brig. Gen. Ancil Antoine	Member [<i>Excused</i>]

1.38 p.m.: *Meeting resumed in the J. Hamilton Maurice Room.*

TRANSFORMED LIFE MINISTRY

Pastor Glen Awong	Founder, President
Mrs. Florence Awong	Vice-President
Ms. Kathryn Lee	Administrative Officer

LIVING WATER COMMUNITY

Ms. Rhonda Maingot	Foundress, Director
Ms. Hulsie Bhaggan	Administrator
Ms. Caroline James	

SOCIETY OF ST. VINCENT DE PAUL

Mr. Roger Watson	Manager, Centre for Socially Displaced Persons
Ms. Angelique Taylor	National President

PIPARO EMPOWERMENT CENTRE

Ms. Jessie Joseph	Director
Mr. Vincent Paul	Peer Counsellor Supervisor
Mr. Dexter Cole	Chef, Piparo Empowerment Centre

VISION ON MISSION

Mr. Wayne Chance	Executive President
Mr. Gordon Husbands	Monitoring and Evaluation Director

Mr. Chairman: Good afternoon, everyone. Welcome to the Eighth Meeting of the Joint Select Committee on Social Services and Public Administration. This is the second public hearing pursuant to our enquiry into the effectiveness of State's intervention directed at socially displaced persons in Trinidad and Tobago. I would like to say again, welcome to all members of the public who are listening on Radio 105.5 to the proceedings broadcast live, and also to our viewers on the Parliament channel who are faithfully tuning in whenever there is an enquiry in the Joint Select Committee system of the Parliament. The proceedings are also being broadcast on Parliament YouTube channel *ParlView*, and members of the viewing and listening audience are invited to send comments, especially if they having worked in the area that we are enquiring can provide solutions from their experience that will assist the Committee in making its decisions.

At this time I would like to welcome the officials who are present with us this afternoon. They are officials from the Transformed Life Ministry, the Living Water Community, the Society of St. Vincent de Paul, the Piparo Empowerment Centre, and Vision on Mission. Before I ask Committee members to introduce themselves and before I ask the witnesses to introduce themselves and their organizations, I would like to remind our live audience as to the objectives of this second enquiry.

We had six objectives of the enquiry, that is, six main purposes that we wanted to enquire into. But, for today's sitting we really—given that we have the institutions that are actively on the ground doing the work with respect to rehabilitating socially displaced persons—would like to examine the systems and procedures in place for the effective management and monitoring of the various state sponsored centres and institutions involved in housing and/or rehabilitating the socially displaced.

We would like to obtain from the witnesses their views on the effectiveness of the multi-sectoral efforts and rehabilitation services targeted towards the socially displaced persons. Of course, during the enquiry a number of other issues will arise, but we are really focused today on finding from the perspectives of the witnesses themselves, what are their views on the status of socially displaced persons and their rehabilitation, and what solutions could they recommend from their own experience, day-to-day experience, so that we in the Parliament can make an informed decision with respect to preparing our report so that we can see some changes in this area of the socially displaced persons. I would like at this point in time to invite Committee members to introduce themselves. May I start on my left?

[Introductions made by members of the Committee]

Mr. Chairman: And may I ask the representatives of the NGOs and the agencies who are here to introduce themselves and, also, may I indicate that the Committee is grateful for the submissions that you have kindly sent to us, and we acknowledge them. Thank you very much. So, may I start on my right, who I think is Mr. Cole?

[Introductions made by members of the entities]

Mr. Chairman: At this point, I would like to invite the agencies which made submissions to us to briefly address us for a few minutes so that we can start the discussions and then open the floor to questions from members of the Committee. May I ask Ms. Rhonda Maingot for some opening remarks, Foundress and Director of the Living Water Community. I start with the middle to ensure equity.

Ms. Maingot: Thank you, Mr. Chairman. Our Committee has worked in particular on the streets of Port of Spain and surrounding areas for over 30 years. We have worked with socially displaced persons. We have a centre for socially displaced persons downtown Port of Spain. During the course of the 30 years, of course, we have seen a very different target group come to us and change rapidly, I would say, in the last 10 years. We have seen many of our clients be very sick, die of AIDS in particular, many of them have also been able to come off the streets with rehabilitation that we have offered. Many of them, unfortunately, have remained on the streets or have just gone on to a better place.

Our experience of working on the streets over these years has shown us that we really have never been able to put our finger on the problem for socially displaced persons. No matter what Government is in, and what we try together, or what work has been done, the clientele on the streets seems to get more and more, as the years go by, and although they change, and I would think in the last—when we first began a lot of the people on the streets were homeless because of social problems in their own homes or in their areas, now we see a very different clientele on the streets, a lot of them, of course, are mentally ill and a lot of them are addicted to drugs or alcohol.

So, we deal with a lot of different psychological problems with the homeless now. I guess maybe that it is one of the reasons why as soon as we feel that there is something that we can do, the target group, the clientele shifts so much that what we thought can help can no longer help. And it has been a struggle to continue working on the streets and to helping our sisters and brothers who are in need. And I am very happy and grateful to the Government Trinidad and Tobago at this time, to have this Committee set up so that the stakeholders can really talk about it and see what is the best thing, and what has been successful in other countries as we ourselves have investigated that, and what can we do as a people, the people of Trinidad and Tobago, to come together, because we believe, and I really believe that there is only one way and that is the way of community effort taking in the Government, the business community, the NGO community, everyone working together on this problem. The one organization I know, our organization, we can never handle this problem. It is totally beyond what we can do as an organization, so I am happy to be here to discuss it with the other stakeholders and the Government of Trinidad and Tobago. Thank you.

Mr. Chairman: Thank you very much, Ms. Maingot, and I will ask Ms. Jessie Joseph of the Piparo Empowerment Centre to address us briefly with a few brief opening remarks.

Ms. Joseph: The Piparo Empowerment Centre is actually a department of the Ministry of Social Development and Family Services. Piparo Empowerment Centre opened its doors in 2001, and we are set up specifically to deal with substance abusers. Our clientele come from the social displacement units, the Inter-Agency Unit, and we also have walk-in clients, we have clients from other centres, we also have a number of people coming in from the Magistry,

Judiciary; we have people coming from the Drug Treatment Court; we have low-income people coming from the workplace, from various government Ministries; we have people from national security, the army, we treat people from across the board.

Since we opened our doors, we have treated over 1,400 persons. Our programme is actually a very structured programme geared towards substance abuse treatment. So, in treating with the substance abusers we have a specific method of working with this particular group. Our success rate has been—but internationally it is 30 per cent and under. We meet this success rate and, most times, exceed it. We have with us today one of our success stories, Mr. Cole, he is now on our staff. Included in our programme we have a whole series of skills. In addition to the treatment, we have a whole series of skills which enable our clientele at the end of the day to be able to fit back into society and to find themselves into a better economic situation. That is basically it in a nutshell.

Mr. Chairman: Thank you. Before I move on to our next agency, a point of clarification, you said you deal with substance abusers, what types of substances? Is alcohol? Is narcotics? What type of narcotics are you seeing being abused?

Ms. Joseph: All. Any altering substance. It may be things that people concoct for themselves. Apart from all the drugs that we know sometimes people concoct things that affect them mentally, and they have to come in for treatment.

Mr. Chairman: Thank you very much. May I ask Mr. Wayne Chance, Executive President of Vision on Mission, to briefly address us with respect to his own perspective on the subject of our enquiry?

Mr. Chance: Thank you very much. Vision on Mission is an organization that would have had its genesis from within our nation's prisons of Trinidad and Tobago. Vision on Mission focuses on the whole question of reintegration of offenders. Primarily our clientele comes from the prisons, but we also work with persons who would have been deported from different parts of the world. We facilitate this through the means of facilities which we refer to as in-transit facilities. We accommodate these individuals for a period of six months to two years. We provide employment opportunities with various agencies as a means to help them to restore their life and taking responsibility at the same time. We conduct a host of different interventions as it relates to various chromogenic needs, we use best practice approach and evidence approach as it relates to treating with this particular target group.

We have worked with over 11,000 persons. I am proud to say we have about 82 per cent success rate. We have recently, within the last seven years, started working with persons through our reintegration model who are socially displaced, and we have been accommodating such clients and helping them, particularly those who would have had a prison background and for some reason or the other through some family issues, or community issues, or whatever, would have become socially displaced, we help them to resettle back into the community.

1.55p.m.

Mr. Chairman: Thank you very much, Mr. Chance. And I will invite Ms. Angelique Taylor, National President of the Society of St. Vincent de Paul to address us briefly at this point.

Ms. Taylor: Thank you very much, Mr. Chairman. It is really an honor to be able to attend today's proceedings to contribute towards the enquiry, to be able to come up with different solutions, workable solutions that we all can contribute to.

The Society of St. Vincent de Paul is an international charitable organization comprising of lay persons who serve persons in need regardless of their colour, creed, religion or social status, and we also collaborate with other organizations to empower persons to achieve self-sufficiency. The Government of Trinidad and Tobago approached the Society back in 1991 to come on board to assist in the operation of the Centre for Socially Displaced Persons and we have done so since 1991.

We continually work with the Ministry in terms of the efficient management. I would not—I would want to say that we are prepared to work with the Ministry to improve the situation at the Centre for Socially Displaced Persons. We have started discussions. We understand that the problem of social displacement cannot be solved with just the Society of St. Vincent de Paul but as our colleagues have indicated, this requires a national response and all stakeholders involved to be on board for the resolution of this problem. Thank you very much, Chairman.

Mr. Chairman: Thank you very much, National President, Society of St. Vincent de Paul. And finally Pastor Glen Awong, President of Transformed Life Ministry, could you address us now?

Pastor Awong: A pleasant good day to each and every one. I have over 25 years working with the socially displaced on the streets, picking them up from the streets, bringing them by me, bathing them, cleaning them. Some of them was real wounded with maggots and worms and different things like that, rejected by the hospital at times. So I have a great experience working with them as time goes along.

I just worked with about 200 people under the Ministry of Social Development and Family Services and my experience was not too nice. I had some stumbling blocks with the Ministry, of displacement, but I have conquered and made sure that the project was very successful, where they take them to the Piparo Centre, up there, and to my surprise nearly everybody was on the streets at this time.

It is very hurtful and therefore I know a greater effort needs to be done, I know one Ministry could do it. I do what you call the assessment, take them in by me, assess them with every sickness, every disease, make sure they get medication for them, make sure they come back to their status, the majority of them are suffering with mental illness.

So I know many more people need to be on the board. You need the health officers, you need different laws to pass that; you have the right to pick up these people from the streets because the street is in a mess. I am glad for this meeting today because I have a great input to give. I will stop here, at this present time. Thank you very much.

Mr. Chairman: Thank you very much. Is it a burning issue Ms. Joseph?

Ms. Joseph: Yes, Mr. Chairman. I just wanted to clarify one little thing, less it be misconstrued. There are two centres up at Piparo, one for the socially displaced and the Piparo Empowerment Centre which deals specifically for substance abusers and I think Pastor Awong was referring to the Piparo Empowerment Centre, but his referral was to the New Horizons which is for the socially displaced.

Pastor Awong: I did not call any name but it was really referring to—

Ms. Joseph: No, but when you said up at Piparo, you understand what I mean.

Mr. Chairman: We will clarify during the course of the proceedings. Before I invite Committee members to pose their questions and I know they are all eager to pose their questions, the Chair does have a prerogative in that he can override all of them in the Committee. So what I will do now, with their leave of course, is that we have with us two success stories who have kindly accompanied the teams and I would like to ask Mr. Dexter Cole—*[Crosstalk]* I was told we have three. If we have three—I was advised that we have two, but if there is a third I will invite you to address

us as well. But Mr. Dexter Cole and we have Ms. Caroline James and I want to thank you particularly for coming forward and what I would ask for you briefly and we will be engaging you since you were there and now you are here. I will ask for you to simply tell us, as far as you wish to tell us, what you felt like being there and what you feel like now being here. Could you tell us what was your experience of both places? And I will ask Mr. Cole to address us briefly on that point.

Mr. Cole: Thank you, Mr. Chairman. My experience with the Piparo Empowerment Centre is one of a transformation that—I am impressed with what work is being done as regards rehabilitation regarding the socially displaced because of—my state was one where I had given up and my choice was the use of drugs and Piparo has restored my tolerance level as regards putting up with the daily, everyday struggles, I should say. Because not being educated as regards the needs, as regards living arrangements, for instance, the programme does not only help with the rehabilitation of drugs. We have parts of the programme where there is a spiritual part of the programme where you can have your prayer session and stuff like that. We have a recreational period. It is not only about drugs, but as regards the rehabilitation from drugs, there is an intensive input as regards the staff who are on board making sure that the client is involved with the knowledge of the true dangers, of the potential dangers of these drugs that we seem to choose or gravitate to.

My personal experience with the Piparo Empowerment Centre is one of a transformation and restoration as regards my confidence level because the staff never shunned me in any way. They give me a free opportunity to get involved with every part of the programme because the programme itself has the different departments whereas it seems to mimic a work environment that once you get involved with the programme you seem to easily fit in society when comes to obtaining a job or seeking employment. That is there, and now, my completion of my programme took beyond the nine-month period because the staff there saw that there was something I could have done more than just what I had already been doing.

What they did was they had like courses entailed in the programme that you could get involve with, you can make yourself more employable to the society that we have today, and as regards respect for others this has increased for myself as regards how I relate to others and the Piparo Empowerment Centre is a place that I will always be talking about. I will never stop talking about the Piparo Empowerment Centre because, like I said it has restored my confidence level, tolerance level and today how I feel is more, I should say, involved with things around me. Because of my drug use I isolated myself and I was not communicating and stuff like that and today I should say I am proud of the work being done even in Parliament because, I mean, without these, I should say, dignitaries putting things in place for—a place like Piparo Empowerment Centre I would not have a voice today. Thank you.

Mr. Chairman: Thank you. Before I ask Ms. James, there is a follow-up question I need to pose to you and that is, you would have been a young man like everyone else who went to school with you and then you started on drugs, narcotics of various types. From your experience what advice would you give to a person so that he will be dissuaded from making those first few steps into the role of decline?

Mr. Cole: What I should say is that my choice of drug use was not so much of me willingly going into it. It was like peer pressure. So what I believe could be the advice or should be the advice is to have the relevant information as regards whatever getting into because I was not aware about what the substance could do to me. But it was introduced to me in a classroom and we had like one or two guys who used to do it like after school and stuff like that. So my advice would be to become more informed and do not be too hurry to experience the existing world, because I believe

that was my biggest fault, because I wanted to do the things that I am seeing like people older than me doing at an early age. So I believe being patient with what is being taught at the moment could be the real key and you know, being informed about things around you.

Mr. Chairman: Thank you very much, Mr. Cole. Already a solution is appearing before me as Chair and committee members, that is, maybe we need to really start at age five in our primary schools to teach our youngsters about the perils and if we are not reaching them, I would recommend that maybe we find other mechanisms to tell them, from age five and on, about some of the effects of narcotics use and abuse. But we will come back to that point and I will like to bring in Ms. Carolyn James to also tell us about your experience of being there and your experience about being here now.

Ms. James: First, I will say my experience being there was very hard, as a woman being on drugs. It is a lifestyle, you had to adapt to survive. And the style I adapt was defense mechanism, a loner being out on the streets at nights, I adapt the criminal mentality to survive. So then there is a lot of stuff in the criminal mentality. I learned it, I did it; it was hard to say, stop, because I never knew I could have get cleaned. I never knew it had places I could have gone and get cleaned. So I always had this in my mind, I will die using drugs. But after getting incarcerated, in and out of prison several times; in 2004, I was incarcerated and there is where I get that spiritual awakening in prison. And while there, they had a queen show and I decided to go into this show and stuff happened and I ended up winning the show.

One of the judges came back on two separate special visits and questions were asked, if I get help would you take the help and stuff, but in my time of using I know people promised to help me so many times and never turned up. So it came like as though this is another one. So I was just like, okay. But when she came she really came back and I accepted it. And on my way, released from prison, she took me to the New Life Ministries. I went, I did a screening and they sent me back home to put things together and went back there and did my programme, three months in-house and that is where I learned about addiction.

Two years after I had to go back, every Monday, as a two-year follow-up, to see how I was living in the free world now without drugs amongst these same people that I was using drugs with. It was a hard thing to do, yes, but I wanted to stay clean. So I keep going to my meetings on the Mount and I keep liaising with my counsellors and telling them certain things that keep happening, but I kept on going because I started to enjoy that free life from the drugs. And I keep on doing it until I started getting involved in Narcotics Anonymous meetings and I started working the programme. And in working with the programme, things started happening because I had a life of—the life I came from was a broken home—and I started going back to school, getting my education and things start falling into place.

So I realized well, hey, this thing is working and I hold on to it and I keep working it and this is what they teach me, keep working it so that it will be able to work for me. And the simple things that they taught me to do, I keep doing that on a daily basis and up to now I am still doing it. And today the life that I have now is 100 per cent better than the one I had before. I love this life that I have now because I have more sense, I learned a lot more about drugs, the dangers and the damages which I knew and today I am proud of myself for who I am today and where I am at because of getting to do a programme at New Life Ministries. Today, I am 11 years clean from doing my drugs. Today I am working; I am a staff; I am working at Piparo Empowerment Centre as a Counsellor. Today I am giving back what I have received.

Mr. Chairman: Thank you very much, Ms. James. I need a follow-up because you know, again, solutions are

appearing to us, we need to solve the problem. I want to ask you from the experience that you have had, if you meet someone who is a substance abuser, what can you tell that person, maybe not immediately but over a period of time so that he or she will see the harm he or she is doing to herself. Is there anything or things you will tell that person based upon your own experience and hopefully enable that individual to see the errors of her ways?

Ms. James: Yes. Firstly, I will find out or let them know that if there is a problem that causing them to end up on drugs you need to talk about it, because with my experience I had nobody to talk to. My parents were not there. I was sexually abused and that is what led me—so if I have to say anything to anybody, I will let them know we have hidden secrets and these hidden secrets are things that will cause us to end up on drugs to hide that pain. So we need to talk and let it out to prevent us from going there.

Mr. Chairman: Thank you very much and therefore you see a need for maybe people who are on a downward slide to have a confidant, someone they can trust, someone who understands, someone with empathy and compassion who will be able to allow them to open up so we can diagnose the source of the problem as opposed to masking it by narcotic use. Thank you very much.

We have started on a very, very, productive note. We are getting to an understanding of why citizens can find themselves slipping through the cracks and not taking advantage of the opportunities offered by the State. We are getting a clearer understanding and we are getting also some solutions and since I have assured all Committee members that all witnesses will be given an opportunity to speak I shall now be more silent and I will ask MP Christine Newallo-Hosein to ask her first question, then the other members of the Committee and, of course, the mission leaders can always direct the question to their support staff and to their assistants as they see fit. Thank you very much.

Mrs. Newallo-Hosein: Thank you, Chair. I just want to ask Mr. Cole, how were you introduced to Piparo Empowerment Centre? Were you on the verge of wanting help? Were you encouraged to get help? Was it voluntary or were you taken against your will? Could you just indicate?

Mr. Cole: Firstly, I did not begin at Piparo Empowerment Centre, I started at Transformed Life Ministry and there is where I was told about Piparo Empowerment Centre. But the initial being at Transformed Life Ministry was introduced to me from the IAU unit that was going through Port of Spain asking individuals if they get the opportunity to get off the streets if they would take the opportunity and with the hope to be reintegrated into society and it is that approach there, the last part of it, to be reintegrated into society is what encourage me to take the opportunity.

Mrs. Newallo-Hosein: And how long did the rehabilitation programme take with you? Was it instantaneously? Did you resist at first? What was the process before being rehabilitated and reintegrated?

Mr. Cole: All right. I believe the educational part of it with regard to what substance abuse persons go through was the turning point factor for me because I was not aware of the things that I would go through with the—willingly wanting to stay away from the drugs where we have, there are withdrawal symptoms. I was not aware about this. So being educated of what the individual suffers as regards to wanting to make the change is what encouraged my transformation because I was not aware about these things, things like anxiety and stuff like that. These things, becoming educated as regards to these stuff is what helped me to make that turning point because when I looked at the damaging effects in the event that I do return. In the event that I stay away from the drugs maybe about three months or four months and I return, there is even a greater damage being done because of the abstinence at the time. So the rehabilitation programme took like about, beyond nine months for me where the turning point really happened.

The programme at the Piparo Empowerment Centre is nine months and I was at Transformed Life Ministry for three months so then the turning point for me really took place beyond the nine months where I truly started to absorb what Piparo was offering as regards to the dangers of the drugs that I was so involved in.

Mrs. Newallo-Hosein: Thank you. And Ms. James, I do not mean to take you back, but I just wanted to find out from you, you indicated that the persons who would have initially offered help never returned and I am asking on the other side. When we encounter persons who may be afflicted with the drug abuse problem or any issue like that we tend to have distrust that the person is genuine in wanting to change their ways, as opposed to wanting moneys to purchase more narcotics. How can someone who has a family member or a friend, how can they distinguish the difference between someone who is crying out for help as opposed to someone who wants to get a quick fix.

Ms. James: I think they have to look at their behavior. The person that cry out for help they behave in a particular way, lackadaisical, they do not care, this kind of way. And the person who really needs the help they cry out, they come out to you and let you know, hey, I think I need some help here. But the person on the other side who is really visiting these people to give them that help they must be able to trust them and show that they are really—because while you are using drugs people promise you so many things and they do not fulfill the promise. So now when you really want to go for that help or that help really coming to you sometimes you really do not believe it is the true help and you turn away from it. But the behavior tells, for me, I could tell by that behavior.

Mrs. Newallo-Hosein: Just to ask Ms. Maingot, what are your experiences in transforming the lives of persons that you encounter and particularly the displaced persons that you work with through the Port of Spain City Council because they indicated that you, in fact, work with them in dressing and feeding and preparing them for court. What is the process really and what types of behavior do you encounter?

Ms. Maingot: First, I would like to say that years ago it was much easier to do that than it is today. Of course, because of the psychotic problems that we face and the drug addiction, but we have rehabilitated people that were sick on the streets. Someone we picked up, I remember a very long time ago was blind. We took her into one of our homes and again, as our brother here says, even the hospital would not take her even to bathe her, and we would take her into our home and eventually we got operations done for her eyes. So she could see and she became a very integral part in our Ministry, in our hospice where she worked with us and she had her own life.

And another man I remember, he was really a terrible, terrible situation. It took us, I think working with him on one to one for about three or four months before he would even speak. He was so badly hurt and wounded as a human being. And again we were able, after a very long time to move him off the streets and to get him into one of our homes where he lived until he went to the Lord. So it has been a one on one working with people, seeing what they need, what is their problems, addressing those problems and then moving them to another place. You cannot do it collectively, it is on a one on one basis and that has been our experience.

Mr. Chairman: Thank you very much and a follow-up question before I move to, I think, Sen. Stewart and then Sen. Ameen. The follow-up question is this and it is addressed to all witnesses because I really need to get to the bottom of this situation. From your experience working on the ground, what percentage of the socially displaced that you have encounter and treated is able to be rehabilitated? Is it 100 per cent or is there that there is a percentage that we simply cannot reach from your experience. Any response. I am looking for the ballpark figure as to the majority. Can the majority be rehabilitated and if so what is that percentage from your experience?

Ms. Bhaggan: Firstly we have to ask, why are people on the streets? They are not all there for the same reasons. So some may be there because they are mentally ill. Some may be there because they have dual disorders, which means, mentally ill and drug addiction or some kind of addiction. Then there are those who have social issues, maybe the aged, medically unfit. So there are many reasons.

So if you put them in one basket it is difficult to have an across the board percentage. You got to look at each category. But people are basically rehabilitative. You can do it. But as Rhonda said, you need one on one treatment. It is not en masse. You cannot just herd people like sheep. So it is a very involved, integrated and perhaps intensive process. It requires collaboration with all the stakeholder who are involved. So, for example, it is great to know that Transformed Life Ministry can network with Piparo Empowerment Centre or New Life Ministries doing network with different people. So among the NGOs we have our own network. What is missing is the kind of institutional support that is required.

So what we need to do, for example, let us look at the case of the people who have dual disorders. If you want to treat somebody with a dual disorder and you want them in a mental institution for, let us say, detox and treatment they are placed along with all the other mentally ill people and that sometimes could create more of a problem than a solution. So we need in Trinidad and Tobago proper detox centres so that persons on the streets who have dual disorders they can be separated, treated and properly detoxed and stabilized and then they could be moved into a rehabilitation centre.

The second thing you need, there are some people who are mentally ill and will never really get back to 100 per cent of sanity. We do not have convalescent homes in Trinidad and Tobago where you can have these people in a managed facility where you ensure they take their medication for example. Because once somebody is stable and they go back out there and there is no one to help them with their medication, they relapse.

2.25 p.m.

Then we have situations where transition homes are required. As both of our two recovering persons have said, when persons go into a rehabilitation centre it is not a magic bullet. It is a lifelong process of adhering to a particular way of life and treatment, and having continuous access to professional help. It takes, on a minimum, two years to rehabilitate one person who is willing to enter into rehabilitation, and in that time no centre would keep somebody for two years, or 10 people for two years.

So what happens, therefore, we need transition homes which could be again managed facilities, where they have a minimal amount of supervision, and from those homes they can work. I know Vision on Mission do a lot of that with ex-prisoners, but for drug abusers you need the same kind of approach. So if you do that, I would say from our own experience in the field, there is a chance of at least 80 per cent of the people who are socially displaced, with those kinds of facilities and support systems, you can have a fairly good chance of rehabilitation.

Mr. Chairman: Thank you very much. We have gotten a percentage. We can work with that, but again, I know other members have not yet come in but this is a very important point. You have mentioned that we need to categorize the substance abusers from those who are mentally ill and people who have their own personal problems. From your experience and, again, to all witnesses, which is the group from your experience you found the easiest to rehabilitate and to get them back into mainstream society? Anyone venturing? As to the various groups of individuals who have found themselves in the category of socially displaced, which is the group—I am looking for the low-hanging fruit—

that seems to be easiest; and which is the group that seems to be the most difficult with respect to time, effort and resources to rehabilitate and get them back to fully functioning status?

Mr. Husbands: Mr. Chairman, I think I will take a shot at this one. Based on my experience working in the penal system, and along with Mr. Wayne Chance, not all of the inmates who come to our penal facilities could be considered unrepairable. A great percentage of them, with the right kind of assessment, using the right kind of assessment tools to identify the risk and the needs, and to develop the right kind of programming to suit and treat those issues that more or less pushed that person into criminality, we can make an important impact in terms of rehabilitating these persons. Let me give you an example. There must be a clear policy in terms of when you arrest persons what do you want to do with them. From the sentencing perspective, what are you sentencing for? It is not just for retribution. It should be for utilitarian purposes to deter, to reform, to rehabilitate, to restore, incapacitate, and to reintegrate. So from very early you must have a clear path in terms of how are you going to change that person or get that person involved, and it starts with training staff to have the proper tools to assess and to develop proper programming. But more than that, there must be a clear theory of change, and there are so many, and we have adopted a clear theory of change not only in Vision on Mission, but in our penal institutions.

A lot of people may frown on it. It is based on the cognitive moral theory to change criminal thinking, and it puts that person through certain steps. People must have the capacity to feel that they have the capacity to change. So it starts with helping them to redefine their situation. They must get them to a point where they start to feel guilt, stop making excuses, and you must teach them about the criminal mask. There are about 10 areas about the criminal mask and I will not go into it at the moment. But more than that, you have to teach them how to change through education, give them the gift of self-worth, the keys to freedom, and provide them with the pathways towards resettlement, and this must be done from the time that they come into our penal system.

So I am saying the population within the prison, more than 90 per cent of them with the right kind of care, support, surveillance and supervision, but more so a proper resettlement plan and a proper resettlement estate—and I am using my words quite definitively—to suit the needs and the risk of those persons and it must be based on special needs groups for women, youth and adults, those who are recidivists as against those who are just reoffenders, different interventions. It takes three years with care, support, surveillance and supervision, with Government's support, proper support, with a clear collaborative work between human services, Ministry of Health, criminal justice, Ministry of Housing. It must be a clear pathway in terms of a harm reduction approach, with the right kind of resources, the right kind of training, the right kind of personnel if we really want to think in terms of reducing the numbers as socially displaced.

If these inmates who come to us are not given that kind of what I call true care perspective, quite a few of them would have ended up on the streets. So we are into a preventative, not only curative. In terms of reducing the number of social displaced, if we have a proper functioning correction system supported by the probation department, the courts, social services, the prison, housing and the like, and mental health, we can have a large reduction in terms of the number of homelessness coming out of the penal system.

Mr. Chairman: Basically then, with a proper system of counselling and trying to find the root cause of the person who is so affected, then we would be able to diagnose his problem and rehabilitate him in a much faster manner?

Mr. Husbands: More than counselling, Mr. Chair. It must be an evidenced-based approach using the actuarial

instruments to capture in an individual basis the criminogenic needs to plan, develop accountability plan, treatment plan, re-entry plans on an individual basis, care, support, surveillance and supervision. You must attack all of them, family issues, associate issues, behavioral issues, substance abuse issues, work issues and the like. You have to attack all of them if you really want to reduce the level of reoffending and reduce the number of socially displaced persons. It is what you call a collaborative harm reduction approach based on a re-entry penal policy.

Mr. Chairman: Okay, very well. Thank you. And now members of the Committee will get the free flow. I will ask Sen. Stewart to ask her question, then I will ask Sen. Khadijah Ameen to pose her question.

Miss Stewart: Mr. Chair, I think Ms. Hulsie Bhaggan touched on one of the issues that I wanted to raise, that is in terms of the structure at your facilities, especially for those places that have persons that are admitted drug and alcohol abuse, or dependence. Because I know that even in the international sphere there is a structure set up where these persons they come in, they go to detox, they go to intensive inpatient, then they move on to rehab, partial hospitalization, outpatient, and then you move them to halfway houses.

So my question, I want to find out about the structure, if there is any link with Piparo, with New Vision in terms of halfway houses for these persons because one of the issues could be they end up on the street because they just get sucked in after going through the process? After going through this whole rehab, there is no follow-up. So I just wanted to find out about the structures, and what is your link with any halfway houses or any homes where these persons can still be monitored to ensure that they do not end up on the streets again.

Ms. Bhaggan: Well in the case of New Life Ministries it is a family oriented programme. So the families are also part of the programme. So eventually the client will be reintegrated into the home and the follow-up sessions will take place. For those who have no homes to go to, we normally will keep them at the centre until we could find some alternative. But to say there is any structured system where we could actually move them into a transition home those do not exist, and that is where the problem arises because persons go through their treatment and those who are willing to stay stuck, as you would say, in that world they are not able to be given a fair chance. And if those facilities are established, then there will be a higher level of success stories coming out of rehab centres.

As it is right now, most rehab centres will keep people sometimes up to two years and then we will find ways to get them to be employed, and they are in and out, but that is not really the best kind of arrangement. So there is definitely a need for that transition system, and for those phases in the treatment process.

Mr. Husbands: May I?

Mr. Chairman: But a follow-up question. A follow-up question and it is coming from the contributions that both of you have indicated, Ms. Bhaggan and you, and that is this. Ms. Bhaggan you indicated that we need to categorize and to tailor treatment according to whether an individual is bipolar, a substance abuser, a victim of abuse, family neglect. In your opinion—and again it is out to the entire witness panel—do we have the range of agencies in Trinidad to address the various causes of socially displaced so that we could channel the individual, who is bipolar to a particular NGO, as opposed to putting all of them in one particular facility? Do we have the range? And if we do not, what would you recommend as an addition to the range given the limitations that you have seen from your experience?

Ms. Bhaggan: Well firstly, I must commend the Ministry of Health, the various institutions they have. They do a really good job under very trying circumstances, and our experiences with Ward I in San Fernando and St. Ann's have been excellent. Our main concern is that we really should not be mixing the substance abusers with the mentally ill.

In terms of the NGO movement, we have a range of NGOs in this country who do yeomen service and many of them are equipped to deal with most of the social problems. So the problem is not, not having enough NGOs or people to provide the services, the problem has always been getting the resources for us to have the professionally trained staff to be able to handle these cases and that is where the bottom line is. We are so busy we cannot all the time be raising funds because the time we are spending raising funds we should be saving lives, and this is where there must be more state sponsorship for the NGOs who are involved in the nation of this business.

I should also mention that that social displacement problem would have been far worse if the NGOs in this country, like some of those who are here present today, if they were not doing their jobs, you would have far more people on the streets of Trinidad and Tobago.

Mr. Chairman: And before you come in and I want you to respond as well. You raised an important question, and the question is the division of labour between the Government and the non-government organizations including church supported bodies, what kind of financing arrangement do you think would make a difference to the work that you do at the level of the State? Should the State provide again half, three-quarter? What amount of financing do you think you will need from the State to ensure that you can discharge your functions and rehabilitate persons in a more timely fashion?

Mr. Husbands: Thank you, Mr. Chair. In response, I think it is Miss Stewart, she mentioned in terms of halfway houses. We do not have halfway houses in Trinidad and Tobago. Halfway houses are minimal facilities that are akin to the prison. We have reintegration centres and rehabilitation centres. You only talk about halfway houses when you have parole, where inmates are released, at the last phase of the sentence to complete their sentencing in these what you call “non-wall facilities”. Right? I just want to make that quite clear because we keep talking about halfway houses.

With respect to the percentage of Government funding, I might sound a bit eccentric here, but I think for prison it must be 100 per cent because it is a part of the whole criminal justice system estate, it forms part of the whole correctional funnel. A reintegration centre or a halfway house is part of the whole funnel of caring for ex-inmates. So I will say 100 per cent for ex-inmates.

Mr. Chairman: Thank you very much. So many questions coming from me as Chair because I do have an economics background, but I cannot usurp the questions the Committee members will want to ask. You see the issue that is arising is this, we spend a large amount to house inmates. Apparently the AG indicated that it is \$25,000 per month or something. So I am just wondering from the perspective of the NGOs whether you can give thought—because this is something that I think we need to seriously address—to an amount per institutionalized individual that you think a state subvention should be appropriately made for? But that will come later in the proceedings. Thank you very much and I will ask Sen. Ameen who has been silent for quite a while.

Miss Ameen: Thank you very much, Mr. Chairman. Earlier one of your, I think it was Ms. Bhaggan who made reference to the need for rehabilitation and establishing rehabilitation centres. I see in your paper that you submitted to the Committee before this meeting, that you made a recommendation for the relevant Ministry or the State to sign an MOU to establish a rehabilitation programme and reintegration programme for socially displaced persons in Trinidad and Tobago. I know that apart from your organization other organizations may want to contribute, has there been any progress with signing such an MOU and do you anticipate something like that happening based on any

initiatives you are aware of in the Ministry; and if not, would it be a recommendation that you would want to make out of this Committee?

Ms. Maingot: Yes. What we have submitted as a recommendation, we have submitted it to the last maybe three, or four, or five Governments, and for many years trying to work towards this project, which will be an integrated project, as Hulsie was talking about, and also involving the whole national community. Certainly the last two Governments, and I am sure this Government, have been very interested in the project. The previous Government was very interested.

The last two Governments have sent representatives from the Government to a project like it in the United States, where we have patterned the project that we are offering or suggesting from there. So there has been definitely the interest of the last few Governments to work a project something like this. Of course, it is going to take a long time to work it through, but thank God for this opportunity that we have here today, that we can discuss it, or maybe open our hearts to and ideas to one another in such a project which we really feel is the answer. We have seen it work in Miami.

I remember going to Miami maybe 30 years ago and was horrified at the amount of people that were on the streets, and families on the streets, children on the streets. And then I remember going back to Miami 15 years later and I could not believe where all these people had gone. Where in our own country the population on the streets is just growing, here in Miami the population on the streets, they hardly had anybody on the streets. So that is what really made us work towards looking at this. Mr. Anthony Salloum actually, he had visited the project and I went there with him to visit the project, and that is what really began our working towards getting a similar project here in Trinidad and Tobago to help our homeless population.

Miss Ameen: Now at present there are a number of Government projects that have been postponed or stalled based on funding. Is this a project that you feel in your proposal you can include recommendations for public/private partnership in terms of financing the infrastructure?

Ms. Maingot: Interestingly enough, 75 per cent of the cost of running the project in Miami is paid by the business community. If you have ever noticed—maybe we never noticed our bill when we go to a restaurant, but if you go to a restaurant in Miami and you will look at the bill there is a tax. A 1.0 or 1.5 per cent tax which is called a homeless tax, and that tax is given to this project in Miami to operate. At least 75 per cent of the funds come from that. So there are ways of doing it and I am sure we will be able to do it, but we would need everybody on board to work with it.

Mr. Chairman: A follow-up again on the money issue, and again to the entire panel of witnesses. Could you give an estimate from your perspective on how much does it cost on a monthly basis to treat one of the charges under your care? I know it will vary because you differ with respect to the type of persons you treat with, but could we get an estimate as to the average monthly cost in your organization of treating with one of your charges, one of your displaced persons? Any volunteers?

Pastor Awong: If I am dealing that you are dealing at present with a street dweller, a person that live on the street, rock-bottom, a fella that is wounded and is bruised, man or woman, it will be very costly because—I will get to the cost just now—you have to take up this person from the street, you have to be able to make sure that they eat a proper meal, give them somewhere proper to sleep, then you have to have transport to make sure that you take them to assess them for every sickness—TB, AIDs, whatsoever sickness—then you have to make sure to get the medication. Sometimes the hospital does not have the medication, they give you a prescription. It is a very large work. It is very

deep stuff.

When you go for a fella on the street sometimes, poor fella, his belly—we are talking about rock-bottom and you have as host of them. The Ministry of Social Development and Family Services, through their IAU, bring in about 200 of them. We are talking about rock-bottom people. It was very costly because you have to have doctors, you have to have mental psychiatrist doctors, you have to have caregivers, you have to have security because they are not taking their medication for a very long while and they come in in a real state.

So you have to have a staff to work in the ministry, you have to have a staff to work out of the ministry. Sometimes when you take up somebody out of the street, you have to be able to clean the spot where they are, you have to sanitize it. So it is a very extensive to work with somebody rock-bottom. We are hearing working and everybody have their different groups here who might take people straight from the prison, but we are dealing with this which is something that is haunting our country right now. Women are running from them when they see them mad, they coming to beg for a dollar. A woman fell down just the other day and broke her foot. A street dweller raped a woman in St. James. So it is something haunting our country and it needs immediate attention.

Mr. Chairman: Do you have an estimate of cost in your centre, for example, how much it will cost you for one of these—

Pastor Awong: This whole process here might cost about \$6,000 a month.

Mr. Chairman: For the month, for one of these individuals?

Pastor Awong: For one client.

Mr. Chairman: Okay. Thank you very much.

Pastor Awong: And that is the least. Just now. Because I work with a staff in Transformed Life Ministry and I was forced to use the same staff but I am more experience now to use the same staff on the outside. And when you take these people on the outside and they get a little strength, maybe, and they will pick up people's bags and run with them; you have to have people to go and get back the people's bags for them. They are not right in their head and you are dealing with people that are mental, you have a double problem, they are also addicts. So you have that person, you have to be able—taking up people from the streets they have to be properly assessed. When you are talking assess, it deals with different treatments, different wounds, their dentals. You deal with their eyes, you are dealing with the whole structure.

Mr. Chairman: So we do have a range that for the individual who is most socially displaced, we can look at a figure of \$6,000, I imagine, for individuals who are not as afflicted it may be less, but that is a figure that we can work with.

Mr. Chance: If I may, Chair?

Pastor Awong: It could be more.

Mr. Chairman: Okay. Mr. Chance you come in and then afterwards Mrs. Glenda Jennings-Smith has not spoken. But Mr. Chance come in. Very well.

Mr. Chance: If I may, on the question of expense for the rehabilitation and reintegration. Many times it differ based on the assessment and intervention. It may require certain type of services and people, professionals; certain types of practitioners to get involved.

Now the cost can be reduced drastically if you have the State buying in. For example, in the hospital and other state agencies there are people who are already qualified. So if the NGOs have some kind of collaboration, an official

collaboration, you find you could have referral to certain agencies and cut certain expense. If you have to depend on solely the NGO to provide all aspects of the service it is going to be very costly, but a lot of the cost can be reduced if you have collaboration because there are experts out there that can help in terms of various aspect of their risk and needs, and reintegration services; within the facility of six and seven, within the same rounding like Glen Awong in terms of treating with persons at the level in terms of where we are and the staffing that we have.

Mr. Chairman: Thank you very much. In terms of these proceedings we take stock of some of the solutions which have so far come from the deliberations thus far. So before I move to MP Glenda Jennings-Smith, I would just like to recap the four solutions that appear to me to have some consensus.

1. Coming from individuals who are now success stories, we understand the need to have a confidant for people who are in difficulties and who are socially displaced to be able to relate to someone whom they can trust, and I think that is something we would need to be looking at;
2. We need to provide education at an early age with respect to the ill effects and the outcomes of say, drug abuse or narcotic use;
3. We need to categorize the socially displaced into the various categories so that we could understand the types of needs of each particular category, understanding that the drug abuser is going to be a different individual from an individual who is bipolar, or someone who is a deportee; and
4. Coming out from what Mr. Chance said, valuable suggestion is that if there is collaboration amongst the NGOs and the various Government agencies, the cost in treating one of these afflicted individuals can in fact be controlled or reduced.

So I want you to consider those four solutions to agree, or amend them, as we proceed, but now I will ask MP Jennings-Smith to pose her question.

Mrs. Jennings-Smith: Thank you, Chair. Now I am cognizant of the four suggestions you made, Chair, and I will stay on that point because one agency in particular spoke about a 30 per cent success rate, and when we say success rate I really want to question what we mean by success rate. Is success rate when a person walks out; when a person leaves your institution? I want to refer back to the recommendation made by Mr. Husbands when he spoke about resettlement and the whole continuum—care, support, surveillance, supervision—because why I am saying that is because I am interested in the whole recidivism issue and the reoffending issue. How important is this to each of you all organization? Because what we are speaking to is a whole reform package where one group could work into another group and get better results because it is continuum of care. So I really want to ask that question. Anyone who could answer it, I will be happy.

Mr. Chairman: The floor is open to all witnesses.

Ms. Joseph: If I may? In terms of the Piparo Empowerment Centre, what we have is an aftercare arm of the programme. So we do not just treat with people and drop them out there and say go ahead, but we follow-up. We have a group that we have formed with our past residents where they can come back and talk about their success, and we can follow-up on them and ensure that they are maintaining their programme either by attending meetings and so on, and making sure that they are in a sustainable environment where they can work and support themselves.

One of the challenge though, like Ms. Bhaggan said, we do not have ready housing for them. So as a result you find people staying longer in the programmes, but the greatest challenge for us is to house them after the programme. We

try to get them into jobs and so on, but in terms of follow-up we do follow-up. One of the impediment though is staffing.

Mr. Husbands: Mr. Chair, on that same issue, at Vision on Mission we operate on a tracer model, in that it takes three years for a next inmate to start to live independently. Jobs, family reunion, dealing with their associates, finding homes, and you must have that kind of motivational interviewing continuing. It is more than that. It is about trying to build their character and that takes a long while. They have to try to change their attitudes before they even try to change their behavior. And all of that comes in terms of having the right kind of staff that understand the eight pathways out of reoffending. Three years and you must have the right kind of staff with the right kind of interventions, but more than that there can be collaboration. And I can go back to an example, New Life Ministries, they were once hired to do a proper rehab within the penal system and they were doing quite a good job, but you see we like quick fixes.

2.55 p.m.

You cannot talk about impact after a person just comes out a month, three years tracing. So we must be patient and we must have the right kind of measures. The impact and the cost-benefit analysis, the Attorney General said it costs about \$25,000 per person. If that person reoffends, it is a next \$25,000. If that person does not reoffend, you are saving and multiply that by three years.

Mr. Chairman: Thank you very much. And a follow-up and I need to pose a question to the Society of St. Vincent de Paul subsequent, but the follow-up is this, do you have a programme—because you see what was indicated to us by Ms. James is that you need to have a confidante, someone to whom you could relate to. I would like to know from your angle, do you have a system of sponsorship, say where people who have gone through your system are there to provide a kind of a support for those who are in the early stages of reform so that they can hold their hands and prevent them from slipping out of your direction?

Mr. Husbands: Through of a case management, there is something that they call inmate or ex-inmate run programme, we call them coaches. We teach them how to instruct, how to train and how to correct those. They have been through the pathways already so we call them coaches. Not mentors, not whatever, we call them coaches because a coach actually is going to train you and then allow you to go and then watch and see how you are going to see where they need to intervene.

Mr. Chairman: So that programme is in existence?

Mr. Husbands: Definitely.

Mr. Chairman: Does that programme exist say with respect to you, Mr. Dexter Cole, are you one of those coaches to provide some kind of guidance as a confidante for individuals who may be on the verge of slipping and you will be able to hold their hand and bring them on the correct path?

Mr. Cole: Thank you, Chair. What is done in the programme is that when we have already completed the programme, persons who are on the verge of completing are encouraged to keep in contact with persons who have already completed and are staying clean. So that, I would say, is in existence with the Piparo Empowerment Centre whereas persons who have completed and are staying clean, mind you, are the encouraging factor for persons who are on the verge of leaving and even on completion.

Mr. Chairman: Just as we have organizations such as Alcoholics Anonymous where the recovering alcoholics can

come together to trade stories, do you have the same thing for narcotics abusers? An organization like that where you get together on a periodic basis to provide that kind of support for each other?

Mr. Cole: We do. Presently in the centre, we have Narcotics Anonymous meeting that is regularly every Saturday but at the completion of the programme, when you go through the completion of the programme, some literature is given to you on the completion to meetings that are throughout the country, whereas provided you do have the time, you could get involved in one of these meetings that is throughout our country, that we are encouraged to get involved in one of these.

Mr. Chairman: Thank you very much and I was just given the cross eye by MP Newallo-Hosein, she needs to come in, but St. Vincent de Paul has been silent for a bit and I would like to bring them in a bit. I would like for you to indicate to us, St. Vincent de Paul, what is your experience in dealing with the socially displaced? You are one of those organizations that has been in long existence in Trinidad and Tobago. What have you seen over the years, what is your experience and what would you recommend now given any changes you have seen within recent times?

Ms. Taylor: Thank you, Chair. The experience of the Society of St. Vincent de Paul with the Government at the time has had its ups and downs. We recognize that in our delivery of services at the Centre for Socially Displaced Persons, based on the original contract agreement, I would want to say at some point along the way, certain responsibilities have dropped. We would want to recommend very strongly that the Ministry of Social Development reviews the original contract with a way forward in terms of creating a new one, having a proper assessment of the programme, try to arrest some of the challenges, work along with us in terms of identifying and coming to a resolution as to how we can address some of the problems.

I know at their end that they would have had challenges in terms of staff resources at the Ministry under the SDU and IAU. The original arrangement would have included—and we raised some of those discussions with Mr. Chance just now in terms of having that partnership where the Ministry would provide technical assistance in terms of social workers to do proper case management with the residents, so that there is a structured transformation of the person, a structured programme for transformation. We would want to recommend that they try to seek those sort of resources again.

Mr. Chairman: Yeah, I need to interject here. I understand you run the Riverside Plaza facility.

Ms. Taylor: Yes.

Mr. Chairman: Okay and in concrete terms, how many residents do you treat with on a daily basis at that particular facility? What kind of arrangement exists between St Vincent de Paul and the Government? And what really do you do for the inmates or the residents in the Riverside Plaza?

Ms. Taylor: Okay. Thank you very much, Mr. Chairman. At some point, I would like to ask the centre's Manager to come in. He has a little more experience than myself. However, there was an original contract agreement. We were approached, as I had mentioned earlier, by the state to operate the centre. And back in 1991, our executive secretary was in the forefront in the Society in terms of sitting in on state projects, state committees, to come up and help support the State with a solution to the problem and that solution would have been the establishment of the SDU as well as the establishment of centre.

Mr. Chairman: Thank you. Could we hear from your Manager of the centre as well before I move on to MP Hosein?

Mr. Watson: Good afternoon, Mr. Chair and head table. I am sitting down here and hearing so many things, I am

glad to make a contribution. But what I would say first of all, at the Centre of Socially Displaced Persons, we are just not faced with probably ex-prisoners or drug users. We are faced with socially displaced persons in a wider range, whether it is domestic violence, young guys who were brought up in the orphanage, people of natural disasters, loss of job, house burn down. It is a wider variety that we are dealing with and so many points that I could touch that stressing with one or two things, Ms. Taylor may have said there, getting back to Wayne Chance also, we do not have any other opportunity to break down cost in terms of no doctors, no nurses, so we use the health centres, we use the hospital. One of the only problem that we are faced with is getting people to the health centres with no transport. We used to have but we do not have it through the social displacement unit.

You know, so many things, I do not think I can touch everything here right now but in terms of even halfway houses, follow-up with a lot of people. We have people at the centre there now that if tomorrow they get proper housing, they will leave because they are already working and equipped with a proper bank account, but in terms of no resources, no housing, they may go.

Mr. Chairman: Could I intervene? Very interesting because you are saying that there are people there who really may just be lacking a house and they are not substance abusers, they are not bipolar, they do not have any other social problems except maybe that they are poor. So what I will ask of you, I mean this hearing could go on for hours and hours but we do have a limited amount of time.

Mr. Watson: I know.

Mr. Chairman: Can I ask you and your administrator, if you could categorize for the Committee, to the best of your ability, given—I do not know how many people you serve on a daily basis. What are the various groups and their numbers, the mentally ill, those who are individuals who may be returning from prisons abroad, individuals who are simply homeless, individuals who are domestic abusers? It would certainly help us if you have that data and if you can give us a breakdown. Suppose you deal with 100 persons in a day, 20 may be X, 20 may be Y and so on. That would certainly assist us in getting a clearer picture of the range of individuals who have found themselves in your centre.

Mr. Watson: Okay, Chair. What I will give you is the present status that we have there. Right now we have 15 females: five are homeless, just based normal homeless and 10 are mentally ill. So mentally ill with homeless but five are just based homeless. At present, we have 100 males: 59 of them are just homeless. We have 26 are mentally ill that come with the homeless and we have 15 of them that are drug addicts. Out of the 15, 11 are drug users and four are alcoholics. We also have a range here that we can show you their age group. Their age group will vary: 20-plus is three; 30-plus is 16; 40 plus is 19; 50-plus is 38; 60-plus is 25; 65-plus is 15 and we even have out of that 15, three of them are over 80.

Mr. Chairman: Thank you very much. We would like to get those statistics and any other statistics that you have in writing, if you could forward that to us subsequently because that is very critical. You will come in, again, but I do have to get MP Newallo-Hosein to pose a question. Thank you very much, Sir.

Mrs. Newallo-Hosein: Thank you, Chair. I have a couple of questions and I just want to before I go on, if I can ask Ms. James and Mr. Cole if you would be willing to state the age at which you got involved in drugs and what age are you now and which location were you at when this happened, if you do not mind and then I will get into my other questions.

Ms. James: My addiction started at the age of 20. I spent 25 years on the streets and at the age of 45—between 40 to 45, I started my programme at New Life Ministries. My age now, I am 57.

Mrs. Newallo-Hosein: And at what location were you—became involved in drugs.

Ms. James: In the drugs.

Mrs. Newallo-Hosein: Yes. You do not have to give the exact address, just the location.

Ms. James: I started my addiction at Curepe and I am from south.

Mrs. Newallo-Hosein: Okay. Mr. Cole. Thank you.

Ms. James: You are welcome.

Mr. Cole: Okay, thank you. My addiction started—my drug use started at age 12. I was introduced to marijuana from someone who was using it and the area that—I was in San Juan. My age presently is 41.

Mrs. Newallo-Hosein: Thank you. I just want to ask Ms. Taylor. I listened to you when you spoke about the programme and the challenges that were encountered in the previous administration. I found it a little bit disingenuous in light of the fact that the programme, I understood it to be, had not received an increase in subventions and in 2014, it was the first time they had received an increase in subventions and I think that statement you made, I think is a little bit disingenuous. But I am just going to continue with my line of questioning to any of the NGOs who can advise. Are you able to determine how many socially displaced children are residing on the streets and are there any arrangements that you are aware of, if it does not occur under you, to assist socially displaced parents with children? Thank you.

Ms. Maingot: I know that there is an organization called Credo and they work with socially displaced children and with their families. They have, I know, two or three places downtown, one is on Nelson Street and there is also a—they have a unit for young women as well.

Mrs. Jennings-Smith: I have a follow-up question, Mr. Chair, to Mr. Cole. Your story that you gave, you know, it—you said you started the drug use at 12 years; most definitely, you would have been at school. Can you say—was it a peer who introduced you or was it an older person and under what circumstance?

Mr. Cole: It was a peer who introduced me to the use of marijuana and it was told to me that it could help me study even better, it could improve my studies and stuff like that, so I took the opportunity to get involved in the hope that I will bring up my grades, you know, because that is what was told to me.

Mrs. Jennings-Smith: Did you ever engage in selling during the school time?

Mr. Cole: No, not during school time, beyond that.

Ms. Bhaggan: Mr. Chairman, may I? Just a brief comment. Based on our experience over the past 30 years, the majority of people started substance abuse between the ages of 9 and 11. Secondly, in the schools currently, there is a wide use of substances including pushing and there are also some new interesting developments where there is—they are now using a mixture of codeine and Sprite to become high in the schools.

Mr. Chairman: Sprite and something. *[Laughter]* Okay, so they use Sprite and they mix it with something. But on that point before I bring in Sen. Ameen, we did get a recommendation from our social media network that was just brought to my attention and I want to raise for the consideration of those of you who work with the individuals who are afflicted. Do you think that there is merit in employing then, at the primary school level, individuals who are rehabilitated drug abusers to indicate to the school-age children the perils, and hopefully reach them in that way from a reformed or an individual who has become clean from drugs for a while? Do you think there is merit in using some

of these people in the school system?

Ms. Bhaggan: If I may? Well, first—okay, go ahead.

Mr. Paul: Yes, thank you for that, Ms. Hulsie Bhaggan. On the floor by us as the empowerment centre, we use peer to assist the recovering addicts. What we say man helping man to help themselves. Definitely we believe strongly that the approach of having somebody familiar with the actual use coming to you with information—Mr. Cole would testify, when he first came in, he did not like me at all. I am the one who confront you so we deal with confrontation. So we say lacking of information is what led a lot of people to use drugs and Cole just shared that. So I think strongly using someone in the school or even having it as part of the school curricula, I think would bring evidence that this could be a successful approach. Thank you, Chair.

Mr. Chairman: Thank you very much. Ms. Bhaggan, you wanted to say something before I move to Sen. Ameen?

Ms. Bhaggan: I want to support the idea of having recovering persons in the school but I also want to piggyback on what Vision on Mission had said, I think Mr. Gordon. What is interesting is why do people use drugs? And I believe if within the system, we are able to build character and build people's self-esteem and life skills, then there is no need to use drugs to deal with your issues and problems. So we should also do it the other way around where, within the curriculum in schools, we must build character.

Mr. Chairman: Thank you very much. So therefore, there is a solution that is emanating and that is the incorporation of the Ministry of Education to ensure that we minimize the incidence of socially displaced persons later on in their life. So we have about five recommendations so far coming out of the hearings. And finally, Sen. Ameen, it is your turn.

Miss Ameen: Mr. Chairman, for all of the organizations and those who are represented here today as well as those who are out in our nation doing yeoman service, I want to commend all of them for their work over the last few decades and supporting our social structure. But Mr. Chairman, anywhere there is moneys concerned, whether it is Government funding or donations from kind citizens or businesses, we must have accountability and transparency. And while I do advocate for organizations to have more support, financial support, and particularly from our corporate entities, eh, I believe in corporate responsibility.

But I want to ask, many of you get funding from the Government, from the State through the Ministry responsible. I want to ask you, in terms of your accounting mechanism, is it that you must be audited on a regular basis? Is it that you must submit certain reports and so on before you receive funding? Have you ever been in situations where because your audit is not—and I am using that word loosely—is not completed that you had delays in moneys being released to you? I know that Ms. Taylor spoke about some things at her organization and your relationship with the Ministry of social and so on. You have a working relationship with them but are you also employed with them?

Ms. Taylor: Yes, I would have forgotten to give a proviso that I am an employee of the Ministry of Social Development and it has been very fortunate that I am able to collaborate with colleagues in terms of the particular project for the Centre for Socially Displaced Persons. I listened to member Hosein just now and it was not meant to be—the comment was not meant to be, as you say, disingenuous, but I was speaking in the context of past and I am talking about 2008, 2010, that kind of relationship that we have. The relationship that we have now and it would have stemmed from the previous administration where greater engagement has benefited in the way that we have expected. We needed to have additional resources.

At that point before, there was intervention by the last administration, meals cost \$3.00 a day per person. It was very difficult on the organization. The Society of St. Vincent de Paul, as all the other colleagues here, is a non-profit organization. We have other projects inclusive of the Cyril Ross Nursery. The Cyril Ross Nursery is another source of—I would not say it is a burden but it cost a lot to maintain an HIV/AIDS child. The State provides \$50,000 on a quarterly basis. We have to consider other costs. We have 17 other institutions in homes across Trinidad and Tobago and when subventions are late coming from the Ministry, we have to dig within our own resources to keep the project afloat. We have done this very quietly. We do not like to engage in politics. We see this as a very important ministry to God's people, and that is the disenfranchised, and we prefer to work quietly with the Government. We have had our church leaders being involved at the head of the State and that has produced a lot of benefit.

What we would want to strengthen is our effective use of the moneys provided for us. Of course, you know, other colleagues would say, you know, 100 per cent should be the amount being captured by the State. I would want to disagree and because I work within the Ministry, the emphasis is to have the NGOs have some sort of independence. We spend a lot of time, as Ms. Maingot said, trying to raise funds in order to deep different ministries working and operating, because we recognize that at the end of the day these are persons, these are our brothers and sisters. These are persons that can make a contribution and for that we continue to work in the vineyard, you know, going the distance and providing yeoman service.

One of the requirements coming out from the project—because we talked about accountability, one of the requirements for our organization is that we have separate accounts and we do. We are supported in other institutions, it is not 100 per cent; we raise our own funds. We want to start exploring external funding agencies as well. And actually, when I took up office as the President, I was already an employee of the Ministry of Social Development, well, people and social development.

Miss Ameen: Does it provide a conflict though, a challenge? Because, I mean, you have—the organization has a role to play in terms of a collaboration but there would be some accountability issues as President. And I know the question may have come up before but does it present a conflict?

Ms. Taylor: I used to think of it as a conflict but I have been using it as a benefit in terms of having an understanding as an NGO and having an understanding as a government employee, I am seeing synergies working together towards the benefit of the end user—of the beneficiary. It is not about politics. This is about a national response, a national approach to targeting persons who can become productive citizens.

You know, we—I would not say “we quarrel” a lot about but we are so concerned in terms of where is the next dollar going to come from, but there are opportunities and as an employee of social development, I was able to have meetings with the Port of Spain Corporation. We had a meeting with the corporation coming out of the last enquiry with the Government agencies. We have started working on some of the recommendations. The Port of Spain Corporation initially has come up with a number of recommendations, how we can partner with the same public-private partnership. There are agencies out there willing to invest and support the need.

Miss Ameen: I just wanted the other organizations to also, with regard to your accountability in your organization.

Mr. Chairman: If you can be as brief as possible, we do have time for one last round of questions before we summarize.

Mrs. Jennings-Smith: Mr. Chair, I am surprised that this is taking a turn like this. This political—I am feeling almost

sorry for the member who has to explain and we are going along a political line, it is regrettable.

Miss Ameen: No, no, it is not political at all. If that is the perception, it is not.

Mr. Chairman: Right, could we just ask again, briefly for all members—the heads of organizations to indicate for the interest of the national community, the accountability standards that you have, so that when people make their donations and so on, they know that the money is going to good cause.

Ms. Maingot: I speak on behalf of our community, Living Water Community, we have and have always had an audit done, private or public audit come in to do an audit every year. We have a relationship with the Ministry of Health. We submit to the Ministry of Health quarterly reports on our—the funding that they give us for our ministries. So on a regular basis, we submit reports of financial and other reports to the Ministry and at end of every year, we have audited accounts.

Mr. Chairman: Thank you very much. I would imagine that all agencies do have an internal audit department that will ensure that funds are appropriately allocated.

Mr. Chance: Well, I was just going to add to, but you mentioned it, in that the Ministry that you are aligned with normally would have that internal auditing. Apart from that, we, the NGOs, also have to provide external audited statements.

3.25p.m.

And at times NGOs face serious difficulties, in terms of the cost in providing audited statements and sometimes the timeline. There has been major consideration on the part of the Ministry of Social Development, in terms of that. But if it is prolonged you have a situation where your funding sometimes is withheld if there is not a proper explanation. So, yes, those situations sometimes can have some implications.

Then again, in terms of transparency, we employ a board of persons from different walks of life, different backgrounds, and so forth, to help, in terms of the governing structure of the NGO for transparency and accountability purposes and all of those structures we have.

Mr. Chairman: We have to truncate at this time.

Mr. Chance: But Chair, may I, before you run out of time, make a recommendation? Because we have seen here and heard contributions as they relate to what different NGOs do here and you have seen a kind of alignment. But the problem with the NGOs, there is a high degree of competitiveness and some of the issues that clients face are sometimes as a result of the dysfunctional and fragmented way in which organizations exist on the outside. There is not much synergy among each other in sharing responsibility and a lot of NGOs—I am a part of the NGO world—they are very territorial, in terms of the domain in which they operate.

For example, the Government may have a responsibility to align this whole thing in a very systematic way to get the desired result. You have two NGOs here, Transformed Life Ministry and CSDP, the State provide assessment. You have Piparo and you have Transformed Life Ministry do treatment and then you have Vision on Mission that provides housing and re-entry and you heard from the both of them that after their programmes are completed, yes they provide certain elements of housing, but it is not their main thrust. Whereas Vision on Mission main thrust is re-integration and we work that system.

Just for one second again, we sent a client that had a drug addiction to Piparo. When Piparo completed the treatment, he came back to us and we put him into employment and then we provided an apartment and he moved along and the

follow-up. So you need to have that kind of synergy to curtail and to reduce certain things.

Mr. Chairman: And I do need to curtail, but as you know we are solutions-oriented. Let me propose two solutions now for the issues which were raised. The first is, since it is a cost to you to have audited statements, maybe it is time we put moral suasion force on some of the accounting firms to do for the NGOs, some auditing at a much reduced cost.

Second, with respect to closer collaboration amongst the NGOs, do you think it would be beneficial, on a quarterly basis, once every three months, for the various groups such as this group to meet with the line Minister or the line Ministry, say Ministry of Social Services, to iron out your differences so you can synergize a little bit better? So we do have some solutions coming out of the questions posed.

But we are stretching it since the issues are so very interesting. We have time for one last round of quick questions from members of the committee and then I will ask the witnesses to offer us some closing statements. May I start with MP Newallo-Hosein?

Mrs. Newallo-Hosein: Thank you very much, Chair. I want to thank you all for coming and for sharing your stories. They were encouraging. I just want to pose this question to Ms. Maingot to ask, the programme that you are following, that you want to adapt, they operate within the City of Miami and I want to know: what is your opinion of that same programme being operated in our city?

Ms. Maingot: I really think that this could be an answer to our homeless problem in the City of Port of Spain and in the other parts of Trinidad and Tobago. It is a programme that is holistic. It has the assessment approach. It has the shelter approach, it has the rehabilitation approach, it moves from one to the next and the idea even that people who cannot really be back in the society, that we should move them somewhere else too. So it is really from the streets to a place where you can live and be happy. I think what we have to do for the homeless is show them a possibility that something can happen. Your life does not have to be like this. You can make something beautiful of your life and that is what we are working towards.

Mr. Chairman: Thank you very much. Sen. Stewart, you have a question.

Miss Stewart: I have several questions but I would just ask one as we are wrapping up. Before I ask my question, I would like to congratulate Mr. Cole and Ms. James, I think we should have done this before, on your progress thus far and I hope that you would continue.

But, specifically my question to Ms. James, what recommendations will you give to this committee to deal with particularly women, socially-displaced women, on the streets?

Ms. James: My recommendation I would give to this Committee for women is to pay more attention to us because basically family support we do not have that, once you are on the streets and I think we need more of that support system for women. Once we have that, I think we would be able to move forward in life and put things in place to have a better life. Thank you.

Mr. Chairman: A follow-up, Sen. Stewart? You are okay?

Mrs. Jennings-Smith: I too want to place my regards as far as Mr. Cole and Ms. James. I want to compliment you and I know it is a journey.

Ms. James: Yes, it is.

Mrs. Jennings-Smith: And I want to stick to the whole idea of the continuum of care and I want to ask Mr. Dexter

Cole in particular: are you satisfied with your support, the support mechanisms in place to assist you in your journey and this continuum of care? Are you satisfied? That could also go for, well Ms. James you partly answered that question a while ago. I just want to know from you: are you satisfied with it?

Mr. Cole: Thank you. I am quite satisfied with the support system of the Piparo Empowerment Centre, because with the respects of my elevation, I should say, with the total abstinence, I was given the privilege to be employed there. With so doing, I should say, my future living has a lot to do with staying clean and maintaining the living of, I should say, encouraging others. It is a society, I believe, I would like to remain with, because I did not have that support and this support that came out for me, I see that I could give that encouraging word to somebody else who probably needs that support also.

Mrs. Jennings-Smith: Chair, I want to also compliment the agencies here with us this afternoon, all the NGOs. I know it is a difficult job, especially, as I said before, how do we measure success? Is it when people leave because we know once you are a drug addict or you are in this situation it is a lifelong challenge. So I want to compliment every one of you this afternoon for your input and your continued service to country.

Miss Ameen: Chairman, in addition to Mr. Cole and Ms. James, earlier in the meeting it was mentioned that there were three persons who came through the system and I want to acknowledge Mr. Wayne Chance who himself is a testimony of being, I mean really turning around lives and contributing to other persons' lives in a positive way; that first-hand experience. Not only the experience but the willingness to share your experience with others.

I want to take this opportunity, Mr. Chairman, to encourage persons in the public domain who are listening to always take the opportunity to invite organizations like these and people like these to give their testimony to children, whether it is in the community centres, homework centres, in schools and other community NGOs who do work.

Because apart from the school system, through the Ministry of Education, you can reach a lot of young people so that they will have that message in terms of what addiction can do and even those who may not go into drugs but when you end up socially displaced, how it interrupts your life. So I want to commend you for being brave and sharing your story and your caregivers, the people who have helped you along the way, to commend them as well for continuing your work.

Mrs. Newallo-Hosein: Thank you. I am getting an opportunity to speak again.

Mr. Chairman: Final questions.

Mrs. Newallo-Hosein: No final questions. I just wanted again to concur with the rest of my colleagues in congratulating you and keep up the good work. And I do hope that out of this that we will provide a series of recommendations for the continuum of care that you have in place already. So thank you.

Mr. Chairman: Thank you, very much. Before I ask the representatives of the NGOs to offer us closing remarks, there is one last final issue that I wanted to raise with Ms. James, because you indicated that we need to pay more attention to women's issues and I wanted to get into a little bit of detail. Do you think that there should be some NGO or some aspect of the Ministry which would look at the following types of women's issues that they are not currently looking at? I do not know. But you need to tell me: domestic abuse, something that women experience in an inordinate manner in Trinidad and Tobago; rape; sexual abuse; incest. Do you think you need individuals who are sensitive and who understand these pertinent women's issues to really reach out at the NGO level to women out there so that they

can have the requisite counselling, guidance and support to ensure that they can get onto the road to rehabilitation quickly?

Ms. James: Yes, there is a place in Palo Seco for women where New Life Ministry rehabilitates these women and they work with them, these same battered women.

Why I mentioned women need to have more strong support, I remember in my time I did not have support. I did this programme alone. And my only support was my higher power. So I think now that I am here, I think that women really need that support because if we do not have that support system we will stay out there not having the education knowing well, hey there are places we can go to get help and we need the support. You understand? I know Palo Seco has one and I think we need some more of these places.

Mr. Chance: Chair, it would be very remiss of me if I do not have an opportunity to mention that Vision on Mission is actually championing, I think, one of the biggest women's facility in the region right now. We are, if you go to south you would see a very large facility in Claxton Bay by the flyover that is sponsored by Republic Bank. It is going to accommodate 65 women, dormitory and single unit.

It is expected to open in August but it would not be addressing the issue of battered women specifically. It would be addressing women coming out of prison, deported and delinquent girls. Because there are a lot of delinquent girls who cannot go back home. We have a number of them staying in various places and we have those who are coming out of foster homes at the age of 18 and sometimes find themselves in streets. So that is the kind of clientele. So I would like to put that out there so that the other NGOs could know that come August that is an opportunity.

We also have a facility in Wallerfield that stands ready to open, in terms of accommodating people. It is retrofitted. Everything is in place to accommodate 100 men on 52 acres of land to involve agriculture and other types of employment opportunities and stuff like that.

There was a completion in Laventille last month, of apartments on the part of Vision on Mission that provides reasonable apartments for persons who want to go into independent living. So all of these opportunities are not specifically for the clients of Vision on Mission but for the country and all NGOs who may have need of such services. I just wanted to put that out.

Pastor Awong: May I say this much before we close?

Mr. Chairman: What we are going to do now, at this point is we will be inviting closing remarks from the President, Transformed Life Ministry; Living Water Community; the Society of St. Vincent and de Paul; the Piparo Empowerment Centre and; again Vision on Mission. Can I invite Pastor Glen Awong to offer us his closing remarks and then I would move around afterwards. It will be Mr. Awong, Ms. Maingot, Taylor, Joseph and then Mr. Chance.

Pastor Awong: Well, I pray Almighty God that this Committee here will really serve and support the NGOs, that they will be able to do their work with clarity and power.

Mr. Chairman: Okay, thank you very much. Ms. Rhonda Maingot.

Ms. Maingot: I just thank God indeed that we could come together here today and have this discussion/conversation and hope that we can move forward with it and we thank God for that.

I thank God too for the people of Trinidad and Tobago who continually support and help our NGO groups. None of us could be here without them, and also the Governments of Trinidad and Tobago that had supported us during this time. It is going to take a collaboration, continued collaboration, and more than that, as we go forward.

Thank you and God bless you.

Mr. Chairman: Thank you very much. Ms. Angelique Taylor, Society of St. Vincent de Paul.

Ms. Taylor: Thank you very much, Mr. Chairman. It was really an honor to be part of this enquiry and to be among fellow colleagues in the NGO business. I am hoping that this is the start of ongoing and continuous involvement for disenfranchised persons. So that your recommendation of quarterly meetings with the Ministry and with other agencies, perhaps, maybe, under a multi-sectoral committee which used to transpire in the past, maybe that can be re-established. So that we can move forward together in partnership level. Thank you.

Mr. Chairman: Thank you very much, Ms. Jessie Joseph, Director, Piparo Empowerment Centre.

Ms. Joseph: Thank you, Chair. I would like to say thanks be to God and to this committee for having the opportunity to come and to share some of what we do at Piparo Empowerment Centre. I know we are a little bit different in the sense where we are a Government-run agency, but I share the concerns of my colleagues from the NGOs. I must say that, you know, we all have challenges and we all have to work with them but I am grateful that we can come together to discuss a national issue that is affecting all of us—whether we, whatever agency we are working with, we are part of this nation and everything that happens affects us. I want to say that I am happy to be a part of the discussion today.

Mr. Chairman: Thank you very much, and Mr. Wayne Chance, Executive President, Vision on Mission.

Mr. Chance: May I pass the honor to my Director to close?

Mr. Chairman: Please do.

Mr. Husbands: Thank you, Mr. Chair. Thank you, Mr. Chance. I am thinking public policy here. I am seeing a five-year plan for a continuum of health care and public health. I am seeing an establishment of a resettlement estate to address the needs of all the different vulnerable groups. We cannot hold all in one particular place, and I am seeing Trinidad and Tobago becoming a more humane society.

Mr. Chairman: Is there any other witness who would like to leave us with some closing comments, Ms. Bhaggan?

Ms. Bhaggan: Mr. Chairman, since you are an economist, I want to suggest that any resources placed towards the NGOs, they are not really a cost item, they are an investment. Thank you.

Mr. Chairman: Excellent. Our colleague from the Riverside Plaza, Society of St. Vincent de Paul, closing remarks from you, Sir.

Mr. Watson: It is very nice to see we can gather here and see how we can put our hands and heads together, because we really need a lot of intervention coming from all of us and whatever we can get from the Government in moving forward with the homeless situation.

As I said, there are so many things for us to do, so many things for us to say, so many issues out there, and I would like to see we can resolve many of them. As Ms. Maingot had said we are dealing with, how I call it, a change in clientele now, that it is not as easy as years gone by. It is a change in clientele. Thank you very much.

Mr. Chairman: I want to thank you all witnesses, very much. Our committee is a solutions-oriented committee. There is a problem in Trinidad and Tobago where people hold the view that we sit and talk and we get nothing done. But what has emerged out of our two-hour deliberation and the meeting of the minds of people who are actually working the ground, is what I have been able to sum up as follows: we absolutely need one, to have persons on the ground with experience as confidantes working with the vulnerable individuals who have fallen through the cracks. We need to provide education at an early age, with respect to the ill effects of substance abuse. We absolutely need to categorize

the homeless and those who are socially-displaced, so we can know what the causes are, which influence them to move into that direction.

There is a need for closer collaboration amongst the NGOs to minimize duplication and to maximize, as Mr. Chance said, synergies. We need to get, or we should get, individuals with experience in drug abuse, that is recovering or recovered drug addicts to actually share their experiences with our school age population. I think they would have a greater impact in informing the youngsters about the ills of narcotics, as opposed to someone who does not have the experience with narcotics abuse. We can, of course, obtain the assistance of auditing firms to provide auditing services at a much reduced cost so that your accounts are going to be transparent and it would act as a trigger for there to be greater public contributions, knowing that the funds are well used.

And finally from Ms. James what I was able to get is that we do need to look at specifically women's issues; women's issues that are peculiar and unique to women. I have identified that domestic abuse, rape, sexual abuse, incest, and so on, are things that we need to be able to focus on, so that the confidantes will be able to relate to these women and allow their rehabilitation to be expedited.

This, if there are any solutions that we can implement at the level of the State and to put in our report for Ministerial action, I will invite each and every one of you to send in writing, so that we would be able, in compiling our report, to indicate to the Ministry what can be done and what is the timeframe we can expect these changes to be made.

I would, therefore, wish to thank all of the witnesses for a very illuminating session. I would like to thank the NGOs, the managers, those who administer these particular powerful agencies on behalf of the State, and as Ms. Bhaggan said, it is not really a cost saving, it is an investment in our human capital formation in Trinidad and Tobago.

I want to thank the success stories. It is an indication that with appropriate intervention and with an understanding of the problem we can achieve a success rate of 80 per cent and maybe, as we refine our techniques we should be able to rehabilitate every single individual who has fallen through the cracks in Trinidad and Tobago.

The objective of our committee, of course, is to ensure that Trinidad and Tobago can evolve into a kinder, gentler society. So I want to thank all of your European you for sharing your experiences with us. I want to thank members of the committee for participating in the deliberations and taking such a keen interest in this very current social issue and I want to thank all members of our listening audience and our viewing audience and also the media for being here to cover these proceedings. Thank you all and a most pleasant good afternoon.

3.48p.m.: *Meeting suspended.*

APPENDIX V

STREET DWELLERS CONTINUUM OF CARE SERVICE



be mandated by a Court to enter the Continuum of Care. (Act 59 of 2000, *The Socially Displaced Persons Act* was intended to address this and is under review)

Outreach programmes (OP)

This entails activities aimed at reaching out to persons living on the streets and providing them with information as to what rehabilitation services and programmes are available and facilitating their access to these programmes/ services.

The OP assesses and meets the immediate needs of client for food and clothing. Having met these needs the process of building trust and credibility with the client begins and increases the probability of clients' willingness to access to further assistance.

Referrals are also provided for medical/psychiatric attention, housing/shelter, and rehabilitation programmes.

Outreach programmes are best delivered at:

1. Soup Kitchens
2. Out Reach Offices
3. On-the street (in areas known to be frequented by SD persons)

Street Dweller Assistance Centres (SDAC)

This is Temporary Care stage of the Continuum of Care centre. Of significance at this stage is the in-depth psycho-social assessment of the client. This assessment forms the basis for the formulation of a treatment and rehabilitation plan to address the short and long-term needs of the client. These needs may be addressed directly by the SDAC e.g. placement in transitional housing or low cost housing or may require referral to other facilities and programmes e.g. substance abuse rehabilitation.

Treatment and rehabilitation centres (TRC)

This is the primary care stage. A network of facilities, services and programmes provided by both state and NGO facilities that provide treatment and rehabilitation relevant to the *varying* needs of the client population. Each type of rehab has specific programme content and delivery/ methodology generally mixing rehab populations /programmes is not advisable. Types of rehab usually required are:

1. Substance Rehabilitation Centres (PEC and NGO operated facilities)
2. Independent Living Rehabilitation. (New Horizons)
3. Transitional Living Centres (to be established)
4. State Hospitals
5. St Anns Hospital

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4. State Hospitals
5. St Anns Hospital

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6. Arima Rehab Centre
7. Extended Care Centres (for mentally ill)

NB nos 5-6 are under the purview of the Ministry of Health

Housing and accommodation (H&A)

This is the Advanced Care stage of the Continuum. With completion of treatment and rehabilitation programmes many SD person are ready to move on to more permanent living accommodation but financial capacity is limited. Others may lack the capacity to earn any income or live independently and will remain a responsibility of the State. Accommodation options must cover the following range:

1. Low cost rentals
2. Halfway Houses
3. Hostels
4. Homes for the Elderly
5. Long-term Care Centres

Employment, Skill development and education

Educational development (usually literacy skill development), employment skill trainin, job placement services and programmes are necessary for assisting the street dweller in attaining a means by which income may be generated. Therefore a comprehensive programme of employment training and placement is required. The programme will involve networking with training institutions with the objective of creating "special" admission for SD persons. Also significant lobbying of the business sector will be required to create employment opportunities for the population. The objective is to increase opportunity for the rehabilitated street dweller to gain a skill and to provide easier access to jobs.

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APPENDIX VI

EXPENDITURE COMPARISON FOR SOCIALY DISPLACED PERSONS



Expenditure Comparison for Socially Displaced Persons

Health Institution	Cost per Patient per day (2011 Report)	Number of patients	Total Annual Expenditure
POSGH	\$336	9	\$1.1Mn
EWMSC	\$336	14	\$1.7Mn
St. James Medical Complex	\$336	25	\$3Mn
SFGH	\$336	10	\$1.2Mn
Point Fortin Hospital	\$336	1	\$.12Mn
Sub-Total Hospitals		59	\$7.12Mn
St. Ann's	\$835	78	\$23.7Mn
Extended Care Centre (Couva)	\$835	40	\$12Mn
Extended Care Centre (Pt. Fortin)	\$835	35	\$11Mn
Sub-Total Long Stay Centres		153	\$46.7Mn
Total		212	\$53.8Mn
Arima Rehabilitation Centre	\$550	212	\$42.5Mn
Residential Homes	\$225	212	\$21.2Mn
		59	\$4.8Mn
Total Savings to move all long stay patients to Rehabilitation Homes is \$ 32.6Mn			
Total Savings to move all long stay hospital patients to Rehabilitation Homes is \$ 2.3Mn			

APPENDIX VII

CAPACITY AT ST. ANN'S PYSCHIATRIC HOSPITAL⁹



⁹ Date patient count at hospital was conducted was not provided

Capacity at St. Ann's Hospital

St Ann's Psychiatric Hospital Ward	Number of Beds	Category of Ward
1 (LFE)	10	Male Admission
2	15	Male Admission
3	18	Female Admission
4	10	Male Admission
5	30	Male Admission
6	33	Female Admission
7	30	Male Chronic
8	42	Male Chronic
9	20	Female Admission
10	22	Female Chronic Geriatric
11	22	Male Chronic Geriatric
12	23	Female Chronic Paediatric
13	28	Male Chronic Paediatric
14	22	Male Chronic Adolescent
15	49	Male Chronic
16	8	Female Forensic
17	58	Male Chronic
18	57	Male Chronic
19	31	Female Chronic
20	37	Female Chronic
21	39	Female Chronic
22	34	Female Chronic
23	30	Female Chronic
24	30	Female Chronic
25	57	Male Chronic
26	44	Male Chronic
27	41	Male Forens
St Ann's Psychiatric Hospital Ward	Number of Beds	Category of Ward
1 (LFE)	10	Male Admission
2	15	Male Admission
3	18	Female Admission
4	10	Male Admission
5	30	Male Admission
6	33	Female Admission
7	30	Male Chronic
8	42	Male Chronic
9	20	Female Admission

10	22	Female Chronic Geriatric
11	22	Male Chronic Geriatric
12	23	Female Chronic Paediatric
13	28	Male Chronic Paediatric
14	22	Male Chronic Adolescent
15	49	Male Chronic
16	8	Female Forensic
17	58	Male Chronic
18	57	Male Chronic
19	31	Female Chronic
20	37	Female Chronic
21	39	Female Chronic
22	34	Female Chronic
23	30	Female Chronic
24	30	Female Chronic
25	57	Male Chronic
26	44	Male Chronic
27	41	Male Forensic